



Mā te whiritahi, ka whakatutuki ai ngā pūmanawa ā tāngata

Together weaving the realisation of potential

Introduction from the Chief Executive

It is my pleasure to present the inaugural Annual Report for Te Aho o Te Kahu, the Cancer Control Agency.

It is hugely gratifying to look back over the seven months since the Agency was formally established and to reflect on how much has been achieved in that relatively short, yet very disrupted period.

When we commenced in December 2019, the Cancer Control Agency was focused on achieving a balance of establishment activity and project delivery to bring about improvements in cancer care.

One of our first priorities was building very strong multi-level networks across the health sector: with those affected by cancer, Hei Āhuru Mōwai, the Māori Cancer Leadership Group, and international experts and partners to help us to drive and support change.

These networks and relationships, combined with the size, focus and agility of our organisation, placed us well to respond effectively to the challenges thrust upon New Zealand by the arrival of COVID-19. I am very proud of how the cancer sector rallied around the challenge of providing appropriate care to those affected by cancer during this time.

Our Agency has a lofty vision of fewer cancers, better survival and equity for all. This is to be achieved through being equity-led, knowledge-driven, person and whānau-centred, and outcomes-focused, taking a whole-of-system approach to preventing and managing cancer.



We have structured Te Aho o Te Kahu to consider options in a 'deep' way – integrating clinical expertise across highlevel national policy to health service operationalisation via five workstreams:

- Equity
- Person and whānau-centred care
- Treatment, quality and standardisation
- Data, monitoring and reporting
- Prioritisation, innovation and research.

Our Agency extends to three (shortly four) regional hubs across Aotearoa/New Zealand, making it a truly national organisation.

I would finally like to acknowledge all those affected by cancer, and those whose efforts continue to be focused on improving cancer prevention, care and outcomes for all New Zealanders. Our staff feel the weight of responsibility, and have a strong commitment to deliver on your vision.

Ngā mihi

Professor Diana Sarfati Chief Executive and National Director of Cancer

Who we are

On 1 September 2019, the Government announced their intention to establish a Cancer Control Agency (the Agency) and to create a single National Cancer Control Network. This was an innovative solution to a pressing need for improved quality and consistency of cancer care and prevention nationwide. On 2 December 2019 the Agency was opened by the Prime Minister and Hon Dr David Clark, and in Budget 20 the Government committed \$30.7 million to the establishment of the Agency over the next four years.

An agency focused on cancer

Te Aho o Te Kahu, the Cancer Control Agency is a newly established independent departmental agency. It is hosted by the Ministry of Health but reports directly to the Minister of Health. These new arrangements better recognise the impact cancer has on the lives of New Zealanders and provide a sharp focus on this important health issue.

Cancer presents some unique challenges to the health system.

- The number of people diagnosed with cancer is projected to double in the next two decades.
- The costs and complexity of care, and pace of change present major challenges for our systems and services.
- Māori and Pacific people have worse cancer survival rates than other New Zealanders.

Cancer survival is improving in NZ, but our rate of improvement is slower than other comparable countries, so we are at risk of falling behind.

The purpose of the Agency is to provide strong central leadership and oversight of cancer control. It is equity-led, knowledge-driven, person and whānau-centred and outcomes-focused, taking a whole-of-system approach to preventing and managing cancer.

The Agency's vision is:

- fewer cancers
- better survival
- equity for all.

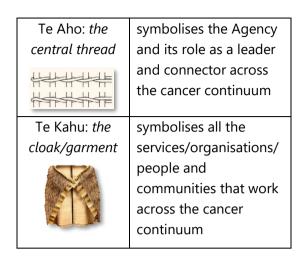
Our commitment to the goal of achieving equity is being embedded in all our processes and work programmes.

The Agency believes a strong regional presence is a key success factor in achieving the aims of the government with respect to cancer. To this end, we have undertaken a change programme to move the previously contracted regional cancer networks into the Agency as regionally based internal teams.

Our name: Te Aho o Te Kahu

On 18 June 2020 at a ceremony hosted at Parliament, Hei Āhuru Mōwai – the Māori Cancer Leadership Group – gifted the Cancer Control Agency with the name Te Aho o Te Kahu. In accepting the name, the Agency upholds its commitment to honour Te Tiriti o Waitangi and its principles and intentions, and to uphold the mana and integrity of the name and its meaning.

Te Aho o Te Kahu refers to the central thread that binds and unites the many strands into one cloak to clothe and protect people and their whānau.



Equity will not only be the priority of the agency in its role as 'Te Aho' but it will also be embedded into our architecture, processes, systems and tikanga.

Our governance and partners

Several groups have been established to strengthen external advice and input into the operation of Te Aho o Te Kahu. These are described briefly below.

Te Aho o Te Kahu, Cancer Control Agency Advisory Council

The Council provides expert and authoritative advice to the Chief Executive relating to our whole-of-system approach to preventing, treating and managing cancer. It is responsible for providing leadership, direction and oversight on the implementation of the Cancer Action Plan.

Hei Āhuru Mōwai

Hei Āhuru Mōwai is the Māori Cancer Leadership Group. Its membership brings a range of expertise, including clinical, community care, epidemiology, health services management and research. The Chair of Hei Āhuru Mōwai is also a member of the Advisory Council.

Clinical Assembly

The Clinical Assembly provides clinical advice to support the long-term strategic direction for reducing cancer incidence and improving cancer services across the cancer continuum. The Clinical Assembly includes clinicians from a broad range of cancer-related medical, nursing and allied health specialities.

Consumer Group

Work is underway to build an appropriate advisory group made up of those who use cancer services, to ensure the right insights are integrated into our priorities and work. This group, once set up, will sit alongside Hei Āhuru Mōwai and the Clinical Assembly.

Partners

One of our key functions is to liaise with the many parties and organisations involved with cancer prevention and care. In the current system, this includes direct relationships between the Chief Executive of the Agency and the Chief Executives of the Ministry of Health, Pharmac, Health Promotion Agency, Health Quality and Safety Commission and all 20 DHBs. The relationship between the Agency and its host the Ministry of Health is particularly important and is supported through colocation.

In addition to these core relationships, we have developed strong active links with Māori and Pacific health leaders, consumer-led groups, clinical leadership groups, NGOs and primary care practitioners. In the seven months that the Agency has existed, these relationships have been established, embedded and strengthened.

Staffing (FTE)



Our people

As at 30 June 2020, Te Aho o Te Kahu employs 20.2 FTE, supported by an additional contracted 6.2 FTE.

Te Aho o Te Kahu is committed to achieving a diverse workforce. As at 30 June 2020, 20percent of our employed staff identify as Māori. No staff have left the Agency as at 30 June

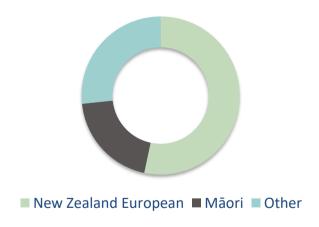
Gender (Leadership Team)



2020.

A greater proportion of both our leadership team and wider staff are female.

Ethnicity (employed staff)



Gender (All staff)



What we have achieved

In the past seven months, Te Aho o Te Kahu has focused on activity to establish an effective and high-performing agency, and we have also progressed high-priority work to improve cancer care. The Agency was also able to pivot and reassign resources rapidly to respond to the challenges associated with the COVID-19 pandemic.

The Cancer Action Plan

In January 2019, the Minister of Health announced at the Cancer at a Crossroads Conference that a new cancer control action plan would be developed. The development of the plan was undertaken by the Ministry of Health in consultation with a wide range of key stakeholders, selected to ensure patient views would be prominent.

The plan, published in February 2020, has a strong emphasis on delivering and targeting services to ensure equitable outcomes for all New Zealanders.

The plan has four key outcomes:

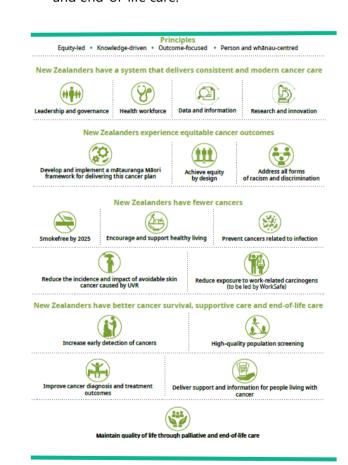
 New Zealanders have a system that delivers consistent and modern cancer care

This will happen through national leadership, a skilled and sustainable workforce and the right information to make the best possible decisions.

2. New Zealanders experience
equitable cancer outcomes
Following a cancer diagnosis New
Zealanders will receive the best
treatment and care no matter who
they are or where they live.

- 3. New Zealanders have fewer cancers
 Our health system will support
 prevention programmes and policies
 that will assist New Zealanders to
 make healthy choices.
- 4. New Zealanders have better cancer survival

New Zealanders receive person and whānau-centred cancer care that is appropriately timed and of high quality, from early detection through to living well with and beyond cancer and end-of-life care.



Response to COVID-19

During the recent COVID-19 response, the Agency showed its ability to lead the sector as a small and nimble organisation.

This was perhaps the strongest illustration of the advantages of this structure in enabling strong national leadership. We were able to quickly mobilise and build consensus guidelines with clinical leaders to ensure that health services were able to maintain and optimise the availability of cancer treatment services at a time when the health system was seeking guidance and support on how to respond during the pandemic. As a result, cancer treatment was largely unchanged, thereby supporting the wellbeing of many vulnerable New Zealanders.

We worked closely with the cancer sector to support the ongoing delivery of cancer services in the context of COVID-19. This included rapid work with a wide range of experts to develop and distribute guidance on expectations around the provision of cancer treatment services (medical oncology, radiation oncology and haematology, cancer surgery and cancer imaging) at different hospital alert levels. We also worked in partnership with the Ministry of Health to provide guidance on gastrointestinal endoscopy services.

During the COVID-19 lockdown, we met regularly with clinical working groups to address issues that arose and provided regular updates and a short video for cancer patients.

We also released a well-received video for those affected by cancer during the lockdown. The video can be found here https://www.health.govt.nz/our-work/diseases-and-conditions/cancer/te-aho-o-te-kahu-cancer-control-agency/cancer-and-covid-19-novel-coronavirus.

Immediately following lockdown, to inform decision making, the Agency released monthly reports outlining the impact of COVID-19 on cancer services based on upto-date diagnostic and treatment data.

Equity led

Our commitment to the goal of achieving equity is being embedded in all the Agency's processes and work programmes. This was demonstrated during the response to COVID-19, when we worked closely with Hei Āhuru Mōwai to actively consider the effects of service changes on equity, mitigating this impact through equity-supporting guidance, and following up with analysis to quantify this impact. We were pleased to see that there was no direct increase in inequalities for Māori and Pacific people as had been feared.

The Cancer Action Plan articulates a commitment to working with Māori in the development and implementation of a framework to support Māori to develop and exercise mātauranga approaches in the delivery and experience of cancer treatment and care. The Agency has started to consider how this obligation may be met.

We have begun developing an equity action plan and equity prioritisation framework to inform our work and improve decision making.

We have also actively focused on building the cultural capability of our staff.

Improving quality of care

The Agency is focused on improving quality and consistency of cancer care across the country. One key element of this is the quality performance indicator programme, with a commitment to complete at least three priority cancers, with recommendations for actions within our first year. Current work is focused on developing indicators for colorectal, lung, head and neck, prostate and pancreatic

cancers, melanoma and neuroendocrine tumours.

A Lung Cancer Quality Performance
Report has been compiled in partnership
with the National Lung Cancer Working
Group and a draft report is expected to be
available for release in September. Early
indications are that this report will show
variation in outcomes for patients being
treated for lung cancer. We will develop a
quality improvement plan to support
DHBs to respond to the findings of the
report.

Data for a Prostate Cancer Quality Performance Report has been collated and is nearing completion.

Head and Neck Indicators have been developed following a detailed literature review of indicators internationally. These have been sent out for sector consultation.

A Neuro Endocrine Tumours (NETs) Quality Performance Report is also close to completion.

Pancreatic Cancer Quality
Performance Indicator work has
begun, with the first meeting
between the Agency and the sector
working group held on 29 June
2020.

We are planning to begin the process of developing Breast Cancer Quality Performance Indicators later this year.

Data and information to support services

The Cancer Action Plan has an objective to improve integration of primary and community with secondary care services

for those diagnosed with, or in active treatment for, cancer.

The Systemic Anti-Cancer Therapy New Zealand (SACT NZ) programme will produce clinically agreed, evidence-based anti-cancer drug regimens to support the national standardisation of treatment, equity of access to therapy, and improved planning and efficient use of resources. Up to the end of June 2020 the Agency had developed regimens for bowel, lung and prostate cancers. These regimens are expected to go live in December 2020.

Te Aho o Te Kahu actively administers the Radiation Oncology Collection (ROC). ROC is a national collection of detailed treatment data for people receiving radiation therapy in Aotearoa across the public and private sectors. The insights generated through ROC data have driven a number of quality improvement and equity initiatives over the last two years to improve both access to treatment and the standardisation of treatment protocols.

In February 2020, we initiated a report on the current state of cancer prevention, diagnosis, treatment and outcomes for cancer. This is due to be released in December 2020 to mark the Agency's first anniversary. This report provides a baseline against which we can monitor progress.

We are working with several other groups, including the Ministry of Health, the Health Promotion Agency and academic colleagues, to produce a report to support strengthening our approach to cancer prevention. This report will focus on issues such as tobacco control, healthy food, physical activity, being sun smart, and managing chronic infections that can cause cancer.

Access to services

Te Aho o Te Kahu has started two projects to ensure that those who most need a colonoscopy can get it quickly. The first was the development of new evidence-based surveillance guidance, and the second is a project in partnership with the Ministry of Health involving incorporating an additional test for those waiting for a colonoscopy. Both have the goal of ensuring that those who need a colonoscopy receive it in a timely manner, and that those who do not need a colonoscopy avoid the risks of an unnecessary procedure.

Current projects which aim to improve access to and consistency of care include molecular and genetic testing for those diagnosed with cancer, and radiological surveillance after treatment. Work also began with cancer clinicians to improve access to clinical trials.

Establishing a highperforming agency

Te Aho o Te Kahu has been focused on creating a fit-for-purpose organisation that has the right foundations to be successful. We are on track to achieve planned capability within one year of establishment.

Transition of the Ministry of Health Cancer Services Team

To create a foundation capacity and capability for the Agency, during December 2019 and January 2020 we and undertook a change programme with the Ministry of Health to transfer the five existing staff from the Cancer Services Team in the Ministry to the Agency.

Recruitment

Significant time and effort was spent on recruitment to ensure a high calibre of

appointments during a period of rapid growth.

By the end of the financial year, the Agency had 20.2 FTE based in Wellington. A prioritised schedule of recruitment has supported the placement of 16 roles since December 2019.

Most recruitment to the senior leadership team is now complete, with only the Clinical Director post still vacant.

Regional hubs

When the Government announced its intention to establish a Cancer Control Agency, it also announced its intention to create a single National Cancer Control Network to improve consistency of cancer services across regions.

To achieve this we ran a change programme to transfer contracted staff from three of the four regional cancer networks into the Agency. These staff are based in Hamilton, Palmerston North and Christchurch to remain well-connected to local service delivery. This was completed, with all staff starting as permanent employees on 1 July 2020.

Preliminary work to transfer the Northern Cancer Network was also completed. It is expected that these Auckland-based staff will transfer to the Agency by the end of December 2020.

Clear governance and accountability processes

As described in the 'Our governance and partners' section above, the Agency has rapidly established a governance and advisory structure to support achievement of our objectives.

Key to this is a very close relationship with three advisory groups which provide input from Māori, clinical experts and consumers.

The Agency also regularly meets with specialist working groups to progress work relating to particular cancer services or tumour types.

The establishment of the Te Aho o Te Kahu Advisory Council has provided essential oversight of the Agency, along with expert and authoritative advice.

We have prioritised building good relationships with those we are accountable to. The Chief Executive and General Manager meet monthly with the Minister of Health and have initiated meetings with relevant Associate Ministers. A relationship has also been built with the Public Service Commission. Connections have been made with crucial central government processes, including the Leadership Development Centre, Heads of HR, Procurement, and Ethics and Integrity.

Development of performance and progress reporting and performance indicators has been delayed due to prioritisation of the COVID-19 response. However, we are committed to developing robust and transparent performance measures and reporting by the end of the 2020 calendar year.

A brand and identity

As a departmental agency with a focused agenda it is important that we establish an identity and brand that represents our Agency's vision, purpose and values. This identity is distinct from the Ministry of Health, yet supports the Ministry's strategic objectives.

During January to March 2020, we worked with external support to clarify our vision and goal, while also working with Hei Āhuru Mōwai to discover an appropriate te

reo Māori name. These parallel strands came together to deliver a very strong identity, name and ethos, built around the metaphorical concept of the Agency as the aho, or binding weave, of a cloak, bringing all parties with interests in cancer together to provide warmth, comfort and hope for those affected by cancer.

We are committed to living up to the ideals represented by the taonga that is the name gifted to us through Hei Āhuru Mōwai.

Communications and engagement

The Agency is working with Homecare Medical on development of a website offering up-to-date, relevant information for people with experience of cancer, clinicians and health service providers on cancer prevention, treatment and support, and service performance and outcomes. The first phase of the website went live in September 2020.

Through this website and other established communication channels, the Agency aspires to be the official and trusted source of information on cancer and cancer services.

One of the foundational elements being embedded into the way we do business is successful ongoing partnerships and networking. The Agency aspires to comply with the Treaty of Waitangi, establishing demonstrable partnership with Māori at every level of the organisation. Hei Āhuru Mōwai works closely with the Agency and supports our relationships with Māori.

The Agency has established proactive and ongoing engagement processes with key stakeholders, including the Minister and Associate Ministers of Health, Director General of Health and Ministry of Health staff, health services including DHBs at both leadership and operational levels, other agencies responsible for delivery of actions in the Cancer Action Plan, cancer

clinicians, academics, those affected by cancer and their families, Pacific leaders and communities, and other groups disproportionately affected by cancer.

We have implemented a monthly sector enewsletter which informs cancer service providers of Agency progress, current issues and updates.

Operating model, policies and processes

The Agency follows most of the policies and process of our host agency, the Ministry of Health. This includes corporate policies relating to human resources, procurement, and finance. We are currently developing a Departmental Agency Agreement with the Ministry of Health.

In addition, the Agency has developed independent business continuity planning, risk and mitigation strategies, and work planning processes. We are also currently developing a formal operating model.

Statement of responsibility

I am responsible, as Chief Executive of the Cancer Control Agency (Te Aho o Te Kahu) for the accuracy of any end-of-year performance information prepared by Te Aho o Te Kahu, whether or not that information is included in the Annual Report.

In my opinion, the Annual Report fairly reflects the operations, progress, and organisational health and capability of Te Aho o Te Kahu.

Professor Diana Sarfati

Chief Executive Te Aho o Te Kahu, Cancer Control Agency

15 September 2020