

Draft Minutes

National Cancer Control Advisory Board

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| Date: | 22 October 2019 |
| Time: | 12.30 – 3.30 |
| Location: | ELT Room L1, Ministry of Health, 133 Molesworth Street |
| Chair: | Dr Ashley Bloomfield, Director General of Health |
| Attendee members | Professor David Tipene-Leach, Dr Richard Sullivan, Dr Christopher Jackson, Dr Nina Scott, Ailsa Claire, Shelley Campbell, Graeme Norton, Professor Diana Sarfati, |
| MOH | Deborah Woodley, Dawn Wilson, Virginia Signal (Minutes) |
| Apologies: | John Whaanga |

| | Item | Discussion |
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| 1. | Welcome and Introductions | <p>Ashley welcomed members to the meeting and acknowledged the expertise and experience that they bring to the Board.</p> <p>All members introduced themselves and highlighted their expertise and interests.</p> <p>Ashley confirmed that the purpose of the Interim National Cancer Control Advisory Board (the Board) is to support the Interim Director Cancer Control in her role to establish a Cancer Control Agency (the Agency), and to provide oversight on the implementation of the Cancer Action Plan (the Plan).</p> |
| | Conflict of Interest Register | <p>Ashley framed this as a Declarations of Interest, as members have been chosen - in part - due to networks and interests and specific skills that they bring.</p> <p>Additions to register: Ailsa Claire – no conflicts of interest</p> <p>Chris Jackson has already declared conflicts as is involved in a range of Ministry work.</p> <p>ACTION: update the Conflict/Declarations of Interest Register as above</p> |
| | Role of the Cancer Control Advisory Board | <p>Terms of Reference (TOR)</p> <p>The Board discussed their role and lines of accountability. They noted that they are an interim Board for 12 months and are to support the Director Cancer Control to ensure a whole-of-system focus on preventing, treating and managing cancer.</p> <p>The immediate tasks are to advise on the Agency structure and develop short-term priorities for the Agency. Also to advise on the governance and support needed for the Agency moving forward, engaging effectively with stakeholders including Māori and consumers, ensuring the Agency model is able to drive change for equity and helping to identify immediate priority actions.</p> <p>Noted that half of the Board is Māori. Discussion had on whether to appoint a Māori co-chair, which would send a strong signal of equity intent to external stakeholders. The Board was generally in favour of this.</p> <p>Communication's will be developed and disseminated about the Board.</p> <p>ACTIONS: Update the TOR as discussion above,</p> |

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| | | <p>Consider Māori co-chair of the Board, Develop communications about the Board, their make-up and role</p> |
| <p>Process and timelines to set up an Agency within the Ministry</p> | | <p>Process of government decision making: Deborah. A cabinet paper has been signed off on the establishment of the Agency and launch date. Prof Diana Sarfati has been appointed interim National Director Cancer Control. A technical paper is being drafted for Govt committee meeting, 5th Nov. Deborah and Diana have met with the State Services Commission (SSC) regarding the establishment processes and timelines, the Agency structure and appointment process for a CE. The launch date for the interim Agency is 1 December. Staff recruitment to support the work in the first 6 months has begun but will not be completed by 1 December.</p> <p>Structure, potential role and functions of the Agency: Diana. Structure: The Agency will be a Departmental Agency within the Ministry of Health, but with an independent CE who reports directly to the Minister of Health. The Board discussed other examples of this structure (e.g. Social Investment Agency within the State Services Commission, Māori Crown Relations: (Te Arawhiti in Justice). Action point: invite CEOs of other Departmental Agencies to upcoming Board meeting provide guidance, learnings and examples of how they work. Chief Executive: The State Services Commission will appoint the CE, who will be accountable for delivery on the goals and objectives of the NZ Cancer Action Plan. The Board discussed that the CE must be able to engage with the sector, so also need a GM responsible for the running of the office and the staff. Groups within Agency: Important to establish the Agency with manageable scope initially, with the potential to expand outwards once established. Proposed work groups are: <ol style="list-style-type: none"> 1. The equity group, to drive the equity agenda (noted that the Agency will have both a vertical and horizontal equity approach, i.e. a stand-alone equity team but also equity within the work of each team) 2. The treatment quality and standardisation group 3. The data, monitoring and reporting group 4. The patient-centred care group 5. The prioritisation, research and innovation group Activities currently outside of Agency: Some cancer-related activities will remain within the Ministry of Health (outside the Agency), at least for the time being. These include the cancer prevention groups within the Ministry e.g. tobacco control team, the cancer screening programmes within the National Screening Unit and the Cancer Registry. This reflects the fact that some of these activities are not cancer-specific (e.g. prevention activities), or are complex (and therefore the Agency needs to be fully operational before any decision can be made to move them from the Ministry of Health) e.g. screening programmes. The inclusion of the NZ Cancer Registry within the Agency is clearer and should be planned within the first 18 months. Cancer Networks: Scoping activities are underway to determine how work currently undertaken by Regional Cancer Networks can be mapped to the work of the Cancer Agency. Some regional activity will be maintained. The Board discussed whether RCNs be considered as regional implementation arm/s of the Agency with clear direction and monitoring to ensure consistency. The final structure of the network is to be determined once this mapping work is complete. Advisory Groups: The Board noted that the role and function of existing Ministry advisory groups may change in line with the Agency requirements and that a new clinical steering group will be established to advise the Board. Equity: The Board supports the Plan's aim of achieving equity, but noted the Agency needs to consider equity for Māori and also for Pacific and low-income (Decile 9 and 10) peoples.</p> |

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| | | <p>Constraints: Ashley noted that as a Departmental Agency or Crown entity, the CE will be a Public Servant and so not fully independent, but should not be constrained by existing structures, and systems.</p> <p>Opportunities: The Agency will be better resourced than cancer team within the Ministry previously. It will be able to put up budget bids for new work and will have strong leadership.</p> <p>Overarching functions of the Agency: The Board's view is that one of the functions of the Agency will be to set out standards for the cancer sector (which may include credentialing, accrediting, auditing and/or quality standards), enabling accountability. A good model of this is the breast cancer screening programme, which has achieved equity in outcomes for screened women. There are also a number of international examples that have useful lessons. Diana has an informal international reference group that she is engaging with and will share relevant information with the Board.</p> <p>AC noted the terminology within the presentation of 'working with' PHARMAC and suggested that this be changed to make it clearer how PHARMAC get their information and make decisions.</p> <p>The advantages and disadvantages of setting targets were discussed. This work needs to link to the overall measurement framework which is underway in the MOH. There needs to be very careful consideration of targets, and when they can be useful.</p> <p>ACTION: To invite Chairs of Social Investment and Te Arawhiti to provide guidance, learnings and examples of how to work and engage to upcoming Board meeting. Consider adding in Common benefits framework to work with PHARMAC Include discussion on targets/measures in a future meeting Send Diana's powerpoint presentation to Board members</p> |
| 2. | Draft proposed Agency structure and functions | <p>Governance</p> <p>The Board discussed their role in relation to Hei Ahuru Mōwai (Māori Cancer Leadership Board) and the Clinical Advisory Board, once established. It was noted that 3 of the 7 external Board Members are Māori, supporting partnership. Hei Ahuru Mōwai have a key leadership role, with two members of HAM sitting on the Board, providing an overlapping Governance structure.</p> <p>It was noted that once the Agency was implemented it was likely that the term 'Board' would not be acceptable to the SSC, but alternative terms could be used.</p> <p>Other points discussed included the role and function of the Cancer Health Information Strategy Board (CHIS). Should they be reporting the Cancer Agency Advisory Board? It was suggested that there should be a connection to ensure alignment of the work. The role of current advisory groups and boards has yet to be finalised.</p> <p>ACTION: Board to consider possible on-going Agency governance structures before next meeting</p> <p>Partnership and engagement processes</p> <p>The Board discussed that effective engagement will be critical for the success of the Agency, with people affected by cancer, their families/whānau, Māori, clinicians, researchers, cancer organisations, existing Ministry and RCN advisory groups and others. Noted that two-way communication is important so that everyone in the system can make the best possible decisions, NSW cancer agency provides a good example.</p> <p>The Board discussed the multiple levels of the Agency and its engagement, that they consider how Māori partnership operates at each level and appropriate resourcing.</p> <p>ACTION: Board to consider strategies for effective engagement with stakeholders, including Māori, sector groups, service users and whanau before next meeting and to consider arrangements for Māori partnership before next meeting</p> <p>Prioritisation processes</p> <p>The Board discussed a number of ideas for the top three priorities for the Agency to work on, Board members to consider what they think are the top three priorities and email Diana with these before the next Board meeting, for further discussion.</p> |

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| | | To include wider discussion on approaches to prioritisation overall in a future Board agenda. Developing prioritisation frameworks will also be core work of the Agency in the first year. |
| | | ACTION: Board to consider top three priorities for the Agency before next meeting. To include overall prioritisation approaches in a future Board Agenda. |
| 3. | Update on the Cancer Action Plan | Diana and Dawn; there have been over 200 submissions on the Plan, the work of collating this feedback is in progress and a process in place to re-engage the stakeholders involved in writing the content of the Plan in the revision of the Plan. Any decisions regarding substantial changes to the Plan will come to this Board for their input. The revised Plan is due at Cabinet 16 December. |
| | | ACTION: Include revisions to Cancer Plan on upcoming agenda |
| 4. | Upcoming Meeting Schedule | Teleconference in 2 weeks, kanohi o te kanohi Board meeting early December |
| | | ACTION: Arrange upcoming teleconference and Board meeting |
| 5. | Meeting close | Ashley thanked members for their time. Meeting closed 3.30pm. |

National Cancer Control Board meeting actions as at 22/10/19

| No. | Action | Lead | Date raised | Due Date | Status |
|------------|---------------|-------------|--------------------|-----------------|---------------|
| 1 | | | 22/10/19 | Next meeting | |
| 2 | | | 22/10/19 | Next meeting | |
| 3 | | | 22/10/19 | Next meeting | |
| 4 | | | 22/10/19 | Next meeting | |
| 5 | | | 22/10/19 | Next meeting | |
| 6 | | | 22/10/19 | Next meeting | |
