

Minutes

Te Aho o Te Kahu Advisory Council

Date: 4 June 2021

Time: 11:00am to 3:30pm

Location: Room: GS.2 or Teams ID: 446825189#



Chair: Richard Sullivan (left 2:40pm)




Attendees: Ashley Bloomfield (arrived 12:00pm, left 1:55pm), Christopher Jackson (left 3:00pm, Deborah Woodley (left 12:00pm, re-joined 1:55pm, left 2:24pm), Graeme Norton, Johnathon Koea (arrived 11:26am), Keriana Brooking (left 2:54pm), Nina Scott (arrived 12:30pm, left 1:55pm), Diana Sarfati, Dawn Wilson, Shelley Campbell

Presenters: Helen Stobba, Nicola Hill, Elinor Millar, Jane Dancer, George Laking (stayed following item, left 2:40pm), Sasha Webb, Nicole Willis, Cushla Lucas, Nisha Nair

Secretariat: Jordan Jansen

Apologies: Apisalome Talekaitoga, John Whaanga

Item	Purpose
<p>Chief Executive welcome and update RS opened the meeting with a karakia at 11:03am.</p> <p>Decisions:</p> <ol style="list-style-type: none"> a. The Council agreed to no further changes to the Minutes from 29 April and 26 February 2021. <ol style="list-style-type: none"> 1. <i>Waikato DHB cyber-attack</i> <ul style="list-style-type: none"> • DS updated the Council on the role of Te Aho o Te Kahu in the crisis including managing public communications about not sending patients to Australia, and providing information on the way patient pathways were re-planned. • DS thanked SC and Cancer Society for their support with the response. • Some treatment services at Waikato will recommence from Monday 7 July. 	<p><i>For information</i></p> <p> Advisory Council Minutes Special meeti</p> <p> Advisory Council Minutes 26 February :</p>

<ul style="list-style-type: none"> • A master list developed for mapping patients across pathways considered very useful and should be replicated. <p>Actions:</p> <ol style="list-style-type: none"> Document clear processes for Te Aho o Te Kahu to follow in regional and national emergency situations (covered later in this agenda). <ol style="list-style-type: none"> <i>Linear Accelerators in Mid-Central DHB</i> <ul style="list-style-type: none"> • Two of four LINACs in the region are broken, one of which can be fixed. An urgent briefing is being prepared for the Health Minister relating to the purchase of a new LINAC one of the two LINACs. <i>Southern DHB staffing</i> <ul style="list-style-type: none"> • The Agency has been concerned about cancer services at Southern DHB. Planning and several meetings have taken place over the past year to address the issues. • Cancer services at SDHB are now in a highly vulnerable state. • The Agency is working closely with the DHB to urgently mitigate the staffing issues within the service. <i>Budget announcement</i> <ul style="list-style-type: none"> • Breast cancer screening IT upgrade is to be funded, supporting an opt off process rather than opt in, which is expected to have a pro-equity impact. • No explicit funding for age range extension for bowel cancer. Work is ongoing relating to improving equity in the bowel screening programme, including work relating to age range extension. 	
<p>Agency Dashboard Helen presented on the Agency's dashboard.</p> <ul style="list-style-type: none"> • Refer to paper. <p>Actions:</p> <ol style="list-style-type: none"> Provide a red, amber, green status on dashboard items. Identify national impact/interest on dashboard items. Ask managers to identify timelines for Council review of key projects included in dashboard. 	<p><i>For information</i></p>  <p>Dashboard Timeline May 2021.pdf</p>  <p>QPI summary slide.pptx</p>
<p>Te Aho o Te Kahu emergency response structure and approach Nicola and Elinor presented on the Agency's role in managing crises within cancer services. The Agency generally has had positive responses to its work in these situations.</p> <ul style="list-style-type: none"> • Refer to paper. • SC mentioned the Agency's leadership made a difference with the Waikato cyber-attack response. It was clear there was system failure and a national and immediate approach to the response was beneficial. Decisions: • The Council noted an emergency response framework will be further developed. <p>Actions:</p> <ol style="list-style-type: none"> Work with the Ministry's Emergency Management Team to assist with the Agency's emergency response framework. 	<p><i>For information</i></p>  <p>TAoTK in a crisis 1.docx</p>

b. Include clarity around local, regional and national decision making.

Cancer Services Planning

This programme of work initially focused on cancer surgical services but now includes all cancer treatment services. This work provides an opportunity for the Agency to describe what good cancer care services would look like to support commissioning activity of HNZ and MHA.

1. Progress

- Refer to presentation.
- Guiding principles will be revised continuously.

2. Risks

- Time time frames were noted. The programme is constrained by HDSR timing, and needing to have some advice ready for HNZ and the MHA by the time they are operational.

3. Engagement strategy

- The team presented the internal work groups and processes. The Council requested that there should be clearer descriptions of partnerships and Treaty processes with all Te Tiriti Articles reflected.
- DS advised there had been engagement with Hei Ahuru Mowai from the beginning of the project with specific individuals engaged across the programme, that there were senior Māori Te Ahu o Te Kahu staff across all work programmes, that there was an equity steering group working alongside the project steering group and that the Agency has engaged with over two thousand Māori during its Māori Cancer Community Hui to identify what solutions they saw as important in designing system change.
- Discussion on the importance of including Mātauranga Māori in this work including the central importance of whanau and community.

4. Implementation strategy

- Report to be submitted to Minister in October
- Report to be provided to the new Health New Zealand and Māori Health Authority and the Agency will work with these entities to support their role in cancer service commissioning.
- The second phase of the programme after the overview of cancer services is complete, will be focused on more specific implementation activities.

Actions:

- a. Clearer description of engagement and partnership approaches particularly with Māori should be provided.
- b. Keep Council informed on progress of project.

5. Northern region cancer services






- George Laking gave brief overview of Northern cancer services planning approach. Their focus is to centralise community in service planning.

For information



Cancer Services High Level Programme Plan

For discussion

<ul style="list-style-type: none"> • He outlined four pillars in their approach • The Northern team have not yet engaged with communities in their area in relation to this work, but plan to do so. 	
<p>Optimising Te Aho o Te Kahu’s sector facing Communications and Engagement</p> <p>Nicole presented on the current status of Agency communications and engagement and asked the Council to provide insight into the “next phase” of the strategy.</p> <ul style="list-style-type: none"> • Refer to paper and presentation. • The Agency’s website is continuing to grow its information and resources on cancer, to become more useful to journalists and the sector. <p>Decisions:</p> <p>a. The Council agreed the Agency should aim to celebrate successes within the cancer sector where possible.</p> <p>Actions:</p> <p>a. Council members to identify potential media stories.</p> <p>b. Nicole will work with CJ, KB and SC further on the strategy.</p>	<p><i>For discussion</i></p>  <p>Draft TAoTK Comms and Engagement STra</p>  <p>Comms_Council presentation 4 June 21</p>
<p>Monitoring framework</p> <p>Cushla, Nicola and Elinor presented on how the Agency will report against its values and goals.</p> <ul style="list-style-type: none"> • Refer to presentation. • The Agency will have monitoring at several levels as per the attached monitoring framework. This will include more proactive and systematic cancer services monitoring to identify concerns early, and to support appropriate action. 	<p><i>For endorsement</i></p>  <p>Monitoring and reporting.pptx</p>
<p>National Travel Assistance update</p> <p>Sasha presented on growing inequities falling out of the current National Travel Assistance (NTA) system and consensus among clinicians, patients and stakeholders that urgent change is required.</p> <ul style="list-style-type: none"> • Refer to presentation. • Patients must cover all costs until reimbursed and which takes 10 to 28 working days with significant sign-off required. • Patients in rural and lower socio-economic areas claim less than those in urban or well-off areas. • Patients are only entitled to make a travel claim if they reach a certain number of kilometres. • None of the 16 recommendations from the 2019 NTA review have been implemented, however, even if fully implemented they would not fully align with Te Tiriti or HDSR goals. <p>Actions:</p> <p>a. Keep the Council updated on progress.</p>	<p><i>For information</i></p>  <p>Optional NTA presentation to Advise</p>
<p>Other updates</p> <p>1. <i>Prevention report</i></p> <ul style="list-style-type: none"> • Nisha updated the Council on the prevention report. • The team is very mindful of avoiding a victim blaming narrative in the report. There will be a careful communications strategy around this. • The Agency is working with Hei Āhuru Mōwai and Michelle Mako, Director Equity for a strong equity view. 	<p><i>For information</i></p>  <p>CRG Chairs as consumer members o</p>

- Aiming for a soft launch in July/August.

2. *Cancer medicines availability report*

- The Minister of Health has strong interest in this report.
- An independent contractor has been brought in to write the report.
- Governance and international oversight are being included.

3. *He Ara Tangata, Consumer Reference Group*

- GN **updated** the Council on progress.
- Refer to paper.

Decisions:

- a. The Council **agreed** there should be one chair and one deputy chair, and the chair will be the representative for the Council.

Actions:

- a. Circulate minutes from the Clinical Assembly and He Ara Tangata, the Consumer Reference Group to Council.

3:30pm meeting closed