TE AHO
O TE KAHU
CANCER
CONTROL
AGENCY

Briefing to the Incoming Minister

March 2023

Mā te whiritahi, ka whakatutuki ai ngā pūmanawa o tāngata.

Together weaving the realisation of potential.

Contents

Foreword

Tēnā koe mai Te Aho o Te Kahu

Congratulations on your new role, Minister Verrall.

Te Aho o Te Kahu, the Cancer Control Agency, is excited to work for you to improve cancer services and outcomes for all people in Aotearoa New Zealand.

We look forward to meeting with you and discussing how we can work together to reduce the incidence of cancer, improve cancer survival, and achieve equity across the cancer pathway.

Your appointment as Minister of Health comes at an exciting time of change across the health system. Te Aho o Te Kahu has crucial partnerships with the new health entities to ensure cancer priorities are top of mind across the reformed health system. Our role is to ensure that whānau with cancer, the leading cause of death in Aotearoa, are considered in every part of the new system's design.

Te Aho o Te Kahu will work closely with your office to keep you informed of progress in our work programme, share opportunities and alert you to risks. We will work with your office to agree on timely reporting mechanisms to ensure you have oversight of our work programme and performance.

This document provides you with:

- background information on Te Aho o Te Kahu including our mandate, structure, and role
- the work we do and our priorities
- the challenges we face
- the strategic opportunities for improvement.

We look forward to working with you.

Nga manaakitanga

Nicola Hill

N Hill

Acting Chief Executive
Te Aho o Te Kahu

Our purpose

We provide strong central leadership and oversight of cancer control.
We lead and unite efforts to deliver better cancer outcomes for Aotearoa New Zealand.

Our work is

- equity led
- knowledge driven
- outcomes focused
- person and whānau centred.

Our Vision

Fewer cancers
Kia whakaiti iho te mate pukupuku

Better survival
Kia runga noa ake te mataora

Equity for all
Kia taurite ngā huanga

Who we are

Te Aho o Te Kahu, the Cancer Control Agency is a departmental agency reporting directly to the Minister of Health and hosted by the Ministry of Health.

The agency was created in recognition of the impact cancer has on the lives of New Zealanders and provides a sharp focus on this important health issue.

We have 60 people working for us across six Wellington-based teams and four regional hubs.

Who we are

Te Aho o Te Kahu, the Cancer Control Agency (Te Aho o Te Kahu), is a departmental agency reporting directly to the Minister of Health and hosted by Manatū Hauora, Ministry of Health. Te Aho o Te Kahu was created in recognition of the impact cancer has on the lives of New Zealanders and the need to do better for whānau affected by cancer. The Agency provides 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 over the next two decades.
- The costs and complexity of care, and pace of change present major challenges for our health systems and services.
- Māori and Pacific peoples have worse cancer survival rates than other New Zealanders.
- Cancer survival is improving in Aotearoa, but our rate of improvement is slower than rates in comparable countries, so we are falling behind.

Our purpose: an agency focused on cancer

We provide strong, central leadership and oversight of cancer control. We lead and unite efforts to deliver better cancer outcomes for Aotearoa. We are also accountable for ensuring there is transparency in our country's progress towards achieving the goals and outcomes outlined in the **New Zealand Cancer Action Plan 2019–2029.**

In practice, we deliver this leadership and oversight by:

- providing advice to Government about the future design and function of cancer services and options for resolving medium- to long-term operational issues
- developing and sustaining strong partnerships between the key health entities with responsibility across the cancer continuum
- bringing sector stakeholders together to progress and achieve shared objectives
- undertaking national initiatives to improve cancer outcomes for New Zealanders
- assembling and disseminating cancer data and information to inform decision-making and service delivery
- providing support for cancer service providers when service is, or is likely to be, disrupted or is not meeting demand or expectations.

It remains critical to have a stand-alone, strong state entity to coordinate across and integrate the many stakeholders involved in cancer care and control. The cancer continuum intersects with every aspect of the wider health system. Countries who have attempted to include cancer control in a broader commissioning entity tend not to perform as well as countries who have an entity focused on cancer.

Our vision

We strive to achieve:

- fewer cancers
- better survival
- equity for all.

Our work programme is driven by and aligned to our values of being:

- equity-led
- whānau-centred
- knowledge-driven
- outcomes-focused.

Our name: Te Aho o Te Kahu

Our te reo Māori name is a taonga, gifted to us by Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa in June 2020. This name is central to who we are and how we work.

Te Aho o Te Kahu means ‘the central thread of the cloak’. This thread (aho) binds the many strands (whenu) into one cloak (kahu) that protects people with cancer and their whānau.

Te Aho: The central thread symbolises our Agency and our role as a leader and connector across the cancer control continuum.

Te Kahu: The cloak symbolises all the services, organisations, communities, and people that work with those affected by cancer.

Equity is not only the priority for us in our role as ‘Te Aho’; it is also embedded in our architecture, processes, systems and tikanga.

Our commitment to Te Tiriti o Waitangi

We strive to achieve the following 4 goals of Te Tiriti o Waitangi (Te Tiriti), each expressed in terms of mana.

Mana whakahaere
Encouraging effective and appropriate stewardship or kaitiakitanga over the health and disability system. (This goes beyond the management of assets or resources.)

Mana motuhake
Enabling Māori to be Māori; to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values, and practices, including tikanga Māori.

Mana tangata
Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

Mana Māori
Enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The principles of Te Tiriti outlined below, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work.

Tino rangatiratanga
The assurance of tino rangatiratanga provides self-determination and mana motuhake for Māori in the design, delivery and monitoring of health and disability services.

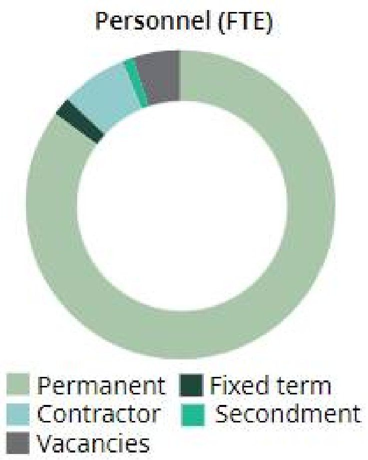
Equity
The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori.

Active protection
The principle of active protection requires the Crown to act to the fullest extent practicable, to achieve equitable health outcomes for Māori.

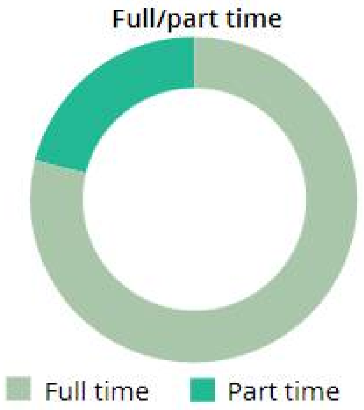
Options
The principle of options requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way.

Partnership
The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health and disability services, especially in regard to development and delivery of the primary health system for Māori.

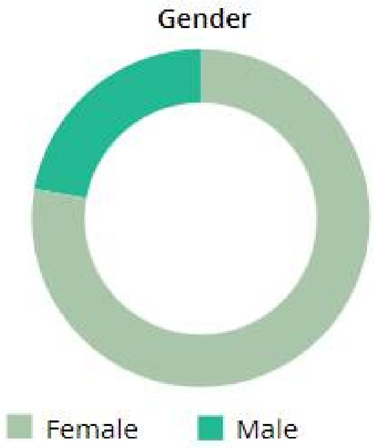
Our people at 23 June 2022



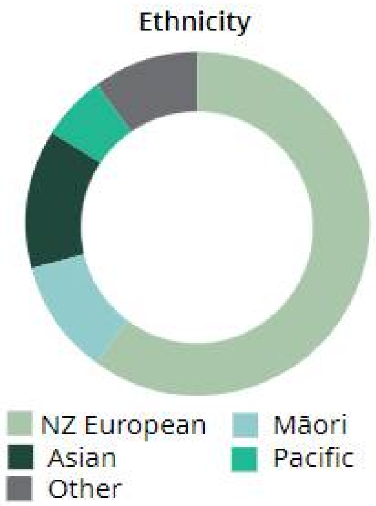
- 63 people employed
- 60.6 Fulltime Equivalent (FTE) employees
- 4.8 FTE additional contracted resource
- 58.6 FTE employed on permanent contracts
- 1.2 FTE fixed term and 0.8 FTE on secondment
- 8.3 FTE vacancies (4.5 on hold, 3.8 in recruitment)



- 20% of our permanent staff work part-time



- 78% of our staff are female



- 11% of staff are Māori
- 2 Māori secondees (additional to staff)
- 6% of staff are Pacific
- 40% of staff are non-European

Our organisational structure

Our leadership

Acting Chief Executive | Tumuaki – Nicola Hill

Nicola has been Acting Chief Executive since July 2022 when former Chief Executive, Dr Diana Sarfati, became the interim Director-General of Health.

Nicola has 17 years' experience at the Ministry of Health, including periods advising the Director-General of Health and as Acting Group Manager of the Strategy Group in the Strategy and Policy Directorate. Since 2019 Nicola has been General Manager at Te Aho o Te Kahu.

Acting General Manager | Pou Whakahaere Mātāmua – Nicholas Glubb

Nicholas began his career in health in 1978 and clinical, leadership, operational and change management roles followed over the next 25 years. From 2009 these included roles leading and managing Regional DHB cancer services.

Nicholas joined Te Aho o Te Kahu in July 2020, as Manager of the Southern Regional Hub. He is currently Acting General Manager while Nicola Hill has taken on the Chief Executive role.

Clinical Director | Tumutuarua Haumanu – Dr Elizabeth Dennett

Liz is a specialist general and colorectal surgeon and, in addition to her clinical practice, she has been an Associate Professor of Surgery at Otago University.

Liz is a current college examiner in general surgery - the first New Zealand female general surgeon appointed to the Court of Examiners RACS.

Liz joined Te Aho o Te Kahu in 2020 as Clinical Director.

Acting Equity Director | Tumutuarua Mana Taurite - Sasha Webb

Sasha has spent 20 years working with public, private, and not-for-profit organisations and has a background in communications and systems change. She joined Te Aho o Te Kahu in 2020 as Kaiwhakahaere Kaupapa Mana Taurite | Senior Project Manager Equity.

Sasha is leading a number of key projects focused on cancer inequities and took on the role of Acting Equity Director in January.

Chief Advisor | Kaitohu Mātāmua – Dawn Wilson

Dawn joined the Ministry of Health in 2015 where she first worked in the Addictions team as a Senior Project Manager, before taking on the role of Manager, Cancer Services in April 2017.

In early 2020, Dawn supported the Cancer Services team through a transition to new roles in Te Aho o Te Kahu and took up her current position of Chief Advisor.

Our teams

Te Aho o Te Kahu has an Office of the Chief Executive and 5 teams. The composition and work programme of each team strongly aligns with the purpose and values of Te Aho o Te Kahu:

- **Equity Team** provides support across Te Aho o Te Kahu in the development and delivery of pro-equity planning, decision-making and implementation. This work acknowledges and addresses cancer-related inequities, particularly for Māori and Pacific peoples. The Equity Team is currently led by Sasha Webb, Acting Equity Director (see above).

- **Person- and Whānau-centred Care Team** supports cancer care and support services to be designed and delivered in a way that is whānau-centred and reflects the needs and values of our community.

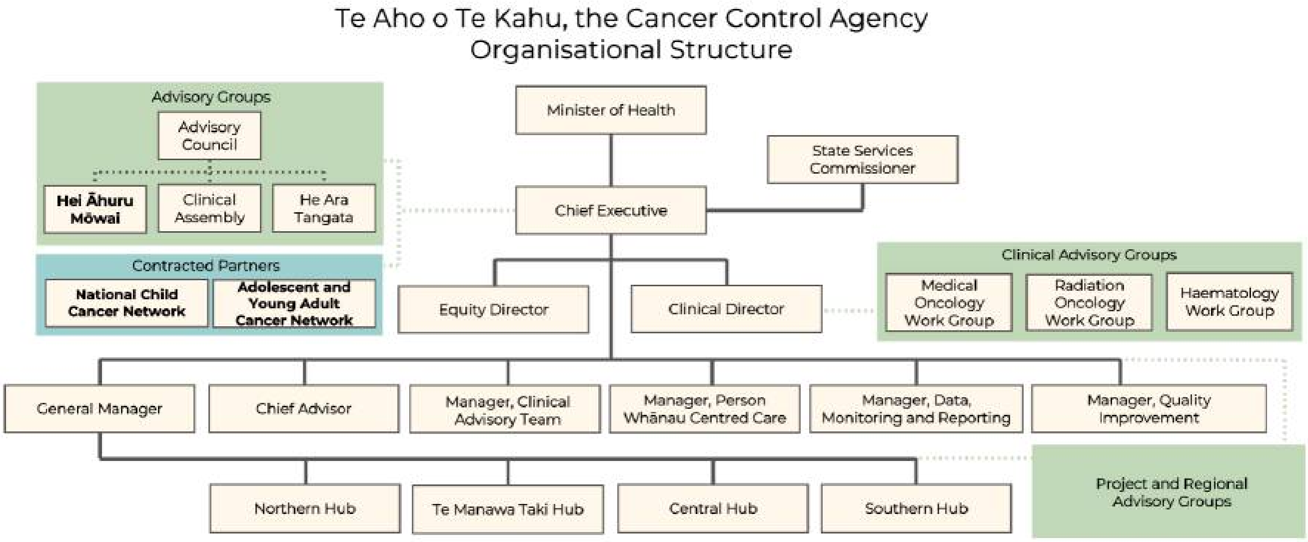
  The team is led by Person- and Whānau-centred Care Manager, Fletcher Beazley.

- **Clinical Advisory Team** provides broad clinical capability to inform the work of Te Aho o Te Kahu and progress the goals of fewer cancers, better survival, and equity for all. The Clinical Advisory Team is currently led by Dawn Wilson (see above).

- **Quality Improvement Team** is focused on understanding and working with cancer care providers on areas where unwarranted variation is present and quality improvement is needed. They support improvement efforts, alongside effective measurement of change. The Quality Improvement Team is led by Gabrielle Nicholson.

- **Data, Monitoring and Reporting Team** leads the implementation of an integrated approach to collecting and analysing cancer data. They produce high quality and actionable intelligence to inform planning, quality improvement and monitoring activities across the cancer sector – improving equitable cancer outcomes for all New Zealanders. This team is led by Dr John Fountain.

- The teams based in our Wellington office are joined by **4 regional hubs** in Auckland, Hamilton, Palmerston North, and Christchurch. The hubs support our engagement with the sector at a regional level, and increasingly work to support the delivery of our national work programme. The hubs support the delivery of system improvement across the 4 regions. (These teams report to the General Manager, Office of the Chief Executive.) From left to right below: Heather Walker, Northern Hub Manager; Jan Smith, Te Manawa Taki Hub Manager; Cushla Lucas, Central Hub Manager; and Janfrey Doak, Acting Southern Hub Manager.



Organisations in bold are external

Our partners

We regularly connect with our key partners (shown in green and blue in the organisational structure diagram above) to strengthen our work programme and hear what is 'happening on the ground'. The role and functions of these groups is regularly reviewed to ensure we make best use of their valuable time and expertise.

- **Advisory Council** supports our Chief Executive to oversee system-wide development and coordination of the cancer care system. The Council provides insights and advice on how to get the best value for investment in cancer prevention and care. As part of our commitment to Te Tiriti the Council has 50% Māori membership and a Māori co-chair.

- **Hei Āhuru Mōwai** is a 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 a member of the Council. We support the leadership and rangatiratanga of Hei Āhuru Mōwai through operational and project funding. Hei Āhuru Mōwai works closely with us and provides expertise and support for negotiated strategic work and projects centred on improving Māori cancer outcomes.

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

- **He Ara Tangata** is our Consumer Reference Group, providing insights and solutions from a lived-experience perspective. He Ara Tangata members are embedded on projects across our work programme, and their input ensures our work remains focused on the needs of people across the continuum of cancer care. As part of our commitment to Te Tiriti our Consumer Reference Group has 50% Māori membership and a Māori chair.

- **Other advisory groups -** to ensure we remain connected with those on the ground, and hear directly from them, we have 3 primary clinical working groups (Medical Oncology, Radiation Oncology and Haematology) and more than 17 other advisory groups, involving over 200 health professionals and consumers. We meet regularly with these working groups, and their input feeds into our work at all levels.

- **Contracted partners** - we contract National Child Cancer Network New Zealand (NCCN) and Adolescent and Young Adult Cancer Network Aotearoa (AYA) to deliver care for children and young people with cancer. We collaborate on the direction of their work programmes, meet regularly to discuss progress and issues, and provide support on programme delivery.

Being 'Te Aho' – the central thread

We have also developed strong links with Māori and Pacific health leaders, consumer-led groups, clinical leadership groups, non-government organisations and primary health care practitioners. These relationships continue to develop through our engagement with the sector and our response to the challenges. We anticipate these will evolve as the new health system beds in.

We are committed to hearing the voices of those across the cancer continuum in Aotearoa and respond constructively to those that wish to engage or seek our response. There is a wide array of other government entities, sector groups, programmes and projects we contribute to as part of being 'Te Aho' for the cancer continuum.

Our operating environment

The Agency is the principal advisor on cancer to the Minister, and national leader for cancer control. We continue to be the central thread that connects and unites both new and existing health entities, and the wider cancer sector, providing expertise and support to improve outcomes for whānau with cancer.

The health system reforms have not changed the role of Te Aho o Te Kahu - however it has been necessary to adjust our approach. With the key health entities now also national in their focus Te Aho o Te Kahu is refining its partnership approach accordingly. This includes national, regional, and local engagement across our responsibilities.

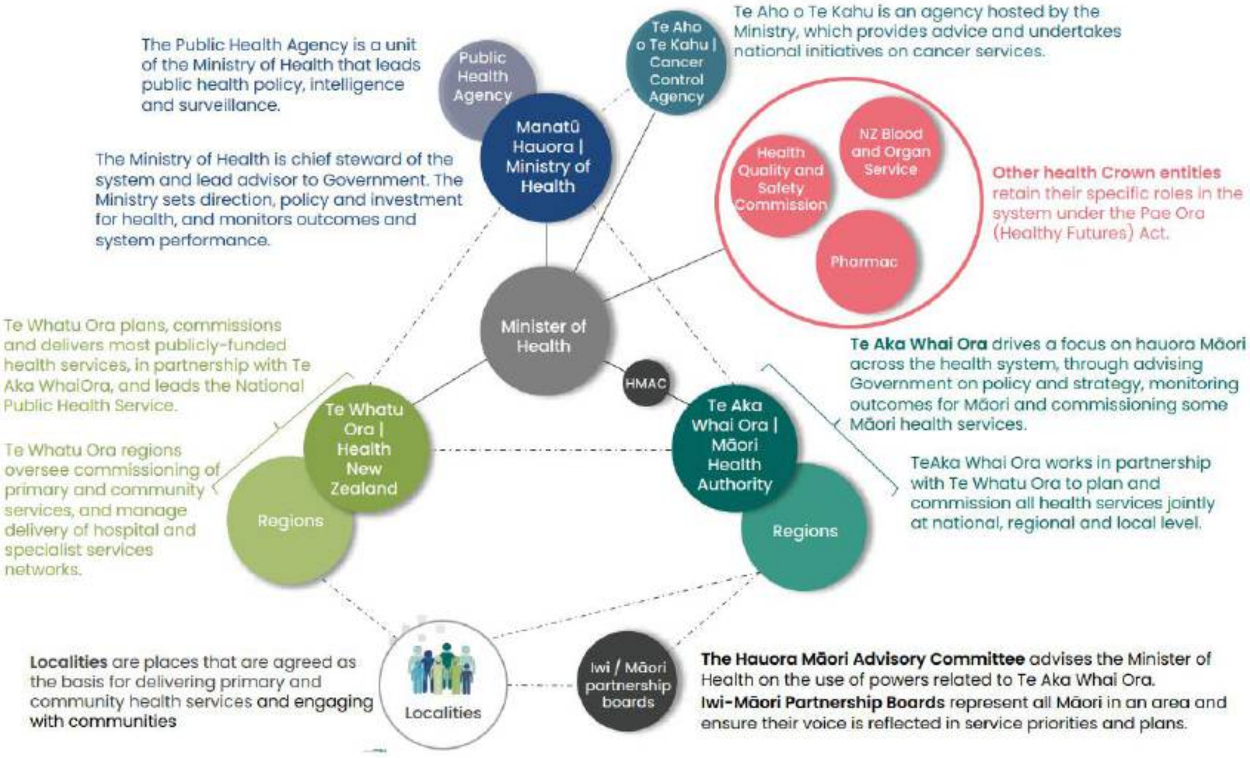
One of our key functions is to liaise with the many parties and organisations involved with cancer prevention, promotion, diagnosis, treatment, and care. In the country's new health system, this includes direct relationships between the chief executives of Te Aho o Te Kahu and:

- Te Whatu Ora, Health New Zealand
- Te Aka Whai Ora, Māori Health Authority
- Manatū Hauora, Ministry of Health including the Public Health Agency
- Pharmac
- Health Quality & Safety Commission New Zealand and many more.

Through engagement at the chief executive level and beyond we are building partnerships that recognise the distinct roles of the new health entities. Increasingly, we are looking to have a shared approach to common priorities and work streams. We act to create change through influence and have a strong reputation for expert cancer knowledge and equity-led, systems-level thinking. The responsibility for commissioning and delivery sits with our partners but we have a key role in bringing together the capability within the sector to agree on and develop solutions for implementation.

We provide advice and cancer expertise to Te Whatu Ora and Te Aka Whai Ora, and we are currently supporting them to shape how cancer care will be delivered in the new health system through our Cancer Services Planning programme.

The relationship between us and our host, Manatū Hauora, Ministry of Health is particularly important and is supported through co-location and an interdepartmental agency agreement signed in August 2021. This recognises our place within the health system and our need to ensure our cancer-focused work is integral to the wider work of Manatū Hauora.



The Public Health Agency is a unit of the Ministry of Health that leads public health policy, intelligence and surveillance.

Te Aho o Te Kahu is an agency hosted by the Ministry, which provides advice and undertakes national initiatives on cancer services.

The Ministry of Health is chief steward of the system and lead advisor to Government. The Ministry sets direction, policy and investment for health, and monitors outcomes and system performance.

Other health Crown entities retain their specific roles in the system under the Pae Ora (Healthy Futures) Act.

Te Whatu Ora plans, commissions and delivers most publicly-funded health services, in partnership with Te Aka WhaiOra, and leads the National Public Health Service.

Te Whatu Ora regions oversee commissioning of primary and community services, and manage delivery of hospital and specialist services networks.

Te Aka Whai Ora drives a focus on hauora Māori across the health system, through advising Government on policy and strategy, monitoring outcomes for Māori and commissioning some Māori health services.

TeAka Whai Ora works in partnership with Te Whatu Ora to plan and commission all health services jointly at national, regional and local level.

Localities are places that are agreed as the basis for delivering primary and community health services and engaging **with communities**

The Hauora Māori Advisory Committee advises the Minister of Health on the use of powers related to Te Aka Whai Ora.
Iwi-Māori Partnership Boards represent all Māori in an area and ensure their voice is reflected in service priorities and plans.

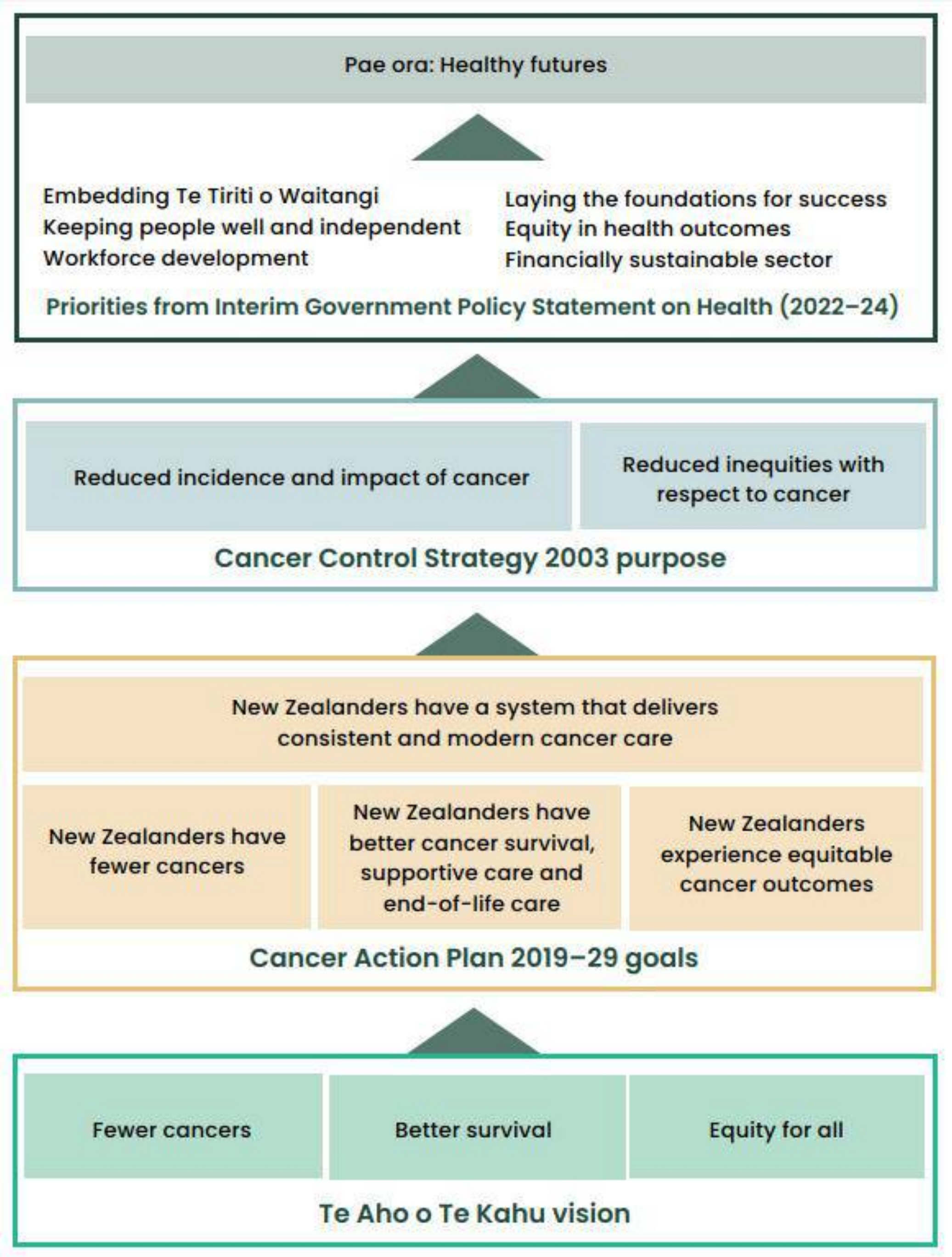
Our strategic direction

Te Aho o Te Kahu has adopted a 'shaping strategy' to enable us to work in a way that maximises opportunities to engage, influence and create a positive and receptive environment for developing and implementing new and better ways of doing things across the cancer continuum. The 3 strands of the shaping strategies are:

- engagement — collaborating with others and operating through influence

- orchestration — shaping the environment to achieve Agency outcomes
- evolution — changing as required to innovate and manage unpredictability.

The New Zealand Cancer Control Strategy 2003 and the New Zealand Cancer Action Plan 2019–2029 set out the strategic direction of Te Aho o Te Kahu. Our work focuses on achieving the health system's goal of pae ora | healthy futures and delivering the Agency's vision of fewer cancers, better survival, and equity for all. Its intentions align with the 6 priorities identified in the interim Government Policy Statement on Health.



What we do

Te Aho o Te Kahu provides national leadership with a programme of work that sets the direction for change and supports improved cancer outcomes for the people of Aotearoa. We are responsible for transparently monitoring progress towards the outcomes identified in the New Zealand Cancer Action Plan 2019-2029.

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 in consultation with a wide range of key stakeholders to ensure whānau views would be prominent.

The plan which was 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:

1. **New Zealanders have a system that delivers consistent and modern cancer care**
   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**
   Supporting prevention programmes and policies that will assist New Zealanders to make healthy choices.

4. **New Zealanders have better cancer survival, supportive care and end-of-life care**
   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.

What we don’t do

Te Aho o Te Kahu does **not** have responsibility for:

- cancer screening programmes (Te Whatu Ora),
- New Zealand Cancer Registry (Te Whatu Ora)
- funding cancer drugs (Pharmac)
- palliative care (Ministry of Health and Te Whatu Ora)
- delivery of cancer services (Te Whatu Ora).

However, we are consulted with, and usually provide joint advice, when opportunities or issues arise.

Principles

Equity-led • Knowledge-driven • Outcome-focused • Person and whānau-centred

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

- Leadership and governance
- Health workforce
- Data and information
- Research and innovation

New Zealanders experience equitable cancer outcomes

- Develop and implement a mātauranga Māori framework for delivering this cancer plan
- Achieve equity by design
- Address all forms of racism and discrimination

New Zealanders have fewer cancers

- Smokefree by 2025
- Encourage and support healthy living
- Prevent cancers related to infection
- Reduce the incidence and impact of avoidable skin cancer caused by UVR
- Reduce exposure to work-related carcinogens (to be led by WorkSafe)

New Zealanders have better cancer survival, supportive care and end-of-life care

- Increase early detection of cancers
- High-quality population screening
- Improve cancer diagnosis and treatment outcomes
- Deliver support and information for people living with cancer
- Maintain quality of life through palliative and end-of-life care

Our work

Te Aho o Te Kahu takes a robust and structured approach to its planned work, while being agile and responsive, with a focus on emerging priority issues and responding to opportunities with the greatest potential to improve outcomes, particularly in areas of inequity.

Achievements to date

Over the last three years we have taken a snapshot of the current state of cancer with the development and publication of a number of foundational reports including:

- **He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020**
- **Pūrongo Ārai Mate Pukupuku, the Cancer Prevention Report, February 2022**
- **Understanding the Gap: an analysis of the availability of cancer medicines in Aotearoa, April 2022**.

COVID-19

Te Aho o Te Kahu continues to monitor the **impact of COVID-19 on cancer services**, since the first lockdown in March 2022. We have released fifteen reports over that time. These reports have shown that cancer treatment has largely continued during the lockdowns and afterwards.

Where disruption was noted Te Aho o Te Kahu has been working with Manatū Hauora and clinical and community partners to support appropriate responses. As a result of collective work by the sector the impact of COVID-19 on cancer services in Aotearoa has been largely mitigated. Reporting continues, with the frequency regularly reviewed to ensure relevance.

Hearing the voice of whānau Māori

In 2021, Te Aho o Te Kahu partnered with mana whenua and local health organisations to hold 13 community hui across the motu. The aim was to hear the voices of whānau Māori affected by cancer and connect with local organisations working in cancer and health care.

Collectively, the Agency spoke with more than 2,500 whānau Māori, including patients, whānau and Māori working in cancer care or the wider health and social sectors. Since the hui series ended, we have analysed the themes and insights identified by whānau and created three reports (each in English and te reo Māori) which was released in early March (Health Report number: H2023020820).

Current work programme

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

Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Supporting a system that delivers consistent and modern care	Building a high-performing agency Commitment to capability building Systems and processes Active health sector support COVID-19
Transforming the future of cancer service delivery	Seven cancer services planning projects (more detail in text)
Developing a monitoring framework	Delivering the first monitoring report
Providing better quality, more connected data	CanShare (more detail in text) including: Anti-Cancer Therapies – Nationally Organised Workstreams (ACT-NOW) Structured Pathology National Radiation Oncology Collection (ROC) Collaboration across data and digital health

New Zealanders have fewer cancers

Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Achieving fewer cancers through a focus on prevention	Cancer Prevention Report Cancer research Primary health care project Advice for primary care

New Zealanders have better cancer survival

Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Improving cancer survival	Quality improvement programme Cancer medicines availability analysis Clinical trials

New Zealanders experience equitable cancer outcomes

Te Aho o Te Kahu priorities	Te Aho o Te Kahu work
Improving equity of cancer outcomes	Māori community hui Embedding equity-led thinking Pacific research project Disability and cancer project initiated Supporting equity-led work across the sector

Spotlight on our key work

Regional engagement and support

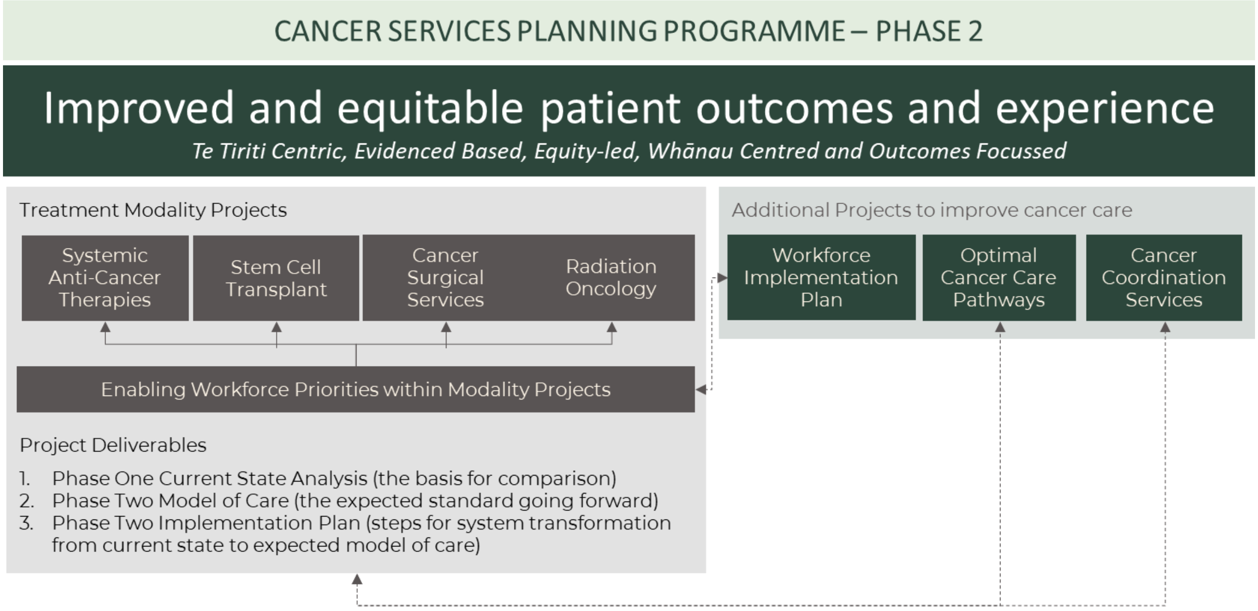
Te Aho o Te Kahu has 4 regional teams that provide our outward-facing connection with the sector. This includes working directly with the clinical and operational leadership of cancer services - in a way which is tailored to the needs of each region. This includes:

- developing positive working relationships with stakeholders, maintaining links with regional and local, clinical and service leadership
- promoting visibility of the Agency's national work programme
- providing insight into service performance data and working with clinicians and service staff to identify and implement appropriate responses
- understanding regional and local needs and the challenges they face
- promoting a regional perspective and a focus on the needs of the population
- supporting a regional service/quality improvement focus.

Transforming cancer services

We are currently undertaking a large, proactive programme of work, called 'Cancer Service Planning' (CSP), to transform the way cancer treatment services are provided. The aim is to support countrywide access to high-quality care by producing evidence-based guidance to commissioning entities on how treatment and support services should be organised to achieve optimal, equitable cancer outcomes.

The design and implementation phase of the programme started in March 2022 and takes our thinking beyond **what** changes need to occur, to **how** the recommendations could be implemented. In addition, a second programme of work will soon examine how primary and community care could improve cancer outcomes and access to cancer diagnostic services.



CANCER SERVICES PLANNING PROGRAMME – PHASE 2

Improved and equitable patient outcomes and experience

Te Tiriti Centric, Evidenced Based, Equity-led, Whānau Centred and Outcomes Focussed

Treatment Modality Projects

Systemic Anti-Cancer Therapies

Stem Cell Transplant

Cancer Surgical Services

Radiation Oncology

Enabling Workforce Priorities within Modality Projects

Additional Projects to improve cancer care

Workforce Implementation Plan

Optimal Cancer Care Pathways

Cancer Coordination Services

Project Deliverables

1. Phase One Current State Analysis (the basis for comparison)
2. Phase Two Model of Care (the expected standard going forward)
3. Phase Two Implementation Plan (steps for system transformation from current state to expected model of care)

1. **Workforce**
   The cancer workforce is struggling to meet current demand much less meet the projected 40% increase in new cancer diagnoses between 2020 and 2040. In 2021/22, our focus was on developing an implementation plan for Te Whatu Ora that concentrated on immediate short-term actions. The plan also provided the building blocks for future workforce planning. We are working with Te Whatu Ora, Te Aka Whai Ora and the Health Workforce Taskforce to ensure there is appropriate cancer workforce capacity and capability to align with future demand for, and changes to, cancer treatment in this country. This includes both a short-term and a longer-term focus. *This is a key area of concern and focus for Te Aho o Te Kahu.*

2. **Optimal cancer care pathways**
   Unwarranted variation in the delivery of cancer care means that some people receive sub-optimal care, and resources are used in ways that do not lead to optimal outcomes. We are developing optimal cancer care pathways for health care providers and services, along with a 'what to expect' guide for whānau. The pathways will be a tool to help identify unwanted variation and inequity and drive continuous quality improvement.

3. **Stem cell transplant**
   Stem cell transplant services have become fragmented, inequitable, and no longer fit for purpose given the volume and complexity of service delivery required. This project aims to design a sustainable future service model for stem cell transplant, at the same time, working to address immediate capacity challenges.

4. **Surgical services**
   We do not have a national policy to guide how surgery for different cancers should be distributed around the country. The focus of this project is to develop a framework that can help determine how cancer surgical services should be distributed including the level of centralisation/localisation required for equity of access and quality.

5. **Systemic anti-cancer therapies**
   Care for patients receiving systemic anti-cancer therapies (SACT) – chemotherapy, immunotherapy, targeted therapy, and hormone therapy – is becoming more complex, and demand is increasing. Access to further new medicines for chemotherapy will place additional strain on a capacity-strapped environment. Our focus is on addressing immediate capacity challenges while developing new models of care for delivering SACT and looking to enable more SACT to be delivered in the community, where it is appropriate to do so.

6. **Radiation oncology**
   Radiation oncology (RO) in Aotearoa is of high quality but not all population groups are receiving the same access to, or benefit from, it. Currently RO services are managed by 6 centres operating independently from each other. This project will describe and support the move to provide a single RO system of care, operating under a standardised national RO service model. It also focuses on increasing RO workforces and the public linear accelerator (LINAC) machine stock and accessibility.

7. **Cancer care coordination**
We are developing an establishment plan so that cancer care coordination services can be commissioned throughout the country, with the initial focus on supporting Māori and Pacific cancer patients and their whānau. This plan includes strategic advice for the commissioning entities on how they can create cancer coordination services that are broadly consistent and high quality but also tailored to suit local communities and delivered in a range of settings, including primary health care, secondary health care, kaupapa Māori and community health organisations. NOTE: We are considering moving this workstream from the Cancer Services Planning programme and making it a stand-alone piece of work, as it is not directly linked to the CSP models of care/service delivery.

CanShare

CanShare is a new national health informatics platform that aims to allow the timely sharing of relevant and accurate cancer data. The primary intent of the CanShare programme is to support clinical and whānau decision-making at the point of care.

Outcomes from this work will include advanced analytics capability supporting up-to-date monitoring of cancer care throughout the country.

CanShare will enable the collection of complete and accurate cancer data, joining currently disparate data siloes and providing a means to share clinical cancer information as needed. Connections have been established with Te Whatu Ora, a cloud database is being built and there has been much work undertaken in the individual programmes comprising CanShare, some of which are outlined below.

Anti-Cancer Therapies – Nationally Organised Workstreams (ACT-NOW)
ACT-NOW is a national systemic anti-cancer therapy (SACT) data collection and analytics programme. Stakeholders have collaborated to agree on SACT treatment definitions - meaning that treatment regimens can be compared across the country. The information about the use of regimens will support identifying unwarranted variation, so that it can be investigated, and quality improvement activities instigated.

Structured pathology
A project is well underway to develop and support the national adoption of data standards so pathology information can be easily shared for clinical decision-making. Currently 39 data standards are being developed across gastrointestinal, genitourinary, gynaecological and haematological cancer groups. The next set of standards to be submitted to HISO (Health Information Standards Organisation) are bone marrow, extramedullary haematolymphoid and cervical/vaginal with more to be submitted once signed-off by the working groups. In addition, another 30 (approx.) data standards will be developed over the coming year for other cancer groups. Alongside standard development, we are building productive relationships with pathology vendors and providers to plan implementation of the standards over the coming years.

National radiation oncology collection (ROC)
This central repository of detailed radiation oncology information informs an understanding of radiation oncology service delivery, and linear accelerator capacity, utilising and planning. This supports actions to improve access to radiotherapy and drive more cost-effective treatment. ROC has been used as the key data source to underpin national planning for increased treatment capacity and the workforce to support this.

Faster cancer treatment reporting
Faster cancer treatment (FCT) indicators require districts to collect standardised information on patients who have been referred urgently with a high suspicion of cancer. It also provides information around timely access to treatment once a ‘decision to treat’ is made. FCT is a significant mechanism to support building relationships, prioritising equity and whānau-centred care, and driving service improvement at a regional level. Te Aho o Te Kahu are currently supporting the quality improvement of these indicators, for example through our work to improve consistency of business rules, but will look to transfer ownership of the data to Te Whatu Ora when they are ready.

HISO (Health Information Standards Organisation) standards
Nationally agreed and HISO-endorsed data standards support the vision for a fully interoperable digital health system to facilitate sharing cancer information for decision-making, quality improvement and research. Standards ensure data systems can ‘talk to each other’. Two data standards were published last year: structured pathology data standard and the multidisciplinary meetings data standard. More are currently being developed.

Quality performance approach

The **Quality Performance Indicator (QPI) programme** involves identifying key steps in the cancer diagnosis and treatment pathway to measure and report against. It aims to identify unwarranted clinical variation. QPIs are developed for each cancer so that the indicators are relevant and specific to that cancer. The process of identifying these indicators involves substantial clinical engagement, broad consultation, and consensus that the indicators selected, developed, and published are appropriate.

Once the indicators are identified, a report is produced which provides information about how each district is doing in relation to each of those indicators, and whether there is inequity between population groups (by ethnicity, age, gender, geographic location and deprivation quintile). Where variation is seen, we work with the districts to understand the causes of the variation. We then develop and implement programmes of work to address causes of variation at national, regional or district level as appropriate. QPIs will be regularly monitored and re-reported to ensure that the actions taken have been effective to improve quality of care and outcomes and to reduce inequities.

To date, we have reported on QPIs for bowel, lung, and prostate cancers. Currently, we are working on QPIs for pancreatic and breast cancers (for publication in 2023 and 2024 respectively).

The next project for the QPI programme is the selection, calculation, and reporting of universal QPIs, which is modelled on similar approaches from comparable jurisdictions. The universal indicators will be common across many cancer types and will be reported by cancer type. As we have calculated QPIs for different cancer types to date we have identified consistent indicators that are both measurable and universal across different cancer types. We aim to report on the universal QPIs at regular intervals throughout 2023 and 2024, as each indicator is ready. We will also recalculate the universal QPIs at regular intervals to measure change over time.

Risks and issues

Te Aho o Te Kahu is constantly evaluating the risks which could impact on our ability to deliver.

Meeting high expectations

Ambitious goals have been set to address inequity of access and outcomes for people experiencing cancer. Stakeholders are looking to our Agency to resolve a large range of complex and long-standing issues. As a relatively small agency with limited levers to affect change we have exceeded expectations, primarily through a sharp focus on delivery and our influence on other entities. However there is always a risk that stakeholder expectations will exceed our ability to deliver.

Areas of high interest and expectation include the sustainability of current cancer services delivery, and recognition that simply providing ‘more of the same’ is not feasible and will not address the fundamental drivers of inequity.

Our engagement with Māori has highlighted the difficulties experienced by Māori in accessing care and treatment that meets their needs and aspirations. Resolving this will require an effective partnership with Te Aka Whai Ora to drive a way forward that makes a difference.

Our approach to mitigating these risks is:

- engaging stakeholders in the development of clearly articulated prioritisation processes
- committing to realistic deliverables without overpromising
- developing and maintaining clear programme and project plans, with risk and mitigations strategies in place
- developing and delivering communication strategies which are mindful of both opportunities and risks, and meet the broad range of needs of our stakeholders
- socialising the need for change and building a consensus around agreed actions.

Operational service delivery challenges

Many parts of the health system are currently facing challenges with delivery of consistent, timely and high-quality cancer services. Service providers are frequently turning to Te Aho o Te Kahu to provide solutions and support to address these challenges. While our Agency has been able to add value through our expertise and support in this way, it is not a core role of the Agency and there is a risk that a focus on these short-term issues could detract from our ability to effect enduring improvement in outcomes through medium- to long-term change.

Building the trust and confidence of the sector is crucial to securing the most appropriate national responses to cancer. Our work to identify the current state of cancer in New Zealand and the key drivers of the challenges emphasises the need for action. Many of the factors impacting the cancer continuum also affect the wider health system, so there is a need for a careful approach that targets the greatest challenges. These include:

- workforce capability and capacity
- meeting demand within available capacity
- increased indications for treatment
- inexorable growth in incidence and prevalence of cancer.

Workforce

As mentioned previously, current pressure on the cancer workforce in Aotearoa is one of the areas of greatest concern for Te Aho o Te Kahu. Across cancer services there are a large number of vacancies and modelling demonstrates that even more clinicians and support workers are required to meet future demand. While workforce issues are shared with the rest of the health sector, the complexity of cancer treatment and care, and the level of specialist capability and capacity required to deliver it sustainably, carry inherently greater risks.

A sustainable current and future cancer workforce is therefore a priority for Te Aho o Te Kahu. Future cancer service delivery is heavily dependent on the actions that are taken collectively now. In 2022 Te Aho o Te Kahu delivered the 'Cancer Workforce Implementation Plan Phase 1 Priorities' to the Workforce Taskforce Lead. The Plan identified both short- and medium-term workforce priorities that would address some of the current workforce issues faced across the cancer sector.

The priority solutions identified in the Plan were the result of consultation and, where possible, modelling. This was undertaken using available data to determine workforce supply and demand into the future. For example, there needs to be an increase in radiation oncology training - with an additional 5 places available annually across services. This investment would support future sustainability for this key workforce.

Current work in Te Aho o Te Kahu includes the development of guidelines to support radiation therapists to work to the top of their scope of practice within the system. This would have a positive impact on the work undertaken by radiation oncologists. This work is almost complete.

The Agency has provided support to Te Whatu Ora, working in partnership with Pharmac, to quantify the impact of new immunotherapy treatments approved by Pharmac for the treatment of lung cancer. While funding new medicines is a crucial step, modelling the impact of new volumes of treatment on clinical staff time, facility capacity and a range of other service inputs will provide a basis for investment to ensure that newly approved medicines can be delivered without delay. These are largely workforce impacts and the adoption of this methodology and partnership approach should support timely implementation in the future. Concerted action is required to mitigate the workforce-related risks and to stabilise these vulnerable services.

Transformation of the health system

In the short period that Te Aho o Te Kahu has been established we have demonstrated the value of a stand-alone entity with a single focus on the complex issue of cancer. Our independence has greatly supported our ability to bring together partners from across the sector to work in a collaborative and solutions-focused way.

While the recent reform of the health system represents a risk, given the disruption that change brings to the challenging circumstances facing the sector, we are optimistic that a more nationally co-ordinated and directed system will have positive impacts on cancer outcomes. However, we are also acutely aware that despite our very strong relationships with the new entities, disruption of the entities and structures that deliver cancer services will make it more challenging for Te Aho o Te Kahu to engage with the people we need to in a timely and productive manner.

Our Cancer Services Planning programme has brought together considerable detailed information about the current and potential future arrangements for the delivery of cancer care. This has established a strong basis for further engagement with the new health entities to support their progression of this work. A robust approach to the development and implementation of new models of care, supported by a strengthened workforce will give the opportunity for system transformation - in line with the wider goals of the health reforms. The readiness of Te Whatu Ora and Te Aka Whai Ora to engage on this work will be a major factor in the realisation of this opportunity.

Alongside Cancer Services Planning we are undertaking the development of a Quality Improvement Framework that will guide and support our engagement with the sector where there is agreement that change to care delivery needs to occur. This will allow Te Aho o Te Kahu to ensure quality improvement and development initiatives are robustly supported across the sector. The framework will embrace the local, regional, and national focus for our work programme and bring a consistent approach to engagement with the sector. Undertaking this work in partnership with the new entities, is crucial to support the reform of the wider system. Again, achieving alignment over the focus and timing of this work is the key to success, to build confidence around the sustainability of cancer services and capacity to drive better outcomes. Any mismatch could create a risk of delay or disruption to that achievement.

Strategic opportunities

While Te Aho o Te Kahu is focused on better outcomes through more sustainable cancer treatment services there are key areas of work that still need to be progressed. The areas described below are those we believe represent the best strategic opportunities for the future.

Te Aho o Te Kahu also has ideas about the best investments that can be made in the short-term to bring about rapid improvement in cancer service delivery. We can discuss these with you at your request.

Equity

Te Aho o Te Kahu has now well established its focus on addressing equity in pursuit of better outcomes for Māori, reflected throughout our existing work programme. We continue to focus on the best investments for the future, including ensuring earlier access to effective treatment and care. We believe that our strong focus on equity provides an opportunity for significant and enduring improvements in outcomes for those who are not well served currently.

Cancer does not impact all groups within our population evenly. There are inequities at every step along the cancer continuum – from an individual's exposure to risk factors and their likelihood of developing cancer in the first place, access to eligible screening, access to assessment, and the speed with which they are diagnosed, to their ability to access appropriate cancer treatment, and their timely referral to supportive, palliative, and end-of-life care.

An example of this focus is the development, within our Cancer Services Planning work, of Optimal Clinical Care Pathways (OCCPs). They aim to clearly describe the expectations of health care providers and services to deliver optimal cancer care for whānau. The OCCPs will be monitored to identify unwarranted variation and inequity. Actions taken to address these can be similarly monitored, linking back to the Quality Improvement approach mentioned above. Highlighting the impact of current inequities offers the opportunity to build a consensus around the actions required to address them. Partnering with Te Aka Whai Ora to invest in cancer care coordination services for Māori illustrates how improvement in outcomes can be delivered in response to a clear understanding of what will make a difference.

Strategic direction and sustainability

We have found that Te Aho o Te Kahu is very well placed – as an entity with a singular focus on cancer – to provide the health system with a strategic direction for cancer care and sustainable solutions for delivery of that care in the face of growing demand. As the Chief Executive of Te Whatu Ora described succinctly, it is very useful for her, as the leader of a large delivery organisation responsible for **providing** cancer care to know that she has the advice and support of Te Aho o Te Kahu to do the **thinking** about how those services can be delivered, which her organisation can then act on.

Te Aho o Te Kahu has a crucial role to partner with Te Whatu Ora and other health entities, to identify what actions can be taken to improve cancer care. Ensuring alignment to the priorities and focus for the wider health system will enable engagement and action. The Agency’s connection to the cancer sector, especially through its strong relationships with clinicians and people with lived experience of cancer, is crucial.

These factors provide an opportunity for Te Aho o Te Kahu to lead and drive significant improvement across the cancer continuum.

Prevention and early diagnosis

To date, the main focus of our work programme has been on improving treatment and extending survival. This has been important given the significant expectations of stakeholders and the level of public concern about access to cancer treatment. However, we also recognise the substantial opportunity to reduce the incidence of cancer and improve overall cancer outcomes through rebalancing out attention earlier in the cancer continuum towards prevention, early diagnosis and detection.

The completion of our Cancer Prevention Report in February 2022 highlights where cancer prevention efforts can be strengthened. It aims to help shape policies that will prevent cancers, as well as other conditions for the people of Aotearoa. The report focuses on six key areas: tobacco, alcohol, poor nutrition and excess body weight, insufficient physical activity, excessive exposure to ultraviolet radiation and chronic infections.

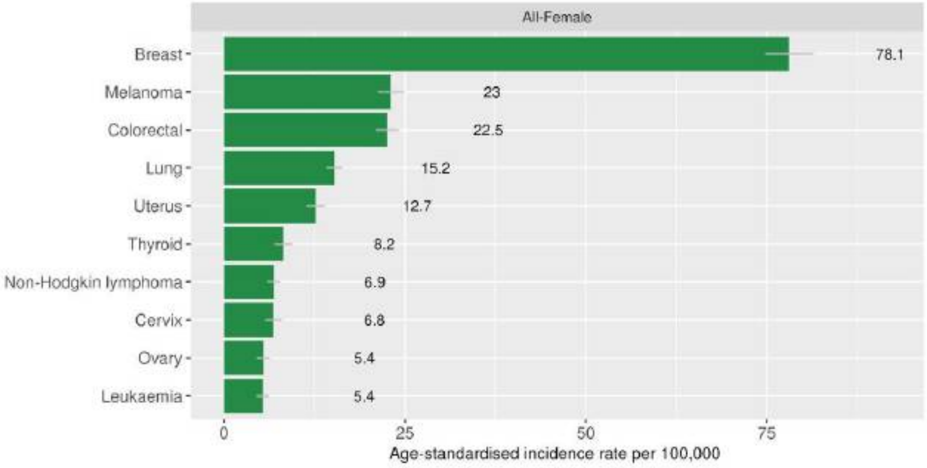
The establishment of the new Public Health Agency within Manatū Hauora provides us with the crucial partner to advance this work. We will work to support initiatives to minimise and prevent the incidence of cancer, and to bring a cancer perspective to prevention activities.

We are also in the early stages of scoping the areas for improvement in cancer outcomes through primary and community care. This work will inform the development of a programme of initiatives to support primary and community care to help people affected by cancer through their journey. The first of these initiatives is likely to be partnering with Te Whatu Ora on the Te Pae Tata priority to streamline access to diagnostic tools by primary care practitioners.

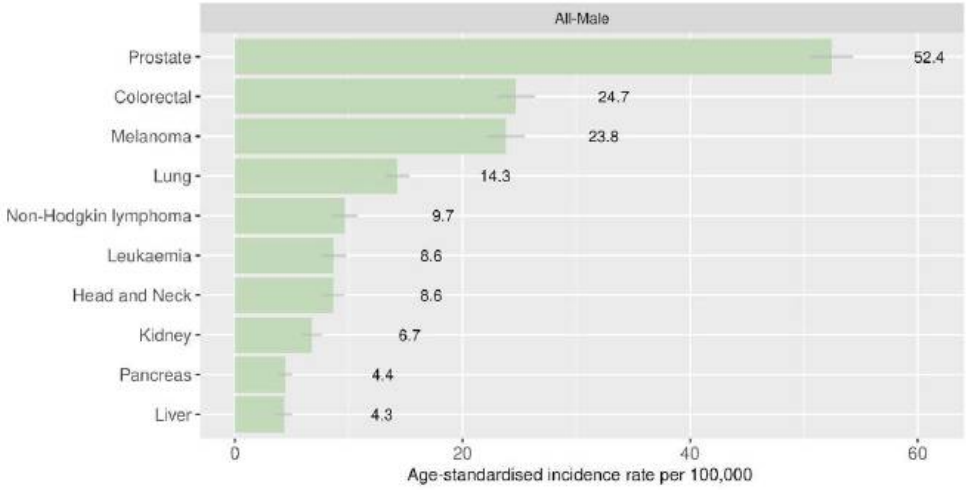
Appendix 1: The current state of cancer in New Zealand

A more comprehensive ‘snapshot’ of the most recent data available on cancer incidence, mortality and rates is available on the Te Aho o Te Kahu website under the **New Zealand Cancer in Numbers tab.**

Incidence of cancer by type across all New Zealanders by sex

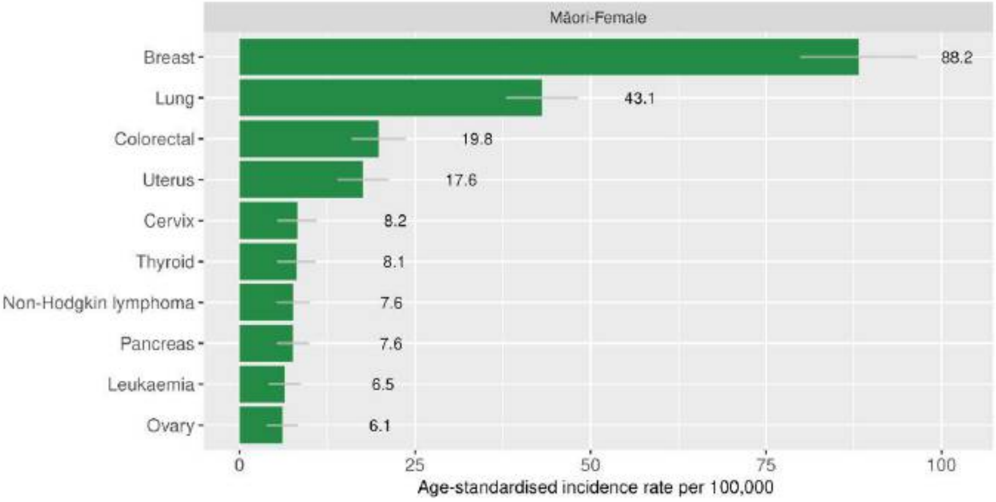


- About 3,400 Kiwi women are diagnosed with breast cancer each year.
- About 1,500 are diagnosed with colorectal cancer.
- About 1,200 are diagnosed with melanoma.

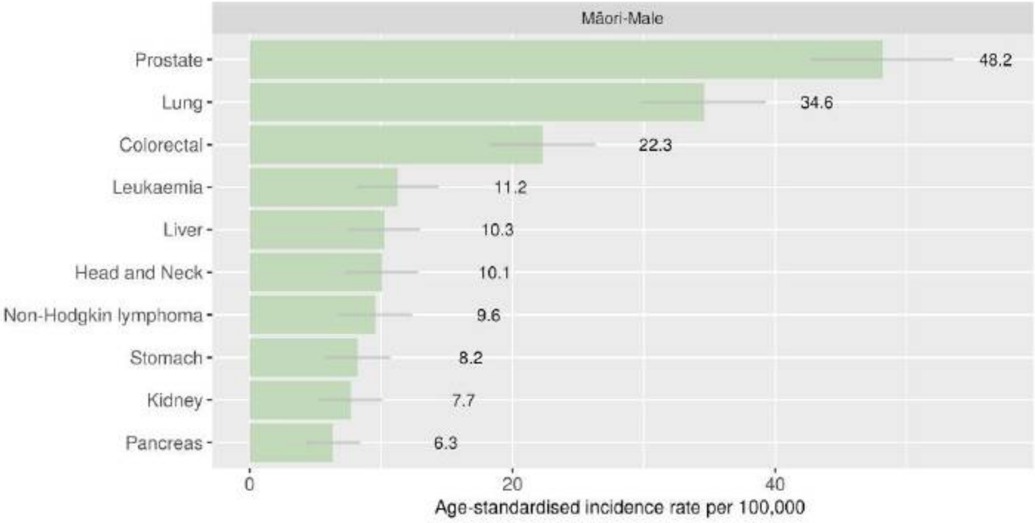


- About 3,900 Kiwi men are diagnosed with prostate cancer each year.
- About 1,700 are diagnosed with colorectal cancer.
- About 1,500 are diagnosed with melanoma.

Incidence of cancer by type for Māori by sex

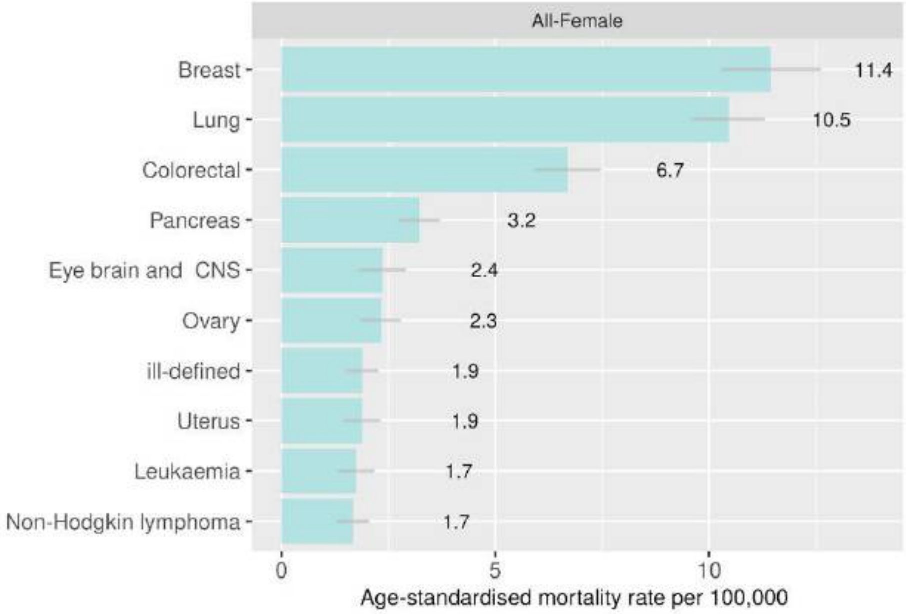


- About 450 Māori wāhine diagnosed with breast cancer each year.
- About 250 diagnosed with lung cancer.
- About 100 diagnosed with colorectal cancer.

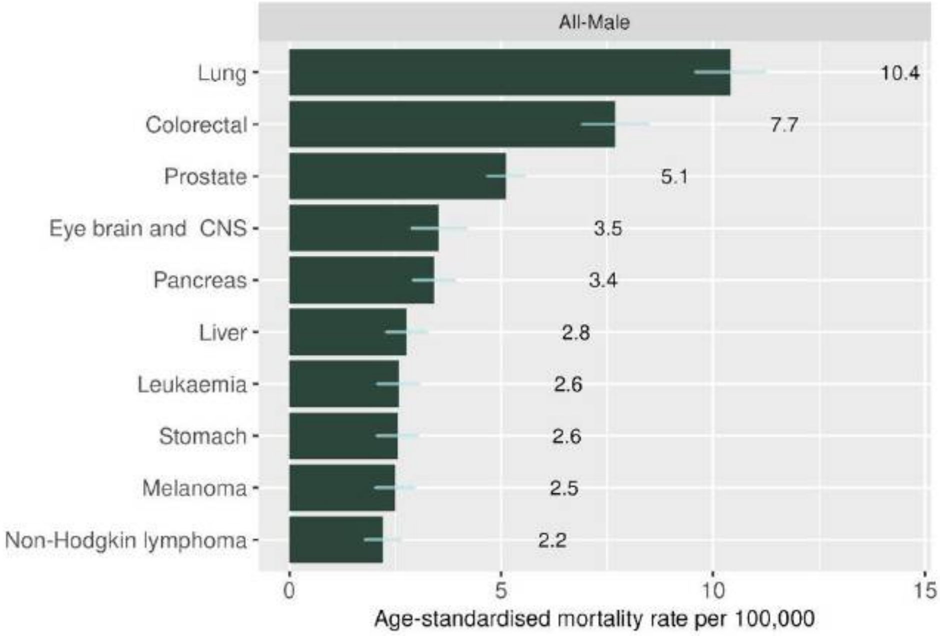


- About 300 Māori tāne diagnosed with prostate cancer each year.
- About 200 diagnosed with lung cancer.
- About 100 diagnosed with colorectal cancer.

Cancer mortality by cancer type for all New Zealanders by sex

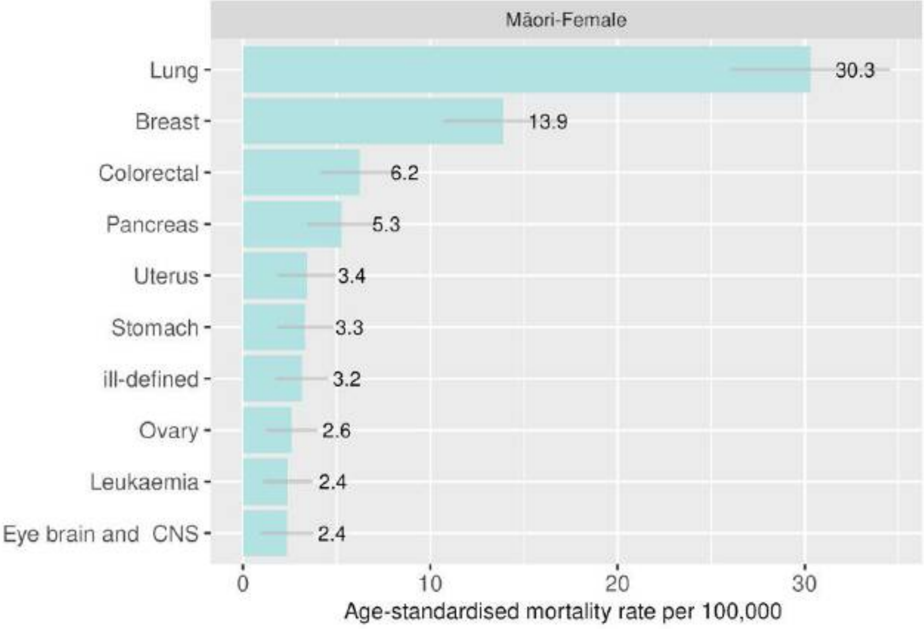


- About 850 Kiwi women die of lung cancer each year.
- About 650 die of breast cancer.
- About 600 die of colorectal cancer.

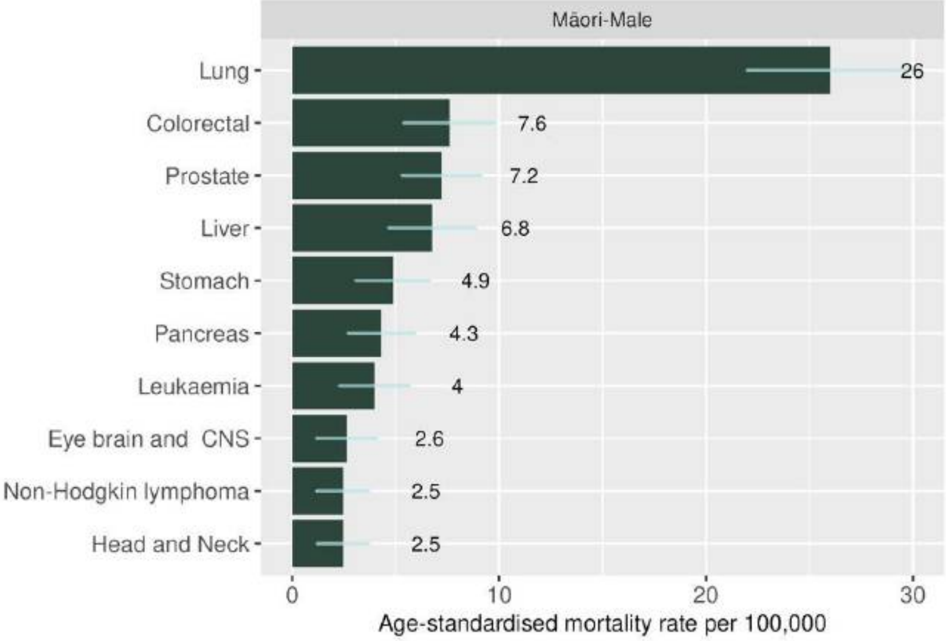


- About 900 Kiwi men die of lung cancer each year.
- About 650 die of colorectal cancer.
- About 650 die of prostate cancer.

Cancer mortality by cancer type for Māori by sex

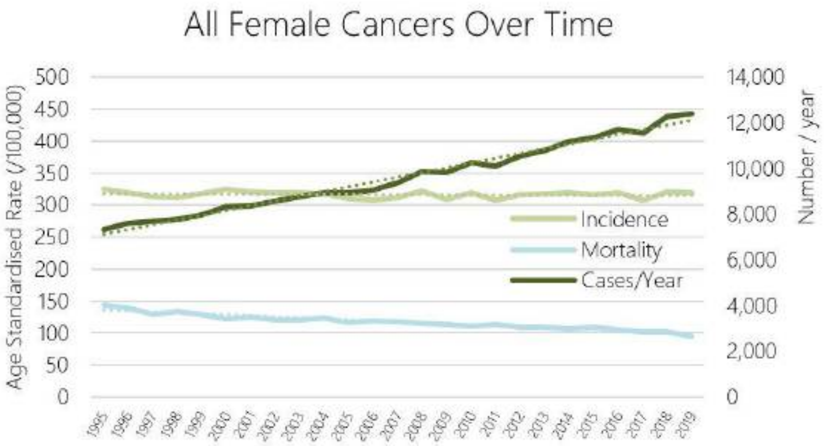


- About 200 Māori wāhine die of lung cancer each year.
- About 80 die of breast cancer.
- About 40 die of colorectal cancer.



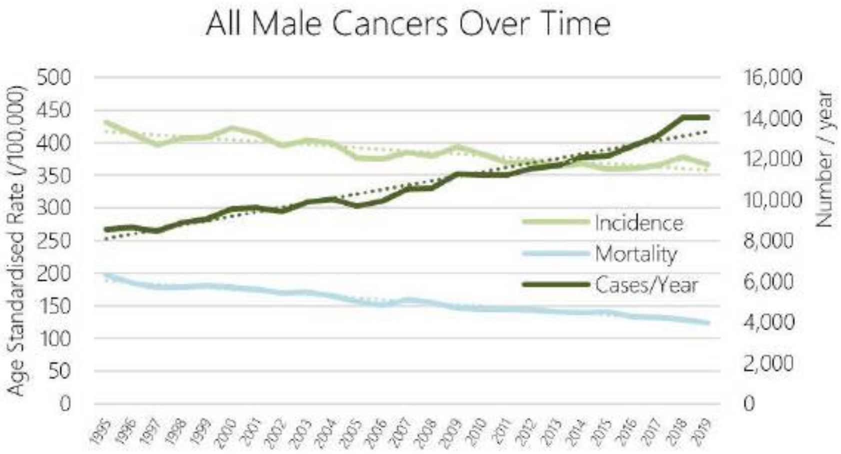
- About 160 Māori tāne die of lung cancer each year.
- About 50 die of colorectal cancer.
- About 40 die of liver cancer.

Rate of new cancers over time for all New Zealanders by sex



Over the last 25 years:

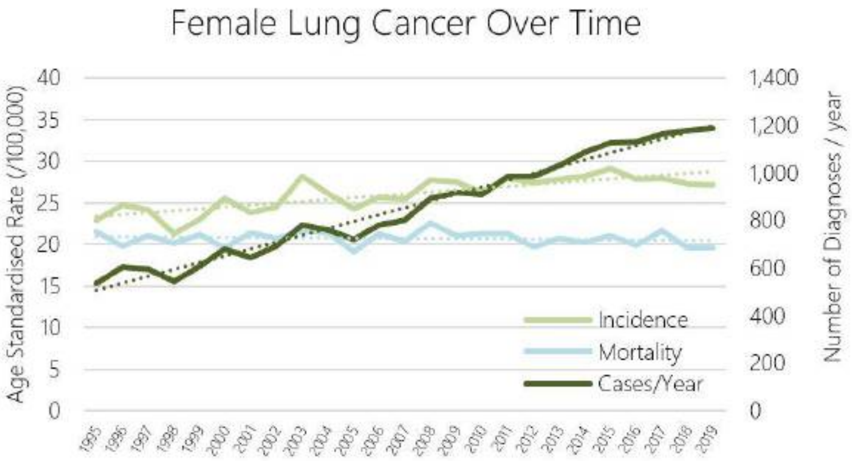
- the rate of new cancers per 100,000 Kiwi women is largely unchanged, but the actual number of new cancers per year has increased by around 65%.
- the rate of cancer deaths per 100,000 Kiwi women has dropped by around 30%.



Over the last 25 years:

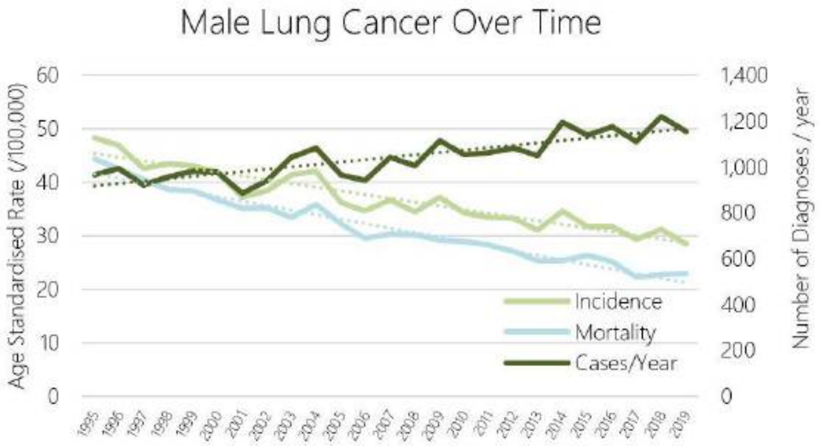
- the rate of new cancers among Kiwi men has reduced by around 10%, but the actual number of new cancers per year has increased by around 60%.
- the rate of cancer deaths among Kiwi men has reduced by around 30%.

Rate of lung cancer over time for all New Zealanders by sex



Over the last 25 years:

- the rate of new lung cancers among Kiwi women has increased by around 5%.
- the actual number of new diagnoses per year has increased by around 100%.
- the rate of lung cancer deaths among Kiwi women is largely unchanged.



Over the last 25 years:

- the rate of new lung cancers among Kiwi men has reduced by around 40%.
- the actual number of new diagnoses per year has increased by around 10%.
- the rate of lung cancer deaths among Kiwi men has reduced by around 50%.

Appendix 2: Upcoming milestones in 2023

April/May	Confirmation of permanent Chief Executive
April	Release of Pancreatic Cancer Quality Performance Indicator Monitoring Report
April	Release of report on the experiences of Pacific peoples affected by cancer
April	Expression of Interest released for the Disability and Cancer Project, Lived Experience Advisor
July	Kaimahi Days (two day, all-staff gathering)