



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.

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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

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- **Central** – *Taranaki*, Whanganui, Midcentral, Hawkes Bay, *Tairāwhiti*, Wairarapa, Hutt Valley, Capital & Coast, *Nelson/Marlborough*
- **Southern** – Canterbury, Otago, West Coast, Sth Canterbury, Southland

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 ie 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

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- 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 Strategys including implementation planning and any service development plans arising from the Strategy.
- Engage with all cancer service providers in the area eg DHB, NGO (eg 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;

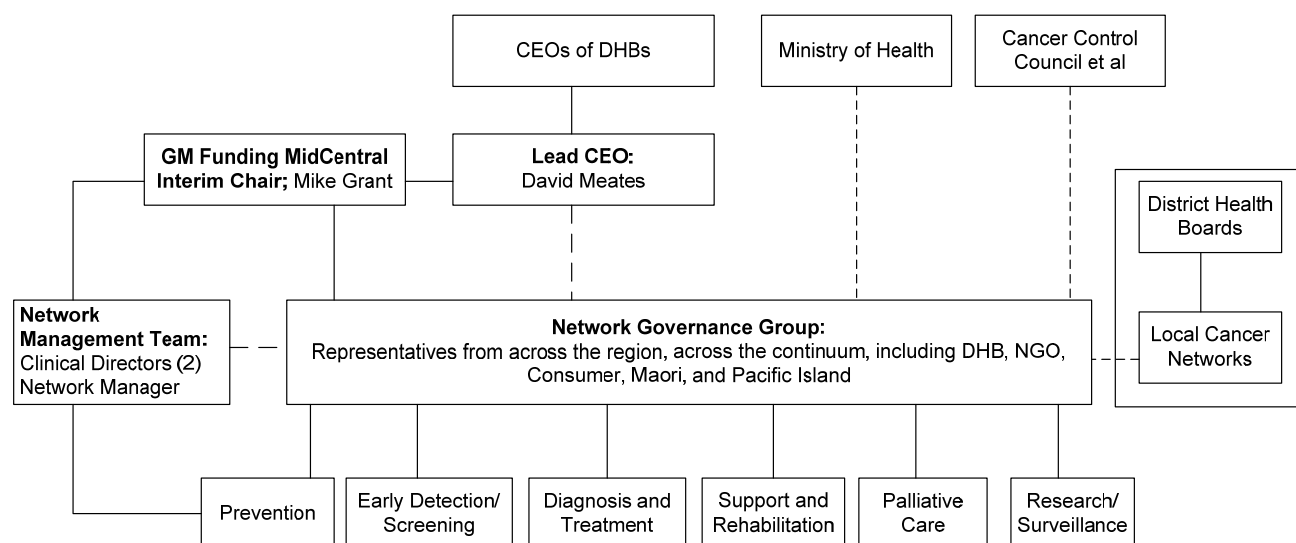
Direct reporting

- 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

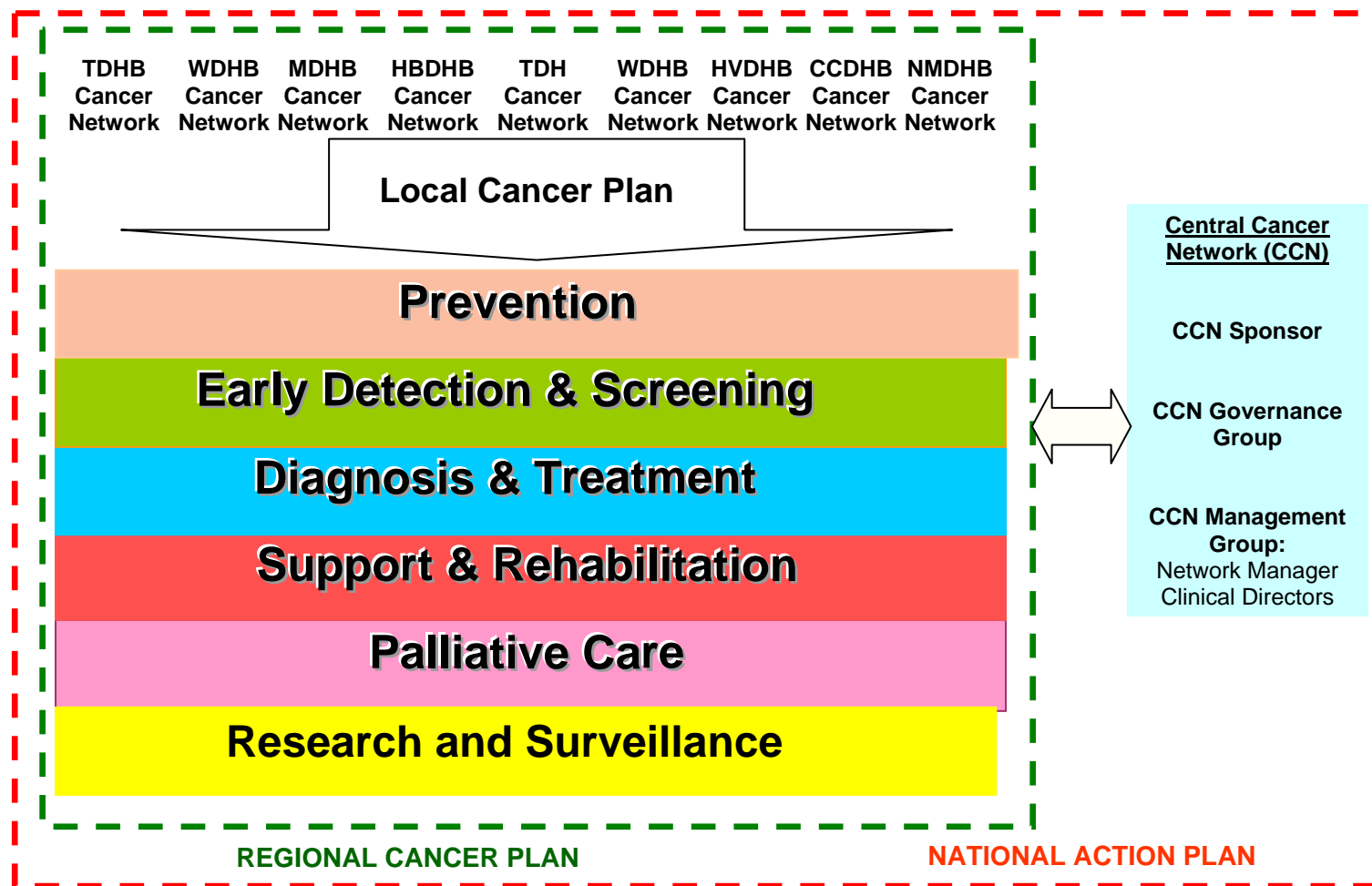
Governance Group:

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

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.

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 Waiora) to service the needs of the group.

Meetings to have present at least 6 people to proceed.

Meeting Timeframes

Meetings will be held bi-monthly.

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

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- Turanganui PHO
- Turanga Health
- Ngati Porou Hauora PHO
- National Cervical Screening
- Child Cancer local/national body
- Te Aitanga a Hauiti Hauora

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.

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: _____
Gisborne/East Coast Cancer Society

Signed: _____
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

Cooperation Care Deliver Learn Communication

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.

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.
- 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.

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.

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

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.