

Minutes

Te Aho o Te Kahu Advisory Council

Date: 15 October 2021

Time: 11:30am to 2:00pm

Location: Room: GS.2 or [Microsoft Teams Link](#)

Chair: Richard Sullivan

Attendees: Deborah Woodley (left 1:05pm), Shelley Campbell, Nina Scott, John Whaanga (left 1:43pm), Diana Sarfati, Michelle Mako, Fletcher Beazley

Presenters: Helen Stobba, Jane Dancer, Elena Saunders, John Fountain



Secretariat: Jordan Jansen


Apologies: Keriana Brooking, Apisalome Talemaitoga, Johnathon Koea, Ashley Bloomfield, Christopher Jackson, Dawn Wilson



Objectives:

1. Update council on major work programmes
2. Discuss and endorse future council role and functions
3. Discuss and advise on Te Aho o Te Kahu priorities for 2022

Item	Purpose
<p>Chief Executive welcome and update RS opens meeting with karakia at 11:34am and requests an additional item to later discuss COVID Delta outbreak concerns, and endemic COVID.</p> <ul style="list-style-type: none"> • Graeme Norton has resigned from the council. DS commended his strong consumer voice and informed the council that Henare Kani, new chair of He Ara Tangata, the Agency's consumer reference group, will fill this council membership. • The Cancer Services Planning (CSP) summary has been provided to the Minister, Ashley and the Transition Unit (TU), and has been well received. Programme leads will now work with the Health and Disability System Reform's (HDSR) transition unit to ensure it is appropriately incorporated into the NZ Health Plan. 	<p><i>For information</i></p>

<ul style="list-style-type: none"> • The Agency is providing ongoing support to District Health Boards (DHBs). Auckland DHB issues are exacerbated by the current COVID Delta outbreak. And ongoing support continues for Southern and Canterbury DHBs through the Agency's Southern regional hub. • Budget bids are submitted, details remain confidential. Bids are still being reviewed by Government. • The Agency's prevention report is with editors. The report will provide a good basis to support decision makers in government. DS thanks DW and the Population Health and Prevention team in the Ministry of Health (MoH) who have supported this work. • Public services census data will be available soon, embargoed information has been shared with public sector agency Chief Executives. DS advised data shows exceptional results for the Agency in relation to Māori/ Crown relationships and engagement with Māori. 	
<p>Cancer medicines availability analysis</p> <p>Elena provided an update at 11:45am on the presentation previously given at the 26 February 2021 council meeting.</p> <ul style="list-style-type: none"> • Refer to paper. • This project will result in substantial public interest and careful communication processes will be critical, including with patient advocacy groups and NGOs. • The Agency is doing a descriptive analysis only, with no specific policy recommendations. – this is intentional, so it does not conflict with the current PHARMAC review. <p>Decisions:</p> <ol style="list-style-type: none"> a. The council agreed there should be comparisons with another relevant funding entity beyond Australia. b. The council was supportive of the approach regarding equity and suggested an equity-focused peer review of the report before final release. <p>The Council suggested that the Agency could host webinars with NGOs to explain and contextualise the findings.</p> <p>Actions:</p> <ol style="list-style-type: none"> a. Communication plan to be shared with the council. 	<p><i>For discussion</i></p>  <p>2021-10 - Advisory council paper - medici</p>
<p>Cancer Services Planning (CSP)</p> <p>Helen and Jane update the council on project progress at 12:15pm.</p> <ul style="list-style-type: none"> • Refer to paper. <ol style="list-style-type: none"> 1. Alignment with Māori Health Authority (MHA) and Health New Zealand (HNZ) <ul style="list-style-type: none"> • DS attending MHA and HNZ boards in next month. The Agency will focus on prioritising the recommendations, particularly what can we activate and implement in an endemic COVID environment. • Team continues to work with TU, including ensuring the work is incorporated into the NZ Health Plan. 2. Recommendations summary <ul style="list-style-type: none"> • SC congratulated Helen, Jane and the team on the quality of the recommendations summary. There is a 	<p><i>For information</i></p>  <p>Cancer Services Planning Recommend</p>

<p>strong balance between business as usual and new initiatives.</p> <ul style="list-style-type: none"> • The council suggested to take caution with “as close as possible” message for cancer care, as some new initiatives as well as endemic COVID, might actually do the opposite and is unavoidable. • DS advised that the Agency was taking a cautious approach to dissemination to ensure that the MHA and HNZ have time to consider it before wide distribution. <p>Decisions:</p> <ol style="list-style-type: none"> a. Council agreed that MHA and HNZ need to assess work before it goes further. b. Council recommended Agency consider tabling the summary report with the Pacific Advisory Group as there is opportunity to engage with them on some of the CSP implementation items <p>Break at 12:27pm</p>	
<p>Council re-focus</p> <ul style="list-style-type: none"> • Refer to paper. <p>Decisions:</p> <ol style="list-style-type: none"> a. Council agreed to re-focus and continue to meet approximately tri-monthly over the next 9 to 12 months due to COVID and HDSR uncertainties. b. Review membership and consider members from Māori Health Authority and Health New Zealand as new entities establish. 	<p><i>For endorsement</i></p>  <p>Council_Memo_purpose_Oct 2021.docx</p>
<p>Endemic COVID</p> <p>DS briefs council on Agency planning for endemic COVID, advising there are seven aspects being considered.</p> <ol style="list-style-type: none"> 1. Ensuring people continue to have cancer diagnosed. <ul style="list-style-type: none"> • Lung cancer focus • Communications for primary care, healthline and on covid testing. • Referrals from primary to secondary care. 2. Protect people with cancer from COVID. <ul style="list-style-type: none"> • In the community: largely communications, vaccination, and general advice. • In the health system: the response is DHB/hospital lead, the Agency will work on grouping of interactions. 3. Protect hospital capacity. <ul style="list-style-type: none"> • Minimum treatment expectations. • Delivering as much as possible given health system capacity. • 4. Workforce. <ul style="list-style-type: none"> • Alternative ways of delivering care through PHARMAC, telehealth, and hypofractionation. • Essential enablers: accommodation, transport, and Cancer Society. 5. Acute crisis management. <ul style="list-style-type: none"> • Trigger points. • Agency responsibilities. 	

<p>6. Inequity focus.</p> <ul style="list-style-type: none"> • Targeted communications for lung cancer. • Revisit the equity plan. <p>7. Monitoring.</p> <ul style="list-style-type: none"> • Real time reporting. • Cancellations, waitlists, and deferrals • Including private sector. • The ability to monitor in real time is limited and worrying, Agency regional hubs are setting up a routine monitoring function. <ul style="list-style-type: none"> • Hei Āhuru Mōwai (HAMo) is well networked and will continue to provide anecdotes of disruption to our CACART. • The Agency is comparing its response with Australia, as their COVID pathway is similar to New Zealand's. However, Australia is not doing prioritisation frameworks, and is just treating everyone. <p>Actions:</p> <ol style="list-style-type: none"> a. RS and SC to discuss sector concerns with Elinor Millar. b. Agency to continue to provide proactive advice to sector on key elements of managing cancer services in the context of COVID. 	
<p>Other updates</p> <ol style="list-style-type: none"> 1. Data, Monitoring & Reporting John talked to the Agency's CanShare project at 1:25pm. <ul style="list-style-type: none"> • Refer to presentation. • Iwi partnership boards are seeking Iwi data. • Multi-year delivery with this work <p>Actions: John Fountain to work with Jeffrey Thompson from MoH on Iwi data collection.</p> <ol style="list-style-type: none"> 2. Treatment, Quality & Standardisation This item was skipped. 3. Māori Cancer Community Hui and associated report Fletcher summarised this project at 1:44pm. <ul style="list-style-type: none"> • Refer to presentation. • Council commended Fletcher on this work, noting they're hearing positive feedback in the sector. 	<p><i>For information</i></p>  <p>Advisoy Council - CanShare - 21-10-15.</p>  <p>COUNCIL UPDATE.pptx</p>
<p>Priority focus areas for 2022 Council briefly discussed the following topics:</p> <ol style="list-style-type: none"> 1. Primary care and early diagnosis of the cancer pathway. 2. The Agency assisting MHA with equity focused initiatives and system enablers. 3. Implementing the Cancer Service Planning work <p>Actions:</p> <ol style="list-style-type: none"> a. b. The Council asked DS to extend their thanks for the Agency's substantial recent achievements on to staff. 	<p><i>For discussion</i></p>
<p>Review action points and approve Minutes from 4 June</p> <p>Decisions:</p> <ol style="list-style-type: none"> a. Council approved with no further changes. <p>2:03pm RS closes meeting with karakia</p>	<p><i>For endorsement</i></p>

