

Taranaki
Tairāwhiti
Wairarapa
MidCentral
Hutt Valley
Whanganui
Hawkes Bay
Capital & Coast
Nelson/Marlborough



Central Cancer Network (CCN)

Quarterly Report

July – September 2007

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EXECUTIVE SUMMARY

The past few months has seen a rapid development of the Central Cancer Network (CCN), one of the four proposed regional cancer networks across New Zealand. Regional cancer networks were proposed as a model to enhance co-operation and collaboration of organisations involved with or contributing to cancer control in the *New Zealand Cancer Control Strategy Action Plan 2005-2010*.

The CCN governance group has been appointed and reflects representation from across the region, across the cancer continuum and includes District Health Board (DHB), Non-governmental Organisation (NGO), Maori, Pacific Island and consumer involvement. The management team consisting of a fulltime Network Manager and two part-time Clinical Directors have been appointed.

The Network has met four times to date and will continue to meet approximately monthly during this initial establishment phase. The emphasis of meetings to date has been on developing a shared vision for the Network, developing foundation documents e.g. Terms of Reference, Communication plan and educating itself on the cancer control activity and issues around the region. The Network has also undertaken governance training.

The team is actively engaging with cancer service providers across the region to inform them about the development of the network and to gather information and advice to provide the context for the regional network's work plan for 07/08. The work plan is expected to be completed by the end of September 2007 and subsequent to this the work streams will be populated. Guidelines for the establishment and operation of local cancer networks within DHBs have been developed and the Network is working with areas to implement these. The team is also consulting with Maori and Pasifika to determine the most appropriate way of engaging over such a wide geographic area.

Strong linkages are being developed between the network management team and the Ministry of Health Cancer Control Steering Group, Cancer Control Council Secretariat and the other three regional networks. Networks represent an immense opportunity to share learning's and to influence the direction of cancer control activity at a local, regional and national level.

The recently published report on the progress against the Cancer Control Action Plan, *Mapping Progress: the First Two years of the Cancer Control Strategy Action Plan 2005-2010*, provides a number of recommendations to support the development of regional networks. The Cancer Control Council will be engaging with networks to follow up on these in the near future.

In conclusion, the Central Cancer Network (CCN) has made a steady start and the next quarter will see the commencement of the work plan.

INTRODUCTION

This paper provides an update on the development of the Central Cancer Network (CCN) for the period July – September 2007.

BACKGROUND

The Ministry of Health document, *The New Zealand Cancer Control Strategy Action Plan 2005-2010* proposed the development of regional structures to enhance co-operation and collaboration of organisations involved with or contributing to cancer control.

The aim of regional cancer networks is to link cancer services across District Health Board areas, strengthening existing collaborative arrangements and developing new ones where necessary. In the Action Plan implementation of regional cancer networks is to be shared by the MoH, DHBs and NGOs.

The purpose of regional cancer networks is to provide a framework that supports the linkages of DHB planners, DHB specialist service providers, NGOs, PHOs and consumers to co-ordinate implementation of the cancer control strategy action plan across DHB regional areas. The networks are intended to provide a formal structure that supports improvement in co-ordination of population programmes for prevention and screening and the quality of treatment and support to families and patients on the pathway of cancer care.

It is intended that the cancer networks will have a strong operational support focus, aimed at improving the patient and family pathway of cancer care by facilitating co-ordination of services across primary, secondary and tertiary level through the enhancement of collaboration and integration across provider and consumer organisations. The network structure will provide a framework for linking groups responsible for funding, planning, primary prevention and screening to ensure improved co-ordination of district and regional implementation across the continuum of the cancer control strategy objectives. The networks will also provide a mechanism for the realistic engagement and input of consumers, NGOs Maori and other ethnic groups.

STRUCTURAL FRAMEWORK

To improve co-ordination across planner, provider and consumer groups within a network requires a formal structure to lead and support the communication and information sharing by these groups in their respective, planning, decision making or service provision roles.

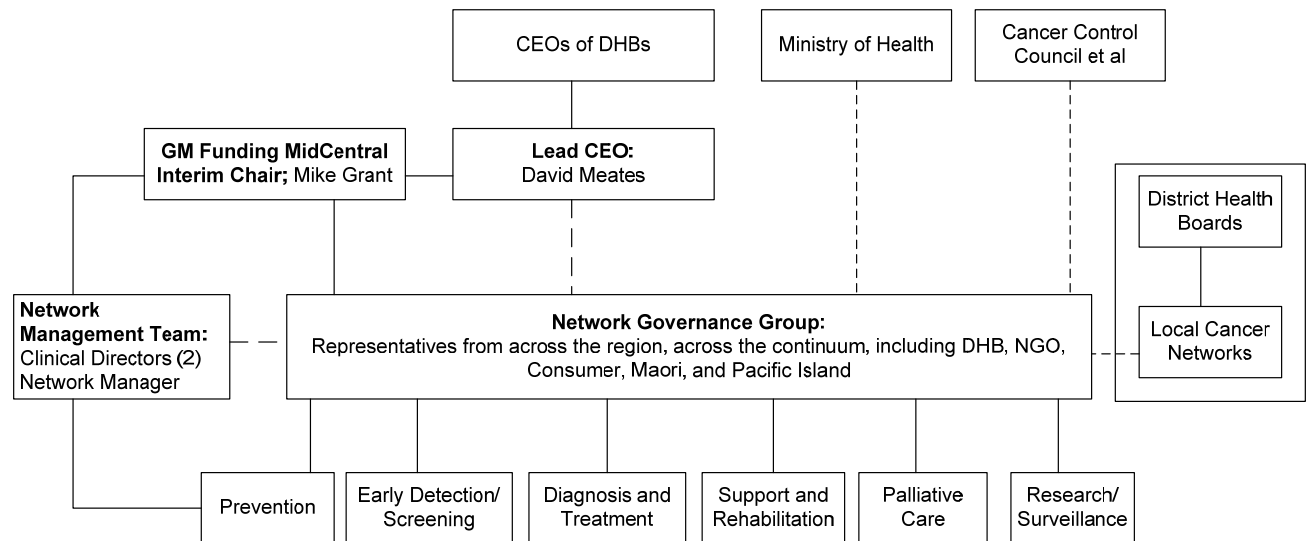
The structural framework is not intended to be an additional management hierarchy and does not replace the responsibilities or accountabilities of individuals, groups or organisations within the network for decision making or performance service provision.

International experience and the local projects have established the need for four core structural components:

1. an executive governance group accountable to regional DHBs
2. a network management group
3. a structure to facilitate involvement and overview by NGOs, consumers
4. multidisciplinary cancer streams and generic service groupings.

The Central Cancer Network's structure below encompasses these four core structural components and illustrates the connectivity between CEOs, Network governance group, network management team, local cancer networks and the six work streams.

Cancer Control Network (CCN)



CENTRAL CANCER NETWORK (CCN)

The Central Cancer Network brings together nine DHB districts – Tairāwhiti, Taranaki, Whanganui, MidCentral, Hawkes Bay, Wairarapa, Hutt Valley, Capital & Coast and Nelson/Marlborough and covers a population of approximately 959,562 people.

Nominations were called for from suitably qualified people with experience in cancer across the continuum. The following members make up the Network Governance Group:

DHB	Name	Background
Tairāwhiti	Pania Ruakere	DHB – Planning and Funding Maori
Hawkes Bay	Dianne Keip	Palliative Care Partnership

		(PHOs, DHB, Hospice)
MidCentral	Denise Robbins	CancerVoices (Consumer)
	Litea Meo-Sewabu	Public Health Research Pacific Nations
Wairarapa	Dr Simon Snook	Primary Care
Taranaki	Kevin Nielsen	Hospice (NGO)
Capital & Coast	Dr Barry Mahon	Cancer Surgeon
	Kathryn McKeefry	Manager, Wellington Blood and Cancer Centre
Whanganui	Bronwen Laurenson	Cancer Society (NGO) Prevention Support and Rehabilitation
Hutt Valley	Dr Annette Nesdale	Public Health
Nelson / Marlborough	Dr Kate Gregory	Medical Oncologist

ROLE AND RESPONSIBILITIES

Terms of reference and standard operating procedures have been agreed for the Network (see Appendix 1 for TOR). The objectives of the Network group will be to:

- Agree and prioritise strategic regional priorities and work programme with advice from the six work streams:
 - Primary Prevention
 - Effective Screening and Early Detection
 - Diagnosis and Treatment
 - Support and Rehabilitation
 - Palliative Care
 - Research and Surveillance.
- Oversee the operational activities of the Network Management Team.
- Identify opportunities for mutual support and collaboration among regional cancer control services across the cancer continuum of prevention, screening, diagnostic and treatment, support and rehabilitation, palliative care and research and evaluation.
- Support and encourage partnerships and collaboration across the Network.

At the initial Network meeting the group agreed to meet on a monthly basis during the initial establishment phase of the work streams.

NETWORK MANAGEMENT TEAM

The Network Management Team includes a Network Manager and two (0.2 FTEs) Clinical Director positions. The Management Team will provide leadership and effective day to day operational management, project support and facilitation to support the strategic direction of the Network.

Management Team appointments include:

- Dr Andrew Simpson – Clinical Director (Capital & Coast DHB)
- Dr Simon Allan – Clinical Director (MidCentral DHB)
- Jo Anson – Network Manager.

NETWORK FUNDING

The Ministry has funded \$250,000 per annum for the next three years for the operation of the Network. Due to the size of the Central Cancer Network (nine DHBs), the Ministry has been advised that additional funding will be required to fully operationalise the Network and ensure full participation/engagement is achieved.

At a meeting with the Cancer Control Steering Group in August it was also agreed that each regional networks would be funded \$250,000 per annum for the next three years to be used to address inequalities.

CCN ACTIVITIES TO DATE

- The Network has met four times to date and has monthly meetings planned through to the end of 2007, subsequent to which the meeting frequency will be reviewed - meeting minutes included in Appendix 2. A snapshot of current cancer control activity around the region as collated from the minutes is provided in Appendix 3.
- Terms of Reference and standard operating procedures including a Conflicts of Interest register have been agreed.
- The group have undertaken governance training – see Appendix 4 PowerPoint.
- Identifying and engaging with stakeholders across the region – a draft communications plan has been developed and contact has been made with most stakeholder groups. See Appendix 5 for a PowerPoint update which is being used as part of the communication plan.
- Consulting on the most appropriate way of engaging with Maori and Pasifika, given the wide geographic spread.

- Linking with the other regional cancer networks – this is occurring formally via teleconference and face to face meeting facilitated by the MOH Cancer Control Steering Group and informally via regular contact.
- Linking with the MOH Cancer Control Steering Group – the regional Network Managers will be members of this committee.
- Linking with the NZ Cancer Treatment Working Party – the Clinical Directors of the regional networks will be members of this committee.
- Development of guidelines for the establishment and operation of local cancer networks and working with areas to implement these - see Appendix 6.

CCN WORK IN PROGRESS

- Developing the work programme for 07/08 – currently a stocktake of cancer control initiatives planned for this year within the region and nationally is being undertaken to provide the context for the CCN plan. The work plan will be completed by the end of September 2007.
- Establishing the work streams – developing a process for the implementation of the groups, consistent with the activities prioritised in the work plan.
- Working with the Cancer Control Steering Group and the other regional networks to progress the following;
 - Communications plan – including quarterly newsletters and website development
 - Developing a framework for regional network strategic plans.

CCN NEXT STEPS

- Linking with the patient journey mapping work that the Northern Cancer Network have undertaken with respect to lung and colo-rectal cancer to help inform the direction of CCN tumour stream groups.
- Promoting the adaptation and national adoption of Patient Management Frameworks developed in Victoria, Australia. These provide a guide to what the patient's journey should look like and will be used as the benchmark for patient mapping exercises.
- Linking with providers around the region in the lead up to the planning phase for 08/09 activity:
 - A meeting with the regional DHB cancer plan managers and DHB provider cancer managers is scheduled for October 2007.

- Developing a register of research activity occurring around the region.
- Developing a strategy for media engagement.
- Utilising the website www.cancercontrol.health.govt.nz as a repository for CCN information e.g. TOR, work plan, meeting minutes, reports.
- Providing a quarterly report for the Board's of the DHBs in the region.

CANCER COUNCIL EVALUATION REPORT

The Cancer Control Council recently commissioned an independent review of regional cancer networks in New Zealand.

The aim of the review was to fulfil the Council's responsibility for monitoring and reviewing the development of regional cancer networks in a way that fosters collaboration and cooperation between all parties, promotes best practice and facilitates useful linkages and sharing of information.

The Council recognised that regional networks were only in the early stages of development and decided to undertake a high level review focusing on the current status of the development of the networks and related issues.

The final report was launched by the Minister on the 23rd August 07 as part of the report *Mapping Progress: The first two years of the Cancer Control Strategy Action Plan 2005-2010*. Recommendations from this report are included in Appendix 7. The Cancer Control Council will be meeting with relevant parties to follow up on these recommendations in the near future.

Subsequent to this feedback on District Cancer Plans has also been received from Dr Colin Feek, Interim DDG, Sector Capability and Innovation, Ministry of Health (letter dated 28th August 2007). This letter compliments DHBs on the standard of their cancer plans and the innovative and collaborative approaches that have been signalled. A number of DHBs from the CCN region have been recognised for their efforts to date. The letter also promotes using shared approaches between DHBs and engagement with regional cancer networks as a way forward.

Conclusion

The Central Cancer Network (CCN) has made steady progress over the past few months. Over the next quarter the Network's focus will progress from the establishment and planning phases, into the implementation phase.

David Meates
CEO Wairarapa DHB
CCN Sponsor

Mike Grant
GM Funding MDHB
CCN Chair

Jo Anson
Network Manager
CCN

APPENDIX 1: CCN TERMS OF REFERENCE

CENTRAL CANCER NETWORK (CCN) TERMS OF REFERENCE (TOR)

PURPOSE

Governed by the New Zealand Cancer Control Strategy and Action Plan, the Central Cancer Network (CCN), comprising of nine District Health Board regions – Tairāwhiti, Taranaki, Whanganui, MidCentral, Hawkes Bay, Wairarapa, Hutt Valley, Capital & Coast and Nelson/Marlborough, will:

- Exchange information to further the development and implementation of the New Zealand Cancer Control Strategy Action Plan and the Central Region Cancer Control Plan (2006).

OBJECTIVES

To actualise the Cancer Control Strategy's goals of:

- Reducing the incidence and impact of cancer in the Central NZ Network region; and
- Reducing inequalities with respect to cancer in the Central NZ Network region

To support the local delivery of effective, efficient and equitable cancer control services.

NETWORK GROUP RESPONSIBILITIES:

- Agree and prioritise strategic regional priorities and work programme with advice from the six workstreams:
 - Primary Prevention
 - Effective Screening and Early Detection
 - Diagnosis and Treatment
 - Support and Rehabilitation
 - Palliative Care
 - Research and Surveillance
- Oversee the operational activities of the Network Management Team
- Identify opportunities for mutual support and collaboration among regional cancer control services across the cancer continuum of prevention, screening, diagnostic and treatment, support and rehabilitation, palliative care and research and evaluation.
- Support and encourage partnerships and collaboration across the Network.
- Accountable to the Project Sponsor

GM Planning and Funding, MidCentral DHB will be interim chair for the Central Network.

OUTCOMES

- Strengthen cancer continuum services across the Central Cancer Network.
- Reduce inequalities for Maori and Pacific Peoples.

MEMBERSHIP

The Network will be represented by all Central NZ cancer control services. The Network will seek representation across the cancer continuum from each of the District Health Boards, NGOs, Primary Health Organisations, Consumer groups and Maori Providers.

MEETINGS

The Network will be a combination of full group sessions to be scheduled monthly and over time move to quarterly meetings with teleconference calls as required. Decisions will be reached by consensus.

- A quorum shall be agreed between all groups at the inaugural meeting.
- Voting rights shall be agreed between all groups at the inaugural meeting.
- A call for agenda items and distribution of the agenda will occur two weeks prior to the meeting.
- Minutes of the meeting are to be circulated no later than two weeks following the previous meeting.

NETWORK MANAGEMENT TEAM RESPONSIBILITIES:

The Network Management Team:

- Comprises of the **Network Manager** and the **(2) Clinical Directors**.
- Will operate under the principles of a clinical governance framework
- Will be accountable to the GM MidCentral DHB, Funding Division

The Network Management Team will:

- Facilitate delivery of the agreed work programme
- Coordinate, convene (where appropriate) and provide support to Network groups
- Support the site-specific and service delivery improvement work streams
- Facilitate active communication within and between Network groups, the wider network and national bodies; and
- Work with local DHBs on funding and implementation issues associated with the work streams

APPENDIX 2: MINUTES OF CCN MEETINGS – MAY, JUNE, JULY 2007 PROVIDED SEPARATELY

APPENDIX 3: SNAPSHOT OF CANCER CONTROL ACTIVITY FROM AROUND THE CCN REGION

This information has been collated from minutes of the CCN meetings – it does not represent the complete picture.

General Activity

- Cancer Society, CancerVoices and CANGO (coalition of cancer NGO and consumer groups) are developing a training programme for cancer consumer representatives with the first course to be delivered in Oct/Nov 2007
- A regional palliative care network is functioning
- Cancer Society NZ has developed a strategic plan which will guide the activities of the national office, divisions and centres
- A research proposal to look at 'Improving Detection of Cancer within Primary Care' has been submitted to the DHB Research Funding Group - awaiting outcome
- A project proposal has been submitted to the Genesis Oncology Trust to provide training around a tool for GPs to use when discussing prostate screening options with their patients - awaiting outcome.
- Survivorship research project under development
- Linking with Plastics / Maxillary Facial Network – Dr Simon Snook is the Chair of this group and a member of CCN.
- Linking with work the Technical Advisory Services (TAS) is undertaking for the central region DHBs e.g. regional clinical services plan

Tairawhiti

- Cancer plan completed March 2007 and portfolio manager appointed to progress the recommendations from the plan
- Local cancer network operating
- Initiatives underway:
 - Funding approved to carry out patient mapping research project to be conducted in 07/08
 - Patient mapping process – public health registrar to carry out lung, colorectal, breast using Midland / Waitemata model.
 - BreastScreen Aotearoa meeting in Sept with stakeholders re level of service, coverage rates.
 - Aligning local Networks with Cancer Plan
 - Oncology Social worker has started
 - Inequalities priorities – Tobacco control most linked to cancer control
 - HEHA and Tobacco Control Managers appointed

Hawkes Bay

- Cancer plan developed August 2006 and a new role, chronic diseases/ palliative care portfolio manager, has been developed to progress the recommendations from this and other plans.
- A local cancer network has been operating for some time and is due to review its Terms of Reference.
- Initiatives completed / underway:
 - Multi-disciplinary meetings have been reworked to enable greater representation
 - A focus on radiation oncology and medical oncology waiting times and capacity issues
 - Further development of the Liverpool Care of the Dying pathway
 - New positions in place - Breast Clinical Nurse Specialist (CNS), Colo-rectal CNS, Cancer/Palliative Care Social Worker
 - Development of skin lesion referral guidelines underway
 - Research project looking at Maori women taking someone home to die underway.
 - Working with NSU on contracting Independent Service Providers to increase uptake for screening programmes
 - Advanced Care Planning forum proposed.

MidCentral

- Cancer plan was developed in 2004 and nearly all of the initiatives have now been implemented
- A local cancer network has been providing governance for the roll out of the plan and is now looking to refocus itself.
- Initiatives completed:
 - Implementation of a psycho-oncology service
 - Implementation of four Iwi based cancer co-ordinators roles
 - Implementation of palliative care initiatives – Clinical Pharmacist position, Medical Specialist position, Liverpool Care of the Dying initiative, Palliative Care Partnership model
 - Implementation of specialist nursing positions
 - Phase 1: 3 colo-rectal, 1 Breast, 1 Clinical Haematology, 1 Respiratory
 - Phase 2: Community Cancer Care Co-ordinators based in each of the four PHOs
- Initiatives underway:
 - Skin cancer analysis – exploring gaps, data. Potential to move to the development of guidelines for early detection
 - Focus on prevention
 - Evaluation of some of the initiatives already in place e.g. Iwi based co-coordinator roles
- Complimentary and Alternative Medicines group (CAM) at Cancer Society starting up – able to offer sensible advice / resources.

Whanganui

- Cancer plan completed March 2007 and a portfolio manager has been identified to progress the recommendations from the plan.

Taranaki

- Cancer plan developed August 2007
- Discussions occurring regarding the establishment of a local cancer network
- Initiatives underway;
 - Futures Taranaki (a coalition of organizations in the region) are working towards a vision of a Smokefree Taranaki. Currently moving towards Smokefree parks.
 - Dioxin issue - Alan & Clarke Consultants appointed to develop a support service for people exposed to this chemical.

Wairarapa

- Cancer plan completed March 2007 and a portfolio manager has been identified to progress the recommendations from the plan.
- A local cancer network is functioning

Hutt Valley

- Cancer plan completed July 2007 and a facilitator is being appointed to progress the recommendations from the plan
- Discussions occurring regarding the establishment of a local cancer network and the potential to have a joint network with Capital & Coast

Capital and Coast

- Cancer plan is under development
- Discussions occurring regarding the establishment of a local cancer network and the potential to have a joint network with Hutt Valley
- Work is being undertaken around developing tumour stream groupings e.g. lung
- Review of paediatric oncology services is underway

Nelson / Marlborough

- Cancer plan completed February 2007 and a portfolio manager has been identified to progress the recommendations from the plan.

APPENDIX 4: GOVERNANCE TRAINING SESSION POWERPOINT PRESENTATION PROVIDED SEPARATELY

APPENDIX 5: CENTRAL CANCER NETWORK – UPDATE 2 POWERPOINT PRESENTATION PROVIDED SEPARATELY

APPENDIX 6: GUIDELINES TO SUPPORT THE ESTABLISHMENT OF LOCAL CANCER NETWORKS

Central Cancer Network (CCN)

Guidelines to support the establishment of local cancer networks

August 2007

This guideline provides information to cancer service providers within a District Health board (DHB) area to use as a guide when establishing or reviewing local cancer networks. This guide contains the following information:

1. Background to the establishment of the Central Cancer Network and how it links with local cancer networks
2. Principles and Objectives of regional cancer networks, many of which are appropriate for local cancer networks
3. Composition of local cancer networks
4. Activities of local cancer networks
5. Accountabilities of local cancer networks
6. Example Terms of References from existing local cancer networks – Appendix C

The CCN would be pleased to work with groups across the region to assist in the development of local cancer networks.

CCN Contact details:

Jo Anson
Network Manager
Central Cancer Network (CCN)

Email: centralcancernetwork@midcentral.co.nz

Phone: (06) 350 8622

Cell: 027 446 3261

Fax: (06) 350 8926

Post: c/- Funding Division
MidCentral DHB
PO Box 2056
Palmerston Nth

1. Background

The Central Cancer Network (CCN) has been established as a vehicle for progressing a number of the objectives within the NZ Cancer Control Strategy Action Plan 2005-2010. CCN is one of four regional cancer networks across NZ which are based on DHB coverage areas:

- **Northern** – Auckland, Waitemata, Counties Manakau, Northland
- **Midland** – Waikato, Bay of Plenty, Lakes, *Taranaki, Tairāwhiti*
- **Central** – *Taranaki*, Whanganui, Midcentral, Hawkes Bay, *Tairāwhiti*, Wairarapa, Hutt Valley, Capital & Coast, *Nelson/Marlborough*
- **Southern** – Canterbury, Otago, West Coast, Sth Canterbury, Southland, *Nelson/Marlborough*

To note, the DHBs in italics will work with two adjacent networks as they have significant patient flows into each.

The aim of regional cancer networks is to link cancer services across multiple DHBs, strengthening existing collaborative arrangements and developing new ones where necessary. Networks are to provide a framework that supports the linkages of DHB planners, DHB specialist service providers, NGOs, PHOs and consumers to co-ordinate implementation of the cancer control strategy action plan across DHB regional areas. The networks are intended to provide a formal structure that supports improvement in co-ordination of population programmes for prevention and screening and the quality of treatment and support to families and patients on the pathway of cancer care.

CCN structure includes a Sponsor, a governance group and a management team – see Appendix A for details. The governance group is comprised of representatives from across the region, across the cancer continuum and include representation from DHBs (primary / secondary / tertiary), NGOs, Maori and Pacific and Consumer.

To be successful in its function CCN needs to link in with all of the cancer related activities which are happening on a national, regional and local level. At a local level this would be facilitated by the establishment of local cancer networks in each of the DHB regions. Currently there is wide variability across all of the DHB regions in the network with respect to the establishment of cancer networks – some have well established groups, mainly focussed around the development and implementation of the DHB's cancer plan, whilst other areas are just commencing this process.

See Appendix B for a diagrammatical representation of how the local networks and the CCN would inter-relate.

2. Principles and Objectives of Networks

Dr John Childs, Principal Advisor Cancer Control has proposed the following principles and objectives to guide the structure and function of regional cancer networks i.e. CCN. CCN believes that these principles and objectives can also be used as a guide for local cancer networks:

Principles of Networks

Core principles to guide the implementation of networks structure and function:

1. Provide a focus on improving the pathway of care for cancer patients, families and whanau by improving quality, access to and appropriateness of care
2. Have an organised structure that provides management and leadership to support co-ordination of activities and actions by groups and organisations within the network
3. Are accountable to their constituent DHBs through regular reporting including performance against agreed output and outcomes measures
4. Provide collaborative advice to support the existing decision making and accountability framework of DHBs
5. Provide a framework to support the input and engagement of Maori, Pacific Islanders, NGOs and consumers.
6. Are multidisciplinary across all providers in cancer care and provide framework that supports both tumour and generic service multidisciplinary teams
7. Have evidence based in approach to advice and work programmes
8. Provide the focus for implementation of quality assurance programmes, guidelines and protocols.
9. Enable increasing total system efficiency within available resources to the cancer sector
10. Provide a transparent framework for the lines of advice, decision making and accountability to the DHBs.

Objectives of Networks

Regional Cancer networks, by providing a framework to improve collaboration and co-ordination across cancer groups and services, are expected to achieve the following key objectives:

- the efficient and effective use of finite resources within and across DHB populations
- reduce disparities and improve equity of access
- close existing gaps in services and reduce duplication
- greater co-ordination of service planning and delivery
- promote a focus on patient access to, and experience of, care
- reduce barriers to co-ordinated service provision to ensure seamless care across providers
- account for performance across provider organisations
- provide expertise to support planning and development of services
- enable clinical audit and outcomes reporting
- implement multidisciplinary teams and clinical guidelines

3. Composition of local cancer networks

Local cancer networks should include Maori, Pacific Island, NGO, consumer, DHB (primary /secondary / tertiary / funding) representation and have a mix of clinicians and health managers. 10-12 members appears to be a manageable size and also allows for wide representation.

CCN has seen the benefits of governance training for networks and can recommend an education provider who can work with your group if required

4. Activities of local cancer networks

The following are suggested activities for local cancer networks:

- Advise on population health perspectives in relation to the implementation of the Cancer Service Plan, Cancer Control Plan and other national or regional strategies
- Advise on population screening initiatives
- Advise on research and evaluation programmes to support the local Cancer Service Plan
- Oversee and enhance appropriate consultation processes with providers and communities of interest to ensure optimal provider and community support is achieved.
- Provide independent advice on the overall implementation of the local Cancer Service Plan including recommendations for change required to achieve the aims of the plan
- Monitor and review proposed developments to ensure they are aligned with the strategic intentions of District Strategic Plans.
- Review the local Cancer Service Plan where appropriate to assist in the development and maintenance of Primary Health Care Strategy's including implementation planning and any service development plans arising from the Strategy.
- Engage with all cancer service providers in the area e.g. DHB, NGO (e.g. Cancer Society, Hospice), PHOs to co-ordinate cancer control activities
- Work with the Central Cancer Network on the identification and development of regional initiatives and strategic plans.

5. Accountabilities of local cancer networks

The following accountability structure for local cancer networks is suggested;

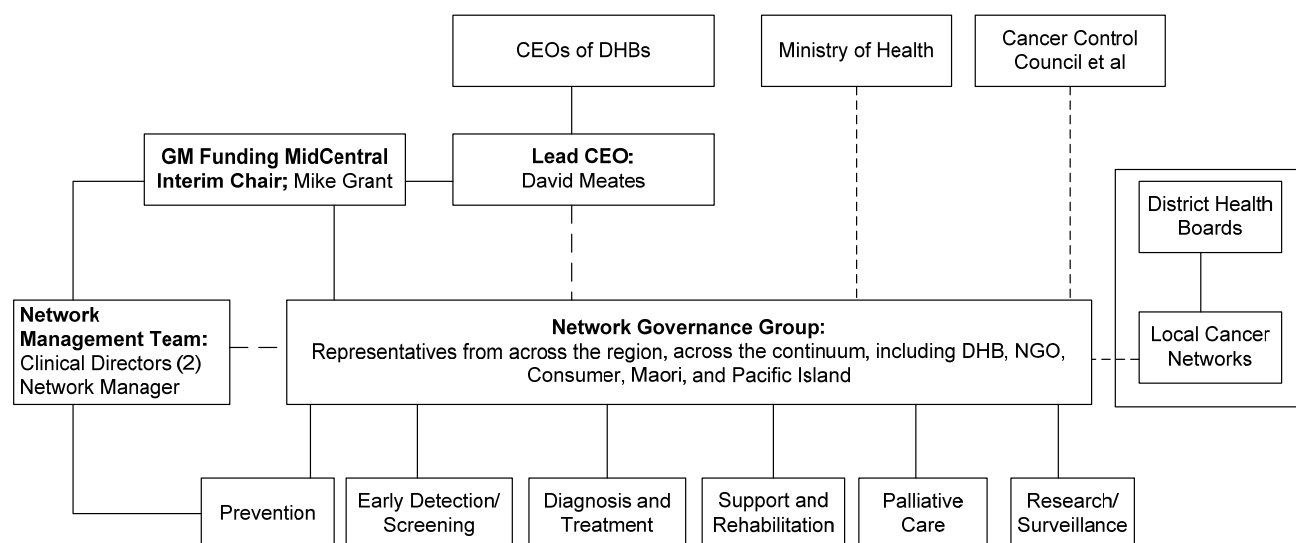
Direct reporting

- to the DHB via General Manager Planning and Funding

Indirect reporting

- to cancer control stakeholders around the local region eg Hospice, Cancer Society, secondary and tertiary services, PHOs, etc
- to the Central Cancer Network (CCN) – CCN to receive minutes, reports, agenda items from the local cancer networks. In turn the CCN will engage with local cancer networks for information sharing, planning, etc

Appendix A: Current structure and membership of the CCN (as at Aug 2007)
Cancer Control Network (CCN)



Sponsor: David Meates, CEO Wairarapa DHB

Chair: Mike Grant, General Manager Planning and Funding, MidCentral DHB

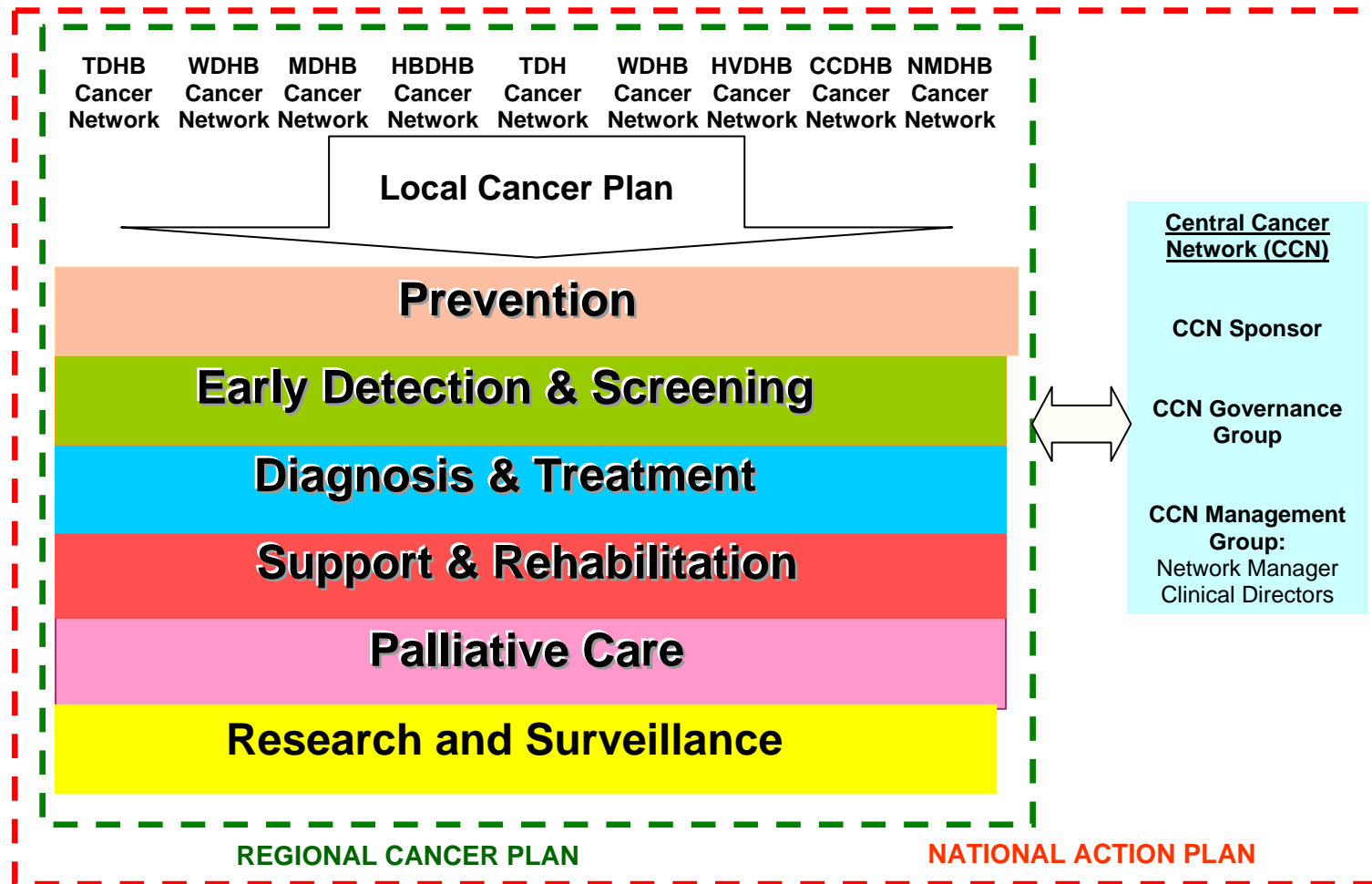
Governance Group:

DHB Region	Name	Background
Tairāwhiti	Pania Ruakere	DHB – Planning and Funding Maori
Hawkes Bay	Dianne Keip	DHB – Planning and Funding Palliative Care
Midcentral	Denise Robbins	CancerVoices (Consumer)
	Litea Meo-Sewabo	Public Health Research Pacific Nations
Wairarapa	Dr Simon Snook	Primary Care
Taranaki	Kevin Nielsen	Hospice (NGO) Palliative Care
Capital & Coast	Dr Barry Mahon	Cancer Surgeon
	Kathryn McKeefry	Manager, Wellington Blood & Cancer Centre
Whanganui	Bronwen Laurenson	Cancer Society (NGO) Prevention Support and Rehabilitation
Hutt Valley	Dr Annette Nesdale	Public Health
Nelson / Marlborough		

Management Team:

- Clinical Directors (0.2FTE each) -
 - Dr Andy Simpson, Medical Oncologist and Clinical Director, WBCC
 - Dr Simon Allan, Medical Oncologist and Clinical Director, RCTS
- Network Manager (1FTE) – Jo Anson

Appendix B: Diagrammatic model of how local networks fit with the Central Cancer Network (CCN)



Appendix C: Example Terms of References for existing local cancer networks

Example 1: Tairawhiti

DRAFT ONLY

TERMS OF REFERENCE FOR TAIRAWHITI REGIONAL CANCER CONTROL GROUP

1. PURPOSE

Tairawhiti Regional Cancer Control Group (TRCCG) will be responsible for advising the Tairawhiti District Health Board (DHB) about cancer control issues pertaining to local implementation of the cancer control strategy.

The group will focus on strategic thinking and planning and implementing the Tairawhiti Cancer Control Strategy locally.

This group is not a substitute for consultation and engagement by the DHB with its population.

2. TERMS OF REFERENCE

With regard to the focus areas, the group will:

- Meet with DHB representative and assist in priority setting and strategic direction in the DHB population and district.
- Ensure that discussions and planning, address issues of inequality across the district and are consistent with local and national priorities.
- Facilitate discussion, solution and agreement on issues and priorities for DHB attention and action.
- Offer advice to DHB on developing solutions and innovative approaches to address identified gaps and issues.
- Advocate to DHB on behalf of their community/ clients/ members.
- A representative from each organisation must attend each meeting. If this is not possible, please delegate a person from your organisation to attend or please supply an "information item(s)".

Membership

Members of the group are individuals and/or representatives of professional groups, consumer groups/organizations and service providers with an interest in health services specifically cancer. Members may be invited to participate in additional work groups.

The Chairperson will be selected from committee members and will hold office for one year upon which an election will take place.

Meetings will be conducted along normal meeting procedures and conduct. All decisions will be made, recorded and actioned by resolution.

The agenda and minutes will be undertaken by TPW (Te Puna Waioira) to service the needs of the group.

Meetings to have present at least 6 people to proceed.

3. MEETING TIMEFRAMES

Meetings will be held bi-monthly.

4. REPORTING RELATIONSHIPS

The group will report to the Tairāwhiti District Health Community and Public Health Advisory Committee (CPHAC). Other Linkages will be with the following organisations:

- CPHAC
- Tairāwhiti District Health
- Tairāwhiti District Health Public Health Unit (Health Promotion)
- NZ Cancer Society/Gisborne- East Coast Cancer Society
- Regional Cancer Control
- Central Districts Cancer Society
- Palliative Care
- Hospice NZ
- Mid Central
- Breast Screen Aotearoa
- Turanganui PHO
- Turanga Health
- Ngāti Porou Hauora PHO
- National Cervical Screening
- Child Cancer local/national body
- Te Aitanga a Hauiti Hauora

5. REVIEW AND EVALUATION

A review is to be undertaken annually to:

- review past years activity
- develop an action plan for the ensuing year relative to the TDH District Annual Plan (DAP) and all representatives Annual Plans.

6. MEMORANDUM OF UNDERSTANDING

We agree to:

- ❖ Respect, trust and value the opinion of each member of the Tairāwhiti Regional Cancer Control Group (TRCCG), and the organisations they represent, whilst maintaining the integrity of the group.
- ❖ Share appropriate information with each other that will enhance and improve the delivery of the information advice concerning our respective areas of interest.
- ❖ Be responsible and committed to the needs of the consumer of the services we represent.
- ❖ Act in a manner which affirms the Treaty of Waitangi and is culturally appropriate to the diverse cultural groups within our communities.
- ❖ Work collaboratively as a team to ensure aims and objectives set out in the District Strategic Plan and National Cancer Control are best met.

Signed: _____
Tairāwhiti DHB / Public Health Unit

Signed: _____
NZ Cancer Society

Signed: _____

Signed: _____

**7. GISBORNE/EAST COAST CANCER SOCIETY
REGIONAL CANCER CONTROL**

Signed: _____
Palliative Care

Signed: _____
Hospice NZ

Signed: _____
Breast Screen Aotearoa

Signed: _____
Turanganui PHO

Signed: _____
Turanga Health

Signed: _____
Ngati Porou Hauora PHO

Signed: _____
National Cervical Screening

Signed: _____
Te Aitanga a Hauiti Hauora

Example 2: Hawkes Bay

**Cancer Services Plan
Cancer Network Group (CNG)
TERMS OF REFERENCE**

1.0 Vision

Providing optimal cancer and palliative care services for our population.

2.0 Statement of Intent

The District Management Group will provide leadership, advice and support in overseeing implementation of the Cancer Services Plan.

The Group will work to foster the following values in planning for cancer services

<i>Cooperation</i>	<i>Care</i>	<i>Deliver</i>	<i>Learn</i>	<i>Communication</i>
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7.1.1 3.0 Purpose

The DMG has a Clinical Governance function providing specialist and strategic advice to the Funding Division of Hawke's Bay District Health Board on the development, delivery, monitoring and evaluation of all cancer services strategies across the region.

7.1.2 4.0 Functions

The DMG will have the following roles and functions:

- Advise on population health perspectives in relation to the implementation of the Cancer Service Plan, Cancer Control Plan and other national or regional strategies
- Advise on population screening initiatives
- Advise on research and evaluation programmes to support the Cancer Service Plan.
- Oversee and enhance appropriate consultation processes with providers and communities of interest to ensure optimal provider and community support is achieved.

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- Provide independent advice on the overall implementation of the Cancer Service Plan including recommendations for change required to achieve the aims of the plan
- Monitor and review proposed developments to ensure they are aligned with the strategic intentions of Hawke's Bay's District Strategic Plan.
- Review the Cancer Service Plan where appropriate to assist in the development and maintenance of Hawke's Bay's Primary Health Care Strategy including implementation planning and any service development plans arising from the Strategy.

7.1.3 5.0 District Management Group Structure

The DMG will comprise strategic representation from the Tertiary, Secondary, Primary Provider sectors, Iwi, the Community and DHB Planning, Funding and Performance Division. There will be one official from each constituency, however, representatives may bring along colleagues if required.

<u>Providers</u> General Practice Teams Nursing Cranford Hospice Primary Health Organisations	<u>Community</u> Cancer Society
	<u>Treaty Partners</u> Ngati Kahungunu Iwi
<u>Hawke's Bay District Health Board</u> Planning, Funding and Performance Division Oncology Service	
<u>In Attendance</u> Cancer Services Project Manager Secretariat support from the Funding Division	
Other members may be co-opted as and when required.	

6.0 Officers, Members and their Responsibilities

The DMG Chair and deputy Chair shall be appointed by the sponsor in consultation with the group. All DMG members should submit an apology when unable to attend a meeting. Should members be absent for three or more meetings without apology, that membership may be forfeited after discussions between the Chair and the member.

7.0 Meeting Structure and Rules

Meetings will be held monthly for one and a half hours. The business of the DMG is to be contained within this timeframe wherever possible. It is acknowledged that this is a major commitment of resource on behalf of the participants and should be used well.

Any conflict of interest arising within the DMG will be declared and managed according to Hawke's Bay District Health Board's policy.

Secretariat support will be available from Planning, Funding and Performance Division to take minutes and ensure their timely circulation. Meeting agendas are to be distributed at least one week prior to the scheduled meeting date.

8.0 Reporting

Open and transparent reporting is preferred, the emphasis being on maximising our learning, and sharing from experiences. The process will be one of collaboration and inclusiveness wherever possible.

The principal relationship for the DMG will be with the Planning, Funding and Performance Division. There is, however, an expectation that the DMG will contribute to reports that are submitted to the Executive, Community and Public Health Advisory Committee and the District Health Board.

9.0 Tenure

The tenure of the DMG is ongoing, subject to annual review of the Group's term of reference and work plan. The DMG's work plan will be determined by the Planning, Funding and Performance Division in consultation with the Group. The DMG will review its Terms of Reference and work plan annually in September.

APPENDIX 7. RECOMMENDATIONS FROM INDEPENDENT REVIEW OF REGIONAL CANCER NETWORKS COMMISSIONED BY THE CANCER CONTROL COUNCIL

The Council has received the following recommendations from the independent evaluator. It is now considering their implications for the cancer control community.

1. Agreement needs to be reached on a common purpose and goals for all networks. Ideally there will also be an agreed core set of objectives, roles and functions, which the networks may expand to reflect their regional focus.
2. The respective roles and responsibilities of the Principal Advisor Cancer Control and his Ministry of Health team and of the Council and its Secretariat need to be agreed and formally documented.
3. The communication flows, relationships and reporting lines among the Council, the Ministry, the DHBs and the regional networks need to be clarified and documented.
4. The respective monitoring and review functions and information requirements of the Ministry, the Council and the regional networks should be confirmed, documented and circulated to all DHBs and key stakeholders.
5. A National Framework document should be drafted as soon as possible and signed off by each of the networks, the Ministry and the Council. This document should include, but not be limited to:
 - the outcome of recommendations 1 to 4 above
 - processes for ongoing management of the national Action Plan
 - national prioritisation processes
 - a mechanism for linking the agreed Action Plan to an annual national Funding Plan.
6. Creating closer links with overseas cancer control programmes could provide valuable learning for those establishing and operating regional networks in New Zealand.
7. The role of the network manager is highly challenging, requiring a senior and experienced individual. All regional networks need to consider carefully the appointment they make to this critical position.
8. Each network would be wise to carefully consider the complexity of the structure it is establishing. Each should move to establish multiple groups only once it has confirmed that each group has a real contribution to make and will add value to the network.

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9. The sponsor of each regional network should review the arrangements for the governance of the network to satisfy themselves that the network is doing all it can to implement this governance in partnership with the wider cancer control community.
10. Each network needs to take steps to avoid becoming too focused on diagnosis and treatment to the exclusion of other parts of the continuum. The active involvement of more public health and primary care professionals may help to identify opportunities in prevention and early detection.
11. The Council should establish, co-ordinate and chair a formal national collective of regional networks and the Ministry.
12. A decision needs to be made on the appropriate forum for the regional clinical directors to meet. This forum may be part of the national collective, part of the reformed New Zealand Cancer Treatment Working Party (NZCTWP) or a separate forum.
13. The terms of reference and membership of all cancer control groups coordinated by the Ministry need to be reviewed so that the purpose of the various groups and their interface with the national collective of regional networks and appropriate forum for regional clinical directors proposed in recommendations 11 and 12 above is clear.
14. A decision to establish a national Cancer Control Collaborative to bring together the wider cancer community at a national level should be made in approximately 12 to 18 months, once all regional networks structures are operational.
15. The Council should take responsibility for providing an avenue for non-government parties and consumers to be heard independently and for liaising with relevant national agencies until the national collaborative is established.
16. Formative evaluation will be the most appropriate approach for the second stage of this evaluation of regional networks. Ideally it will commence as soon as possible and continue until the Council deems that all regional networks are fully functional and achieving their objectives.