

Waikato District Health Board

CANCER CONTROL ACTION PLAN

2006 - 2010



Waikato District Health Board

Executive Summary

Cancer Control is an organised and systematic approach to the reduction of cancer incidence, morbidity and mortality. The New Zealand Cancer Control Strategy (Ministry of Health, 2003b) provides a framework for reducing the incidence, impact and inequalities of cancer along the whole cancer control continuum¹.

The aim of this plan is to provide strategic direction for an integrated and co-ordinated Waikato Cancer Control service. The plan will guide services delivery and development between the years 2006-2010.

The Ministry of Health requires District Health Boards to submit Cancer Control Action Plans by February 2007. Guidance from the Ministry of Health during development of this plan indicated that developing DHB and regional cancer control plans is an iterative process. The Ministry of Health requested that DHBs use the New Zealand Cancer Control Strategy Action Plan (Ministry of Health, 2005) (Action Plan) as a template for developing plans, identifying local cancer control activities in progress, indicating local priorities and advancement towards the establishment of regional cancer networks to meet regional priorities.

A partnership and project approach was taken to develop this Action Plan through the formation of the Waikato DHB Cancer Control Steering Group comprising representatives from Cancer Society, Primary Health Organisations, palliative care services, population health services, provider services (clinical and management), planning and funding and Te Puna Oranga. This plan is based on findings to date of the Steering Group detailed in the Waikato Cancer Control Services Review and Analysis (draft work in progress, 2006).

Cancer is the second leading cause of death in the Waikato DHB and in New Zealand, accounting for 27% of all deaths and a major cause of hospitalisation (7%). However, one third of cancers are preventable, and a further third are potentially amenable to early detection and effective treatment.

Waikato population is characterised as having a higher proportion of Māori (22%) than the national average (15%). Overall Māori incidence and mortality rate of cancer are higher compared to non-Māori. Māori are 18% more likely than non-Māori to be diagnosed with cancer, 93% are more likely to die from their disease than their non-Māori counterparts. Pacific people's mortality rates are similar to those for Māori.

In the Waikato the most common causes of cancer deaths in females are breast, colorectal and lung cancers. Breast screening benefits may reduce mortality by 11-15% by 2012. Lung cancer will overtake breast cancer to become the leading cancer-causing mortality amongst women by 2012. Female tobacco cancer related burden is projected to reach 10% of all cancer registrations and 21% of all cancer deaths by 2010. Over 50% of Waikato Māori females smoke. Prostate is the most common cause of cancer for Waikato males, however the most common causes of cancer deaths for males are lung, colorectal and prostate cancers.

The projected ageing Waikato population, growth in the Māori population, the poorer health status of Māori, along with rural issues, will mean that the challenges and demand for Waikato cancer

¹ Cancer continuum - prevention, early detection, effective diagnosis and treatment, rehabilitation, support and palliative care

services will continue to increase in the future. There is a risk that disparities will continue and this needs to be planned for.

Waikato DHB has been recognised as positively advancing cancer control within the DHB and the Midland region. There are many cancer control plans, services and/or programmes that are working well and have provided the foundation for developing this Action Plan. Key cancer control developments include:

- The establishment of the Midland Cancer Network with Waikato DHB as the lead. This is the first regional cancer network and action plan to be endorsed within New Zealand.
- The Waikato/Bay of Plenty Cancer Society provides a wide range of information and support services. The Cancer Society has also been instrumental in the development of the brachytherapy services.
- Patients and their families have provided positive feedback and are very supportive of the Waikato/Bay of Plenty Cancer Society Lion's Cancer Lodge.
- Waikato is the tertiary provider of cancer services within the Midland region.
- A brachytherapy pilot programme for prostate cancer and the development of brachytherapy services for the upper North Island.
- Age extension of BreastScreen Midland service.
- Commissioning of the fourth bunker and linear accelerator.
- The commencement of comprehensive patient mapping of the major tumour groups across three DHBs is a significant achievement and lays the foundation for service improvement to patients and family/whānau.
- The advancement of the Midland Region Non-Surgical Cancer Treatment Services Plan (Barber, 2004) with continued work to implement the recommendations through the Midland Region Non-Surgical Cancer Treatment Services Operations Network.
- The development of specialist nursing care co-ordination services for lung, BreastScreen, breast treatment and palliative care.
- The development of the Waikato Palliative Care Strategy Plan, including the formation of the Palliative Care Operations Network to work in an integrated and collaborative manner.

However, there is a significant amount of work to occur to reduce the impact and incidence of cancer and to reduce the inequalities with respect to cancer for the Waikato population. The Action Plan builds on progress made and details the key focus areas under each of the NZCCS goals. Reducing inequalities runs through each focus area. The key focus areas are;

NZCCS Goal	Focus Areas
1. Primary Prevention	<ul style="list-style-type: none"> • Smoking Cessation • Implementation of the HEHA Strategy
2. Screening & Early detection	<ul style="list-style-type: none"> • BreastScreen age extension • Cervical Screening • Genetic High Risk Assessment
3. Diagnosis & Treatment	<ul style="list-style-type: none"> • Midland Region Non-Surgical Cancer Treatment Services Implementation Plan • Patient Mapping Project • Multidisciplinary teams/services • Care co-ordination
4. Support, Rehabilitation & Palliative Care	<ul style="list-style-type: none"> • Waikato Palliative Care Strategy Plan • Psychological support
5. Planning & Co-ordination	<ul style="list-style-type: none"> • Midland Cancer Network & Action Plan • Workforce development
6. Research & Surveillance	<ul style="list-style-type: none"> • Research • Data management

On the whole this plan has focused on what improvements to cancer control can be achieved within existing resources and/or known new targeted funding.

Waikato DHB will align itself with national directions and participate in a Midland region approach to the NZCCS and NZCCS Action Plan. To successfully implement national priority goals and objectives, Waikato DHB will continue to participate in local approaches with health providers, such as primary health organisations, non-government organisations, secondary–tertiary providers and intersectoral agencies. Waikato DHB is committed to effective planning, co-ordination and integration of resources and activities, and monitoring and evaluation of cancer services across the cancer continuum.

To implement the Waikato Cancer Control Action Plan it is important that the various facets of the health and disability sector, and the wider inter-sectoral community, work in a co-ordinated and collaborative fashion and contribute to achieving improvements across the cancer control continuum.

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Section One – Introduction

Cancer Control is an organised and systematic approach to the reduction of cancer incidence, morbidity and mortality. The World Health Organisation (World Health Organisation, 2001) advocates the development of national cancer control programmes as the best means of reducing the incidence, impact and inequalities of cancer and improving the quality of life of those with cancer within available resources.

The New Zealand Cancer Control Strategy (Ministry of Health, 2003b) provides a framework for reducing the incidence, impact and inequalities of cancer in New Zealand along the whole cancer control continuum of prevention, early detection, effective diagnosis and treatment, rehabilitation, support and palliative care. The Ministry of Health requires District Health Boards (DHBs) to submit Cancer Control Action Plans by February 2007, which will take account of the goals in the New Zealand Cancer Control Strategy (NZCCS) and associated NZCCS Action Plan 2005 – 2010 (. Ministry of Health, 2005). The NZCCS Action Plan provides the template for DHBs to develop action plans, with a focus on phase one priorities².

A partnership and project approach was taken to develop this Action Plan through the formation of the Waikato DHB Cancer Control Steering Group comprising representatives from Cancer Society, Primary Health Organisations, palliative care services, population health services, provider services (clinical and management), planning and funding and Te Puna Oranga.

The aim of the Waikato DHB Cancer Control Action Plan is to reduce the incidence and impact of cancer and to reduce inequalities with respect to cancer within the Waikato region. To achieve the aim the following project objectives were agreed:

- Outline relevant services and providers across the spectrum of cancer continuum and provide a way forward for cancer control in the Waikato.
- Complete a stocktake and gap analysis of the NZCCS Action Plan phase one priorities (summary refer appendix 1).
- Become the lead DHB for the establishment of a Midland Regional Cancer Control Network (Hewitt J., 2006).
- Identify options to reduce health inequalities in regard to cancer.
- Align with the Midland Region Non-Surgical Cancer Treatment Services Strategy (Barber, 2004) and Implementation Plan's (Midland DHBs, 2005).
- Incorporate and build on findings from the Midland Region Patient Mapping project (work in progress) (Hewitt J. & Scanlan L., 2006).
- Integrate the Waikato DHB Palliative Care Strategy Plan (Hewitt J, 2005) model of care and recommendations.

The Waikato DHB Cancer Control Action Plan builds on progress to date and findings from the review of cancer control services, phase one priorities analysis and goal analysis (Waikato Cancer Control Services Review & Analysis (draft work in progress)).

The structure of the plan is as follows:

² NZCCS Action Plan phase one priorities are detailed further in this section.

Section One: Introduces the strategic context for developing the plan, linking the NZCCS with the Waikato District Strategic Plan as well as providing overview of collaborative approach, needs of Māori, and reducing inequalities.

Section Two: This section provides a summary of the burden of cancer within the Waikato district. This section also provides an overview of Waikato DHB focus and progress on national, regional and local priorities and developments. There is a summary of the key findings of the stocktake and gap analysis which focuses on the NZCCS Action Plan phase one priorities. This section identifies what Waikato is doing well, as well as identifying gaps and issues that require further attention.

Section Three: Presents the Waikato DHB Cancer Control Action Plan 2006–2010 including performance measures, timeframes and implications of implementation.

Background

District Health Boards (DHBs), as identified in the New Zealand Public Health and Disability Act 2000, are responsible for assessing the health and disability needs of their communities and managing resources and services delivery to best meet those needs for their populations. Furthermore, DHBs are guided by the objectives set out in the New Zealand Health Strategy (Ministry of Health, 2000) and the New Zealand Disability Strategy (Ministry of Health, 2001c).

The Minister’s priorities for 2006–07 ‘getting ahead of the curve – the chronic disease burden’ provides guidance to DHBs in developing Cancer Control Action Plans. The guidance includes:

Guideline	Implementing the New Zealand Cancer Control Strategy
Government Priorities	Please discuss how your DHB will progress the Cancer Control Strategy by: <ul style="list-style-type: none"> • Establishing or improving regional cancer networks and multidisciplinary teams across the pathway • Ensuring that an integrated and comprehensive palliative care service is provided in 2006/07
Local Priorities/focus	<ul style="list-style-type: none"> • Please discuss what initiatives your DHB is doing locally to meet the objectives of the Cancer Control Strategy

The Ministry of Health³ guidance indicated that developing DHB and regional cancer control plans is an iterative process with recognition that DHBs will be at different levels of advancement. The Ministry of Health have requested that DHBs commence a district situational analysis, identify local activities in progress and indicate known priorities. The plan should outline how the DHB supports and links to the regional cancer networks. In addition, the plan highlights phase one priorities and considers initiatives across the cancer control continuum.

³ New Zealand Regional Cancer Networks Meeting, Wellington 24th November 2006; Ministry of Health letter dated 14 December 2006

Waikato DHB will align itself with national directions and participate in a Midland region approach to the NZCCS and NZCCS Action Plan. To successfully implement national priority goals and objectives, Waikato DHB will continue to participate in local approaches with health providers such as primary health organisations, secondary–tertiary providers and intersectoral agencies. Waikato DHB is committed to effective planning, co-ordination and integration of resources and activities, and monitoring and evaluation of cancer services across the cancer continuum. To implement the NZCCS it is important that the various facets of the health and disability sector work in a co-ordinated and collaborative fashion and contribute to achieving improvements across the cancer control continuum.

New Zealand Cancer Control Strategy

The NZCCS Action Plan provides the framework for the development of this plan. The Waikato DHB Cancer Control Action Plan will be inclusive of the NZCCS overall purposes, principles and goals/objectives.

Strategic Aim

- To reduce the incidence and impact of cancer
- To reduce the inequalities with respect to cancer

Principles

The Waikato DHB Cancer Control Action Plan activities will:

- Reflect a person-centred approach (patient and family/whānau focus).
- Work within the framework of the Treaty of Waitangi to address issues for Māori.
- Reduce health inequalities among different population groups.
- Ensure timely and equitable access for all to a comprehensive range of health and disability services, regardless of ability to pay.
- Be of a high quality.
- Be sustainable.
- Use an evidence-based approach.
- Actively involve consumers and communities in the planning and delivery of services.
- Recognise and respect cultural diversity.
- Be undertaken within the context of a planned, co-ordinated and integrated approach.

In addition Waikato DHB will have a:

- patient centred approach
- regional approach
- multidisciplinary team approach

- seamless patient flow through the cancer continuum
- consumer focused and consultative approach
- systems and quality approach.

Cancer Continuum

The cancer control continuum provides a planned, systematic and co-ordinated approach to a myriad of providers and activities undertaken, from reducing the risks of developing cancer to treatment and to care for those who will ultimately die from the disease. The cancer control continuum entails:

- ⇒ Prevention
- ⇒ Early Detection and Screening
- ⇒ Diagnosis and Treatment
- ⇒ Support and Rehabilitation
- ⇒ Palliative Care
- ⇒ Surveillance and Research

In addition to the continuum, attention is required to address issues associated with:

- equity of access to services, including addressing Māori needs and expectations
- workforce development
- data collection and analysis
- monitoring and evaluation of services.

Strategic Goals

The goals of the NZCCS are:

Goal 1.Reduce the incidence of cancer through primary prevention.

Goal 2.Ensure effective screening and early detection to reduce cancer incidence and mortality.

Goal 3.Ensure effective diagnosis and treatment to reduce cancer morbidity and mortality.

Goal 4.Improve the quality of life for those with cancer, their family and whānau through support, rehabilitation and palliative care.

Goal 5.Improve the delivery of services across the continuum of cancer control through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation.

Goal 6.Improve the effectiveness of cancer control in New Zealand through research and surveillance.

Phase One Priorities

The NZCCS Action Plan outlines the immediate priorities for phase one⁴ implementation. These are:

- establish regional cancer networks
- expand smoking cessation services and programmes for Māori women
- implement Healthy Eating – Healthy Action
- implement strategies to improve coverage of BreastScreen Aotearoa in areas where the need for increased coverage has been identified
- ensure timely and acceptable access to cancer services by establishing standards
- establish multidisciplinary care for patients
- pilot studies to map and analyse cancer patients' journey and clinical pathway
- establish groups to develop guidance for children, adolescents and adults
- implement and evaluate pilot survivorship programmes for children and adolescents
- implement the New Zealand Palliative Care Strategy
- develop a workforce plan for cancer control, ensuring consideration of cancer workforce shortages for Māori and Pacific people
- plan for capital expenditure on cancer control, including equipment, drugs and new initiatives
- apply the Heat Equity Assessment Tool to policy and funding decisions regarding cancer control
- support Māori-led cancer services where possible and ensure all mainstream cancer services have a cultural framework for Māori that aligns with He Korowai Oranga
- develop a five year rolling plan for research to cancer control
- develop a nationalised, standardised clinical cancer data set.

A proportion of the phase one priorities is being addressed at a national level. Waikato DHB completed a stocktake of services on the phase one priorities as well as analysis of the six NZCCS goals (appendix 1 summarises the findings from the Waikato Cancer Control Services Review & Analysis - draft work in progress). Findings from this work contributed to the Waikato DHB Cancer Control Action Plan and are discussed further in section two.

Link to District Strategic Plan

The Waikato DHB District Strategic Plan (DSP) 2006-2015 describes how the organisation will work towards achieving Government and local priorities within the available funding over the next 5 to 10 years. This will be achieved by identifying the strategic priorities that maximise the contribution the organisation can make towards the health of its community and Government goals and priorities. The DSP sets out the major strategies Waikato DHB will adopt as a focus for

⁴ The NZCCS Action Plan phase one priorities generally means actions to occur within one to two years; phase 2 within three to five years

achieving these priorities. A health needs assessment (HNA), and formal consultation undertaken on the plan, underpin the DSP⁵.

The DSP identifies four population priorities and five health priorities that are a focus for Waikato DHB. These priorities are:

Population Priorities

- people of low socio-economic status
- Māori
- older persons
- Pacific people

Health Priorities

- heart disease and stroke
- cancer
- smoking related lung disease
- diabetes
- severe mental illness and addictions

In addition to the priorities outlined above, Waikato DHB believes that the population health strategies that are most critical to improving the overall health of its population are:

- improving child health
- improving the health of youth
- reducing smoking
- improving nutrition
- increasing activity

While one of Waikato DHBs health priorities specifically relates to cancer, a number of the other priorities and the population health strategies will contribute to reducing the rates and effects of cancer and reducing the cancer burden.

It is expected the District Annual Plan will be used to co-ordinate the implementation of the majority of annual objectives which the DHB will undertake that relate to reducing the rates and effects of cancer. To this end, the Waikato DHB Cancer Control Action Plan will inform the DAP process. It is expected that the annual objectives detailed in the DAP will contribute to the achievement of local and national longer-term objectives in relation to cancer.

⁵ New Zealand Public Health and Disability Act 2000 s38 (4)

Collaboration and Links to Primary and NGOs

The cancer continuum encompasses the entirety of health care and health care providers. The aim of reducing the incidence, impact and inequalities of cancer for the population of the Waikato DHB requires the collaboration of all service providers and recognises the place of the whole community as partners in the process.

A strong primary health care system is central to improving the health of the Waikato population by actively working to reduce health inequalities between different groups (Ministry of Health, 2001d). Services are provided by the Primary Health Organisations⁶ in the local community setting through the general practice team and allied health professionals. For most people, this is the first and most frequent point of contact. The primary health directions have been considered to ensure alignment with this plan.

There are numerous non-Government organisations (NGOs) that contribute to the quality of life of people with cancer. The prominent providers within the Waikato are the Cancer Society, Hospice Waikato, Canteen, Child Cancer Foundation, True Colours, resthomes and continuing care organisations.

Strengthening, developing and facilitating working relationships between primary, secondary and NGO providers is recognised as a key factor in achieving outcomes and improvements for the Waikato population. There will be synergies with work between providers on other aspects of care such as chronic care management, palliative care and cardiac services where enhanced working relationships are already developing. The Waikato DHB Cancer Control Action Plan identifies existing services across different parts of the spectrum of health care, highlighting gaps and issues with a focus on co-ordinated activity.

The following diagram aligns with the Waikato DHB Strategic Plan through links with consumers and those involved in cancer control working at a population and individual approach to address the incidence, impact and inequalities of cancer across the whole continuum.

⁶ Waikato Primary Health, Hauraki PHO, Māori PHO Coalition and North Waikato PHO.

Family and Whanau

Communities
Volunteers

Cancer Control Council

Principal Advisor Cancer Control
Regional Networks

Whole of Government

Intersect Groups

Alcohol Liquor Advisory Council
Agencies for Nutrition
Sports Waikato
Physical and Nutritional Inter Agency Network
ERMA
Schools and tertiary institutions
OSH Services
Trade Unions
Local Authorities

Primary Health Organisations

Maori Providers
Pacific Providers
Pharmacy
Laboratory

Non-Government Organisations

Cancer Society
Child Cancer Foundation
Hospice Waikato
Smoking Cessation Providers
Resthomes and Continuing Care Facilities

Consumers

Provider Arm Services

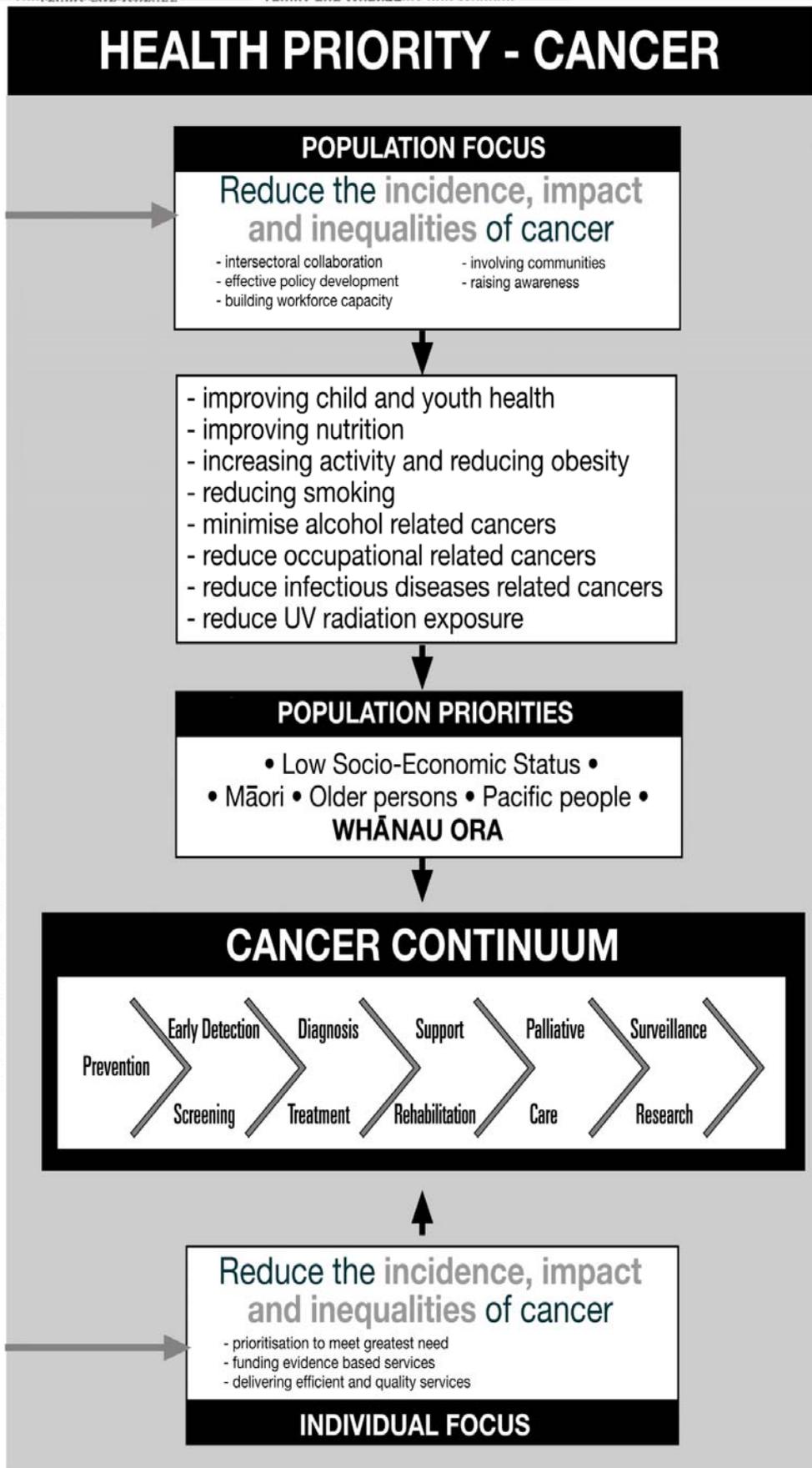
Population Health
BreastScreen Midland
Waikato Cervical Screening Services
Regional Cancer Centre
Waikato, Taumarunui, Tokoroa, Te Kuiti Hospitals
Matariki and Rhoda Read
Community Services
Sexual Health

Other Tertiary Services

Starship
Auckland Hospital

Planning and Funding
Human Resources
Finance
Information

EVERYONE IN THE WAIKATO



Treaty/Māori Overview

Waikato DHB recognises the Treaty of Waitangi as the founding document of New Zealand and acknowledges the relationship between Māori and the Crown under the Treaty. Waikato DHB is committed to the principles of the Treaty of Waitangi as defined in the New Zealand Public Health & Disability Act 2000. Furthermore, Waikato DHB recognises that Māori aspirations for improving Māori health status are founded on the Treaty of Waitangi. Waikato DHB is committed to the concept of greater Māori participation in the health and disability sector, at all levels, with a view to improving Māori health outcomes.

In accordance with the NZPH&D Act 2000 and the guiding principles of Waikato DHB, the organisation is committed to:

- improving Māori health status so that Māori enjoy the same level of health as non-Māori; and
- reducing health disparities by improving health outcomes for Māori.

The Treaty principles and how they will be specifically implemented in this process are:

Partnership	Working together with iwi, hapu, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services
Participation	Involving Māori at all levels of the sector in decision making, planning, development and delivery of health and disability services
Protection	Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices

He Huarahi Oranga (Waikato DHB Strategic Māori Health Plan) has been written in line with the pathways in He Korowai Oranga (Ministry of Health, 2001b) (Māori Health Strategy). Regular monitoring of progress against He Huarahi Oranga is undertaken. This reporting occurs in addition to the monitoring and reporting against He Huarahi Oranga (Waikato DHB, 2002). The strategic focus is on:

- addressing health inequalities
- service integration
- building Māori health provider capacity
- Māori health workforce
- Māori community development.

The Waikato DHB Towards Māori Health Gain Organisational Framework (TMHGOF, 2002) provides a structure that co-ordinates the knowledge, skills and relationships needed for the Waikato DHB and Māori to work together towards Māori health gain. As a result of TMHGOF Waikato DHB has bi-cultural education for all staff and Tikanga Best Practice Recommended Guidelines which aid the delivery of culturally effective services to Māori.

Reducing Inequalities

Inequalities in health are defined as "differences in health that are unnecessary, avoidable and unjust" (Ministry of Health, 2002). There is considerable evidence, both internationally and in New Zealand, of significant inequalities in health between socio-economic groups, ethnic groups, genders, and people living in different geographical regions. Reducing Inequalities in Health (Ministry of Health, 2002) proposes principles that should be applied to whatever activities Waikato DHB undertakes to ensure that those activities help to overcome health inequalities.

Research indicates that the poorer you are the worse your health. Inequalities in health are not random: people from lower socio-economic groups have poorer health, greater exposure to risk factors, and poorer access to health services. In particular, those of low socio-economic status, Māori, and Pacific peoples have consistently poorer health outcomes compared with the rest of the population.

Ethnic identity is an important dimension of health inequalities. Māori health status is demonstrably poorer than that of other New Zealanders. Pacific peoples also have poorer health.

Addressing these socioeconomic, ethnic, gender and geographic inequalities requires a population health approach that takes account of all the influences on health and how they can be tackled to improve health. This approach requires both intersectoral action that addresses the social and economic determinants of health and action within health and disability services.

A focus of reducing inequalities at every stage of the cancer continuum is required. Iwi Māori Council and the Waikato DHB Executive Group have endorsed the work commenced by Te Puna Oranga (Scott. N, 2006). Further work is required however, initial findings and recommendations have been included in the Action Plan as a starting point.

To ensure inequities are being addressed and reduced, the Health Equity Assessment Tool (HEAT) is applied to Waikato DHB policy and funding decisions. The HEAT tool incorporates the Reducing Inequities Framework (Ministry of Health, 2002) and the principles of the Treaty of Waitangi. When proposals and/or business cases for initiatives are developed as a result of the Waikato DHB Cancer Control Action Plan, the HEAT tool will be applied by the Waikato DHB.

Section Two: The Cancer Burden & Key Findings

The Waikato Cancer Control Services Review and Analysis findings have provided the opportunity to build on progress to date and address the local and NZCCS phase one priorities.

This section summarises:

- The burden of cancer and an overview of the demographic characteristics and the cancer burden for the Waikato DHB.
- Overviews the services and organisations that support the provision of cancer care along the continuum.
- Identifies key local developments that are progressing well.
- Summarises the key themes in relation to gaps/issues along the cancer continuum.

What is Cancer?

The term cancer often conjures up fear and anxiety. Cancer is a generic term used to describe a group of over a hundred diseases that occur when malignant forms of abnormal cell growth develop in one or more body organs (Ministry of Health, 2003a). Other terms for cancer are tumours and neoplasms, however these terms can also be used for non-malignant or benign growths. A malignant (a cancer) tumour has the ability to grow in an uncontrolled way and to spread into other parts of the body. Each cancer has its own pattern of growth.

Most cancers have a unique set of risk factors that are responsible for its onset. A number of cancers share risk factors. Some occur as a direct result of smoking, dietary influences, exposure to ultra violet radiation, or infectious diseases, while others may be as a result of inherited genetic faults. A significant number of cancers are due to environment or lifestyle, and therefore potentially avoidable. Introducing comprehensive programmes (lifestyle promotion, screening and early detection) targeted at selected risk factors can prevent one third of cancers.

Many cancers can be serious and fatal, however medical treatment is often successful with early detection. There are a variety of treatments available to destroy the cancer cells and prevent them from returning. Examples of these treatments are surgery to remove the tumour, administration of chemotherapy (drugs) and/or radiation therapy to destroy cancer cells. Treatment can often be a combination of treatments.

When cancer cannot be cured or held in remission, improved quality of life for people and their family/whānau can be provided through support, prevention and relief of suffering.

The often complex and varied nature of cancer means that there is a wide range of services and providers involved in care across the cancer continuum.

Waikato Population Characteristics

The Waikato DHB Health Needs Assessment and Analysis (HNA) (Waikato DHB, 2005) details the Waikato district population characteristics, mortality and morbidity, current strategic priorities and broad and emerging themes. The HNA provides detailed risk factor information such as tobacco smoking, alcohol and drugs, fat, vegetable and fruit intake, obesity and physical exercise.

The Waikato population in 2004 was 337,290 and comprises 8.3% of New Zealand's population. Delivering health services is a challenge in the Waikato. The Waikato DHB spans a large geographical area of 21,200 km, and much of the area (40%) is rural⁷ and isolated (for example in the Waikato DHB portion of Ruapehu TLA, the population density is two people per km²).

The total growth rate of the Waikato population is projected to increase by 8.6% from 2004–2026, however the New Zealand population is growing faster than the Waikato DHB population. The Waikato DHB population's expected growth will be in the areas of Hamilton City, Waikato, Waipa and Thames-Coromandel TLAs. Hamilton City is contributing the most to the population growth and will make up 41.7% of the total district population by 2021.

Waikato population is characterised as having a higher proportion of Māori (22%) than the national average (15%) and a lower level of Pacific people (2%) compared with national average (3.2%).

It is predicted that Māori will have a growth rate of 24% from 2004–2026; the main reason for this is that the current large proportion of young people will age and have families. By 2021, Māori population in the Waikato region is expected to represent a greater proportion of the region's total population. The estimated population growth of Māori will increase for all age groups except <20 year olds. The Pacific peoples population is projected to grow by 24.9% from 2004 – 2026.

The Waikato DHB population is ageing. By 2016 an increase of 40% of people aged over 65 years is expected. People are living longer and the population aged 85+ is also predicted to increase by 75% to 7,540 by 2016. A significant issue is that the working age population (15-64) is predicted to fall from 65% to 56%, impacting on families' income and workforce availability. It is predicted that the children and youth population will decline.

Avoidable mortality rates increase steadily with deprivation. Waikato population also has more people living in the highest areas of deprivation, 25.7% compared with the national average of 20%. Māori and Pacific people have higher proportions living in lower socio-economic areas, with 47% of Waikato DHB Māori in the most deprived quintile.

The Burden of Cancer

Nationally, it has been recognised that the cancer death rate has been increasing considerably faster than in comparable countries, including Australia, Canada, the USA and United Kingdom. New Zealand, when compared to these countries and including Denmark and Norway, was found to have the third highest age-standardised cancer mortality for men and women, the fourth highest age-standardised incidence rate for men and the highest age-standardised incidence rate for women (Ministry of Health, 2001a).

Cancer is the second leading cause of death in the Waikato DHB and in New Zealand, accounting for 27% of all deaths and a major cause of hospitalisation (7%). However, one third of cancers are preventable and a further third are potentially amenable to early detection and effective treatment.

The number of people developing and dying from cancer is predicted to increase steadily due to population growth and ageing. Other population lifestyle changes that increase risk, such as the increase in obesity, increasing physical inactivity and insufficient intake of fruit and vegetables, will also contribute to this increase.

⁷ Areas with less than 10,000 people

The incident rate of adult cancer is predicted to increase over the next decade at a slower rate than the past decade. For females it has increased by 450 per 100,000, or 6%, and for males it has increased by 510 per 100,000, or 7%. The mortality rate for adult cancer has fallen and the decline is expected to continue at an accelerated rate to 198 per 100,000 for males and 162 per 100,000 for females. Māori age standardised mortality rates exceed those of non-Māori.

The overall incidence and mortality rates of cancer are higher for Māori than for non-Māori (Robson. B. Purdie. G. & Cormack D., 2006). Māori are 18% more likely than non-Māori to be diagnosed with cancer, 93% are more likely to die from their disease than their non-Māori counterparts. Pacific people’s mortality rates are similar to those for Māori.

In the Waikato, the most common causes of cancer deaths in females are breast, colorectal and lung cancers. Breast screening benefits may reduce mortality by 11-15% by 2012. Lung cancer will overtake breast cancer to become the leading cancer causing mortality among women by 2012. Female tobacco cancer related burden is projected to reach 10% of all cancer registrations and 21% of all cancer deaths by 2010. Over 50% of Waikato Māori females smoke.

Prostate is the most common cause of cancer for Waikato males, however the most common causes of cancer deaths for males are lung, colorectal and prostate cancers (NZHIS, 2007).

Table 1: Waikato Cancer Registrations and Mortality, 2002

Rank	Cancer Registration	2000 Volume	Cancer Mortality	2000 Volume
1	Prostate	202	Lung	123
2	Breast	175	Colorectal	83
3	Colorectal	168	Breast	55
4	Melanoma	160	Skin cancers	33
5	Leukemia & Lymphoma	139	Stomach	25
6	Lung, trachea & bronchus	135	Uterus & Cervix	14
7	Kidney & Bladder	79	Hepatitis & Liver	11
8	Head & Neck	38	Oral cancers	11
9	Uterus & Cervix	28	Cervical	7
10	Stomach	24	Cancer of the uterus	7
	Total registrations	1356	Total deaths	379

Data Source: NZ Health Information Service

The projected growth and ageing of the Waikato population, predicted increase in the Māori population, and the poorer health status of Māori - along with the rural issues and a provider of tertiary oncology services - will mean that the challenges and demand for Waikato cancer services will continue to increase in the future. There is a risk that disparities will continue; this needs to be planned for.

Waikato Cancer Control Services

The following provides a brief overview of the Waikato services based on the NZCCS cancer continuum. For people with health need primary care is usually the first and most frequent point of contact. Waikato has four Primary Health Organisations (PHO) these are:

- Waikato Primary Health
- Hauraki PHO
- Māori PHO Coalition
- North Waikato PHO

There are numerous Non-Government Organisations (NGOs) that contribute to the quality of life of people with cancer. There are 15 Māori health providers within the Waikato district. The prominent cancer providers within the Waikato are the Cancer Society, Hospice Waikato, Canteen, Child Cancer Foundation, True Colours, resthomes and continuing care organisations.

Waikato DHB clinical streams and supporting services provide a range of services that contribute to care along the cancer continuum. Included is population health, cervical screening and BreastScreen Midland service and secondary-tertiary services (eg. surgery, child, and diagnostics).

It is important to note that Waikato DHB is the tertiary provider of cancer services for the Midland Region. The Regional Cancer Centre is based at Waikato Hospital campus (role delineation level 5). Following a stocktake of non-surgical cancer treatment services, a role delineation model⁸ was developed (Midland DHBs, 2005). The main determinants of the role delineation model are the availability of:

- different types of services (chemotherapy administration, clinics provided on site, radiation therapy)
- diagnostic equipment (CT scan, MRI, ultrasound and nuclear medicine)
- professional staff (specialist skills, competencies and leadership)
- facilities (for chemotherapy administration, day procedures and consulting space).

Paediatric and some specialist surgical and complex haematological support services are provided by Auckland DHB (role delineation level 6).

Thames, Te Kuiti, Tokoroa and Taumarunui Hospitals are defined as level 1⁹ in the role delineation model. Oncology outreach clinics are held at Thames Hospital as well as administration of less complex chemotherapy.

Generalist and specialist palliative care providers deliver integrated services across the Waikato district (Hewitt J, 2005).

⁸ Role delineation model is a process that determines the complexity of clinical activity undertaken by services, a staff profile, equipment, facilities and other support services required to ensure the services are provided safely and are appropriately supported.

⁹ Management of acute conditions and complications.

Waikato's Cancer Control Progress

Cancer control across the continuum is significant and complex. There are many services and/or programmes that are working well and should be acknowledged (refer to The Waikato Cancer Control Services Review and Analysis – draft a work in progress). A few of the successes are offered as examples, these include:

- The establishment of the Midland Cancer Network with Waikato DHB as the lead. This is the first regional cancer network to be endorsed within New Zealand.
- The Waikato/Bay of Plenty Cancer Society provides a wide range of information and support services. The Cancer Society has also been instrumental in assisting with the development of the brachytherapy services.
- Patients and their families have provided positive feedback and are very supportive of the Waikato/Bay of Plenty Cancer Society Lion's Cancer Lodge.
- A brachytherapy pilot programme for prostate cancer and the development of brachytherapy services for the upper North Island.
- Age extension of BreastScreen Midland service.
- Commissioning of the fourth bunker and linear accelerator.
- The comprehensive patient mapping of the major tumour groups across three DHBs is a significant achievement and lays the foundation for service improvement to patients and family/whānau.
- The advancement of the Midland Region Non-Surgical Cancer Treatment Services Plan (Barber, 2004) with continued work to implement the recommendations through the Midland Region Non-Surgical Cancer Treatment Services Operations Network.
- The development of specialist nursing care co-ordination services for lung, BreastScreen, breast treatment and palliative care.
- The development of the Waikato Palliative Care Strategy Plan including the formation of the Palliative Care Operations Network to work in an integrated and collaborative manner to achieve the recommendations. Some examples of key achievements include:
 - Waikato Primary Health Palliative Care Home Visiting Programme extension to include Hamilton City as well as rural Waikato.
 - Hospice Waikato commenced developing services in Coromandel town, Whitianga, Whangamata and Tairua.
 - Joint recruitment of a third palliative care consultant and development of an integrated specialist medical service between Palliative Care Unit and Hospice Waikato.
 - Specialist palliative care nursing service to link and support resthomes/continuing care organisations.
 - Pilot programme to implement the Liverpool Pathway for the care of the dying person.

The Focus Areas

In addition to building on the successes to date, key focus areas are aligned to the NZCCS goals and phase one priorities. Diagram 2 in appendix 1 summarises the key focus areas by goal. These key focus areas will contribute to:

- reducing the incidence and impact of cancer and
- reduce inequalities with respect to cancer.

The Waikato Cancer Control Services Review and Analysis report is work in progress. The key themes that require further attention in the Waikato DHB Cancer Control Action Plan are:

- As lead DHB, Waikato will be responsible for the establishment of the Midland Cancer Network and implementation of the endorsed action plan, which includes:
 - developing a Midland Region Cancer Control Action Plan
 - developing a Midland model of care for Gynae-Oncology
 - developing a Midland genetic high risk assessment model of care
 - participating in national cancer control projects and activities
 - developing a co-ordinated workforce strategy.
- Identify and implement initiatives to reduce inequalities of care at every stage of the cancer continuum and within all the key focus areas.
- Continued attention on smoking cessation programmes, especially to address the growing burden this will bring to Māori and, in particular, Māori women. Female tobacco cancer related burden is projected to reach 10% of all cancer registrations and 21% of all cancer deaths by 2010.
- Healthy Eating and Healthy Action – there is significant work required to achieve improvement in nutrition and physical activity status and reduction of the impact of obesity on our population. The Ministry of Health announced targeted funding in October 2006 ('Mission On'). The DHBs are required to continue to implement the HEHA initiatives over the next four years.
- Identify and implement strategies to increase the coverage of BreastScreen Aotearoa for women aged 45–69 years with the aim of reducing mortality.
- Identify strategies to increase the participation of all eligible women in the National Cervical Screening Programme.
- To continue to map the patient's journey for the major tumour groups and make service improvements such as:
 - Ensuring timely and acceptable access to cancer services by establishing standards.
 - Improving care co-ordination along the patient's cancer journey.

- Continuing to develop the multidisciplinary team/services in care of patients.
- To continue to implement the recommendations of the Midland Non-Surgical Cancer Treatment Services Implementation Plan 2005-2010.
- To lead brachytherapy service development within New Zealand.
- Continued development of an integrated surgical cancer service.
- To continue to implement the Waikato Palliative Care Strategy Plan 2005-2010 recommendations.
- To ensure essential psychological services are available to support the needs of those with cancer (Johnson J., 2006; Surgenor. L et al., 2006; Tuck W., 2004). To develop and implement a psycho-oncology model of care, framework and business case to support the psychological needs of people with cancer along the continuum.
- To develop and implement an adolescent care co-ordinator in secondary paediatric oncology service ¹⁰.
- Improve the use, efficiency and scope of data collection and reporting.
- Continue to develop and support cancer research and clinical trials.

¹⁰ Ministry of Health letter 14 December 2006

Section Three: Waikato DHB Cancer Control Action Plan

Section one and two provided the strategic context and overview of the burden of cancer within the Waikato DHB, as well as outlining what the Waikato DHB is doing to address cancer control at both a DHB and Midland region level.

The priorities and implementation strategies are evolving at a national and regional level. The Waikato Cancer Control Action Plan has focused on the NZCCS Action Plan goals/phase one priorities and aligns with the Waikato District Annual Plan 2006-07. This section identifies the key priorities for the Waikato DHB in relation to the phase one priorities and plans objectives, where possible, for the next three years.

Funding for the Action Plan

The Waikato DHB Cancer Control Action Plan identifies resources required to achieve each objective as follows:

- the actions can be achieved within existing resources
- an increase in the level of resourcing is required
- new resources will be required to support the achievement of the objective.

In May, December 2006 and January 2007 the Ministry of Health announced additional targeted funding (appendix two) for the following:

- HEHA leadership and co-ordination; nutrition fund
- Regional cancer networks
- DHB level priorities
- Special initiatives / inequalities fund
- Adolescent care co-ordinators
- Addressing cost pressures for Hospices (workforce issues) and further development of palliative care services includes provision of the full range of specialist palliative care services, reflecting the draft specialist palliative care service specifications, development of hospital palliative services, and support integration of service provision through regional networks.

Any known additional targeted funding from the Ministry (i.e. HEHA leadership and co-ordination, nutrition fund) has been considered in the plan.

A business case via the prioritisation process will be required for new and/or increased funding.

On the whole, this plan has focused on what improvements to cancer control can be achieved within existing resources and/or known new targeted funding.

Cancer Control Action Plan

TO REDUCE THE INCIDENCE & IMPACT OF CANCER & TO REDUCE INEQUITIES WITH RESPECT TO CANCER				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources¹¹	Key Stakeholders
Reduce the rate and effects of cancer for the Waikato DHB resident population through implementation of the NZ Cancer Control Action Plan	Develop Waikato DHB Cancer Control Strategy Implementation Plan which appropriately reflects Waikato DHB population priorities ¹² and reducing inequalities to meet the 6 goals identified in the NZ Cancer Control Action Plan 2005-2010.	Plan developed and submitted to the Ministry of Health	February 2007 Existing	Waikato DHB Cancer Control Steering Group PHOs NGOs Provider Arm DHB Planning & Funding Consumers Ministry of Health
Establish the Midland Region Cancer Network	Implement approved recommendations from the Midland Region Cancer Control Network Report within available resources Appoint Network Manager, Patient Mapping Manager Develop the role of the Regional Oncology Liaison Nurse within the Network Māori participation, expertise and governance at all level's within the Network.	Midland Cancer Network established Appoint Midland Cancer Network Management Team	2006-07 Existing New – revenue stream identified	Midland DHBs Ministry of Health
	To identify sustainable network funding pathway	Network Revenue pathway identified	2007 New – revenue stream identified	Midland DHBs Ministry of Health

¹¹ Resources = existing, increased, new

¹² As identified in the Waikato DHB DSP 2006-2015

TO REDUCE THE INCIDENCE & IMPACT OF CANCER & TO REDUCE INEQUITIES WITH RESPECT TO CANCER				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
	Develop a Midland Region Cancer Control Action Plan 2007-2010 which appropriately reflects Midland DHBs population priorities and reducing inequalities to meet the 6 goals identified in the NZ Cancer Control Action Plan 2005-2010	Midland Cancer Control Action Plan developed & endorsed by Midland DHB CEOs Annual report on progress completed	June 2008 Existing Ongoing	Midland Cancer Network Midland DHBs Ministry of Health
	Develop a Cancer Network communications plan to market, inform and raise awareness of Midland Cancer Network Develop Network website and regular newsletters to keep stakeholders informed	Communications Plan developed	Ongoing	Midland Cancer Network WebHealth Cancer Control Council
	To participate in national activities related to cancer control		Ongoing	Midland Cancer Network
To ensure an integrated surgical cancer service for the Midland region	To develop a Midland Surgical Cancer Treatment Plan, linking with NSCT Plans and patient mapping	Midland Surgical Cancer Treatment Plan developed with actions plan	2008 - 2010	Midland Cancer Network Surgical Services
Reduce the inequalities of cancer for the Waikato DHB resident population at every stage of the cancer continuum	All initiatives that impact on the cancer continuum should be assessed for contribution toward reducing/perpetuating or increasing inequalities As part of the patient mapping examine each cancer for area of inequalities	Reduced inequalities through identification of inequalities and development of actions to address	2006-2010 Existing (unless gap identified)	All Midland Cancer Network

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Minimise harm caused by tobacco smoking (OBJECTIVE 1)	Maintain activities to maximise compliance with Smokefree Environments Act 2003 within Waikato DHB district	Report on non-compliance of Smokefree Environments Act 2003	2006-2010 Existing	Population Health
Achieve Māori Health Gain in relation to harm caused by tobacco smoking (OBJECTIVE 1)	Data collection and sharing between PHOs and Waikato DHB	To record the number and smoking status of PHO enrolled persons >14	2006-2010 Existing	PHOs Planning & Funding
Reducing inequalities for Māori, Pacific people and people who live in areas of low socio-economic status relating to harm caused by tobacco smoking (OBJECTIVE 1)	Continue implementation of Waikato DHB Smokefree Policy Training programmes are provided for all frontline staff relating to ‘Systems First – supporting smokefree leadership in NZ hospitals Maintenance of documentation system of hospital admission smoking status Documentation leads to an offer of intervention for patients Use data to target effective smoking cessation	Report on compliance of Waikato DHB Smokefree policy	2006-2010 Existing	Waikato DHB Population Health Health Waikato Waikato DHB
	Improve collaboration between providers of population based cessation programmes that support youth/rangatahi cessation or cancer prevention	Report on and share local and national research	2006-2010 Existing (unless gap identified)	Population Health Waikato DHB

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reducing inequalities for Māori, Pacific people and people who live in areas of low socio-economic status relating to harm caused by tobacco smoking (OBJECTIVE 1)	Continue to support programmes that focus on smoking cessation for Māori	Report on collaborative population based and cessation programmes that work with high need Māori and Pacific populations Report on interventions for youth/ rangatahi and pregnant women Report on smokefree activities within Health Promoting Schools	2006-2010 Existing (unless gap identified)	Waikato DHB Māori and Pacific providers PHOs
District wide implementation of the HEHA Strategy (OBJECTIVE 2 & 3)	Maintain HEHA implementation interagency group that includes members from local providers, local government agencies and NGOs. Interagency group carries out a stocktake on progress to date against HEHA implementation plan.	Gaps within HEHA implementation plan are identified	2006-2010 Existing (unless gap identified)	Waikato District HEHA Group HEHA Project Manager Intersect Waikato
Implementation of the 'Mission on' package of initiatives	Implement the leadership and co-ordination service programme Appoint HEHA project Manager	Programme implemented over the next 4 years	2006-2010 New Ministry of Health CFA pathway identified	Waikato District HEHA Group HEHA Project Manager

GOAL 1: REDUCE THE INCIDENCE OF CANCER THROUGH PRIMARY PREVENTION				
Medium Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reduce inequalities in relation to improving nutrition and increasing level of physical activity (OBJECTIVE 2 & 3)	There is an increase in the percentage of Decile 1-4 Health Promoting Schools (17 by June 2006)	Report of the number of new and existing schools committed to becoming, Health Promoting Schools	2006-2010 Existing	Population Health Education
Reducing inequalities for Māori, Pacific people and people of low socio-economic status relating to improving nutrition and increasing the levels of physical activity	Development of the nutrition and physical activity workforce especially for Māori and Pacific people	Scholarship/internships and/or training is provided by DHB/PHOs to NGOs that support the development of nutrition and physical activity programmes by Māori and Pacific providers	2006-2010 Existing	Population Health Waikato Primary Health Māori & Pacific providers
Reducing the incidence of obesity and improving the levels of physical activity in Waikato children	An implementation plan for the continuation of Project Energize is developed based on the Board endorsements in early 2006	Funding is available to maintain and extend Project Energize to current intervention schools and control schools	2007-2010 Continuation of current annual funding into future years	Waikato DHB Sport Waikato
	The full evaluation report of Project Energize is completed that describes performance against the objectives of the original research and programmes proposals.	A report is made available to the Board	June 2007 Existing	Waikato DHB Sport Waikato
Reduce the number of people developing infectious disease related cancers (OBJECTIVE 5)	Audit the HBV cases over the last four years, in particular looking at the process of information provided to cases & contact tracing	Audit completed. Findings will guide further actions.	2006-2010 Existing	Population Health

GOAL 2: TO ENSURE EFFECTIVE SCREENING & EARLY DETECTION TO REDUCE INCIDENCE & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Identify and implement strategies to increase the coverage of BreastScreen Aotearoa for Māori and Pacific women. (OBJECTIVE 1)	Identify the number and percentage of Māori & Pacific women eligible for the screening programme by TLA and ward. Use this data to inform planning of mobile screening units	Baseline is determined and specific health promotion activities are targeted at the areas where there is a high proportion of eligible Māori & Pacific women in areas of low screening uptake	June 2007 Existing	Raukura Hauora o Tainui Poutiri Trust BreastScreen Midland
Reduction on breast cancer mortality for Māori and Pacific women aged 55-74 years	Monitor the number and percentage of Māori and Pacific women eligible for the screening programme by site and TLA	An increase in the coverage of BreastScreen Aotearoa for Māori and Pacific women	Ongoing Existing	Raukura Hauora o Tainui Poutiri Trust BreastScreen Midland
	Encourage and facilitate Māori health workforce growth and development. Retention of Māori staff within screening services and encouragement of recruitment of Māori to new vacancies	Increased Māori workforce within BreastScreen services	June 2007 Anticipate increased resource required (and some cost shifting)	BreastScreen Midland
	Identify opportunities for shared learning and development with Māori providers on screening services	Education and learning occurs in forums open to all providers	December 2007 Existing	Raukura Hauora o Tainui Poutiri Trust BreastScreen Midland
Increase the participation of Māori and Pacific women in the National Cervical Screening Programme	Identify any issues of access and to develop and implement plans accordingly	An increase in the coverage rate, especially among Māori and Pacific women	Ongoing Existing	BreastScreen Midland

GOAL 2: TO ENSURE EFFECTIVE SCREENING & EARLY DETECTION TO REDUCE INCIDENCE & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Identify and implement strategies to increase coverage of BreastScreen Aotearoa in the Midland region	Provide screening via a more mobile service by increasing the number of mobile units from two to three	Third mobile unit is providing screening service	February 2007 Increased (funding stream identified)	BreastScreen Midland
	Ensure mobile schedule maximises the opportunity to improve screening uptake rate	An increase in the % of eligible women who have a breast screen within 24 hrs	December 2008 Existing	BreastScreen Midland
	BreastScreen Midland work with PHOs to maximise opportunity for enrolling eligible women enrolled in a PHO into BSA programme	An increase in the number of GP referrals of eligible women into the BSA programme	Ongoing Existing	BreastScreen Midland PHOs
Reduction in cervical cancer mortality for Māori and Pacific women in the Waikato DHB	Develop and implement an appropriate health promotion plan that specifically targets the needs of Māori and Pacific women	A reduction in the rate of cervical cancer among Māori and Pacific women	December 2010 Existing	BreastScreen Midland
Reduction in breast and cervical screening inequalities	Appropriate planning and targeting of communities in the Waikato DHB through the application of the HEAT tool	HEAT applied to policy and funding decisions	December 2010 Existing	BreastScreen Midland Planning & Funding
Strategic approach for Waikato DHB population with familial risk (OBJECTIVE 1 & GOAL 3)	Participate in national work programme	Pathway mapped	June 2007 Existing (unless gap identified)	Midland Cancer Network Site Specific Teams
	Map the current genetic high-risk assessment pathway (linked to Goal 3)			
	To develop a Midland genetic high risk assessment service model of care and plan Consider Māori counsellor in development of service	Agreed Model of Care and action plan developed with implications	2007-08 Anticipate new	Midland Cancer Network

GOAL 3: ENSURE EFFECTIVE DIAGNOSIS AND TREATMENT OF CANCER TO REDUCE MORBIDITY & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Map and improve the patient's journey for the major tumour groups¹³ (OBJECTIVE 3) Reduce inequalities	Develop and implement recommendations from the Midland Region Patient Mapping Project within available resources.	Site specific Action Plans developed and recommendations implemented within allocated resources	Ongoing Patient Mapping Manager Existing (unless gap identified)	Midland Cancer Network
Ensure timely and acceptable access to cancer services by establishing standards (OBJECTIVE 1, 2, 3)	Opportunities for breast and lung pathway improvement identified via workshops	Action Plans developed, implemented and evaluated	2006-07 Midland Cancer Network Existing (unless gap identified)	Midland Cancer Network Site Specific Teams
	Opportunities for colorectal and prostate improvement identified via workshops	Action Plans developed, implemented and evaluated	2007-08 Midland Cancer Network Existing (unless gap identified)	Midland Cancer Network Site Specific Teams
	Map haematological conditions pathways and opportunities identified via workshops	Pathways mapping and Action Plans developed, implemented and evaluated	2008-09 Midland Cancer Network Existing (unless gap identified)	Midland Cancer Network Site Specific Teams
To develop a Midland Gynaecology Model of Care	Map the current ovarian cancer pathway Identify Midland MOC for gynae-oncology Work collaboratively with Northern DHB Gynae-Oncology project	Pathway mapped Model of Care and action plan developed with implications	2007-08 Midland Cancer Network Existing (unless gap identified)	Midland & Northern Cancer Networks Site Specific Teams
To ensure an integrated surgical cancer service for the Midland region	To develop a Midland Surgical Cancer Treatment Plan, linking with NSCT Plans and patient mapping	Midland Surgical Cancer Treatment Plan developed with actions plan	2008 - 2010	Midland Cancer Network Surgical Services

¹³ Links with Midland Region Non-Surgical Cancer Treatment Implementation Plan 2005-2010

GOAL 3: ENSURE EFFECTIVE DIAGNOSIS AND TREATMENT OF CANCER TO REDUCE MORBIDITY & MORTALITY				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Implementation of the Midland Region Non-Surgical Cancer Treatment Service Plan (refer to Plan for more detail)	The Midland Region Operations Network continues to implement the Non Surgical Cancer Treatment Service Implementation Plan 2005 – 2010 recommendations	Annual report on progress	June each year Existing	Midland Cancer Network
Plan for capital expenditure	Continue to implement the anticipated capital expenditure plan within resources		Ongoing Increased - planned	Midland Cancer Network
	Replacement of decommissioned linear accelerator (600cc)	Linear accelerator commissioned	2007-2008 Budgeted capital expenditure	Regional Cancer Centre
Establish multidisciplinary care for cancer patients	Promote strategies that enhance ‘multi-disciplinary cancer teams’. Formalise and extend multidisciplinary approach to care to all DHBs outreach sites		2006-2010 Existing (unless gap identified)	Midland Cancer Network
	Review care co-ordination & options identified for improving links with community services and provider arm services (linked with patient mapping) Development of care co-ordinators to facilitate the delivery of appropriate services Investigate the feasibility for Māori specific Maori specific position such as kaitaki/Māori community health workers to support patients in the community	Care co-ordinator roles developed (within allocated resources) for major tumour groups) Patient care co-ordinated	2006-2010 Increased Ongoing -Anticipate increased	Midland Cancer Network Te Puna Oranga Māori health providers
To lead brachytherapy service development within NZ	To continue the HDR brachytherapy prostate pilot programme	Pilot completed	2006-2010 Existing (funding identified)	Regional Cancer Centre Cancer Society
	To expand the brachytherapy programme to cover the upper North Island. To work with Auckland DHB to determine implementation process	Brachytherapy services expanded to upper North Island	2006-2010 Existing – funding stream agreed	Regional Cancer Centre Auckland DHB Planning & Funding

GOAL 4: IMPROVE THE QUALITY OF LIFE FOR THOSE WITH CANCER, THEIR FAMILY AND WHANAU THROUGH SUPPORT, REHABILITATION AND PALLIATIVE CARE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Implement the New Zealand Palliative Care Strategy (OBJECTIVES 6 & 7) (refer to Palliative Care Strategy Plan and Action Plan for more detail)	Waikato DHB Palliative Care Network continues to implement the Waikato DHB Palliative Care Strategy Plan 2005-2010 recommendations within available resources.	Annual action plan developed report on progress completed	2006-2010 June each year Existing	Waikato Palliative Care Operations Network
	To develop a Waikato Palliative Care directory of services and providers in partnership with WebHealth	Service directory developed	June 2007 Existing	Waikato Palliative Care Operations Network
	Implement recommendations from collaborative care review (rural district and Hospice nursing) within allocated resources	Collaborative care recommendations implemented	2007 – 2009 Existing	Waikato Palliative Care Operations Network
	Implement recommendations from palliative care support services (DSL) review (within allocated resources)	DSL recommendations implemented	2007-2008 - Existing 2007-2010 Increased–prioritise service provision to meet increased demand for community respite/carer relief	Waikato Palliative Care Operations Network DSL Planning & Funding
	To complete a stocktake and needs analysis with Māori providers (link Goal5:object 2)	Meet the needs of Māori providers for education and support within allocated resources	2007-2008 Existing (unless gap identified)	Waikato Palliative Care Operations Network
	To develop sustainable solutions to address issues of out of hours palliative care cover and access to pharmacy/medications	Out of Hours strategies developed in partnership with PHOs and community	2008-2010 Existing	Waikato Palliative Care Operations Network
	Implement change process to integrate PCU palliative care physicians with Hospice Waikato and develop 24/7 on-call roster	Integrated consultant palliative care service developed	Existing (revenue identified) dependent on ability to recruit	Waikato Palliative Care Operations Network

GOAL 4: IMPROVE THE QUALITY OF LIFE FOR THOSE WITH CANCER, THEIR FAMILY AND WHANAU THROUGH SUPPORT, REHABILITATION AND PALLIATIVE CARE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Implement the New Zealand Palliative Care Strategy - continued	Develop and implement the specialist palliative care link nurse initiative in partnership with resthomes/continuing care organisations	Link nurse service developed	2007-2010 Existing	Waikato Palliative Care Operations Network
	Pilot 24/7 integrated PCU and Hospice Waikato specialist palliative care nurse roster and evaluate	Specialised nurse on-call roster piloted and evaluated	2007-2008 New-dependent on pilot outcomes 2006-07 pilot on-call service, use from within existing budget	Waikato Palliative Care Operations Network
	Pilot and evaluate the End of Life (EOL) Liverpool care pathway (LCP) within Waikato DHB	EOL LCP pilot completed and evaluated	June 2008 Existing	Waikato Palliative Care Operations Network
	Scope and identify requirements of palliative care services and links for Waikato DHB district hospitals	Requirements identified and improved service for rural patients	2008-2010 Existing (unless gap identified)	Waikato Palliative Care Operations Network
	Scope implications of a single point of entry for specialist palliative care services	Specialist palliative care single point of entry service developed	2009 – 2010 Existing	Waikato Palliative Care Operations Network Link to SCR Project
	Identify a timeframe for developing a transition pathway from youth services to palliative care adult services (linked to adolescent service)	Transition pathway from youth to adult services developed and implemented	2008-2010 Existing	Waikato Palliative Care Operations Network Child & Youth Services
	Formalise training and development programmes for the specialist palliative care nurses and general practice within Waikato	Adequately trained and supported workforce	2006-2010 Existing	Waikato Palliative Care Operations Network

GOAL 4: IMPROVE THE QUALITY OF LIFE FOR THOSE WITH CANCER, THEIR FAMILY AND WHANAU THROUGH SUPPORT, REHABILITATION AND PALLIATIVE CARE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Implement the New Zealand Palliative Care Strategy - continued	Continue to participate in the development of national palliative care definitions and service specifications	Integrated palliative care service specifications to meet the population needs	2006-2010 Undetermined as specifications not yet finalised	Waikato Palliative Care Operations Network National Working Party
	To ensure there are adequate Hospice community inpatient beds for respite and symptom control	Reduction in Acute Waikato Hospital admissions	2008-2010 Increased – business case to be developed	Waikato Palliative Care Operations Network Planning & Funding Division
	To ensure there is adequate, safe and appropriate palliative care equipment to maintain people in the community.	Equipment to maintain people within their home	2008-2010 Increased – business case to be developed	Waikato Palliative Care Operations Network
Essential psychological services are available to support the needs of those with cancer	To scope and prepare business case for the establishment of an integrated and collaborative psycho-oncology services On approval of business case and identified revenue stream implement psycho-oncology service	Psych-oncology model of care and framework developed and implemented for the Waikato DHB	2007-2008 Existing New – business case to be developed and prioritised – revenue stream identified	Waikato DHB Midland Cancer Network University of Waikato Psychology Centre Cancer Society BreastScreen Midland
Prioritisation and allocation of new targeted palliative care funds	Assess Hospice cost pressures and agree service outputs Develop hospital palliative care services Consider options for regional integration of specialist palliative care services	Address workforce pressures and ensure maintenance of Hospice services Service development reflect specialist palliative care service specifications (draft)	2006-2008 New – funding stream identified	Planning & Funding Division Waikato Community Hospice Midland Cancer Network

GOAL 5: IMPROVE THE DELIVERY OF SERVICES ACROSS THE CONTINUUM OF CANCER CONTROL, THROUGH EFFECTIVE PLANNING, CO-ORDINATION AND INTEGRATION OF RESOURCES AND ACTIVITY, MONITORING AND EVALUATION				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Develop a co-ordinated cancer workforce strategy (OBJECTIVE 1)	Participate in national workforce planning activities	Participate in national planning	2006-2010 Increased – refer to MRNSCT Plan & Waikato Palliative Care Strategy Plan	Midland Cancer Network
	Integrate cancer control workforce requirements into the Waikato DHB workforce plan ensuring consideration of cancer workforce shortage for Māori and Pacific peoples Implement recommendations within allocated resources	Workforce plan for cancer control integrated in Waikato DHB Workforce Plan	2006-2010 Increased – refer to MRNSCT Plan & Waikato Palliative Care Strategy Plan	Midland Cancer Network Waikato Palliative Care Operations Network Human Resources Service
Develop a secondary adolescent oncology service	Implement an adolescent care co-ordinator in secondary paediatric cancer service	Care co-ordinator role implemented	2007-08 New – funding stream identified	Child Health Midland Cancer Network
	Implement adolescent oncology service specification within existing resources	Service specification implemented to meet population needs	2007-2010 Undetermined as service specifications not finalised	Child Health Midland Cancer Network
Address inequalities in access to cancer services	Participate and submit request for proposals to pilot community based support services aimed at reducing inequalities faced by Maori with respect to cancer	RFP submitted February 2007 and in 2008 Pilot implemented and evaluated to reducing inequalities	2007-2010	Midland cancer Network Te Puna Oranga Ministry of Health

GOAL 6: TO IMPROVE THE EFFECTIVENESS OF CANCER CONTROL IN NZ THROUGH RESEARCH & SURVEILLANCE				
Medium Term Objective	Actions	Measures/Milestones	Timeframe & Resources	Key Stakeholders
Reduce inequalities through use of the Health Equity Assessment Tool (HEAT)	Educate and upskill staff in application of the HEAT tool	HEAT applied to all policy and funding decisions	2007-2010 Existing	Midland Cancer Network Staff Development Unit
Improve the use, efficiency and scope of data collection and reporting (OBJECTIVE 2)	Educate staff on the values of accurate ethnicity data collection	Improved and consistent collection of ethnicity data	2007-2010 Existing	Health Waikato PHOs NGOs
Standardised clinical cancer data set	Participate in national dataview project Implement recommendations within allocated resources	Improved availability of data for analysing, planning, monitoring and evaluation	2006-2010 Undetermined as implications for DHBs not yet developed	Midland Cancer Network National Working Party
Access to clinical trials for all cancer patients should be improved (links to MRNSCT Plan)	Investigate options to expand access to clinical trials to include patients from outreach centres (linked to research)	Options identified and considered	2007-2010 Undetermined	Midland Cancer Network
Establishment of a nationally coordinated familial bowel cancer registry	Participate as required in the development of a nationally coordinated familial bowel cancer registry	National registry developed	2007-2010 Existing nationally	Midland Cancer Network

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Appendix One: Summary of the Waikato Cancer Control Services Review and Analysis

Cancer control across the continuum is significant and complex. The Waikato Cancer Control Services Review and Analysis report (draft, 2006) is a work in progress, and will be built on as the Midland Cancer Network is established. The review and analysis report outlines:

- Waikato DHB cancer control services.
- An overview of the burden of cancer within the Waikato DHB.
- Analysis of Waikato's progress against NZCCS Action Plan phase one priorities (table 1).
- Waikato DHB has made significant contribution to advancing the NZCCS Action Plan and HEHA recommendations. Analysis of Waikato progress to date against each NZCCS goal highlights the key focus areas for action (diagram 2).

Table 1 summarises the review of various Waikato DHB plans, services and activities against the NZCCS Action Plan phase one priorities. Table 1 analysis indicates that many of the NZCCS Action Plan phase one priorities are national only projects in progress; guidance for children, adolescents and adults; pilot survivorship programmes for children and adolescents; data; research. A phase one priority gap is to provide support for Māori-led cancer services where possible. Waikato DHB does not have any Māori led cancer services.

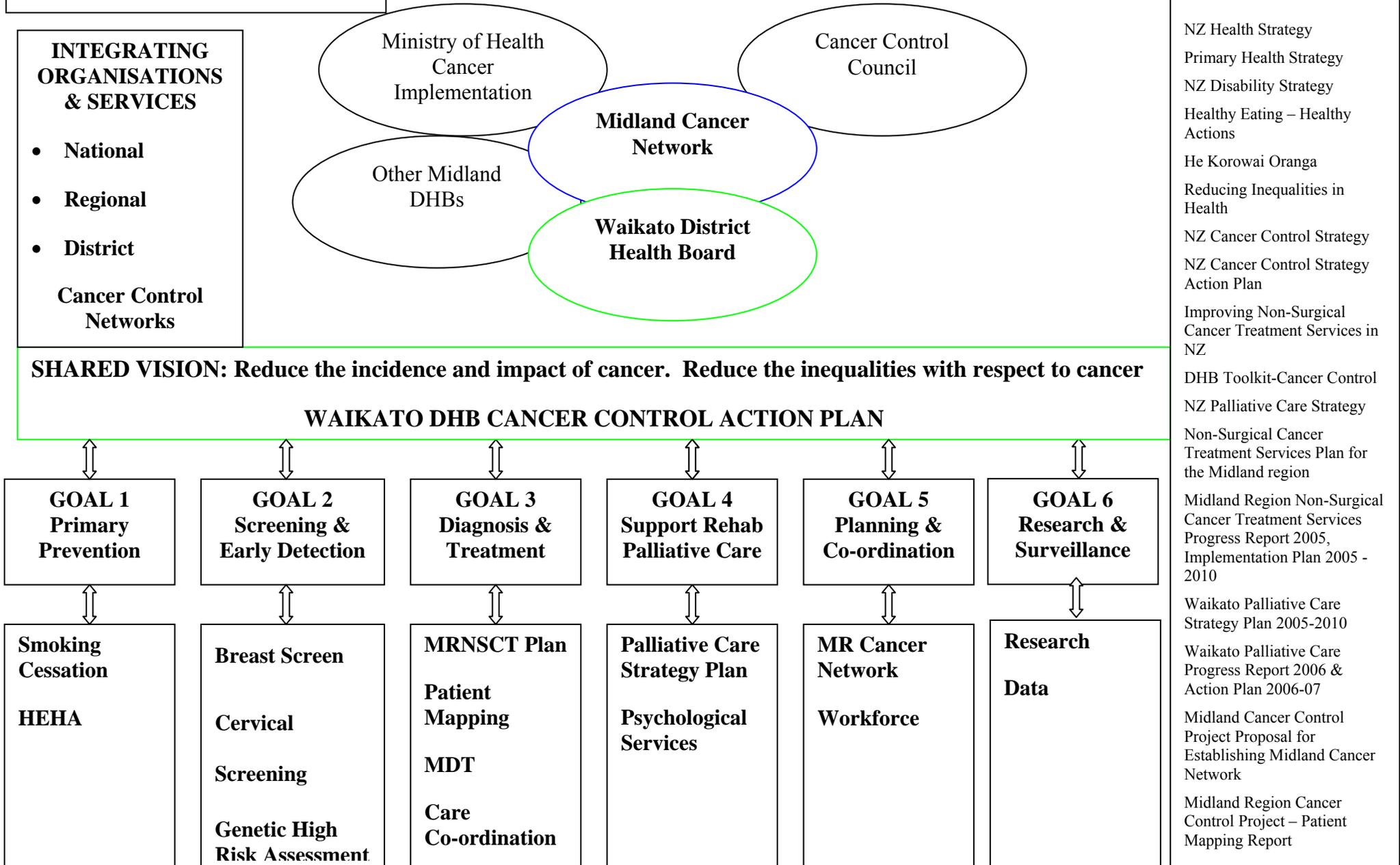
Diagram 2 considers an integrated approach to the numerous health strategies and that a networks approach (at national, regional and district levels) provides a mechanism to integrate the strategic health priorities and achieve collaboration between the various services and providers along the cancer continuum. Findings from the review of cancer control services, cancer demographics and analysis of work to date summarises the key focus areas for Waikato DHB under each NZCCS goal.

Table 1: Waikato DHB Analysis against the NZCCS Action Plan Phase One Priorities

Phase 1 Priorities	National Priority Projects	Regional/DHB Focus	Cancer Network Plan	Patient Mapping Project	HEHA Initiatives	Breast Screen Midland	Non-Surgical Cancer Treatment Plans	Waikato Palliative Care Strategy Plan
Establish regional cancer networks	✓	Reg	✓	✓	✓	✓	✓	✓
Expand smoking cessation services & programmes for Māori women		DHB						
Implement Healthy Eating Healthy Action	✓	DHB			✓			
Strategies to improve coverage by BreastScreen Aotearoa in areas where the need has been identified	✓	Reg				✓		
Ensure timely & acceptable access to cancer services by establishing standards	✓	Reg		✓		✓	✓	
Establish multidisciplinary care for cancer patients		Reg		✓		✓	✓	✓
Pilot studies to map and analyse cancer patients' journey & clinical pathway		Reg	✓	✓				
Establish groups to develop guidance for children, adolescents & adults	✓							
Implement & evaluate pilot survivorship programmes for children & adolescents	✓							
Implement NZ Palliative Care Strategy	✓	DHB						✓
Develop workforce plan for cancer control, ensuring consideration of cancer workforce shortage for Māori & Pacific peoples	✓	Reg	✓	✓	✓	✓	✓	✓
Plan for capital expenditure on cancer control, including equipment, drugs and new initiatives		Reg					✓	

Phase 1 Priorities	National Priority Projects	Regional/DHB Focus	Cancer Network Plan	Patient Mapping Project	HEHA Initiatives	Breast Screen Midland	Non-Surgical Cancer Treatment Plans	Waikato Palliative Care Strategy Plan
Apply the Heat Equity Assessment Tool to policy and funding decisions		✓	✓				✓	✓
Support Māori-led cancer services where possible & ensure mainstream cancer services have a cultural framework for Māori that aligns with He Korowai Oranga								
Develop 5 yr rolling plan for research relating to cancer control	✓	DHB					✓	
Develop a nationalised, standardised clinical cancer data set	✓		✓				✓	✓

Diagram 2: NZCCS Goal Analysis



Appendix Two: Summary of Cancer Control Targeted Funding

Cancer Control Target Funding

In February 2006 funding of \$111,135 (gst excl.) was made available to Waikato DHB by the Ministry of Health for Cancer Control Strategy implementation for 2005-06. On 1 July 2006 sustainable funding of \$266,724 (gst excl.) per annum, is available for the following target areas:

- Non-hospice palliative care, support and rehabilitation
- Cancer workforce development
- Supporting multidisciplinary teams
- Establishing regional cancer networks

The CFA service requirement for DHBs was to:

- Consult with other regional DHBs on regional priorities in relation to the target areas
- Foster collaboration across service boundaries and enable information sharing necessary for co-ordinated and patient centred approach
- Share learnings with other DHBs in regard to the implementation of initiatives as listed in the CFA.

Waikato DHB took a lead approach with the Midland DHBs to comply with the CFA service requirements to communicate local initiatives and agree regional priorities. Regional priorities related to the Network were:

- Midland Cancer Network
- Clinical Director, Regional Cancer Services
- Regional Oncology Liaison Nurse
- Care co-ordinators. The Midland DHBs are working collaboratively on the development of care co-ordinator roles.

Waikato DHB priorities and allocation of funding are as follows:

- Interim funding to support the establishment of the Midland Cancer Network infrastructure
- Funding for Patient Mapping Project Manager to support extension of the Midland Patient Mapping Project
- Appointment of an oncology liaison nurse (0.5 fte)
- Appointment of breast care co-ordinators 1.5 fte (note: while funded from BreastScreen an integrated programme has been established with the appointment of 0.5 fte Midland lead screening nurse)
- Appointment of a palliative care nurse co-ordinator (1.0 fte)

In December 2006 and January 2007 the Ministry of Health announced new target funding for:

- regional cancer networks,
- DHB level priorities,
- special initiatives / inequalities fund and
- adolescent care co-ordinators.

Funding for regional cancer networks (\$1million nationally) will be funded per network to ensure sustainable infrastructure. The funding will be allocated per network basis (rather than population based funding) via a lead DHB in the May 2006 CFA Variation Omnibus process..

\$1.36 million in 2006-07 and \$2.36 million in 2007-08 and out years, is to be allocated to othe cancer control priorities. Options and principles for the devolution will be considered in February by the Cancer Control Steering Group. Agreement on priorities and reporting for this additional funding will be formally documented in the May 2006 CFA Variation Ominbus process.

The special initiatives / inequalities fund (\$0.75 million) for 2006-07 will be allocated for scoping and implementation of projects to address inequalities in access to cancer services. Consideration will be given to specifically address recommendations arising out of projects supported by the 2005/06 Cancer Control Implementation Fund, such as pilot programmes or projects to address inequalities. In February 2007 a request for proposals will be made for pilots of community based support services aimed at reducing inequalities faced by Maori with respect to cancer. The request will repeated in 2008 for \$2million available for 2007-08 and out years.

The Clinical Services Directorate Funding Board agree to allocate an additional \$270,000 to allow for the employment of adolescent care coordinators in the secondary paediatric cancer centres (Waikato DHB). The funding will support service specifications for adolescent cancer recently out for consultation. This funding will also be devolved through the May 2006 CFA Variation Omnibus process.

In January 2007 the Ministry gave additional guidance on the establishment of a nationally coordinated familial bowel cancer registry, supported by \$1.325 million in 2006-07 and \$0.62 million in out years for development and ongoing support and development. This funding will also be devolved through the May 2006 CFA Variation Omnibus process.

Palliative Care Target Funding

There were two specific allocations of new target palliative care funding for 2005-06:

- Hospice related palliative care
- New funding that included non-hospice palliative care, support and rehabilitation as a target area (refer cancer control target funding section)

A joint project between the Ministry of Health, District Health Boards New Zealand (DHBNZ) and Hospice New Zealand was established in July 2004 to investigate the funding of hospices by DHBs. This project reported to the Minister of Health. In July 2005 the Minister verbally confirmed an additional \$5.9 million nationally for palliative care services, this sustainable funding allocated to DHBs on a population based funding formula basis. The 2005-06 Waikato DHB allocation was \$501,169 (\$445,483 gst excl.) per annum.

The first call on this funding was to address shortfalls in hospice funding for the two essential palliative care services, which are assessment and care co-ordination and clinical care. Any residual funding was to be used for other palliative care priorities.

The Waikato DHB Community and Public Health Advisory Committee (CPHAC) endorsed the following:

- The funding for Hospice Waikato is provided to meet current volume costs of essential service components. Waikato Community Hospice contract volumes for palliative assessment and co-ordination and clinical care increase from 343.47 to 420.75 effective 1 July 2005. This was an increase of \$350,591 per annum. Where Hospice Waikato was not the lead carer the lower level of service rate would apply. Funding adjustments will be made as a result of reconciliation between the volumes contracted for and those actually delivered by 30 June 2006. Any wash-up funds would be used toward implementation of recommendations made in the Waikato Palliative Care Strategy Plan. Within Hospice Waikato's funding allocation it included a joint appointment with PCU, Health Waikato of 1.0 fte palliative care physician. This will allow clinical governance, standards of care and deliver best practice services through out Waikato. This option will ensure that Hospice Waikato has clinical leadership to support strengthening links and partnership with general practice.
- Health Waikato increased funding was \$90,093 effective 1 July 2006. The increased funding was for:
 - Palliative care community services – volume increase of 36
 - Outpatient first specialist assessment – volume increase 189
 - Outpatient subsequent attendance – volume increase of 75

This funding included the joint appointment with Hospice Waikato of a 3rd palliative care physician to fulfil the goals of the Strategy Plan of providing leadership, collaboration, education and 24/7 access for health professionals supporting palliative care patients. With this option it is expected that a specialist outreach service will commence in Te Kuiti and that current community based services will be extended and formally co-ordinated. It was recognised that recruitment of a physician would take time and that PCU's funding would be used for funding project resource to undertake the collaborative care and DSL review projects.

- Tokoroa and District Community Hospice palliative assessment and co-ordination funding was increased by 5.75 volumes.

In December 2006 the Minister of Health announced an additional \$4.7m (gst inclusive) to address cost pressures for hospices (workforce issues) and further develop palliative care services (care co-ordination).

In January 2007 the Ministry gave direction in that DHBs will work with hospices to address their workforce issues to ensure maintenance of their services. It is expected DHBs will assess cost pressures in hospices and negotiate with them over their service outputs.

Further development of palliative care services includes provision of the full range of specialist palliative care services, reflecting the draft specialist palliative care service specification currently being reviewed. It is expected that some of this increased funding will contribute towards appropriate hospital palliative care services. It may also support

integration of service provision through regional networks and national leadership in the specialty.

HEHA

Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau is an integrated policy framework to bring about changes in the environment as this relates to nutrition, physical activity and obesity. HEHA Implementation Plan has a range of actions at different levels and different sectors.

The Ministry of Health (May 2006) announced \$67m over four years to “fight the obesity epidemic”. ‘Mission On’ is a broad based package of initiatives aimed at children and young people (birth to 24 years) and their families. Funding through a CFA has been made available to DHBs to achieve inter agency leadership and co-ordinations at a district level (refer to Waikato Cancer Control Services Review and Analysis – 2006 for more detail).