

# Taranaki Cancer Network

## Terms of Reference

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### **Background:**

The development of a Taranaki Cancer Network is designed to ensure the implementation of the New Zealand Cancer Control Strategy and the Taranaki Cancer Action Plan. It will support improvements in practice and advise on clinical quality standards to ensure the best possible service is available in the Taranaki region.

In General, Cancer Networks are to provide a framework that supports the linkages of DHB planners, DHB specialist service providers, NGOs, PHOs and consumers to co-ordinate the implementation of the Cancer Control Strategy Action Plan across DHB regional areas. 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.

The Taranaki Cancer Network will take a continuum of care approach from promotion and prevention to palliative care for Cancer.

The following core principles will guide the development of Taranaki Cancer Network:

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 organisations through regular reporting including performance against agreed output performance indicators. Stakeholders are responsible to feedback to their respective groups.
4. Provide collaborative advice to support the existing decision making and accountability framework of Taranaki DHB
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. Advice may be sought from outside the group as multidisciplinary teams do not always have required areas of expertise.
7. Have an evidence based approach to advice and work programmes

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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 DHB.

**Purpose:**

To create an advisory inter-sectoral Cancer Network to translate The New Zealand Cancer Control Action Plan and the Taranaki Cancer Action Plan into prioritised actions based on need, existing inequalities, available resources, available skills, expertise and national direction.

**Role:**

The Taranaki Cancer Network is to advise the Taranaki District Health Board on issues relating to Cancer service planning in the region and to facilitate and co-ordinate the work of stakeholder agencies, including the DHB, PHO's, NGO's and communities in implementing the New Zealand Cancer Control Strategy and Taranaki Cancer Action Plan. The network may also undertake an advocacy role in relation to cancer services.

**Objectives:**

To provide a framework to improve collaboration and co-ordination across cancer groups and services, to achieve the following key objectives:

- The efficient and effective use of finite resources within the DHB populations
- 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
- To contribute to improvements in whanau ora and to reduce health inequalities for Maori and Pacific peoples, with reference to "He Korowai Oranga – the Maori Health Strategy", "Whakatataka – Maori Health Action Plan", and to the Pacific Health and Disability Action Plan.

**Sub-groups**

The Taranaki Cancer Network may establish sub-groups to address specific issues and the Taranaki Cancer Network will oversee the work of such groups.

## **Accountability**

### *Chair:*

The Taranaki Cancer Network is to be chaired by the Taranaki representative on the Central Cancer Network.

### *Administrative Support*

Administrative support will be provided by the Planning and Funding Department, Taranaki DHB.

## **Reporting Relationships**

### Direct Reporting

- To the Taranaki District Health Board - General Manager Planning, Funding and Population Health

### Indirect Reporting

- To cancer control stakeholders in Taranaki - eg Hospice, Cancer Society, secondary and tertiary services, PHOs
- To the Central Cancer Network (CCN) – CCN to receive Minutes, reports, agenda items from the Taranaki Cancer Network

## **Membership of the Group**

The Taranaki Cancer Network will include Maori, Pacific Island, NGO, consumer, DHB (primary/secondary/funding), and geographical representation and have a mix of clinicians and health managers, to reflect the total continuum from preventative through to palliative care.

Membership may be delegated to substitutes when the member is unable to attend a meeting. Any delegations must have the authority from the organisation they represent to make decisions as required of the group.

Co-option of members to occur as and when required.

## **Meeting Frequency**

The Taranaki Cancer Network will meet bi-monthly at TDHB. Meeting dates will be set at the first meeting of the year.

The meeting time, date and location can be changed by the Chair, provided there is at least one week's notice given.

## **Term, Appointment, Approval, and Resignation**

Members will serve a term that will be for the duration of not less than 12 months.

If members of the Group must resign before the end of their 12 month appointment period, they will notify the Chair at least one month in advance in writing.

The Chairperson will use discretion either to:

- a) Appoint members or
- b) Formally solicit nominations to replace resigned members

A minimum of six, including three members from outside the DHB, must be present to establish a quorum for group meetings and activities.

When a member is absent for more than two consecutive group meetings, without prior apology, or if the member is not able to contribute to the good of the group, then the Chair will consider their membership status for revocation, following discussion with the member or reasonable attempts to contact the member.

## **Procedure of the meetings**

A standard Agenda will be agreed and used for all meetings. Agendas will be sent out to the group three days prior to meeting.

Minutes will be taken at all meetings and draft Minutes will be distributed to the group within one week for agreement. Final Minutes within 10 days.

Prioritisation criteria and tools for use in funding initiatives will be developed and agreed by the group within the first two months of operation for ongoing business.

Quorum of 8 members required (to be confirmed when membership appointed).

## **Changes to these Terms of Reference**

Revisions to these Terms of Reference (TOR) require agreement and acceptance by the Taranaki Cancer Network. Any changes should be made through a formal change control process.

<b>Signed Taranaki Cancer Network Chair</b>	
<b>Date</b>	