

Minutes

Advisory Council

Date: 10 September 2020

Time: 10:30am to 12:30pm

Location: Room: GC.2 or Zoom ID: 990 9465 8655 - Passcode: 839668

Chair: Shelley Campbell

Attendees: Ashley Bloomfield, Christopher Jackson, Deborah Woodley, Graeme Norton, John Whaanga, Jonathan Koea, Nina Scott, Richard Sullivan, Shelley Campbell

Diana Sarfati (TAoTK), Dawn Wilson (TAoTK), Michelle Mako (TAoTK), Fletcher Beazley (TAoTK), John Fountain (TAoTK)

Apologies: Ailsa Claire, Jonathan Koea

| | Item |
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| 1 | <p>Welcome: Meeting opened with a karakia at 10:35am. SC welcomes everyone as chair for this meeting and outlines the shift in focus of the council from operational matters to strategic ones.</p> <p>Discussion followed: It was noted that other agenda items (including operational) will follow this discussion.</p> |
| 2 | <p>Council re-focus: SC requests each council member to outline and summarise risks and opportunities in the cancer sector from their own perspective to test assumptions, form intelligence and a narrative about cancer control in New Zealand (NZ) and what do can be added to the council agenda.</p> <p>Discussion followed: Council members reflected on a year since the formation of a cancer control agency was announced, the hard work of those in the agency and council was acknowledged.</p> |

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| | <p>Outcomes for New Zealanders in cancer care in NZ are still worse than comparable countries. The Agency is a strong lever for central leadership and coordination.</p> <p>There was a wide-ranging discussion on risks and opportunities, which were noted under the following headings:</p> <ul style="list-style-type: none"> • Infrastructure and capacity • Engagement and person/whānau centred care • Data and knowledge • Prevention/treatment • System levers <p>Action: MM's whiteboarding of this discussion to be summarised and circulated JJ to re-circulate COVID-19 impact report for July</p> |
| 3 | <p>Bowel Screening Age Range extension OIA: A noting memorandum went to Hon Minister Chris Hipkins in response to a request on what the Agency can do to improve equity in bowel screening and screening in general. The paper outlined the advice given by the council and others and looked at other options relating to equity which included HPV screening, lung screening and tobacco control. The advice given was in the context of current constraints relating to COVID, stating the first priority should be to ensure that the bowel screening programme was rolled out over all DHBs before the screening age range was extended changed for Māori and Pasifika.</p> <p>There is frustration in the community that the government took on this advice as many were expecting the age range extension to happen. Frustration and anger have subsequently been expressed by the sector and communities because of a perceived lack of action on equity and because previous advice has not been followed.</p> <p>Given COVID-19 disruptions and capacity the programme has rolled out slower than expected (currently a 5 to 6 month delay, with the following DHBs still to rollout: South Canterbury, Canterbury, Auckland, Waikato, Capital and Coast, West Coast, Taranaki, Northland and Bay of Plenty left, COVID-19 willing).</p> <p>Discussion followed: An interesting learning opportunity for the Agency and council and we need to do better. Stakeholders believed that following recommendations from Māori hui, the age extension was the priority. Updates from the Ministry of Health also led stakeholders to believe it was already occurring. It was acknowledged and agreed there had been poor stakeholder management.</p> <p>The following points noted: Action is needed to address loss of trust and reputational damage to the Agency. Given current fiscal constraints due to COVID-19 it is important and necessary to engage with Māori leadership on a range of potential options including lung screening, H-pylori screening, HPV testing, breast screening proposals which each have strong advocacy. As each initiative is pro-equity it will always be a challenge</p> |

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| | <p>to prioritise and negative reactions should be expected, if an intervention is not implemented or seen to be inequitable.</p> <p>The agency is building an equity first prioritisation framework that ensures cost effectiveness across the different work programmes. The first draft has been developed and the oncoming Māori Clinical Equity Lead will add to it and seek peer reviews. The framework will go out for sector consultation with heavy involvement from HAMo.</p> <p>It was agreed and noted earlier engagement is necessary on pro-equity work programmes, particularly with council members that are representatives in other Agency working groups.</p> <p>Action: NS, DS, DW, SC to have a meeting offline to discuss resolutions and develop a process to move these issues forward.</p> <p>12:14pm AB joins</p> |
| 4 | <p>Dashboard: Council agrees Agency Dashboard is a valuable tool for summarising operational matters and to table at future meetings.</p> |
| 5 | <p>Terms of Reference: Council agreed on finalising DRAFT Terms of Reference.</p> <p>Action: JJ to fix two minor errors and fix appropriate branding.</p> |
| 6 | <p>DRAFT minutes from 7 August: Council agreed to finalise DRAFT minutes from 7 August with no further changes.</p> |
| 7 | <p>Review action points: Action points 2, 3, 5 and 6 completed</p> <p>SC closes meeting at 12:30pm with a karakia.</p> |
| 8 | <p>Review interests register: Did not complete</p> |