

# Delivery Plan

A summary of the plan to improve healthcare and achieve the Government's priorities

**March 2025 – June 2026**



## The New Zealand Health Targets

### Health Target Areas



#### Faster cancer treatment

90% of patients to receive cancer management within 31 days of the decision to treat.



#### Improved immunisation

95% of children fully immunised at 24 months of age.



#### Shorter stays in emergency departments

95% of patients to be admitted, discharged or transferred from an emergency department within six hours.



#### Shorter wait times for first specialist assessment

95% of patients wait less than 4 months for a first specialist assessment.



#### Shorter wait times for elective treatment

95% of patients wait less than 4 months for elective treatment.

Published in March 2025 by Health New Zealand | Te Whatu Ora

PO Box 793, Wellington 6140, New Zealand

ISBN 978-1-991139-27-6 (online)

This document is available at [tewhatauora.govt.nz](https://www.tewhatauora.govt.nz)

**Health New Zealand**  
Te Whatu Ora



This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share i.e., copy and redistribute the material in any medium or format; adapt i.e., remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

# Commissioner's Foreword

**The overarching priority for Health New Zealand is to move it forward at pace to be a financially sustainable, fit-for-purpose organisation that is fully focused on providing enhanced access to timely, quality healthcare for everyone.**

The Minister of Health has set clear priorities and expectations for Health New Zealand, which is to improve New Zealanders' access to health services and deliver on the Government's health targets. He is clear that we must get back to the basics of health service delivery.

This means there will be a sharper focus on performance, with progress on health targets at the heart of improvements. For patients this will mean shorter stays in emergency departments and shorter time waiting for treatment. To achieve this, we need to make better use of the overall capacity of the health system in New Zealand and build partnerships with health providers and private hospitals.

The health workforce has been through significant change over the past several years, yet they are delivering high quality healthcare to more people than ever before. Their dedication and work ethic speaks to an unwavering focus on patients. We need to make it easier for them to deliver quality health care.

Over the last six months we have focussed on turning the financial situation around and ensuring that our resources are focussed on delivery of healthcare. We are now entering a new phase where we can be much clearer about the next steps.

Last year I initiated reviews of clinical quality and safety and staff health, safety and wellbeing. With Treasury and the Ministry of Health, I initiated a review of the matters leading to the deterioration of the financial situation in the first two years of the reforms, with a particular emphasis on 2023/2024. The findings of these reviews have informed the work ahead. I want to make sure our patients get quality healthcare, our people are safe and well and that we use taxpayers' funds in the most efficient and effective way possible. I also want to reset the relationship with clinicians who must be in the centre of what we do. There will be extensive new arrangements set in place to make this a reality.

This Delivery Plan summarises what we must deliver to mid-2026. It covers how we achieve the health targets, improve access to services, reorientate resources to support local delivery, partner with clinicians, get us back to budget and prepare for the future. We will prioritise activities that make the best use of our resources, the talents of our staff and our many partners across the country. I look forward to working with management, staff and partners to deliver this plan.

**Professor Lester Levy**  
Commissioner – Health New Zealand

# Introduction

**Health New Zealand began its reset in mid-2024. The immediate focus was on reducing budget deficits and moving resources back to the front line. The establishment of regions was the first major step in devolving health service delivery closer to communities.**

The Commissioner was appointed in June 2024 to turn around the performance of Health NZ which was characterised by a rapidly worsening financial situation.

Without taking significant action, it was on track to deplete its cash reserves within 12 months, despite additional government investment.

The Government established five health targets in March 2024<sup>1</sup> and a detailed plan for implementation was finalised in September 2024.<sup>2</sup> The targets focus on reducing wait times for critical health services and improving vaccination rates. Five mental health and addiction targets were launched in July 2024.<sup>3</sup>

Government has put record-level funding into the health system and the expectation is the delivery matches this investment.

Considerable progress has been made over the past six months, with the support, understanding and hard work of all Health NZ people.

The process of devolving health service delivery closer to communities has begun and we are on a pathway to returning to budget.

This plan maps out what needs to be achieved to June 2026. It marks the beginning of a new phase which is deliberate, planned and focused on patients and the people of Health NZ.

The Minister of Health has identified five priorities in his delivery plan and Letter of Expectations:

- Stabilise Health NZ's governance and accountability arrangements to allow the organisation to get back to basics.
- Drive shorter stays in emergency departments.
- Get on top of an elective surgery backlog by delivering a boost in elective surgery volumes to reduce waiting lists.
- Enable faster access to primary care.
- Provide clarity on the health infrastructure investment pipeline, and an intended level of investment in built infrastructure, to give communities visibility of the investment they are getting into healthcare facilities.

The plan responds to those priorities. It has been designed to evolve and adapt, taking into account progress on existing initiatives, findings from reviews and insights on the effectiveness of current health service delivery.

<sup>1</sup> [Health targets | Ministry of Health NZ](#)

<sup>2</sup> [Health Targets Implementation Plans – Health New Zealand | Te Whatu Ora](#)

<sup>3</sup> [Achieving the mental health and addiction targets - High level implementation plans – Health New Zealand | Te Whatu Ora](#)

# What has been achieved

## We have taken some initial steps but there is more work to do.

### Continuing to improve health outcomes for New Zealanders

Despite significant and disruptive changes in the organisation, our front-line people: doctors, nurses, midwives, allied health professionals, technicians and all of our support staff have continued to deliver high quality health services to New Zealanders.

### Progress on health targets

We are in the early stages of health target delivery – two quarters into an ambitious long-term plan that has a clear trajectory for delivery until 2030. Achieving these targets requires a transformation in how we deliver health services to provide better health outcomes for people.

It is clear from the health target results<sup>4</sup> that the multi-year decline in performance has been stabilised, particularly wait times for services and the time spent in emergency departments. However, demand for all health services is increasing and we need to see a lot more patients and deliver a lot more treatments. This has started to happen across most health services with year-on-year increases.

There is real focus by our clinical and operational teams in hospitals to ensure patients flow through the system more easily. They are looking at how hospitals with higher wait times can learn from others and adopt practices to improve

their performance. We need to think more about our models of care and how we can make it easier for our clinicians to deliver quality health services.

### Establishment of the regions

A major stepping stone towards devolving health service delivery closer to communities is the four health regions. Interim deputy chief executives were appointed in September 2024. They have started, with senior hospital managers and clinicians from districts, to connect and integrate services across the regions and ensure the most effective use of local facilities and people.

In 2024, the national office functions were reviewed to ensure they are sharply focused on supporting local health service delivery. The high-level design of these new arrangements has been completed, and the majority of organisation structure change is expected to be implemented by mid-2025.

### Getting back to budget

Considerable work has been completed to get back to budget and the monthly deficit has been declining. This has involved reducing back-office functions, the costs of what we buy and stopping programmes and projects that don't improve front line service delivery. It is critical this continues to ensure we are making the best use of our budget.

<sup>4</sup> [Health targets performance – Health New Zealand | Te Whatu Ora](#)

# How we will be organised in 2026

**We are moving towards a new organisation model. From a previously centralised structure, locally delivered services are supported by a regional organisation and enabled by national functions and services.**

The following is an overview of the organisation and way of working we expect to be fully in place by mid-2026. The milestones to get there are further detailed in this plan.

A diagram illustrating the focus of the organisation is on page 8.

## Locally delivered in districts

Health services are provided locally by an extensive network of hospitals, GP practices, clinical specialists and providers. Most primary and community services are funded by Health NZ and delivered by third parties. Most hospital and specialist services are directly managed and funded. Private hospitals are also part of this broader network.

Primary and community care services includes primary health organisations (PHOs), which lead GP practices, community-based health service providers and specialist providers such as diagnostic services (for example blood testing and radiology) all make up this district level network.

Hospital and specialist services provide a variety of health services such as medical, surgical, maternity, diagnostic, emergency services and specialist mental health and addiction services. They provide services across sites based on local, regional and national population health needs. Private hospitals are also used to provide additional capacity.

The National Public Health Service is critically important and focuses on providing health promotion, prevention, and protection at all levels. Doing this effectively keeps people well – and out of hospitals.

Our objective is to have health services provided in districts connected and integrated by 2026. The regions will support this by ensuring health services provided across multiple districts are tightly integrated and efficient. This benefits patients as the flow through the local health network should be easier and benefits everyone as health service delivery will be more efficient.

From mid-2025 district level clinicians and managers will have more discretion about how they use their funding increasing their ability to organise health service delivery. This will be done at the same time as increasing the robustness of financial controls at a national level.

By default, operations will be at regional and district levels, unless there are reasons of economy of scale or capability (such as unique functions) that require a national approach.

## Regionally supported

New Zealand's geography and size of population has resulted in the creation of four regions to bring together the wide range of local health delivery operations and services. They are: Northern,

Midland | Te Manawa Taki, Central | Te Ikaroa, Southern | Te Waipounamu.

Each region has functions required to support their districts. This includes a senior team of local hospital operations leaders, clinical disciplines, quality and patient safety, public health and service planning and funding. They are supported by a set of enabling functions. The regional office is not intended to be large with only the key functions required to support the local health service delivery and engage in the regional implementation of national programmes.

Regional and district leaders are responsible for engaging with community health providers, iwi Māori partnership boards, community stakeholders and representing Health NZ in the regions alongside other government agencies. This function will be well embedded by mid-2026.

## Nationally enabling functions

By mid-2025 the “national office” of Health NZ will be significantly smaller as people have been allocated to regional and district service delivery. The national office will be located in Wellington.

To achieve consistency Health NZ will operate using national plans, policies and standards. These are developed by national functional leaders with significant input and agreement of regional and local leaders. Decisions on national plans, policies and standards are taken by the Executive Leadership

Team, its sub-committees and clinical leaders.

To deliver national consistency there will be national level functions including clinical, quality and patient safety, public health, service planning and funding, finance, legal, human resources, communications, government relations, digital services, data, procurement, infrastructure, Pacific health, hauora Māori, assurance, audit and risk.

The national organisation will also be responsible for delivery of national programmes, that by their nature need to be led at a national level. As noted above, some services for reasons of scale and / or complexity, are better delivered nationally and provided to regional and local organisations as a shared service.

The shared service model will be developed through 2025 and fully transitioned by mid-2026.

## Bringing it all together

For this structure to work effectively for patients and our people it requires an alignment of planning, performance management, decision-making and delivery at all levels. A stronger partnership between clinical and administrative parts of the organisation is essential. A comprehensive approach to how we will work as an organisation has been developed and agreed. This will be refined and progressively implemented during 2025 and expected to be fully embedded by mid-2026.

# How we will be organised

## Patients and community



### PRIMARY HEALTHCARE AND SERVICES IN THE COMMUNITY

- Mental Health Services
- Community pharmacies
- GP practices
- Healthline
- Maternity care
- Hauora Māori Providers
- Aged Care Facilities
- Online GP service
- Kahu Taurima
- Dentistry
- Pacific Health Services
- NGOs
- Allied health
- Disability services
- Urgent Care
- Public health services
- Allied health
- Radiology Services
- Community labs and diagnostics
- Ambulance

Example services funded or part-funded

### HOSPITAL AND SPECIALIST SERVICES

- Emergency Departments
- Public hospital labs and diagnostics
- Hospital inpatient care
- Hospital pharmacy
- Private hospitals and specialists
- Hospital outpatient specialists
- Specialist mental health and addiction services

### Health districts



### Health regions

Supports and co-ordinates local and community health service delivery

- Northern
- Midland | Te Manawa Taki
- Central | Te Ikaroa
- South Island | Te Waipounamu



### National functions

Ensures consistency and enables local and community health service delivery

- National policy, standards and plans
- National services
- National programmes
- National clinical leadership

# What the plan will deliver

**We will continue to provide compassionate care to every person who uses our services, valuing their time and doing what matters to them.**

## For patients

### By mid-2025

More people will get access to the treatments they need. We will have created more capacity in the system by funding and setting up arrangements with private hospitals to treat patients. We expect over 10,000 more procedures, such as operations, will be completed.

Work will continue to reduce the time people spend in emergency departments, improve access to cancer treatments and the take-up of vaccines.

Supporting existing GP services, a digital healthcare service will be launched to provide 24-hour, seven days per week access to GPs for people who are remote from a practice or are not registered or enrolled.

People will see improved access to mental health and addiction services with most people waiting less than a week and no more than three weeks for a specialist.

Arrangements for clinical quality and safety will be progressed to improve the quality of healthcare for patients and reduce risks of treatment.

### By the end 2025

The focus on reducing waitlists through internal improvements and the additional private sector capacity will have a significant impact.

The digital healthcare service will increase and provide access to GPs and Nurse Practitioners for those who cannot access a local GP practice.

An approach to improving urgent care will also be considered. All these services will reduce the need for people to go to emergency departments and preserve capacity for the people who require the most urgent care.

Services to support the improvement of the health of Māori and Pacific Peoples will be advanced, especially through improved access to GP services and vaccines.

### By mid-2026

There will be further reduction in the time people are on waitlists. From mid-2025 to mid-2026 additional procedures will be made available through private hospital treatments.

The digital healthcare service will increase the consultations available for those who need it.

By this time, we expect 70 per cent of people to be receiving elective treatment and 65 per cent of people getting a first specialist assessment within four months. We also expect 77 per cent of people are seen and discharged from the emergency department within six hours. Significant progress will be made on improving access to mental health and addiction services and other health

targets such as cancer treatment and vaccine coverage.

## For Health New Zealand's people and partners

### By mid-2025

A series of changes will be made to make the delivery of healthcare easier for front-line clinical and support teams, and front-line support staff.

We will have been clearer to our people about the direction of Health NZ. We will have completed the vast majority of organisation changes.

The core health values to provide the foundations for a culture shift in Health NZ will have been brought to life. Our people will see their health, safety and wellbeing valued, with the results of a review translated into a plan for all leaders to implement

We will engage clinicians much more in planning for the future of healthcare and they will be instrumental in the decisions we take. A Clinical Senate, made up of a mix of professions and specialties from across New Zealand, and a clinical advisory board will be established to provide insights and advice to the leadership team. They will work alongside the clinical leadership and networks we have established across disciplines.

The regional organisations will be fully established to support front-line health services delivery at district level through hospitals, GPs and community health providers. Devolving decision-making close to the patients and communities where it is most effective will be underway.

Relationships with local communities and health service provider networks will be revitalised.

We will have also put in place improved training for GPs and Nurse Practitioners and increased the funding for GP practices to increase the level of primary care services provided.

Supporting local delivery, we will have a more focused national organisation providing national consistency, with delivery of services and programmes that benefit from a national approach.

### By the end 2025

The vast majority of people will be in their roles. Accountabilities and expectations will be clearer and there will be less change. The regional organisations will be clear on their roles and functioning in support of districts, hospitals and local providers.

Core health values will be embedded into role descriptions and increasingly influence the culture of the organisation. Senior leaders will be more engaged with their people, and the systems to support their health, safety and wellbeing will be more embedded and having a demonstrably positive impact.

The arrangements for clinical partnership, including the Clinical Senate will be well underway and providing a stream of advice and informing key decisions. Clinicians will be involved in all decision making. Clinical networks and the processes for clinical safety and quality will be embedded in the way we work.

Partnerships with health providers and communities will be increasing and there will be more clarity of what is required to deliver on expectations.

## By mid-2026

A new way of working will have started to emerge. Regions, hospitals and local providers across the health system will be working closely together to meet health needs in their communities.

The working environment for people will be improved with high levels of active communication and engagement from leaders at all levels.

## For Health NZ

### By mid-2025

It is very important that we stay within the budget Government has provided and achieve our target of a \$1.1 billion deficit. This requires delivery of back-to-budget milestones across structures, products, programmes and projects.

We will have implemented new internal arrangements for management of the organisation and a chief executive and executive leadership team will be in place. The flow of information between local operations and leadership levels will be improved.

The ability to manage performance and our finances will be improved with new financial controls in place ensure we always understand our financial position and avoid surprises. We will have a performance management system in place to ensure everyone knows what they need to deliver for patients and standardised reporting of performance.

Budgets, performance expectations and savings plans will be produced for the 2025/26 financial year.

We will start work with the Ministry of Health, clinicians, health providers and other health entities to understand the demands on the system and plot a course to safeguard sustainable and quality healthcare for the future.

A plan to provide health infrastructure and patient digital services over the next 10 years will drive decision making.

### By the end of 2025

The leadership arrangements will be embedded and providing the direction and decisions required for Health NZ.

We will be on track to achieve the financial year 2025/26 budget of a \$200 million deficit, and savings initiatives will be on track.

The strategic case for quality and affordable healthcare will have been progressed and discussions with Government underway.

### By mid-2026

We will have achieved the 2025/26 budget of a \$200 million deficit and be heading to a stable financial state.

The strategic case for quality and affordable healthcare will have been completed and ready for Government consideration.

This stage of the plan will be complete, and its initiatives fully adopted.

# How the plan will be delivered

## Delivery of the plan is fundamentally important to the health of New Zealanders.

Health NZ is committed to the delivery of the Minister's priorities and completing the changes we have started. Our oversight arrangements are evolving to ensure we meet our objectives.

### The Delivery Plan

There are three levels of delivery plan:

- A high-level **Delivery Plan Summary** (this document).
- A **Delivery Plan** which has the key milestones for delivery to mid-2026.
- **Workstream plans** which detail how the priorities, objectives and milestones are delivered.

The suite of plans will continue to adapt and evolve and will be reviewed every three months.

### The New Zealand Health Plan (NZHP)

The NZHP is currently under review. Work is being undertaken to align the Delivery Plan and NZHP to ensure that they drive to delivery of the

Government's expectations as defined in the Government Policy Statement.

### Oversight

The governance of the Delivery Plan is undertaken by the Delivery Committee which includes the Commissioner, deputy commissioners, the Chief Executive and independent members appointed by the Commissioner. This committee provides oversight of the delivery of the plan, approves the detailed delivery plans, makes decisions and provides direction (as required) to ensure delivery.

### Delivery leadership

Senior leaders of Health NZ have been appointed to lead delivery of each delivery priority. They will develop and implement the detailed workstream plans.

### Delivery Unit

A delivery unit has been established to monitor progress, issues and risk, provide advice to the Delivery Committee and support delivery leaders.



## The plan

The following section overviews the objectives and activities that will be delivered from March 2025 to June 2026.

## Overview of the plan

This section outlines the delivery plan at high level. The work is divided into six workstreams. These workstreams reflect the overall priorities and objectives. They are grouped together in appropriate themes which allow focus from the delivery teams.

### Workstream 1

#### Improve New Zealanders’ access to services and reduce waitlists

The most important priority for the plan is to deliver improved healthcare for New Zealanders. We need to provide compassionate care to each and every person who uses our services, valuing their time and doing what matters to them.

This workstream responds to the Minister’s priorities of increasing focus on delivery of targets, reducing wait times though greater partnering with the private sector and improving access to services. Having better access to GPs and faster access to treatments will improve health outcomes. While there are a wide range of initiatives across Health NZ to improve health, the Delivery Plan focuses on reorienting the organisation to achieve the Government’s targets and improving New Zealanders’ access to services. This is to ensure the way we work puts patients and communities at the centre of everything we do. The following are the objectives and key milestones for the workstream.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>Waitlists for treatment are reduced, and health target milestones are met</b>	10,000 more procedures are available through private sector to reduce waitlists.	The use of private sector capacity is scaled up and operational improvements implemented for increasing public hospital capacity (such as Burwood and Tōtara Haumaru) and emergency departments.	<p>More procedures are available through the private sector to reduce waitlists.</p> <p>The waitlist is reduced so that 70% of people wait less than four months.</p> <p>More than 77% people are seen in less than six hours in emergency departments.</p>
<b>Access to primary care services is improved.</b>	Increased training for GPs and Nurse	Increased use of the digital healthcare.	Increased number of GPs

Objectives	Mid-2025	End of 2025	Mid-2026
	<p>Practitioners is underway.</p> <p>Increased level of capitation payment for GP practices established.</p> <p>The digital healthcare service for accessing GPs 24/7 is launched.</p>	<p>service for those who need it.</p>	<p>and Nurse Practitioners.</p> <p>Increased use of the digital healthcare service for those who need it.</p>
<p><b>Access to mental health and addiction services improved and MH&amp;A target milestones are met.</b></p>	<p>80% of patients (25 years+) get access to specialist services within three weeks.</p> <p>72% of patients (up to 25 years) get access to specialist services within three weeks.</p> <p>Patients get improved access to primary care and don't wait more than one week (target 80%).</p>		<p>80% of patients (25 years+) get access to specialist services within three weeks.</p> <p>75% of patients (up to 25 years) get access to specialist services within three weeks.</p> <p>Patients get improved access to primary care and don't wait more than one week (target 80%).</p>

## Workstream 2 Quality and safety of healthcare at the centre of what we do

Ensuring quality healthcare and the safety of patients must drive what we do every day. We will ensure there is a clinical perspective at all levels of decision making, which requires new and enhanced partnership between administrative and clinical leaders. Robust systems will be put in place to ensure we understand the risks to delivery of health services and act to reduce those risks and improve service delivery. These objectives and milestones respond to the findings from the Clinical Quality and Safety Review.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>There is clinical leadership and partnerships at all levels to improve delivery of healthcare.</b>	<p>Clinical Senate and advisory in place.</p> <p>National clinical networks established.</p> <p>Clinical teams at regional level fully established.</p>	<p>First Clinical Senate report back.</p> <p>Clinical specialist networks fully established.</p>	<p>Clinical Senate, advisory and Health NZ clinical leadership and networks fully embedded in the way we work.</p>
<b>Systems are in place to ensure the quality and safety of all health services.</b>	<p>Initiatives to address clinical quality and safety findings are underway.</p> <p>National Clinical Quality and Safety System implemented.</p>	<p>National consistency in clinical risk assessment and escalation pathways implemented.</p>	<p>There is ongoing and demonstrable improvement in clinical quality and safety outcomes.</p>

### Workstream 3

## Shift resources to the front line and reduce bureaucracy

As a response to the Minister's priority of getting back to basics, a fundamental objective of the delivery plan is to move resources closer to patients and the community. This requires the establishment of well-defined local delivery at a district level with regional support. This includes transition of relevant accountabilities and national-level resources to where they can deliver the most value to patients, and a redefined role of national functions. The key objectives and milestones are summarised below.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>Health services are organised for delivery at the district and local level with decision making close to patients and communities.</b>	<p>The major back-office organisation changes are completed.</p> <p>Regional and local (including hospital) organisation structures are established.</p> <p>Accountabilities, performance expectations and budgets are devolved through regions to district level.</p>	All key leadership roles are in place across the organisation.	All of the organisation is operating in the devolved configuration.
<b>Health service planning is integrated at all levels and informed by district and local community needs.</b>	National service and enabling plans (people, digital and infrastructure) are aligned to support regional, district and local service needs.	There is increased alignment to local community planning including IMPBs.	Health service planning is integrated at all levels in readiness for FY 26/27.
<b>Local healthcare providers and communities are fully engaged in shaping the future of delivery of services.</b>	Engagement with district and local health service providers and community bodies is underway.	Partnership plans established with key local health service providers and community bodies.	District and local health service providers and communities have a voice in the future of health service delivery.

## Workstream 4

### Get back to budget and improve value for money

We are reducing our monthly budget deficits and will become financially sustainable. The deficit to June 2025 is \$1.1 billion and this needs to reduce to \$200 million in June 2026 and then be at break even in June 2027. The financial review undertaken in 2024 has a series of important recommendations, which must be implemented. There has also been significant investment in health which requires increased levels of service delivery to meet demand for healthcare.

The Minister’s priority is to ensure there is a long-term infrastructure pipeline. Every decision taken to invest in new hospitals, digital services and other infrastructure will need to improve services and be good value for money.

This requires the organisation to take every opportunity to find savings and, at the same time, protect our front-line workforce and improve health service delivery. To remain within budget, financial controls will be in place to enable decisions to be devolved without having unplanned expenditure. Planning will be focused on performance, with production plans in place for all core services. Key objectives and milestones are summarised below.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>Financial results are within budget.</b>	<p>Budget established for FY 25/26 that meets the fiscal requirements.</p> <p>Production plans are in place.</p>	Production plans and financial review completed for Q1.	<p>Expenditure for FY 25/26 is within budget.</p> <p>There is a sustainable cost structure leading into FY 26/27.</p> <p>Budgets, production plans established for FY 26/27.</p>
<b>The national organisation is reconfigured and resources are prioritised for the front-line.</b>	<p>National office organisation changes are complete.</p> <p>Any changes to funded sector decided and planned.</p>	Any changes to funded sector fully implemented.	

Objectives	Mid-2025	End of 2025	Mid-2026
<p><b>Money is saved on the things we buy and we focus on the most essential programmes / projects to deliver improved healthcare – and we do it well.</b></p>	<p>Review of all capital projects/ programmes completed.</p> <p>Review of current supply contracts completed.</p> <p>Plan for getting better value from purchased services, medical equipment and medicines is in place.</p>	<p>Cost savings for products under implementation.</p> <p>Increased control of all capital programmes /projects in place.</p>	<p>Delivery of capital programmes/ projects is planned and predictable.</p>
<p><b>Financial controls are in place and effective.</b></p>	<p>“Do now” recommendations from review implemented.</p>	<p>“Do next” recommendations from review implemented.</p>	<p>Financial control and discipline are embedded in the organisation.</p>
<p><b>Infrastructure investment meets health service needs and provides value for money.</b></p>	<p>10-year investment roadmap agreed.</p>	<p>Initial planning and procurement work completed.</p>	

## Workstream 5 Strengthen leadership and culture

New Zealanders and the Government have high expectations of Health NZ. We will have the right people, in the right places who are accountable, clear on what is expected of them, can lead their people and deliver the health services New Zealanders expect. The scale of Health NZ and the complexity of our operations means we require a highly effective system of performance management and decision making – from the front-line through to governance levels.

Central to all of this is making sure we are supporting our people to deliver their best and give them a working environment in which they can thrive. We also need to ensure the health, safety and wellbeing of all of our people. This priority includes addressing gaps identified through the recent health, safety and wellbeing review. Key objectives and milestones are summarised below.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>There is a culture that values people and enables healthcare delivery.</b>	Clear communications from leaders to staff about the future of Health NZ.	Ongoing communications from leaders to staff about the future of Health NZ.  Leaders are increasingly visible and accessible to staff.  Health values are embedded in all role profiles.	People feel more valued and engaged with the organisation.  Leaders are demonstrating the health values.
<b>Risks to staff wellbeing, health and safety are reduced.</b>	Committed plan for the delivery of recommendations from the health, safety and wellbeing review is well underway.	Health, safety and wellbeing improvements highly tangible and visible.	All high priority health, safety and wellbeing improvements completed.
<b>Governance and leadership arrangements are in place with clear accountabilities.</b>	The chief executive and ELT are in place.  Accountabilities, performance	The new operating and leadership arrangements are fully functioning.	The new operating and leadership arrangements are embedded.

Objectives	Mid-2025	End of 2025	Mid-2026
	expectations in place for all leaders.		

## Workstream 6

### Develop new ways to deliver healthcare sustainably

The demand for health services grows significantly every year with increased complexity of treatment of an ageing population and population growth. The cost of health services and the availability of new treatments also continues to grow. Therefore, the way we provide healthcare must change significantly if we are to have a sustainable health system in New Zealand in the future.

Health NZ is starting to deliver new ways of operating, including the initiatives that underpin the delivery of targets. But we need to do a lot more work. There are a wide range of opportunities, as seen here and in other countries - including prevention, new treatments and increasing use of digital technologies. We need to think about the home and community as the centre of healthcare delivery for suitable treatments and care, rather than hospitals always being the default healthcare setting. We need to accelerate this work now, along with other health agencies, clinicians, healthcare providers and communities to urgently develop and implement a roadmap to safeguard affordable and quality healthcare in the future.

Objectives	Mid-2025	End of 2025	Mid-2026
<b>To define new models of care and different ways of working to improve health outcomes over the medium to long term.</b>	<p>Analysis and consolidation of information on medium and long-term health service demand, capacity and performance.</p> <p>Inventory of all strategy and planning work across the health system completed and alignment started.</p> <p>Initial review completed on new models of care, including global innovations.</p> <p>A draft five to 10-year roadmap completed.</p>	<p>Strategic case for new care models under development.</p> <p>Strategic case for new care models completed for Government consideration.</p>	

Objectives	Mid-2025	End of 2025	Mid-2026
<p><b>The case for change to new models of care is well developed with clinicians, healthcare providers and communities.</b></p>	<p>The approach for development of a case for change is agreed with Government, clinical leaders and agency partners.</p> <p>Any current tactical work identified and connected/aligned.</p>		

