

Minutes

Te Aho o Te Kahu Advisory Council

Date: 10 June 2022

Time: 12:00pm to 5:00pm

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

Chair/s: Richard Sullivan & Shelley Campbell


Attendees: Deborah Woodley (left 2:15pm), Nina Scott, John Whaanga (arrived 12:53pm, left 4:33pm), Diana Sarfati, Christopher Jackson (arrived 12:32pm), Johnathon Koea, Dawn Wilson, Henare Kani
Nicola Hill, Michelle Mako, (Te Aho o Te Kahu observers)

Presenters: Aviette Musin, Fletcher Beazley, John Fountain, Michelle Mako, Cushla Lucas

Secretariat: Jordan Jansen

Apologies: Keriana Brooking, Ashley Bloomfield

- Objectives:
1. Describe and discuss the current and emerging environment relating to the health and disability sector reforms.
 2. Consider the role of the Council in navigating the current environment, identify the necessary skill set for Council (given current environment), identify any skill or experience gaps, consider membership refresh.
 3. Update Council on implementation progress on the cancer services planning work, identify implementation levers and barriers.
 4. Update Council on progress of other major projects.

Item	Purpose
<p>Chairs welcome and (Te Aho o Te Kahu) Meeting opened at 12:07pm by Matua HK with karakia. SC welcomed council members, and acknowledged:</p> <ul style="list-style-type: none"> • Papers reflect busy nature of the Agency and sector. • DS announced as Acting Director General (DG) of Health. • Resignation of Apisalome Talekaitoga. • First kanohi to kanohi, face to face meeting for the Council in a long time and first meeting of the year. 	 Karakia.pptx

Chief Executive update

DS advised council of her Acting DG arrangements and the Public Service Commission expect to have a substantive DG in place by December. This must happen before March 2023, ahead of the election.

Council members acknowledged DS for making cancer sector more data driven during time in Chief Executive position.

Nicola Hill introduced as Acting Chief Executive for Te Aho o Te Kahu (the Agency). Nicola's experience working in complex environments was shared.

DS shared key recent agency activity:





- Omicron
 - New Zealand's covid recovery is much slower than anticipated, causing further disruption (adding to current health system complexities).
- Select Committee hearing
 - Viewable on Select Committee Facebook page, it went well and is good for future viability.
- Recent reports released
 - SC commended the Cancer Prevention report.
 - Working with Public Health Agency through their establishment, they've found it useful, Population Health & Prevention directorate in the Ministry of Health (MoH) and other are entities looking at alcohol legislation achieving support for policies focused on prevention.
- Covid and cancer reports
 - There was a slight drop in diagnosis in January and February 2022. This picked up in March. The sector is very challenged, impacting planned care. However, cancer care is being appropriately prioritised.
- Cancer medicines availability report
 - The report contributed to a budget increase for PHARMAC.
 - NGOs strongly supported discussions about funding but disagreed with gaps identified for a particular medicine relating to the tumour stream they advocate for.
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 - The Agency will complete an analysis for blood cancers once an international tool becomes available.
- Other activities
 - The Agency is actively building relationships with interim Health New Zealand (iHNZ) and interim Māori Health Authority (iMHA). DS has requested to meet with their boards.






SC requested an update on the Agency's staffing.



- DS, staff morale is generally good. Acknowledged there are competitive salaries being offered by iHNZ.

For information

- [Cancer Medicines Availability Analysis Report](#) &
- [Cancer and COVID-19 report \(Mar 22\)](#)

<p>Review of current environment</p> <ul style="list-style-type: none"> Budget outcome <ul style="list-style-type: none"> Unfortunately, the Agency was not successful with its Budget bids. HNZ received a substantial envelope. The Public Health Agency's (PHA) new structure was shared with council members. <p>Discussion:</p> <ul style="list-style-type: none"> Shortlisting for PHA expert advisory committee is underway with implementation planned before September. Incoming DG will likely be involved. Placing the Agency's Public Health Physician amongst transition planning was effective, ensuring cancer remained a priority for iHNZ and iMHA. <p>Review of current environment</p> <ul style="list-style-type: none"> Te Aho o Te Kahu position, networks and challenges <p>Discussion:</p> <ul style="list-style-type: none"> The Agency must maintain relationships and use its influencing lever to find opportunities. <p>Actions:</p> <ol style="list-style-type: none"> Agency to provide Council members with talking points to support communications and engagement opportunities. DS to circulate iHNZ and iMHA briefings. 	<p><i>For discussion</i></p>
<p>Advisory Council self-reflection</p> <p>DS shared the Agency's approach to strategy. Refer to papers.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Council members felt that the Council continues to support the Agency's strategy. However, the Agency could consider adding an additional two members with the following skills: <ul style="list-style-type: none"> Stakeholder management Executive and government communications and engagement Large scale change management <p>Actions:</p> <ol style="list-style-type: none"> Incorporate trust and confidence into strategy on a page (or within purpose statement). Work through list of suggested names for new members and consider appointing by 2023. Offer ex-officio membership to new health entities. 	<p><i>For decision</i></p>  <p>Advisory Council self-reflection.docx</p>  <p>Work programme on a page.pptx</p>  <p>Shaping strategy for Te Aho o Te Kahu.pdf</p> <ul style="list-style-type: none"> Annual Report 20/21
<p>Afternoon tea</p>	
<p>Cancer Services Planning (CSP) update</p> <p>The Council were introduced to the Programme Manager, Aviette Musin. Refer to paper.</p> <ul style="list-style-type: none"> Progress <ul style="list-style-type: none"> CSP report to be published end of June. iHNZ are not yet in a position to confirm support for specific actions. The interim NZ Health Plan reflects key elements of the CSP work. Implementation opportunities and risks <ul style="list-style-type: none"> iHNZ and iMHA are the leads in implementation. These organisations have many competing priorities 	<p><i>For discussion and advice</i></p>  <p>CSP.docx</p>

<p>so TAO TK will need to continue to actively engage to ensure progress.</p> <p>Actions:</p> <p>a. Agency to provide CSP talking points to Council members.</p>	
<p>Other updates</p> <p>The Agency’s Senior Leaders provided updates on their work programmes to the Council members. Refer to papers.</p> <ul style="list-style-type: none"> • Regional hubs • Data Monitoring & Reporting (DMR) <ul style="list-style-type: none"> ○ CANshare will be a foundation or platform that can support structures for whānau data. • Quality Performance Indicator Programme (QPIs) <ul style="list-style-type: none"> ○ GN described next steps with QPIS and outlined the intention to implement universal indicators for those tumour streams that are yet to have QPIS developed. ○ DS announced adjustment to the Agency’s structure, where the Treatment Quality & Standardisation, and Prioritisation Innovation & Research teams are reorganising. There are no changes to roles, rather adjustments to create solely focused Quality Improvement and Clinical & Public Health teams. All staff have been supportive. <p>Discussion:</p> <ul style="list-style-type: none"> ○ The Agency is trying to quantify regional stem cell transplant data, however DHBs manually enter in different ways. • Whānau Centred Care (WCC) <ul style="list-style-type: none"> ○ FB confirmed Māori Leaders’ 2022 commentary similarly reflected the voices of Māori and data collected at Māori Cancer Community Hui held in 2020-21. Discussion: ○ SC advised the Canadian cancer sector has an innovative primary care model, and the Agency should engage with their work. • Equity <ul style="list-style-type: none"> ○ Equity is involved in most projects across the organisation. ○ Agency held up as an exemplar for Whaingā Amorangi by Te Arawhiti, Māori Crown Relations entity. Council members congratulated MM for this achievement. Discussion: ○ MM thanked SC for a recent tour of Waikato Cancer Centre’s model of care, which showed different treatment mechanisms that make a difference for its community. The Agency will need to work iMHA and iHNZ to fund different treatment mechanisms across NZ as budget not allocated for this. ○ How to collect data on cancer patients with disabilities is beginning to be looked at, there is 	<p><i>For information</i></p> <p> QPI.docx</p> <p> DMR.docx</p> <p> WCC & Primary Care.docx</p> <p> Equity.docx</p> <p> Regional Hubs.docx</p>

<p>limited current data. Scoping and work with Ministry for Disabled people to map whānau journey.</p> <p>Actions:</p> <ol style="list-style-type: none"> JJ to circulate Conflict of Interest register. SC to share Canadian contact and documents on primary care with FB. 	
<p>Upcoming work & opportunities</p> <ul style="list-style-type: none"> Primary care <ul style="list-style-type: none"> Primary care changes could contribute to success stories for the Agency's communications and engagement. Workforce <ul style="list-style-type: none"> Building Māori and Pacific trainees into cancer care will be integrated. Cancer nurse workforce being discussed with Chief Nurse Office. <p>Actions:</p> <ol style="list-style-type: none"> DW to discuss workforce with JK further. 	<p><i>For information</i></p>  <p>Workforce.docx</p>
<p>Close</p> <p>RS closes meeting with karakia at 4:59pm.</p>	 <p>Closing karakia.pptx</p>

Actions:

#	Action	Responsible
1	Provide Council members with talking points to support communications and engagement opportunities.	Agency Communications
2	Circulate iHNZ and iMHA briefings.	Diana Sarfati
3	Incorporate trust and confidence into strategy on a page (or within purpose statement).	Diana Sarfati
4	Work through list of suggested names for new members and consider appointing by 2023.	Diana Sarfati
5	Offer ex-officio membership to new health entities.	Diana Sarfati
6	Provide CSP talking points to Council members.	Agency Communications
7	Circulate Conflict of Interest register.	Jordan Jansen
8	Share Canadian contact and documents on primary care with Fletcher Beazley.	Shelley Campbell
9	Discuss workforce with JK further.	Dawn Wilson