TE AHO O TE KAHU CANCER CONTROL AGENCY

Performance Improvement Review of Te Aho o Te Kahu Cancer Control Agency

March 2026

Lead Reviewers

This review was conducted by Debbie Francis and Brendan Boyle.

Brendan Boyle

Brendan has an extensive public service background, with experience in both senior leadership and governance. Between 2003 and 2018, Brendan held several Chief Executive roles, including Chief Executive of the Ministry of Social Development, Department of Internal Affairs and Land Information New Zealand. In 2025 he was Acting Chief Executive of Pharmac.

Since 2018, Brendan has been involved in both the public and private sectors, as a serving panel member on the Ministerial Review into the Future for Local Government, a member of the COVID-19 Taskforce and Pro Chancellor and a Council Member for the University of Otago. He is also a Director and Deputy Chair of Fair Way Limited, a dispute resolution and conflict management organisation.

Debbie Francis

Debbie is a change and strategy consultant with extensive experience across the public and private sectors. Debbie was lead partner for the PwC People and Change practice and head of the PwC central government practice. In this role, Debbie delivered many change projects for clients and was the lead reviewer for the central agency Performance Improvement Framework (PIF).

Debbie has held leadership roles with the New Zealand Defence Force, New Zealand Correspondence School, UCOL and Lincoln University. As an independent consultant, she has worked with the Public Service Commission and its' predecessor the State Services Commission. This work included the Pharmac organisational culture review, and the Review into bullying and harassment at Parliament. She holds a Masters in Public Policy and was recently appointed to the board of the Teaching Council of Aotearoa New Zealand.

Acknowledgements from Lead Reviewers

Thank you to the passionate and dedicated people who work at Te Aho o Te Kahu Cancer Control Agency (the Agency).

Respondents across the health system generously made time for interviews at a busy time of year. They shared their experiences of the Agency, reflected on the pressures in the future operating context and made suggestions about what could be improved in the future.

We also acknowledge the efforts of the executive team and support staff at the Agency to coordinate and otherwise enable this review within a short period. We are grateful to the executive team for their timely disclosure of the relevant documentation.

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This document is available at **teaho.govt.nz**

Responding to the challenge

It has been six and a half years since New Zealand established Te Aho o Te Kahu Cancer Control Agency (the Agency) in recognition of the serious impact that cancer has on the lives of so many people in this country.

In that time, our work has highlighted a range of issues within cancer care. Unwarranted variation exists in some areas of cancer treatment, the cancer system is not performing as well as it could be, and there are persistent inequities in cancer outcomes for some population groups.

We are proud of what we have achieved so far through the development of cornerstone reports on the state of cancer services, critical cancer-specific data infrastructure and advice on aspects of cancer service design and delivery. We have a fantastic team. We are particularly proud of the trust and reputation we have built through our efforts to be responsive and agile, advance government priorities, better understand the experiences of those whose lives are affected by cancer, and our constructive relationships with stakeholders.

The scale of the growing cancer burden remains a major concern for our country

We project that over 30,000 people will be diagnosed with cancer in 2026. This figure will increase to over 45,000 people per year by 2044. We know these increases are primarily due to a growing and ageing population, and that many other countries are in a similar situation. However, the fact remains: this country has not seen cancer diagnoses at that scale before.

The world around us has also changed markedly since our Agency was established, most significantly with the 2022 health reforms. These saw the establishment of Health New Zealand Te Whatu Ora (Health NZ) responsible for the planning and commissioning of hospital, primary and community health services; with the Ministry of Health Manatū Hauora (the Ministry) as the government's lead advisor on health, with responsibility for policy, regulation and monitoring.

Building on our establishment phase

The time is right for our Agency to further mature into its leadership role within the new health system. To support this and to inform a future incoming Chief Executive, in November 2025 we commenced a rapid review of our organisation based on, and supported by, the Te Kawa Mataaho Public Service Commission's (PSC) Performance Improvement Review (PIR) programme. This report outlines the findings of that review.

The reviewers acknowledge that the report represents a snapshot of our Agency, at a particular stage in its development. In that context, the findings highlight opportunities for the Agency's future growth and provide suggestions for organisational development.

My appreciation goes to the many people who have been involved in this process. I am grateful to Debbie Francis and Brendan Boyle who completed the review in such a short timeframe, and for the support provided by the PSC. Thank you also to the many staff and stakeholders who were interviewed in December 2025. Working through the review process has shifted my thinking on aspects of the function of our Agency in important ways, and I truly appreciate that.

I would like to acknowledge all of our people – past and present – for the work they do and the commitment they bring to that work. I also thank the wider cancer workforce including researchers, clinicians, support staff and many more. Your work makes a difference every day for the many people affected by cancer.

The review findings resonate with us in many ways

We are extremely proud of our people, our Agency, and the work we've done to date, but we also agree that the country needs more from us. We must adapt to further grow into the cancer steward that New Zealand needs.

We are now developing an action plan that responds to the themes identified in the review. In particular, this plan will see us initiate a significant change programme to develop better role clarity, stronger use of the levers that exist in the health system to effect change, and a more transparent organisational strategy.

While these changes may be challenging for us at times, this is also an exciting opportunity. I know that our people want to see us become more impactful and fit-for-purpose. We have laid some important foundations over the past six years, and I look forward to building on this to improve cancer outcomes for New Zealanders.

Ngā mihi nui,

Nicola Hill

Tumuaki — Chief Executive (Acting)

Responding to the challenge

Te Kawa Mataaho
Public Service Commission

Cancer is a serious issue for New Zealanders. As this report identifies, the number of people diagnosed with cancer is increasing, and although survival rates are improving, outcomes in New Zealand lag behind those of other high-income countries. Māori, Pasifika, and those living in areas of high deprivation tend to experience worse outcomes.

New Zealanders can rightly expect that cancer is a priority for the health system. It was for that reason that Te Aho o Te Kahu Cancer Control Agency (the Agency) was established in 2019. We acknowledge the efforts of Agency leadership and staff to focus attention on the issue, building trusting relationships and providing valuable insights.

The Review highlights opportunities for improvement

The health system has changed significantly since the Agency was established. There is no longer a need for coordination between District Health Boards (DHBs), as Health New Zealand are now responsible for delivery nation-wide, while the Ministry of Health provides policy advice, public health leadership, planning, and monitoring. This review is therefore a timely re-assessment of the role that the Agency should play.

The report highlights that the Agency's priorities to date have not been clear, and its leadership has too often been focused on clinical service delivery and performance, rather than looking ahead to the bigger opportunities for addressing cancer harms. The report finds blurred accountabilities and identifies cultural shifts that are needed to enhance performance. Change will be necessary to address these findings.

The Commission will support the Agency and monitor progress

The next eighteen months will be critical. The Agency is already taking steps to respond to the Review's findings. The Public Service Commission (PSC) will support where we can, which will involve:

- assisting the Agency's leadership to clarify their role within the health system and focus on the performance of that role,
- supporting the Agency to operate as a system steward by prioritising, escalating and constructively challenging its partners, and
- working with Ministers and other stakeholders to clarify the expectations and functions of different entities within the health system.

I would like to thank the Agency for working constructively through the review process, and I look forward to continuing to work alongside the Agency in the coming months as it works through the findings of the Review.

Sir Brian Roche KNZM

Te Tumu Whakarae mō Te Kawa Mataaho — Public Service Commissioner, Head of Service

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Executive summary

Te Aho o Te Kahu Cancer Control Agency (the Agency) was established to provide national leadership on cancer control, improve transparency of cancer system performance, and support better outcomes and equity for people affected by cancer in Aotearoa New Zealand. Since its establishment, the Agency has made a material contribution to elevating cancer as a system priority, strengthening coordination across the cancer continuum, and building credibility and analytical capability in a complex and contested policy and delivery environment. Stakeholders consistently describe the Agency as values-led, trusted, and committed to improving outcomes for patients, whānau, and communities.

From a PIR perspective**,** these strengths represent important foundations. The Agency has established legitimacy, relationships, and a clear moral mandate. However, the Review finds that **future performance risks now outweigh establishment-phase strengths** unless deliberate and carefully planned changes are made.

The operating context for cancer control has changed fundamentally since the Agency was created. The health system has transitioned from a devolved district health board model to a nationally centralised delivery system under Health New Zealand Te Whatu Ora (Health NZ), while stewardship, public health leadership, system planning, and performance monitoring responsibilities now sit primarily with the Ministry of Health Manatū Hauora (the Ministry). These changes have materially altered both the expectations placed on the Agency and the mechanisms through which it can influence system performance.

At the same time, the cancer challenge itself has intensified. Cancer incidence pressures continue to rise, fiscal constraints across the health system have sharpened, and longstanding inequities—particularly for Māori and Pacific peoples—remain unacceptable. Across interviews and document review, there is strong consensus that **New Zealand cannot treat its way out of cancer**. While treatment quality remains critical, future improvement increasingly depends on prevention, earlier detection, and stronger system-wide performance management.

Against this backdrop, expectations of the Agency have evolved. Stakeholders increasingly look to the Agency to operate as a system steward**:** providing authoritative cancer intelligence, identifying emerging risks, shaping prevention and early detection priorities, and strengthening accountability for system performance and equity.

The Review finds that the Agency is not yet consistently positioned to meet these expectations**.** While intent and credibility are strong, the Agency's leadership focus, strategic clarity, operating discipline, and institutional positioning are not fully aligned to a mature stewardship role. In practice, the Agency relies heavily on influence,

relationships, and goodwill, and is frequently drawn into operational problem-solving—particularly through its regional hubs—rather than being consistently enabled to operate at a system level.

From a PIR standpoint, this represents a misalignment between role expectations and system settings**,** rather than organisational failure. However, the consequences are material. The misalignment:

- dilutes leadership focus and stretches limited resources
- blurs stewardship and delivery boundaries, weakening system accountability and performance
- makes influence fragile and person-dependent rather than institutional; and
- constrains the Agency's ability to drive sustained upstream shifts toward prevention, early detection, and equity.

In PIR terms, this places the Agency's **strategy and system stewardship capability in the "Developing" range**, with a risk of becoming "Weak" over time if the gap between expectations and authority continues to widen.

In response, this report sets out a **five-year excellence horizon** that defines what effective performance for the Agency should look like by 2030. The excellence horizon is not an implementation plan. Rather, it provides a clear benchmark against which current performance, future improvement priorities, and system support requirements can be assessed.

The excellence horizon is organised around four interdependent dimensions that align directly with PIR domains:

- **Leadership** – confident system leadership, comfortable with prioritisation, escalation, and constructive challenge.
- **Strategic Direction** – a clear, stable value proposition and strategy focused on prevention, early detection, cancer intelligence, and stewardship, with explicit boundaries and trade-offs.
- **Culture and Operating Discipline** – a values-led but performance-focused organisation, with strong prioritisation, delivery discipline, and accountability for outcomes.
- **Structure and Institutional Form** – durable access to formal stewardship levers, clear separation from delivery, and resilience beyond individual leadership tenure.

Achieving this future state will require both organisational improvement and system-level enablement**.** The Review identifies that the Agency's future performance is highly sensitive to the system settings in which it operates. In particular, access to formal

stewardship levers held by the Director-General of Health and the Director of Public Health is a critical enabler of effective performance.

The Review therefore concludes that improvement should proceed in stages. Immediate focus should be placed on strengthening leadership clarity, strategic prioritisation, cultural discipline, and system expectations through Ministerial direction and a formal Performance Improvement Plan. Over time, consideration should be given to whether the Agency's effectiveness and durability would be better supported through alternative institutional arrangements, including operating as a protected business unit within the Ministry.

The reviewers also believe that the Agency be reset with a clear, future-focused value proposition as New Zealand's national authority on cancer intelligence, prevention and early detection strategy, and system stewardship. Its distinctive role is not to deliver or commission services, but to use high-quality data, analytics and foresight to identify emerging risks, shape upstream prevention and early detection priorities, and influence how the health system plans, invests and is held to account for cancer outcomes and equity. Positioned this way, the Agency is well connected to innovation in cancer—nationally and internationally—while remaining independent and system-focused, translating innovation into actionable system insight rather than pilots or programmes. This reset aligns with a centralised health system, supports long-term sustainability, and ensures the Agency adds value where no other agency is positioned to do so.

In PIR terms**,** the Agency is assessed as an organisation with strong foundations but developing future fitness**.** Without clearer role definition, stronger stewardship levers, and more durable institutional support, the organisation risks remaining trusted and well-intentioned, but structurally constrained in its ability to deliver the outcomes now expected of it. With these changes, the Agency will be well-positioned to mature into an authoritative and enduring cancer system steward over the five-year horizon.

Background to the Review

Following discussions with PSC, this independent external review was commissioned by the leadership team of the Agency in October 2025. It asked for a short, future focussed review of organisational performance and culture to ensure that the organisation was well positioned over the five-year horizon.

Scope and approach

The questions at the heart of this independent Review are **“What are the future opportunities for Te Aho o Te Kahu Cancer Control Agency - and, therefore, what is the strategy, operating model and organisational culture that will be required? And if the Agency is to be successful at meeting its future performance challenge, what will a positive culture look like in five years’ time? As the Agency continues to operate in both an increasingly centralised health system and fast changing cancer context, what new delivery models, behaviours and capabilities might be required?"**

The approach outlined here is akin to that of the PSC’s Performance Improvement Review (PIR) reviews. While this Review follows a similar methodology, it is not a formal PSC review. The approach was to create a point in time snapshot of the Agency’s current performance and culture, based on interviews with a sample of both internal staff and external stakeholders. The Review also included a high-level desk top review of relevant documents.

Specifically, as external reviewers, we:

1. Conducted one on one interviews, face to face or via Teams meetings, with the Agency executive leaders, staff and managers
2. Conducted interviews with a selection of key external stakeholders, including partner agencies, health system stakeholders, clinicians, cancer experts, NGOs, and so on
3. Reviewed relevant internal documentation, such as health sector and organisational plans, policies, internal communications and other materials; and
4. Presented the report to the senior management team as required.

The elapsed time of this Review was five weeks. Thus, it should be seen as a point in time snapshot of the Agency.

All interviews were conducted on a confidential basis, with no attribution of comments and suggestions to specific individuals.

The report includes practical suggestions to improve organisational performance and culture over the five-year horizon. These are couched as suggestions for the

consideration of the Agency's leadership. It is expected that the incoming Chief Executive will develop an Action Plan in response to the suggestions made.

Limitations

Given the abbreviated period for this Review, the approach we have taken is exploratory and inquisitive. This was not a research brief.

In spite of the brevity of the exercise, we are confident that we have been able to identify patterns and themes that address the questions posed by the executive leadership team. There was a great deal of consistency in the themes expressed by respondents in interviews.

Each person interviewed for this Review was given an assurance that individual responses would be treated in confidence and that documentary materials shared with us would be held only for the purposes of this Review.

This report should be read with the above limitations in mind.

Operating environment

Role of the Agency in the health system

The Agency was established in 2019 to provide national leadership and oversight of cancer control in New Zealand. Its original mandate reflected a health system characterised by multiple district health boards (DHBs), variable cancer performance, and inconsistent access to services and outcomes across regions. In that context, the Agency was intended to lift visibility of cancer as a system priority, support coordination across the cancer continuum, and improve transparency and accountability for cancer outcomes and equity.

Since that time, the operating environment has changed significantly. The most material change has been the implementation of the Pae Ora (Healthy Futures) reforms, which have fundamentally reshaped health system architecture. Service delivery is now nationally consolidated within Health NZ, while the Ministry has strengthened its role as system steward, public health leader, and monitor of system and Crown entity performance. These changes have altered where decision rights sit, how priorities are set, and how accountability is exercised across the system.

In the post-reform environment, the distinction between stewardship and delivery is more pronounced. Health NZ holds responsibility for planning and delivering publicly funded health services, including cancer services, within a nationally consistent framework. The Ministry provides policy advice to Ministers, leads public health strategy, sets system expectations, and monitors performance. Within this structure, the Agency does not hold direct authority over budgets, commissioning, or service delivery, and does not have formal enforcement powers. Its influence must therefore operate through advice, intelligence, convening, and the effective use of system levers exercised by others.

At the same time, the underlying cancer challenge has intensified. Cancer incidence is rising as the population ages, new technologies and therapies continue to place pressure on system affordability, and workforce constraints persist across the cancer pathway. Despite improvements in some areas of care, significant inequities in access, experience, and outcomes remain, particularly for Māori and Pacific peoples. These pressures have sharpened the need for system-wide approaches that focus not only on treatment quality, but also on prevention, early detection, and earlier intervention across the continuum.

A recurring theme in interviews and documentation is that the current system settings make it increasingly difficult to rely on incremental improvement or downstream intervention alone. There is growing recognition that New Zealand cannot sustainably treat its way out of cancer, and that meaningful improvement will require sustained attention to upstream drivers of cancer risk, earlier diagnosis, and better use of data and intelligence to inform decision-making. This recognition has contributed to evolving expectations of the Agency's role.

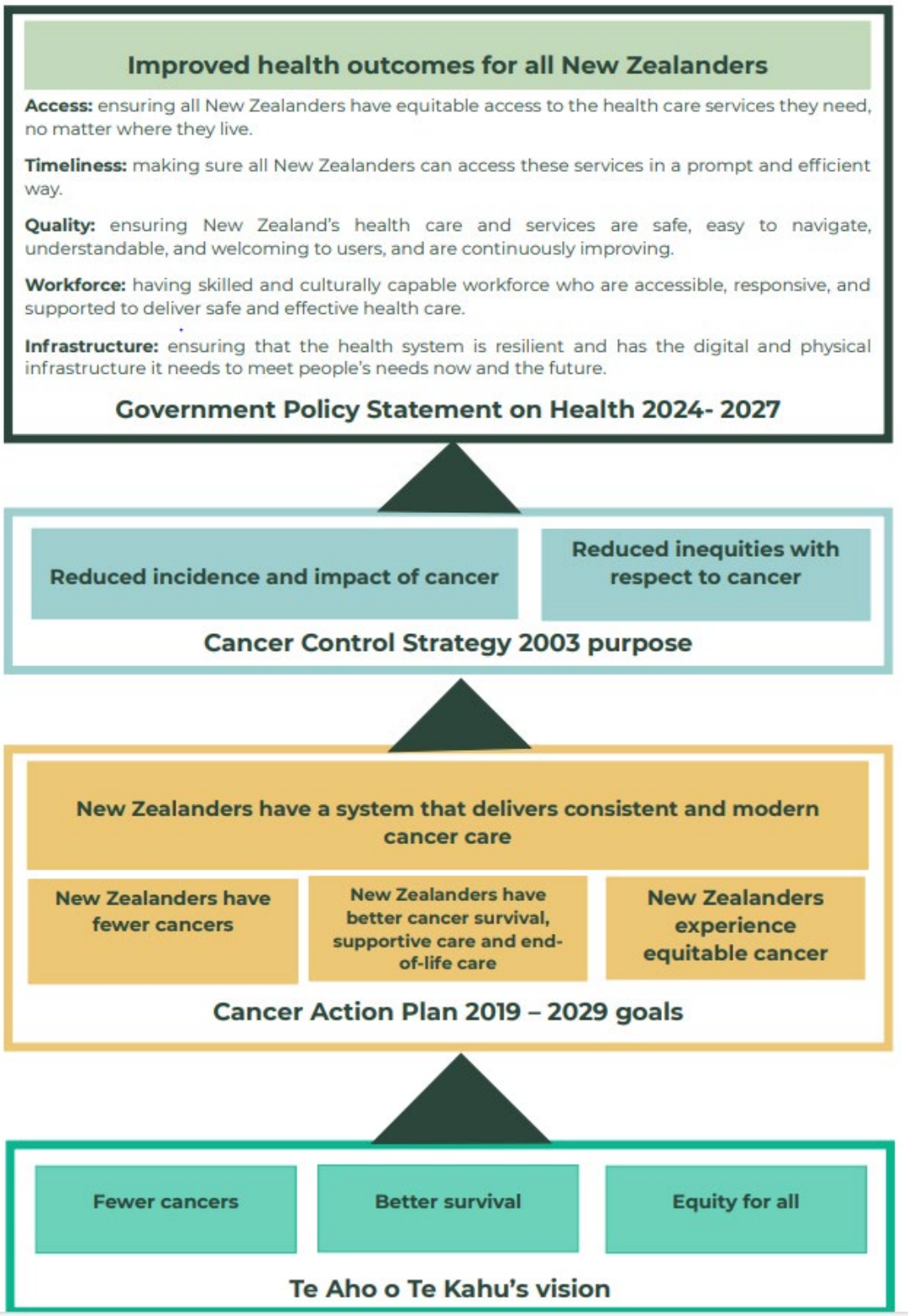
Within this environment, the Agency is expected to operate across multiple interfaces. It works closely with the Ministry on policy advice, public health priorities, and monitoring of system performance. It engages with Health NZ at both national and regional levels, particularly in relation to service planning, pathway improvement, and performance issues. It also maintains relationships with clinicians, Māori and Pacific partners, consumer and patient advocacy groups, non-government organisations, and researchers. These relationships are critical to the Agency's effectiveness but also create complexity and competing expectations.

The Review finds that the cumulative effect of these system changes has been a broadening of expectations placed on the Agency, without a corresponding increase in formal authority or clarity of mandate. In particular, the Agency is increasingly looked to identify system risks, signal priorities, and support accountability for outcomes and equity, while simultaneously being drawn into operational problem-solving and relationship management. This dynamic creates tension between the Agency's stewardship role and the practical realities of maintaining influence in a delivery-focused environment.

The operating environment is also characterised by fiscal constraint and heightened scrutiny of agency roles, duplication, and value for money. In this context, small agencies with cross-system mandates face particular challenges. As a Departmental Agency, there is increased pressure to demonstrate impact, avoid overlap with other organisations, and justify institutional form. For the Agency, this places additional importance on clearly articulating its unique value proposition, maintaining disciplined strategic focus, and ensuring that its operating model and institutional settings remain fit for purpose.

In summary, the Agency operates in a complex and evolving environment marked by structural reform, rising cancer burden, persistent inequities, fiscal constraint, and heightened expectations of system stewardship. These conditions both highlight the importance of the Agency's role and expose the limitations of its current settings. Understanding this context is essential to assessing the Agency's performance and to defining the changes required to support its future effectiveness.

Functions of the Agency



As shown in the diagram above, the Agency is responsible for monitoring progress towards the goals and outcomes of the New Zealand Cancer Action Plan 2019–2029 and wider government strategies. In practice, it delivers this leadership and oversight by:

- Providing advice to the Government, through the Minister of Health, about the current state, and future design and function of cancer services
- Developing options for resolving the challenges across the continuum, including transforming approaches to cancer care
- Assembling and disseminating cancer data, insights, and information to inform decision-making and service delivery
- Bringing stakeholders together to progress and deliver shared objectives
- Undertaking national initiatives in partnership with the cancer sector to improve the cancer system and cancer outcomes; and
- Providing support for cancer service providers to address service delivery challenges.

The Agency has a budget of $13.5m and around 65 staff.

Its main office is in Wellington, with four small, regionally hubbed offices in Auckland, Christchurch, Hamilton, and Palmerston North.

Cancer trends

Incidence

As noted in the Agency's *State of Cancer 2025* report, the total number of people being diagnosed with cancer in New Zealand is increasing. This is due to the ageing population and increased life expectancy, coupled with improvements in the diagnosis and treatment of cancer. Projections show that over 30,000 New Zealanders will be diagnosed with cancer in 2026. This number is expected to increase to over 45,000 new cases per year by 2044.

While the raw number of newly-diagnosed cancer patients will continue to grow, the overall risk of getting cancer – measured through incidence rate per 100,000 – is beginning to level off after decades of slow decrease. However, these trends look quite different when focusing on particular cancer types and within different population groups.

As an example, although lung cancer incidence has declined over the past 25 years – largely due to dramatic reductions in smoking rates – this reduction has been offset by rising rates of prostate cancer in males, likely driven by increased use of prostate-specific antigen (PSA) testing, and uterine cancer in females, linked to higher rates of excess bodyweight. Lung cancer is also an example of a cancer type where incidence trends vary significantly by gender and level of deprivation.

Survival rates

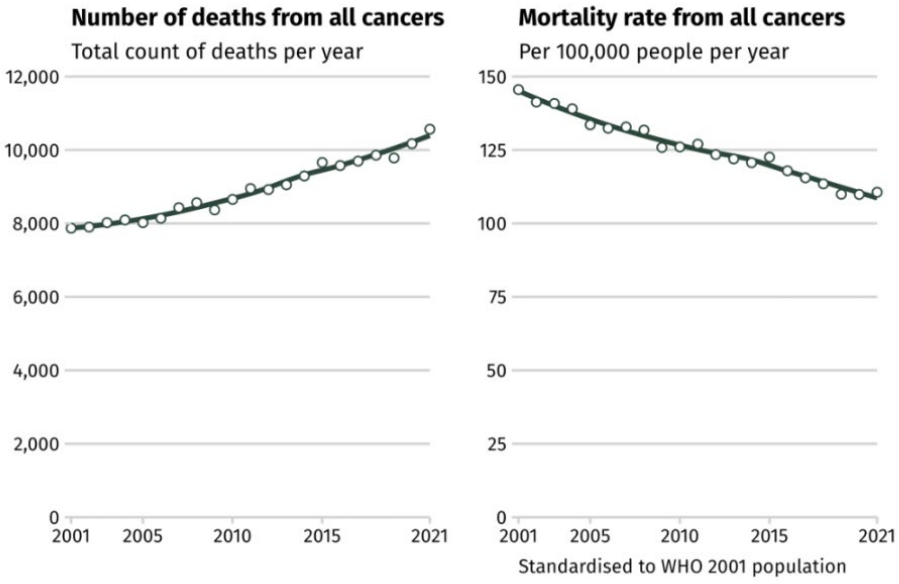
More people diagnosed with cancer are living longer. Over the past 25 years, there has been substantial increase in 5-year survival – the percentage of people alive 5 years after their cancer diagnosis, across all cancer types (from 58% to 68%).

Survival rates have improved due to a combination of factors, including earlier detection – mainly through national screening programmes – and greater access to more effective treatments (including through advances in surgery, radiation therapy and systemic therapies). While these are encouraging improvements, rates once again vary significantly between types of cancer and demographic factors.

Overall, Zealand's cancer survival rates also continue to lag behind those of other high-income countries.

Mortality

Cancer remains the leading cause of death for people in New Zealand, with 10,566 deaths in 2021. The total number of deaths from cancer is also increasing as the population grows and ages. The table below, based on data from the period 2002-21, shows, at left, that numbers of deaths from all cancers are increasing. When data is corrected for changes in the underlying population, however, cancer mortality rates are steadily declining. The panel at right, corrected for the growing and ageing population, shows that mortality is however, decreasing.



Several factors contribute to the decreasing mortality rate. For example, improved treatments and earlier detection of cancer through screening both lead to greater survival. For preventable cancers, improved prevention (such as through stopping smoking) leads to reduced mortality through reduced incidence.

Equity issues

The most recent five years of data (2018–2022 for cancer incidence and 2017–2021 for cancer mortality) show the following disparities:

- People living in areas of high deprivation were 1.11 times more likely to be diagnosed with cancer and 1.55 times more likely to die from cancer than people living in areas of lowest deprivation. This is particularly notable for lung cancer; people living in areas of high deprivation were 2.51 times more likely to be diagnosed with lung cancer than people living in areas of lowest deprivation.
- Māori were 1.25 times more likely to be diagnosed with cancer than people of European/other ethnicity. Māori also have a higher cancer mortality rate than all other ethnicities and are 1.59 times more likely to die from cancer than people of European or other ethnicities. Lung cancer is a key driver of this mortality gap.
- Pacific peoples were 1.11 times more likely to be diagnosed with cancer and 1.38 times more likely to die from cancer than people of European or another ethnicity. Pacific peoples are experiencing increasingly high rates of breast and uterine cancer.
- People of European or other ethnicity had the highest rates of melanoma and bowel cancer compared with all other ethnicities. The bowel cancer rate for European/other people is, however, decreasing over time, unlike most other ethnicities.

There are also disparities between rural and urban dwellers; and between people living with disabilities and those without.

Cancer treatments

Cancer is a major driver of costs for the New Zealand health system, with these costs expected to continue and increase in the future. This trend is consistent with what is being observed internationally.

Significant advances in technology, such as the use of artificial intelligence, have potential to offset financial pressures by transforming capability and capacity, particularly in areas experiencing high demand, such as early detection, diagnosis and treatment, and patient navigation and support.

Other, often very costly, innovations in treatment include use of mRNA vaccines, gene editing and increased use of antibody drug conjugates.

These and other rapid changes will place a premium on the need for long range horizon scanning to anticipate and plan new developments, as well as organisational agility to respond, in partnership with the wider health system.

Five-year excellence horizon

This section sets out a forward-looking excellence horizon for the Agency over the next five years. It defines what success should look like by 2030, rather than prescribing a detailed implementation plan. The excellence horizon provides a coherent frame for assessing current performance, identifying gaps, and guiding future choices about leadership, role, operating model, capability, and institutional form.

Future excellence will not be measured by the volume of activity undertaken, the number of initiatives underway, or the breadth of the Agency's involvement across the cancer continuum. Rather, excellence will be demonstrated by whether the Agency helps enable enduring system shift: fewer cancers occurring, cancers being detected earlier, inequities narrowing, outcomes improving, and the cancer system becoming more sustainable over time.

Across interviews and documentation, there was strong consensus that achieving this shift requires **greater leadership clarity, sharper strategic focus, a more demanding performance culture, and institutional settings that enable stewardship authority**. The excellence horizon therefore emphasises focus, authority, and durability over breadth, visibility, or activity.

Pillar 1: Leadership for system stewardship

By 2030, the Agency is led by a **leadership cohort that is confident, authoritative, and comfortable operating in system tension**. Leadership is not defined primarily by representation or facilitation, but by the ability to set direction, prioritise, challenge under-performance, and sustain focus over time.

Under this pillar:

- Leaders articulate a clear and enduring purpose for the Agency and consistently reinforce it through decisions and behaviours.
- Leadership is comfortable escalating system risks and performance issues through formal pathways, including the Ministry and the Director-General of Health.
- Leaders are confident in making and sustaining "stop-doing" decisions when work no longer aligns with strategic priorities.
- Leadership capability is resilient to turnover and does not rely on personal relationships to maintain influence.

Excellence in leadership is evident when the Agency is able to hold its course in the face of competing pressures, advocacy demands, or short-term operational crises, and when the system expects the Agency leaders to provide authoritative signals about risk, priority, and future direction.

Pillar 2: Strategic direction and role clarity

By 2030, the Agency has a **clear, stable, and widely understood value proposition** that defines where it adds distinctive system value and where it does not. The Agency is recognised as New Zealand's national authority on cancer intelligence, prevention signals, early detection strategy, and cancer system stewardship, operating across the cancer pathway but not as a delivery or commissioning agency.

Under this pillar, role clarity is evident in practical settings, including:

- explicit articulation of what the Agency will and will not do
- clear boundaries between stewardship and delivery
- disciplined prioritisation aligned to a small number of system-level outcomes; and
- an operating model that reinforces, rather than undermines, strategic focus.

Strategic direction places **prevention and early detection** at the centre of cancer system improvement, while continuing to recognise the importance of treatment excellence. The Agency's role is to ensure that prevention and early detection are no longer peripheral or aspirational, but are core system priorities informed by robust evidence and sustained over time.

Excellence under this pillar is reflected in a system that no longer expects the Agency to be involved everywhere but instead looks to it for a small number of authoritative, agenda-setting contributions that shape behaviour and decision-making.

Pillar 3: Culture and operating discipline

The third pillar recognises that sustained system impact requires an organisational culture that combines strong values with clear accountability and delivery discipline.

By 2030, the Agency retains its inclusive, respectful, and values-led foundation, while operating as a **constructive and demanding organisation**. The culture supports challenge, prioritisation, and performance accountability, rather than defaulting to consensus or accommodation.

Under this pillar:

- work is managed through a disciplined portfolio aligned to strategic priorities
- programme and project management capability is fit for purpose
- decision rights and accountabilities are clear and consistently applied
- leaders and staff are confident managing under-performance and constructive conflict; and
- staff understand how their work contributes to measurable system outcomes, not just activity.

The Agency avoids scope creep and does not drift into operational delivery, commissioning, or informal coordination roles. Its ways of working reinforce its stewardship role rather than compensating for gaps elsewhere in the system.

Excellence in culture is evident when the Agency is trusted and respected but also taken seriously as a steward that will persistently pursue outcomes even when doing so is uncomfortable or contested.

Pillar 4: Structure and institutional durability

The fourth pillar recognises that leadership, strategy, and culture can only be sustained if they are supported by **appropriate and durable institutional settings**.

By 2030, the Agency's institutional form - whether as a standalone entity or as a protected part of the Ministry - is settled, well understood, and resilient. Structural arrangements actively enable the Agency's stewardship, prevention, and intelligence role, rather than constraining it.

Under this pillar:

- the Agency has reliable access to formal stewardship levers, including system monitoring, escalation, and influence over relevant policy and planning processes
- governance arrangements are clear and not dependent on personal relationships or individual tenure
- organisational boundaries reinforce the separation between stewardship and delivery; and
- institutional settings support long-term focus and sustainability in a constrained fiscal environment.

Structural clarity reduces ambiguity, supports leadership authority, and enables the Agency to operate with confidence and consistency over time.

Bringing the pillars together

The four pillars are mutually reinforcing. Leadership sets direction and tone; strategic clarity enables focus; culture supports disciplined execution; and structure provides durability and authority.

Taken together, the five-year excellence horizon defines a demanding but achievable future state for the Agency as a mature cancer system steward in a centralised health system. It establishes the benchmark against which current performance, improvement priorities, and future institutional options should be assessed.

Overall five-year excellence test

In five years' time, excellence for the Agency can be judged by one core question:

Has the Agency helped shift New Zealand's cancer system from reacting to growing demand, to proactively preventing cancer, detecting it earlier, narrowing equity gaps, and sustaining outcomes over time?

If the answer is yes—because leadership is authoritative, strategy is focused, culture is demanding, and institutional settings support and enable stewardship—then the Agency will have achieved its future excellence horizon.

Excellence horizon mapped to PIR domains

The core PIR domains assessed below are summarised at left in the table below. The next section addresses each of these in more detail. In the right-hand column below, we summarise the key shifts needed in each domain, if the five-year excellence horizon is to be achieved.

PIR domains mapped to the five-year excellence horizon

PIR Domain	What excellence looks like for the Agency by 2030 (Aligned to the 4 pillars)
Purpose, vision & strategy	**Clear, enduring strategic direction** anchored in cancer prevention, early detection, intelligence, and stewardship. Explicit prioritisation and trade-offs are made and sustained. Strategy is agenda-setting, not reactive. (Pillar 2 – Strategic Direction)
Leadership & governance	Leaders are **confident in change leadership**, escalation, challenge, and system tension. Governance actively uses formal stewardship levers through the Director-General of Health and Director of Public Health, rather than relying on influence alone. Leadership continuity is supported by durable institutional settings. (Pillars 1 & 4 – Leadership; Structure)
Delivery & results	The internal **operating model enables strategy and outcomes**. Measurable system-level shifts are evident (earlier diagnosis, prevention impact, narrowing inequities). The Agency's advice demonstrably shapes planning, monitoring, and investment decisions across the system. (Pillars 2 & 4 – Strategy; Structure)

People, capability & culture	A “constructive and demanding” culture: strong values paired with accountability, delivery discipline, and comfort with constructive conflict. **Capability is aligned to stewardship, analytics, and foresight—not operational delivery.** (Pillar 3 – Culture)
Relationships	Strong, credible engagement with clinicians, consumers, Māori and Pacific partners, and system agencies—bounded by clear role definition. **Independence and stewardship authority are preserved.** (Pillars 1 & 2 – Leadership; Strategy)
Financial & resource management	Resources are prioritised toward high-impact stewardship activities. Long-term system sustainability is supported through **prevention-focused insight** and disciplined portfolio management. (Pillars 2 & 3 – Strategy; Culture)
Future fitness	High-quality **analytics, foresight, and data governance underpin anticipatory system leadership.** Institutional arrangements are resilient to leadership and system change. (Pillars 3 & 4 – Culture; Structure)
System stewardship	The Agency routinely influences cancer-related planning, performance monitoring, accountability, and escalation through formal system levers. **Stewardship authority is expected and consequential.** (All Pillars, anchored in 1 & 4)

What the system needs to do to support the Agency

System stewardship, statutory levels and system support

Effective delivery of the five-year excellence horizon outlined above depends not only on organisational change **within** the Agency, but on deliberate and sustained **system support**. In particular, the Review finds that the Agency's future effectiveness as a national cancer steward will depend on how well its role is aligned with, and supported by, the statutory stewardship levers held by the Ministry, the Director-General of Health, and the Director of Public Health.

Statutory stewardship context

Under the Pae Ora (Healthy Futures) Act 2022, stewardship of the health system is clearly vested in the Ministry and exercised through the Director-General of Health and the Director of Public Health. These roles hold formal authority to:

- Advise Ministers on system priorities, performance, and risk
- Set expectations and issue guidance to Health NZ and other entities
- Monitor system performance and equity
- Escalate concerns where outcomes are not being achieved; and
- Lead national public health strategy and population-level interventions.

The Agency does not hold these statutory powers. Its authority is derived from mandate, expertise, and credibility rather than from direct decision rights. As expectations of the Agency's role have expanded, particularly in relation to prevention, early detection, and system accountability, the absence of direct statutory levers has become increasingly material to its performance.

How stewardship must operate in practice

The Review finds that the Agency's stewardship role will only be effective if it is explicitly **anchored to the statutory levers exercised by the Director-General and Director of Public Health**, rather than operating in parallel or relying primarily on informal influence.

In practice, this requires a clear and deliberate division of roles:

- **The Agency** provides authoritative cancer intelligence, system insight, foresight, and challenge

- **The Ministry**, through the Director-General and Director of Public Health, converts that intelligence into formal system signals, expectations, and accountability mechanisms; and
- **Health NZ** remains accountable for delivery, performance, and operational improvement.

Where these roles are not clearly aligned, the Agency risks being drawn into operational problem-solving or advocacy without the ability to secure sustained system change.

System support required

To enable this model to function effectively, the Review identifies five critical system support requirements.

- **First, explicit mandate endorsement.** Ministers and the Ministry must clearly articulate and reinforce the Agency's role as a national cancer steward, including its focus on prevention, early detection, intelligence, and system accountability. This mandate must be reflected consistently in letters of expectation, accountability documents, and performance monitoring arrangements.
- **Second, hard-wiring the Agency's intelligence into stewardship processes.** The Agency's cancer intelligence and system analysis must be routinely and explicitly used to inform:
  - Ministry of Health policy advice to Ministers
  - System planning and prioritisation processes
  - Monitoring and performance discussions with Health NZ; and
  - Escalation of persistent performance or equity issues through Director-General pathways.

  This reduces reliance on personal relationships and ensures stewardship is durable.
- **Third, clear escalation and challenge pathways.** The Agency must have agreed pathways to raise concerns where cancer outcomes, equity, or system sustainability are at risk. These pathways should enable issues to be escalated through the Director-General of Health and Director of Public Health when required, with clear expectations about follow-up and accountability.
- **Fourth, investment in cancer intelligence as system infrastructure.** Cancer data, analytics, and foresight should be treated as core system infrastructure rather than as discretionary capability. This requires:
  - durable data governance arrangements
  - investment in integration and advanced analytics
  - explicit recognition of Māori data sovereignty; and

    - alignment between data investment decisions and stewardship needs.
- **Fifth, structural certainty and permission to challenge**. System leaders must provide the Agency with stability in institutional arrangements and explicit permission to challenge under-performance. Stewardship requires constructive tension. Without visible support from Ministers and central agencies, the Agency will continue to default toward facilitation rather than accountability.

In summary, the Agency's future performance depends on a clear and disciplined stewardship model in which its intelligence and insight are converted into formal system action through the statutory authority of the Director-General of Health and the Director of Public Health. Without this alignment, the Agency will remain highly trusted but structurally constrained. With it, the Agency can operate as an effective, durable steward of cancer outcomes, equity, and system performance.

The future performance challenge: Organisational management

Below, the Review considers the organisational settings required for the Agency to deliver the five-year excellence horizon outlined above. This section focuses on the internal organisational management factors that will enable — or constrain — the Agency's performance over the medium term, particularly as the system expects the Agency to act with greater stewardship authority, stronger analytical leadership, and clearer accountability.

The analysis in this section is not primarily an assessment of current performance. Rather, consistent with the Performance Improvement Model approach, it considers the gap between the Agency's current organisational settings, and the capability required to deliver the excellence horizon. Where ratings are referenced below, they should be interpreted as reflecting that gap: the size of the performance and capability shift required for the Agency to meet future expectations.

The section is structured across key organisational management domains as follows:

- **Leadership and direction**
- **Stewardship**
- **Delivery**
- **Engagement**
- **Workforce**
- **Financial management, data and risk**
- **Capability to implement change.**

Across these domains, a consistent pattern emerges: **the Agency has strong intent, high trust, and a highly committed workforce, but its organisational settings are not yet sufficiently mature or disciplined for the system stewardship role now expected of it**. In practice, this presents as:

- A lack of strategic clarity, translating into a diffuse and sometimes reactive work programme
- An operating model and governance arrangements that do not consistently drive prioritisation, pace, and accountability
- Cultural strengths (collegiality, flexibility, values alignment) that are not yet sufficiently balanced by delivery discipline, performance management, and constructive challenge; and

- Insufficient use of the formal levers available through the Ministry and Director-General of Health pathways to shift system behaviour and embed accountability.

The remainder of this section sets out the specific organisational issues, and the changes required, within each domain. We have included some illustrative verbatims from interviewees, to assist with flavour and granularity.

In summary, the following section identifies four interrelated issues that will determine whether the Agency can deliver sustained impact over the next five years: leadership, performance culture, agency operating model, and access to formal system levers. These issues are not discrete; together they explain why the Agency is widely trusted and active, and yet profoundly constrained in its ability to drive durable system change.

Leadership and direction

In this sub section the Review examines:

- Purpose, vision and strategy
- Stewardship
- Leadership
- Values, behaviours and culture; and
- Governance.

Purpose, vision and strategy Weak

The Agency's current **vision** is for people to experience fewer cancers, better survival, and equity for all. Most staff could readily articulate this vision and described feeling a passionate sense of mission for the work of the agency. Many had experienced cancer themselves as patients, relatives of patients or as clinicians and experts in the field.

The Agency describes its current **purpose** as to provide strong central leadership and oversight of cancer control. It sees itself as equity-led, knowledge-driven and outcomes-focused, taking a whole-of-system approach to preventing and managing cancer.

The Agency's understanding of this purpose is reflected in the name it was gifted on establishment by Hei Āhuru Mōwai–the Māori Cancer Leadership Network. It described the Agency as the central thread (Te Aho) of the cloak (Te Kahu), uniting ongoing work across the health sector, non-government cancer organisations, volunteers, and people in the cancer system who wrap a protective cloak around those with cancer.

The Agency also sees itself as responsible for overseeing system-wide prioritisation and coordination of cancer care in New Zealand. Its current **strategic intentions** overlap with those of the Ministry but have a distinctive focus on cancer. They are to:

- Provide system-level leadership for cancer

- Drive cancer system strategy and performance
- Be the Government's primary advisor on cancer
- Future-proof the cancer system
- Support equity and whānau-centred system shifts; and
- Be a high-performing agency focused on cancer.

The Review finds issues with each current element of Agency vision, strategy and purpose. These go to a fundamental lack of strategic clarity, unclear articulation of the Agency's unique value proposition (particularly as the health system matures post reform) and role confusion with the work of other health system agencies.

The current **vision**, while aspirational, is too fuzzy to guide Agency decision making. It has not been translated into clear outcome measures and critical milestones. There is a lack of clarity about what is meant by 'equity for all' in particular.

The result of this fuzziness is that vision tends to default into whatever an individual staff member deems it to be, in accordance with their personal sense of mission. This contributes to a passionate and emotional culture, but not one which is guided by a clear and shared north star, progress toward which can be clearly measured and demonstrated.

The **purpose** – being the connective thread across what was, at the time of the Agency's establishment, a highly decentralised and complex health system – has also been difficult to translate into the current, highly centralised, 'NHS' like environment.

In the new system, the Ministry exists to connect the threads, drive system strategy, set performance outcomes and monitor progress. Health NZ drives service delivery, quality and outcomes. When asked what it was that *only* the Agency could do in the new system, both staff and stakeholders struggled to articulate the Agency's distinctive value proposition. It was common for interviewees to say, in the words of one: *"I have no idea what its swim lane is now. It seems to duplicate some of the work in both the two core agencies."*

This confusion about Agency purpose and role appears exacerbated by its current institutional form as a Departmental Agency. One interviewee said: *"They seem have a strong sense of idealism and advocacy, especially around ideal clinical pathways. But they shouldn't do that, as a department. They are Crown, not an NGO."* Another said, *"I'm not sure they have worked out what they are in this new system. And I don't think they see themselves as a department that has to work with others to trade off differing strategic priorities and investments."*

There was consistent support amongst interviewees for positioning the Agency in future as:

- Kaitiaki of the national cancer system, with a role in leading cancer discourse

- The national centre of excellence for cancer data assets, analytics, and intelligence; and
- A trusted system adviser that translates evidence into early intervention, prevention, and treatment optimisation.

As noted in earlier sections, under such a scenario, the Agency's value proposition could be sharpened as:

An organisation that takes a stewardship approach to the New Zealand cancer system. It is expert in cancer-related data and analytics, using this expertise to identify public-health shifts, guide prevention and treatment strategies, and serve as the leading source of advice on cancer-related health technologies and system investment.

This positioning would help differentiate the Agency from delivery agencies, reduce duplication, and reinforce its system stewardship role.

However, some respondents also felt that there was now a less pressing need for a 'connective thread' agency in the new health system. *"I can see why it was important in a distributed system with 20 DHBs*", said one. "*I just can't see a rationale for the Agency now. It confuses things and surely it clouds overall accountabilities for cancer policy advice, monitoring and services."* Another said: *"It's really unclear where it should play in the continuum of care. Delivery is clearly the purview of Health NZ. Policy and planning sit in the Ministry. Should they move to a more preventive positioning? How would that actually work?"*

Refinement of the Agency's value proposition urgently needs to be undertaken within the context of the new health system architecture and with regard to the machinery of government considerations we outlined above.

Interviewees had different views on this. Some suggested that the aspirational future role of the Agency – what one stakeholder described as *"…the analytical brain, the conscience, the narrator of the end-to-end cancer story in New Zealand"*, could be undertaken whether or not it was a standalone Department. *"As long as they use their data and analysis to be an informed voice, I don't think the public cares what form the entity takes. There are plenty of branded entities in the system that nestle in bigger agencies"*, said another interviewee.

Others felt that the cancer story might get drowned out if not stewarded by a dedicated agency. *"We spend $2 billion a year on cancer in this country"*, said one interviewee. *"It's big, it's growing and it's still too much of a postcode lottery disease."*

In addition to this confusion around role clarity and purpose, the Agency currently lacks a clear, medium- term **strategy** that is understood by all in the Agency and system. Those in the Agency argue that the National Cancer Action Plan (released in 2019 and currently before Cabinet in a new version) constitutes its system-facing strategy. However, this is a

very high level, aspirational document that is neither costed, nor intermeshed with the wider strategies of the Ministry and Health NZ. It is a list of goals, as opposed to a set of strategic choices. As such, it does not assist the Agency or its partner agencies to select between alternative investment priorities for its own work programme.

There is also confusion between multiple strategic artifacts – the knowledge to action continuum, the strategic intentions document, and so on – none of which constitutes a full strategic plan.

This lack of medium-term strategy was a matter of considerable concern to staff in interviews and also featured as a pain point in recent staff engagement surveys. *"It's just not clear what we are doing – and not doing – with our modest resources of 70 people and $13 million"*, said one. *"As a result, the work programme is all over the place and things tend to get organised around people's pet projects as opposed to proper strategic analysis."* Another commented: *"We are able but tactical. Even though we have this prioritisation framework thing, we don't make strategic trade-offs with clear long-term outcomes in mind."*

Indeed, the ability to use futures thinking techniques such as scenarios and long-range scanning to develop a focussed strategy seems to be crowded out by tactical reactivity. *"We're tiny, we're trying to do a lot, and we seldom have the luxury of time to think*", said one interviewee. *"While we have great data, that tactical pressure is not a recipe for high quality planning out beyond the horizon of the current Government. This can make us too exposed to political winds."*

This lack of clarity in regard to vision, purpose and strategy is particularly problematic in such a small Agency. With constrained resources, it is vital that outcomes are clear and that efforts are targeted to a few high impact areas that will secure those results. At the Agency, this confusion has led to a somewhat diffuse work programme, as we describe in a later section.

Staff told us they would like to see a **simple, multi-year strategic plan, better alignment between day-to-day work and organisational goals, and more robust outcome measures to track impact.** There is a sense that shifting priorities and lack of long-term direction make it harder to focus and tell the Agency's value story.

The Agency also lacks an *organisational* strategy. We use the term 'organisational strategy' to describe the Agency's approach, as an organisation, to *delivering* its vision and purpose. Organisational strategy should be contrasted with system strategy, which we see as the Agency's approach to using its data assets to deliver its statutory mandate and fulfil its stewardship functions across the system.

Refreshing the organisational strategy to implement the vision and enable the system strategy will need to centre on the question: *if the Agency is to succeed in implementing its system-facing strategy and act as an effective steward of the cancer system, what are*

the implications and priority investments required in organisational capability and enablers?'

We see working to establish a more conventional organisational strategy as the single most critical priority to improve on the current rating and set the stage for the next stage of the Agency's development. It needs to be approached with urgency. Setting organisational strategy should also be an inclusive exercise, engaging both staff and stakeholders. It should be led by the executive team.

Strategic objectives should be clear, simple, and measurable, with a balanced scorecard, or similar, at a whole-of-enterprise level to monitor progress against outcomes.

The approach to developing and setting organisational strategy should also be thought of as posing and answering the question *'where do we want to be in five or ten years and how should we work back from that?'* It should not simply be about *'where we are now and what will we do next?'* It should not be a list of things to do, but an opportunity to work through a set of *choices and tradeoffs* about where the Agency can have most impact in delivering its purpose and vision.

As organisational strategy is reset, we suggest that the Agency considers the following:

- **Ensure a tighter link between system strategy, organisational strategy and the enabling functions provided by the Ministry.**

  There is a disconnect in current processes between the top-down issues identification associated with setting the overall cancer strategy and the organisational strategy.

  Current business plans also appear to be both tactical and bottom up. They tend to be work-programme focused. There appears to be little focus on key organisational aspects of implementing system strategy, including the workforce capability and the core systems, processes, and assets that implementation requires.

  Consideration should be given to recasting the strategy setting process as the design of an organisational strategic plan, based on system strategy, sector outcome priorities and organisational development objectives. This will require specific engagement with the Ministry on the enabling, corporate support functions which it currently provides through shared service arrangements.

  Such an organisational strategic plan is not to be confused with the content of the external accountability documentation, such as the Agency's Statement of Intent.

  The organisational strategy needs to be the document which leaders use to manage the Agency internally, and which distils its priorities in a manner everyone can understand. It should capture the hearts and minds of all staff.

- **Ensuring a more strategic, top-down lens driven by the Executive Team**

  The staff engagement survey feedback, and our observations, suggest that the executive is not currently working at the right level. It is in the business, rather than on it. There are no regular mechanisms for horizon scanning, strategic planning and engaging with the Ministry on the optimal operating model for the enabling functions that are so vital to effective implementation.

  To deliver the five-year excellence horizon outlined above, the executive team needs to focus, as a team, on how the organisational strategy will effectively deliver the system strategy.

  It is also the role of leaders to clearly articulate the strategic narrative for an organisation and to help employees see the link between the desired strategic outcomes and their own work. In interviews, we did not hear evidence that the executive is consistently communicating such a narrative or helping staff see such connections at present.

- **Engage on the organisational strategy with key partners**

  The Agency should reflect on whether and how it socialises and tests the strategy, as it is being developed, with key partners and stakeholders, particularly the Ministry and Health NZ. This engagement will help ensure the strategy is 'sticky' and that it correctly balances the role and unique value proposition of the Agency with the roles of these partner agencies.

- **Cascade strategy throughout the Agency**

  Attention will be needed on how the new organisational strategy can be cascaded and communicated into the Agency so that people at all levels understand how what they do supports delivering the vision.

  At present, the link between employees' roles and responsibilities and Agency vision and purpose is unclear to many. Difficulties we saw across the Agency in staff prioritising effort and understanding the work programme reflect a lack of understanding of both organisational strategy and the current vision and how both relate to their own responsibilities.

- **Drive strategy implementation**

  In this context, performance targets and measures – both progress based and summative – will need further refinement. These are input and volume focused at present. While small agencies often face difficulty in developing high-level linear metrics which reflect attributable effort, this should not preclude the development of a cascade of metrics, from those relating to the vision and purpose, through to those related to specific system or organisational capability outcomes and objectives.

Leaders should consider adopting rolling quarterly or 90-day plans to drive focus, prioritisation and accountability aligned to the strategy. These should also be monitored and managed through regular performance conversations about progress.

- **Ensure the strategy setting process includes feedback loops and mechanisms for monitoring progress**

  The Agency should also consider scheduling formal reviews every quarter to review how implementation of the new organisational strategy is progressing, to consider and reflect on learnings, to identify emerging risks and opportunities, and reset priorities for the next period.

  The Agency should work to ensure the effectiveness of the operating model in delivering the vision is monitored on an ongoing basis so that the Ministry, as overall monitor of system performance, has the information it needs to actively challenge whether the Agency's overall approach is appropriate (for instance, whether the balance between behaving as a cancer system steward, while also delivering its departmental obligations, and between aspiration and feasibility is right).

Stewardship Developing

This section examines the Agency's stewardship role and capability in light of the expectations placed on it by the system. As described above, stewardship is understood here as the ability to take a whole-of-system view, identify risks and opportunities, set clear signals and expectations, and use formal and informal levers to influence system performance and outcomes over time.

The Review finds that stewardship expectations of the Agency have increased significantly since its establishment. Stakeholders increasingly look to the Agency to provide authoritative insight on cancer system performance, identify emerging risks and inequities, shape strategic priorities—particularly in prevention and early detection—and support accountability for outcomes. These expectations reflect both the growing complexity of the cancer system and the absence of a single, clearly defined cancer steward elsewhere in the system.

The Agency has responded to these expectations by expanding its involvement across a wide range of activities. It provides advice, convenes stakeholders, supports pathway improvement, contributes to national initiatives, and works closely with Health NZ at national and regional levels. These activities demonstrate commitment and responsiveness and have contributed to the Agency's high level of trust across the system.

However, the Review finds that **the Agency's stewardship role is not yet being exercised in a consistently authoritative or disciplined way. In practice, stewardship is often delivered through influence, facilitation, and problem-solving, rather than through clear system signals, prioritisation, and accountability. This reflects both the limitations of the Agency's formal levers and a tendency to prioritise collaboration over challenge.**

A key issue is the blurring of stewardship and delivery. Particularly through its regional hubs, the Agency is frequently drawn into operational problem-solving and relationship management with Health NZ. While this can add short-term value, it also creates risks, in that it:

- Dilutes accountability for delivery performance
- Reduces the Agency's capacity to maintain an independent system view
- Reinforces reliance on relationships rather than formal levers; and
- Contributes to role ambiguity and scope creep.

Effective stewardship requires the Agency to be able to stand back from day-to-day operational pressures and focus on system-level signals and performance. This includes being willing to surface uncomfortable issues, challenge under-performance, and escalate concerns when necessary. Interviews suggest that the Agency does not always feel sufficiently authorised or supported to do this, particularly where challenge could strain relationships or create tension with delivery partners.

The Review also finds that stewardship is unevenly supported by internal processes and capability. While the Agency produces valuable analysis and advice, there is limited evidence of a consistent stewardship framework that sets out how:

- System risks are identified and prioritised
- Stewardship issues are escalated
- Follow-up and accountability are tracked over time; and
- Stewardship activity is aligned to strategic priorities.

Without such a framework, stewardship risks becoming reactive and issue-driven rather than deliberate and sustained.

To meet the five-year excellence horizon outlined above, the Agency's stewardship role needs to be clarified, strengthened, and better supported. This includes:

- Clearer articulation of stewardship expectations and boundaries
- Stronger use of formal levers through Ministry of Health and Director-General pathways
- Reduced operational involvement, particularly at the regional level

- Development of internal stewardship capability and discipline; and
- Explicit system permission to challenge and escalate performance and equity issues.

In a nutshell, **the Agency is widely seen as the de facto cancer system steward but is not yet fully enabled to operate as such**. Strengthening stewardship is therefore central to the Agency's future effectiveness and to the system's ability to deliver improved cancer outcomes and equity.

At the core of the stewardship challenge is the issue of **access to formal system levers**. Under current arrangements, the Agency relies largely on influence, relationships, and goodwill to effect change. While this has enabled early gains, it is not a durable model for the level of system stewardship expected going forward.

Formal authority to set expectations, monitor performance, escalate concerns, and lead population-level prevention sits with the Director-General of Health and the Director of Public Health under the Pae Ora (Healthy Futures) Act. The Agency does not have direct access to these levers, despite being increasingly expected to influence outcomes that depend on them.

The Review finds that addressing this misalignment is critical. Three potential pathways are identified:

- **Legislative change** to provide the Agency with clearer access to or delegation of stewardship levers; or
- **Explicit Ministerial direction** clarifying expectations, escalation pathways, and use of existing levers on the Agency's advice.
- **Structural integration** of the Agency into the Ministry as a protected business unit, directly aligning cancer stewardship with statutory authority.

Of these, integration as a protected business unit within the Ministry is assessed as the most effective and durable option, as it aligns authority with expectations without fragmenting stewardship or duplicating delivery.

Leadership Weak

The Agency has benefited from committed and values-driven leadership since its establishment. However, the Review finds that leadership settings are now under strain due to the scale and ambiguity of expectations placed on the organisation. The Agency is expected to lead on prevention, early detection, cancer intelligence, equity, and system accountability, while also maintaining deep relationships across a complex and politically sensitive sector. Without a sufficiently clear articulation of its unique value proposition and the boundaries of its role, leadership effort is currently dispersed across too many fronts.

The current vacancy in the Chief Executive role further exposes this issue. While interim leadership arrangements have maintained continuity, the absence of a permanent leader heightens the importance of clarifying the Agency's future direction and institutional settings. Appointing leadership into an unresolved structural context risks misalignment and short tenure. Conversely, resolving the organisation's role and authority provides a stronger foundation for future leadership to focus on impact rather than on organisational and system navigation.

The Review therefore concludes that leadership effectiveness is increasingly contingent on system decisions about mandate, authority, and form, rather than solely on individual capability.

The Review also found that the role of the executive leadership team was also not well understood across the Agency. We had a sense that staff were unclear whether the executive is a decision-making body, a body advising the Chief Executive or simply a discussion forum.

Several staff also suggested that the team is currently working at a level below where it could be. *"They focus on doing stuff*", said one. *"But they should have their eyes firmly on the horizon and on making our Cancer Action Plan actually happen".*

Some interviewees observed that emphasis on ensuring the survival of the Agency and managing key external relationships might be crowding out attention to the internal leadership of people and productivity. *"Externally, there is lots of advocacy,"* said on interviewee. *"Internally, there's lots of process and general niceness, but they don't hold people to account."*

The tone set and modelled by senior leadership is the single most critical factor in creating and maintaining a healthy, productive and high-performance culture.

Based on the interviews we conducted, we suggest that **the current leadership team is not consistently focused on strategy execution and accountability**. While they focus on internal people leadership and communications that align with Agency values, this is not balanced by a relentless drive for performance and results. Conflict avoidance may be driving out accountability.

We suggest that executive leaders could benefit from further leadership development, particularly with respect to the development of coaching and communication skills and understanding of how to create a high performance and accountability culture. This investment could be leveraged from the existing public service leadership development framework.

This leadership development investment should be both individual (as leadership experiences amongst members vary) and collective, with respect to developing a mutual understanding of team skills complementarity and team dynamics.

As a collective, the team needs to work with leadership advisors to consider how to work efficiently both on and in the business, and how to harness the strengths of all members to deliver effectively on strategy, while balancing healthy debate with collegial relationships.

It is critically important that all members of the leadership team see themselves as both strategic and people leaders and that this ethos flows down into middle management. To this end, they should be good internal customers of the Ministry's human resources function. Some managers may currently feel they can abrogate some core people leadership functions to that team. This is currently creating some pressure on the Ministry. The latter's job under the shared services agreement is not to lead and manage another Department, but to support staff and enable Agency leaders in their roles.

Many respondents felt that the senior leadership team's 'happy place' was in the clinical service delivery space, rather than system or organisational strategy and implementation. They suggested that the team needs to take more of a long run, executive focus, trusting in middle managers to deliver the operational side of the business. *"They are operating at the wrong altitude"*, said one respondent. *"Lift the helicopter up. Hover less. Delegate more."*

Related to this is a lack of clarity about where decisions are made in the organisation, including delegations from the executive. The differentiation between the ELT and the wider 'OLT' also needs to be clarified. The respective roles and decision-making accountabilities of both teams should be documented and communicated across the Agency. This could be recorded in a formal Charter for the executive team.

Leadership also needs to deliver more regular strategy implementation communications to staff. While interviewees appreciated the alignment of internal communications to Agency values and the genuine efforts made to communicate in a positive and upbeat way, some saw current communication as *'too fluffy'* and less relevant to driving strategy and results.

Whatever the future holds for the Agency, its leaders must see themselves as collectively accountable for organisational outcomes – thinking outside their own areas of responsibility. The executive team must be on the business, rather than in it. It must operate cohesively as a group, with a strong focus on results.

Values, behaviour and culture Developing

The Agency has a strong relational and values-based culture, which underpins trust with stakeholders and a high level of staff commitment. This culture has been an important asset in establishing the organisation. However, the Review finds that it also creates risks as the Agency's role matures.

The current values of the Agency are well known to staff and appear to resonate with them at a deep level. They are:

- Equity-led
- Knowledge-driven
- Outcomes-focused; and
- Whānau-centred.

Staff told us, and engagement surveys confirm, that they are proud of the collegiality, supportiveness and inclusiveness of the current organisational culture. *"It's the best job I've ever had",* one interviewee told us, in a comment reflective of many. *"People are so warm and welcoming and nice here."* Current staff engagement scores are high by public sector standards.

However, respondents also mentioned the shadow side of these strengths, including:

- Reluctance to engage in challenging conversations – both internally and with stakeholders - about performance, risks and trade-offs
- Risk aversion, which manifests as a tendency to second guess, overthink or water down advice, in order to minimise conflict. This in turn makes work production slow.
- Passion and dedication to the Agency's mission can override objective prioritisation decisions, which can lead to scope creep on projects or attempts to deliver too many projects for the available resources
- A *'nice and very flexible'* work environment that is not balanced by tight accountability and a focus on deliverables and on sustainable, system level outcomes; and
- Depth of mission focus and political correctness can make some staff feel morally injured by adapting to the needs of any particular Government of the day.

In particular, there is a tendency to prioritise consensus, facilitation, and responsiveness over clarity, prioritisation, and performance challenge. This manifests in:

- difficulty stopping or narrowing work programmes
- limited escalation when system performance does not improve; and
- a reluctance to engage in sustained, evidence-based challenge of delivery agencies.

As expectations shift toward stronger stewardship and accountability, the Agency requires a culture that is more comfortable with constructive tension, clear performance expectations, and explicit trade-offs. This does not imply a departure from the Agency's values, but rather an evolution toward a more mature stewardship culture that balances collaboration with accountability.

This is not yet a mature Agency where leaders model and staff thrive on constructive conflict and robust discourse, either internally or across the system. If the Agency is in future to take a more muscular, stewardship focussed role in the overall cancer and health systems, it must be comfortable to engage in evidence-based challenge and debate.

Further, as a Departmental Agency, it must demonstrate accountability to the wider public service and the public for its decisions and positions. Currently, the Agency appears slightly naïve in this regard. For example, as noted above, when the Agency released its optimal care pathways for cancer treatment it did so without extensive prior engagement with the Ministry or Health NZ. This pleased clinicians but created issues for fellow agencies in that the pathways had neither been costed nor approved by Ministers.

Similarly, the new Cancer Action Plan has not been costed with the involvement of other agencies. Both these examples speak to a reluctance to engage in the challenging business of trading off, which should be core to any publicly funded agency, particularly one with departmental status. Such an Agency cannot be in the business of trying to please people. A responsible steward needs to address complex issues of rationing and risk if it is to act according to its public service obligations to use taxpayer resources efficiently, effectively and in the interests of both current and future governments.

Internally, this collegial thread in the culture can have the downside that performance issues are left unaddressed. This places undue burden on high performing staff and creates drag on an already tiny and thinly resourced Agency.

Thus, **in spite of the many positive traits in the Agency's culture, carefully nuanced culture change at significant scale will be needed to support the changes to vision, purpose and strategy suggested in this report**.

Once vision and strategy are refreshed, the 'new' culture will need to be explicitly designed, rather than being left to chance. The positive elements in the existing culture need to be carefully retained, while less helpful traits, especially any that are buried deep in the Agency's cultural 'iceberg', need to be directly surfaced and openly addressed.

More specifically, building a culture that is reflective of a successful agency in the new environment will require:

- Adopting a more departmental mindset that balances quality, cost and stewardship obligations
- Normalising evidence-based challenge and debate
- A risk management mindset, as opposed to, as now, a risk elimination mindset
- Clear performance expectations, both internally and externally
- Willingness to address poor performance; and

- Leadership capability development in handling conflict, disagreement, and public accountability.

Going forward, the culture of the Agency will need to become more reflective of an accountable public agency and system steward, while not losing the current cultural strengths the Agency has in terms of inclusivity, kindness, collegiality and mission focus. The Agency will know when it has achieved this through its staff engagement and stakeholder surveys and feedback.

However, strengthening performance culture will also be difficult without the clearer authority and levers discussed above. In the absence of formal mechanisms to influence system behaviour, performance challenge risks being perceived as advocacy rather than stewardship.

Governance Weak

The current decision-making and governance arrangements for the Agency are likely to impede the Agency's ability to deliver any revised vision and strategy in an efficient, effective and agile way.

The Agency should reflect on where decisions should be made in the organisation, including delegations from the Chief Executive.

There is some internal noise about the perceived bureaucratic rigidity of the current delegations framework. Several relatively senior staff reported feeling disempowered. At present most key decisions, including minor operational decisions, are made at executive level, creating bottlenecks and risking slower and more iterative than desirable decision-making and work output.

If the Agency is to be a horizon focussed, effective, and agile steward in a fast-changing cancer environment with increased responsibilities as the leader of cancer analysis and discourse, serious thought must be given to delegating decisions to – and further upskilling and empowering – tier three leaders.

In this context, a responsibility assignment matrix (commonly known as a RACI) does not appear to have been clearly articulated for the Agency. A RACI sets out responsibilities ('who does'), accountabilities ('who approves'), who is consulted ('who has input') and who is informed ('who sees the output') in relation to activities in cross-functional projects and processes.

The Agency should consider developing, and then publishing, accountability statements and maps for all staff from front line leaders upward. These should be designed to ensure leaders are clear about their accountabilities and that staff and partner agencies are also clear about where accountability for decisions lies within the organisation. The process of developing the statements and maps will provide the Agency with the opportunity to carefully reflect on who should be accountable for what, and why.

The shared services arrangement with the Ministry also creates some interesting governance challenges. The risk exists that the Agency abdicates governance responsibility for the corporate functions and leaves the Ministry as the holder of any residual risks. At this distance post establishment, it may be timely for the two agencies to review the arrangement and clarify accountabilities and risk mitigation strategies.

Delivery

In this subsection, we examine:

- The Agency work programme
- Services to clients, customers and citizens; and
- Partnerships and stakeholder engagement.

The work programme Developing

Although the Agency has made significant efforts to develop a prioritisation framework to determine which projects it will invest in, interviewees described an over ambitious work programme which stretched the available resources too thin. There was a general sense that the Agency should, in future, do fewer things and resource them well.

Several interviewees raised the issue of the optimal balance in the work programme between treatment and prevention. *"Because they are tactical, they tend to be most comfortable in the treatment space"*, said one. *"They seem to think that prevention is too hard and too politically difficult to get across the line. Yet you could argue that that's where, if you look across the whole cancer landscape, the big narrative needs to be. We're really behind Australia in sun smart for example. These are areas where it seems appropriate for Te Aho to use its data and capability to tell a longer run, social investment story."*

Other issues raised regarding the work programme included:

- An overly bureaucratic and slow approach to triggering a project, with a 25-page internal document required for each project plan prior to approval. Such plans generally go through multiple iterations, which delays delivery. *"There is just not a focus on pushing things out"*, said one interviewee. *"Where is the work?"* asked several stakeholders.
- The need to move from project management to more mature portfolio management approaches. *"The work programme is like a long list"*, said one respondent. *"It should instead be a carefully balanced portfolio of the key things that are going to make the most impact on achieving the Cancer Action Plan"*.
- A focus on how to package the work for it to be accepted by clinicians or partners, as opposed to a focus on the substance of the work. *"They repackage, iterate and iterate again"*, said one interviewee. *"They should just be confident in their*

position." This current hesitancy in taking a position was evident to us in internal interviews.

- The opportunity for the Agency to drive and influence a wider research agenda, beyond its own work programme. *"They don't have commissioning levers*", said one interviewee. *"But they are in a great position to get above the noise and see what research needs to be done or can be done given their data. There is so much opportunity to do to so many good things in this space."* We note in this regard the approach of the national Australian cancer body (which differs from the Agency in that it does have a commissioning function), which is to declare a distinctive research focus each year, to drive a codified and impactful research programme; and
- The need to find the optimal balance between embedding activities relating to strategic objectives into business as usual and delivering them via a project portfolio.

Once vision and strategy have been reset, it will be important for the Agency to review and realign its work programme and the associated processes accordingly. In future, **a more tightly prioritised work programme, with governance and monitoring designed to drive urgency, accountability and focus, will ensure greater impact.**

Services to clients, customers and citizens Developing

The Agency prides itself on its close engagement with cancer patients and advocates, and with clinicians in the field. This engagement comes in part via formal reference groups, such as:

- The Advisory Council, which provides expert advice to the Chief Executive in developing and refining long-term cancer control strategies and action plans
- He Ara Tangata, a reference group of consumers with lived experience of cancer. Members participate in the Agency's projects
- Hei Āhuru Mōwai, the National Māori Cancer Leadership Network. This brings together a range of experts, including those working in clinical, community care, epidemiology, health services management and research. The Agency supports Hei Āhuru Mōwai through operational and project funding
- The Cancer National Clinical Network. This provides clinical advice to support our long-term strategic direction for reducing cancer incidence and improving cancer services across the cancer continuum. The Network includes clinicians from a broad range of cancer-related medical, nursing, and allied health specialities; and
- Contracted partners, such as, for example, the National Child Cancer Network, which the Agency funds.

Informally, the Agency also engages with patients and clinical providers via its distributed regional hubs. At times, such as during Covid, these hub driven relationships

have become close, with Agency staff, many of whom have clinical backgrounds, stepping into some delivery roles in support of clinical providers. Even as recently as the cyber-attack affecting Waikato hospital, hub staff supported Health NZ staff on operational matters. While this speaks to strong relationships, the Agency should not be doing Health NZ's job.

Stakeholders we interviewed valued the Agency's strong engagement with patients, advocates and clinicians, but a number also identified perceived or actual risks of capture. Concerns included the following:

- Prioritising patient and clinician relationships shifts the Agency into the delivery of services space, which is, post reform, clearly the purview of Health NZ. In addition, one interviewee noted, "*if they focus most tightly on delivery, does that blind them a bit to the aspects of cancer that are arguably underdone, such as prevention or end of life care?*"
- Advocacy priorities may sometimes pull the Agency toward commissioning roles, where it has no levers or mandate; and
- While close engagement and jointly funded work with these groups made sense in the pre reform health system context, for which the Agency provided important connections on cancer across a fragmented system, it is harder to clarify its purpose in the new health system without furthering the confusion over Agency role and purpose. *"It's a swim lane problem again"*, said one interviewee. *"Delivery is not theirs. They are not advocates - the Cancer Society and NGOs do that. Commissioning is not their role either. So, who do they need to engage with and on what matters that the other agencies aren't addressing?*"

As a Departmental Agency in an integrated health system, the Agency must, going forward, balance meaningful engagement, (particularly in co funded projects) with lived experience and independent, system level judgement based on evidence and population health impacts.

While positive engagement with clinicians is an Agency strength, it is important that it does not become a sugar high, isolated from the rationing, risk management realities and cost restraint imperatives of the wider system. In the future, the Agency needs to:

- Clearly articulate how consumer input informs, but does not determine, decisions
- Maintain transparent criteria for prioritisation and advice; and
- Reinforce its role as a steward of population-level cancer outcomes, rather than a proxy advocate.

Partnerships and stakeholder engagement Developing

The Agency's stakeholder environment is complex, emotionally charged, and politically sensitive. Yet currently, the Agency lacks a fully articulated, consistent stakeholder strategy.

As a result, stakeholder engagement is strong but often reactive and relationship-driven, rather than anchored in formal strategy and sustainable frameworks.

Such ad hoc and personality dependent approaches create the risk of inconsistent messaging and expectation-setting across stakeholder groups. They also mean that as system personnel change, the Agency can find itself isolated from critical stakeholders and groups.

These relationships are a critical asset and provide the Agency with insight, influence, and legitimacy. They also support the Agency's role in convening system actors around shared priorities and in surfacing issues that may not otherwise be visible at a national level.

However, the Review also identifies material risks associated with the way engagement currently operates, particularly in the absence of sharper role clarity and stewardship authority.

A recurring theme in interviews was the risk of stakeholder capture. Because the Agency places a strong emphasis on being responsive and collaborative, there is a risk that priorities are shaped disproportionately by the most vocal or organised stakeholder groups, including some clinician and advocacy voices. While these perspectives are essential, effective stewardship requires the Agency to balance stakeholder input against population-level evidence, system sustainability, and equity considerations.

There is also evidence that engagement activity can become a substitute for formal decision-making and accountability. In some cases, issues are worked through iteratively via relationships rather than being escalated through formal system channels. While this can maintain goodwill, it can also delay resolution of systemic problems and reinforce reliance on informal influence rather than durable levers.

Engagement with Health NZ illustrates this tension. As a result of the Agency's historic delivery focus, the current relationship investment is focussed almost solely on engagement with Health NZ as the delivery agency. The Agency's close working relationships at national and regional levels support collaboration and information flow, but they can also blur accountability and create expectations that the Agency will help resolve delivery challenges. This dynamic risks undermining the Agency's ability to

maintain an independent stewardship perspective and to hold delivery agencies to account for performance.

"The clinical space seems to be their default setting, and I understood that when they were holding up a flag for cancer in a fragmented system", said one interviewee. *"But it's now for Health NZ to coordinate clinical centres of excellence. That risks putting the Agency in a lobbying space, which is inappropriate."*

If the Agency is to strengthen its stewardship heft across the system, the critical relationship should rather be with the Ministry, which holds the formal system levers for policy, funding, commissioning, monitoring and accountability. This latter relationship needs much greater investment. *"They are currently a slightly orphaned Agency in the system"*, said one interviewee. *"... they need to bring their excellent data and insight to the Ministry to support that agency's system leadership work."*

Another stakeholder commented on the significant opportunities here. *"Rather than being captured by drugs, treatment and infrastructure, they can get up a level and tell a more meta narrative. That's stewardship. That's partnership with stakeholders. That's strategic. They have so much scope to do great things by engaging at this higher level."*

There is also an opportunity to more formally measure the impact of stakeholder engagement activity. Net promoter score or similar measures may be helpful to gauge the progress being made over time in tier one relationships.

To 'get to green' in future, a mature stakeholder management strategy should include:

- Clear segmentation of stakeholders (e.g. system partners, Māori and iwi partners, patient and consumer advocates, clinicians, policymakers)
- Explicit objectives for engagement with each group, alongside progress measures for priority relationships
- Agreed boundaries between, and protocols for, engagement, co-design, and decision-making
- A consistent narrative about the Agency's role, authority, and constraints; and
- Regular review of stakeholder influence, risks, conflicts of interest and emerging issues.

Engagement with Ministers Developing

As a small Agency lacking in direct levers to formally influence the health system, the Agency usually provides reactive advice, often in conjunction with the Ministry. Its great strength is the ability to mine its cancer specific data sets for useful insights that can help inform capital P policy. This is illustrated, for example, in its State of Cancer reports, which stakeholders told us they found extremely useful.

The Agency has a history of positive relationships with Ministers, although the swim lane problem discussed earlier also applies in this context. Ministers take first, best policy advice from the Ministry, and implementation advice from Health NZ and sector groups. The Agency is not always involved in this machinery from a cancer specific viewpoint. The extent of their involvement is likely to depend more on ministerial inclination and style than on a well understood and hard-wired role for them in the policy and implementation spaces.

If the Department is to upweight its stewardship functions, as our interviewees suggested it should, it will need to work with sector leaders to establish its policy advisory value proposition. More practically, it will need to work with the Ministry on a more regular and systematic basis to understand and communicate the cancer specific implications of system plans and policies. It should become valuable to Ministers via its expertise in cancer-specific evidence, data and system intelligence. A one stakeholder put it. *"It should convene and coordinate around critical cancer issues - so that it can provide strategic advice to the Ministry that informs system performance monitoring."*

Māori-Crown relationships Developing

In 2020, shortly after the foundation of the Agency, the organisation reflected the principles of partnership and Te Tiriti o Waitangi by asking Hei Āhuru Mōwai to offer the new organisation an ingoa Māori. As the network noted at the time, the context for the gift was a*" ... cancer continuum in Aotearoa [that] is a disjointed and inequitable collection of systems and in need of rongoā. The ingoa Māori has to articulate and deliver the promise of hope, Kotahitanga, connectivity, equitable outcomes and warmth."*

In gifting the name, the Network noted that *"Te Tiriti o Waitangi, its principles and intention is the foundation for this oati. This will ensure that Te reo Māori, and the name and its mauri is always respected, nurtured and cared for, and its core principles are adhered to."*

Since that time, the Agency has become an increasingly culturally competent and confident organisation. It has worked hard to respect its name. It takes a strong interest in Māori health issues as they relate to cancer and engages positively with the Hei Āhuru Mōwai network through operational and project funding. It works closely with the network to provide expertise and support for specific actions centred on improving Māori cancer outcomes.

Wider engagement in Crown Māori relationship is in practice the purview of the Ministry, although arguably, as a departmental agency with a role as kaitiaki of the national cancer system, the Agency should also engage more explicitly in this space. Having earned credibility in terms of cultural commitment, there is now an opportunity to work in partnership with the Ministry to explore how Māori Crown relationships regarding cancer might be further developed.

As one interviewee suggested, *"...if we're in the convening and collaborating space, then there's real opportunity to use our good ethnic data on cancer to amplify* whānau *voice about the challenges in navigating the cancer system, to surface the innovative practices that do exist and to help drive a research to action agenda around all this. We do the easy stuff, the cultural things well, but this hard, influencing, systems-based partnership stuff we're less good at."*

The Agency has made deliberate efforts to build relationships grounded in partnership, respect, and equity. These efforts are widely acknowledged and valued. However, as with other engagement domains, the challenge is to ensure that engagement translates into sustained system change rather than remaining at the level of consultation or project-specific collaboration.

In summary, to support the five-year excellence horizon, **the Agency's engagement approach needs to be more explicitly aligned to its stewardship role**. This includes:

- Clarifying the purpose of engagement in different contexts (e.g. intelligence gathering, co-design, accountability)
- Setting clearer expectations about what engagement can and cannot deliver
- Strengthening the link between engagement insights and formal decision-making and escalation pathways; and
- Ensuring that engagement supports, rather than substitutes for, system accountability.

In summary, the Agency's engagement capability is a strength, but it must be exercised with greater discipline and clarity of purpose. Without this, engagement risks diluting strategic focus, reinforcing role ambiguity, and constraining the Agency's ability to act as an effective system steward.

Workforce

This subsection covers:

- Organisational design
- Workforce development
- People performance; and
- Staff engagement.

Organisational design Weak

The current organisational structure of the Agency is steep for the size of the organisation and unusually distributed for a stewardship agency, with multiple regional delivery hubs as noted. This risks diffusing accountability, slowing decision making and duplication of activity between hubs, other agencies and the centre.

As strategy is revisited, the Agency will need to reflect, from first principles, about the optimal operating model through which to give effect to its strategic priorities. In doing so, it needs to consider:

- The optimal number of people leader roles in the structure, proportional to agency size and mandate
- How to align leadership roles with the strategic and analytical functions needed in a stewardship agency
- The ongoing value and nature of regional hubs in a national stewardship agency operating within a now centralised health system
- The need to reinforce national systems level focus as opposed to a quasi-delivery posture; and
- The need to streamline and simplify process, decision making and communication flows up and down the Agency.

Many respondents saw also the current regional hub model is a significant contributor to role ambiguity, dilution of stewardship focus, and blurred accountability with Health NZ.

"While the regional hubs may have been a strength in the past, they now risk the Agency getting seduced by crises, which are the operational responsibility of Health NZ", said one interviewee. *"If they are to be a neutral voice that looks across the evidence about cancer and sees where New Zealand can get best bang for its buck, then they need to remove that ambiguity."*

The role of the Agency's regional hubs were identified by interviewees as a persistent source of risk and role drift. While the hubs were originally established – pre-reform - with the intention of strengthening regional engagement and intelligence, in practice they draw the Agency into operational problem-solving, relationship management, and informal coordination activities that sit closer to delivery than stewardship.

This creates several risks:

- blurring of accountability between the Agency and Health NZ
- substitution for delivery responsibility rather than reinforcement of it; and
- diversion of the Agency capacity away from national stewardship functions such as prevention strategy, intelligence, and system challenge.

In a health system where delivery has been intentionally consolidated within Health NZ, ongoing regional operational involvement by the Agency is increasingly misaligned. The Review therefore finds that clarifying—and potentially removing—the Agency's operational regional role is central to sharpening its future effectiveness as a national steward.

Any decision about the future of the hubs must also be grounded in clarity about the Agency's future role as a national cancer steward, rather than being driven by existing

structures or workforce considerations alone. Under the preferred future state, the Agency's core focus is on:

- national cancer intelligence and analytics
- prevention and early detection insight
- system foresight and risk identification
- equity analysis and challenge; and
- stewardship advice and escalation through formal levers.

This future focus is **national, analytical, and system-level**, rather than regionally operational. Regional presence therefore only adds value where it directly supports intelligence gathering, system insight, and stewardship—not delivery coordination or problem-solving.

Beyond this structural issue regarding the regional hubs, other respondents also saw opportunity to reduce the current organisational layering and ensure that all leaders were skilled people leaders. *"Organisational complexity is reducing accountability and putting grit in the gears of productivity and output. Basically, it is slowing the work."* said one interviewee. *"This is not helped by variability in people management confidence and capability."*

Transparent organisational design principles should be applied in selecting the future organisational design, to ensure staff know what is being done and why.

Finally, organisational design changes will, ideally, *follow* the refresh of vision, purpose and strategy. This should not be the first thing that an incoming Chief Executive focuses on.

Workforce development Weak

The Agency contracts transactional HR services, such as recruitment and payroll, through the Ministry shared services agreement. Strategic HR activity is constrained, as is often the case in small agencies. As the Agency rethinks vision, purpose and organisational strategy, there is opportunity to place much greater emphasis on the value that can be added by strategic HR, supported by Ministry business partners but led by the Agency's line managers.

Accordingly, once strategy is reset, we suggest that the Agency utilise Ministry and/or external expertise to develop a basic workforce strategy, entailing:

- Comprehensive view of future capacity and capability requirements
- Metrics for monitoring people management
- A framework for ongoing workforce planning, talent management and progression
- A risk framework around capability; and
- A leadership development framework.

In the absence of this top-down view, people leaders have been managing HR issues reactively rather than working to a strategic end game. This has made it difficult to establish a coherent business partnering model with internal people managers, including raising the awareness of internal customers to lift their expectations.

Systematic leadership development for the all-important tier three managers is also not in place – reliance has been put on individual professional development planning. Tier three managers are crucial to translating the strategic big picture for staff into meaning in their day-to-day work. As noted, staff sometimes struggle with line of sight between Agency vision and purpose and their own work.

The Agency should also develop a simple talent management framework that can support improved retention, career progression and succession planning. The Agency is so small that it can be difficult for staff to see how they can progress in their careers without moving elsewhere. There is opportunity to embrace this reality and apply innovative approaches to both recruitment and retention. These could explore the use of secondments, exchanges and sharing staff with other agencies and partners.

Indeed, thought needs to be given to making the Agency's workforce more porous with the wider health and public service systems. Regular rotations and secondments from other agencies will both help the Agency become better integrated with the wider system and assist in the professional growth of staff.

Given the critical ongoing importance of the Agency's data and intelligence function, it will be particularly important to ensure that good talent management practices - including secondments and succession planning - are in place for these specialist staff.

In the meantime, it might be helpful to secure some additional interim HR resource to address a range of specific matters across the employee lifecycle, such as those outlined in the subsections below.

While we make some detailed suggestions here over the five-year horizon, it will not be possible to action all of them given current Agency resourcing and the constraints of the shared services arrangement. The executive should consider which of the suggestions outlined below will have most impact and are feasible within available resources. They will then need to work alongside the Ministry to plan how to deliver and support these services.

People and capability performance reporting

- There is opportunity for the executive team to be a more sophisticated customer of the Ministry's HR function. HR performance reporting at executive level can be improved with richer dashboard reporting. These dashboards could include a greater focus on strategic HR measures and targets.

Attraction and recruitment

- Position descriptions should contain clear performance standards and metrics.
- In such a small Agency, consideration should also be given to how to maximise the fungibility of staff without compromising quality.
- The Agency needs to focus on developing talent attraction strategies that attract and retain the skills needed in a centralised stewardship agency in the future.
- Applying innovative approaches to the recruitment of new talent, beyond the conventional local advertising and one-off interview. These could explore the use of secondments, retention incentives, and sharing staff with other agencies and partners.

Onboarding

- Investing in rigorous onboarding of new staff, through a staged induction programme. Current onboarding materials are likely to need review as strategy is revised.

Learning and professional development

- Developing a portfolio of development activities for staff targeted to the Agency strategy and which better aligns the needs of both employees and the organisation. This could replace the more ad hoc and potentially inefficient model, driven by individual initiative, that currently prevails.
- The provision of targeted and properly structured leadership development for managers and other key staff, as noted in the section on the executive above. Leadership will be critical to drive the repositioning of the Agency as a stewardship agency, and investment in growing the skills of the Agency's leaders should not be left to chance or individual initiative. As noted, access to a suitable leadership development programme can be gained via inter agency partnerships.

Progression and performance

- Developing talent management, performance management and succession planning that assess employee performance and potential against both technical and behavioural criteria, with sound moderation. Simple talent mapping of performance and potential (for example, on the widely used public service nine box grid) will be fundamental to better targeted professional development and succession planning.
- Investing in improved and more proactive succession planning for all key roles. The organisation is currently carrying significant key person risks, particularly on the data analytical side of the Agency.
- Refreshing and tightening the accountability around the current performance appraisal systems.

- Cross-skilling staff to work in multiple teams where feasible, in order to provide better surge capacity, and enriched development and career path opportunities (such as inwards and outwards secondments) both within the Agency and across partner agencies.

Retention and exit

- Developing engagement and retention strategies that are focussed on monitoring cultural health and learning the lessons that arise from any regrettable talent losses. Engagement surveys and pulses should result in quality 'so what' reporting and action plans. Currently, post survey action plans are largely delegated to staff, as opposed to being leader-led.
- Running exit interviews and publicising insights drawn from these to senior leaders.

People performance Weak

In theory, the Agency has detailed frameworks and processes to support performance management, with clear links to remuneration and a competency framework to support promotions and increments.

In practice, however, performance assessment conversations are not undertaken on a systematic basis and appear to be inconsistent in quality. There is an opportunity to invest in training in coaching skills for all managers, to improve the overall accountability culture and ensure all people leaders have the confidence and skills to navigate any performance challenges.

More attention needs to be on addressing under-performing staff and managers; especially early in people's careers when they may need help in identifying their strengths and development areas. Small organisations do not have the luxury of carrying such staff for long periods.

Incentives to address mediocre or poor performance are currently weak. This is related to the very warm and caring internal culture discussed above. The culture is conflict avoidant, and some people leaders appear to see performance management as a conflict. This mindset can be changed by training in how to coach, which should ensure that both staff and people leaders are taking a more direct, constructive and developmental approach to the management of performance.

Staff engagement Embedding

As noted above, staff are highly engaged at the Agency, as measured by the Kōrero Mai engagement survey and Public Service Census results.

The most recent staff engagement survey had a 92% participation with a strong overall engagement score of 7.9, slightly above the Peakon government benchmark.

Key strengths identified by staff included:

- Purpose-driven, meaningful work
- Supportive, caring people leaders
- A mana-enhancing, respectful environment where diversity is valued and wellbeing is prioritised.
- High trust and flexibility; and
- Clarity of expectations.

Pain points were identified as:

- Getting the planning and delivery processes right
- Decision-making clarity and empowerment
- Professional growth and career pathways
- Technology and shared services friction; and
- Strategic clarity and performance measurement.

The leadership challenge going forward, as the new Chief Executive and leadership team address the suggestions made in the Report, will be to retain these strengths and levels of energy and enthusiasm, while also communicating that what has got the Agency *to* here, will not necessarily get it *from* here.

The operating context for the Agency has changed in fundamental ways, and a successful pivot to being a stewardship agency is likely to create healthy but uncomfortable tensions during the transition. It will certainly require skilled change leadership, as we discuss in a later section.

Financial management, data and risk

This section examines the Agency's financial management, data and information settings, and risk and assurance practices, and the extent to which these enable or constrain delivery of the five-year excellence horizon. In combination, these functions underpin organisational credibility, sustainability, and the ability to exercise system stewardship with confidence.

Financial management Developing

The Review finds that the Agency's financial management is generally sound and well controlled. Core financial processes are in place, and the Agency operates within its appropriations. Given its relatively small budget, the Agency has demonstrated careful stewardship of resources and a strong awareness of fiscal constraints across the health system.

However, the Review also finds that financial management is largely compliance-focused, with limited use of financial information as a strategic tool. Budgeting and forecasting processes do not yet consistently support strategic prioritisation or trade-off decisions. In practice, resources are often spread across a wide range of activities, reflecting the breadth of the Agency's role rather than a disciplined focus on highest-impact stewardship functions.

As expectations of the Agency's role increase, this approach creates risk. Without stronger links between strategy, priorities, and resource allocation, the Agency's limited funding is diluted and its ability to invest in core capabilities—particularly cancer intelligence, analytics, and stewardship capability—is constrained.

To support the excellence horizon, financial management needs to evolve from a primarily control-oriented function to a more strategic enabler. This includes:

- Clearer alignment between strategic priorities and resource allocation
- Ability to use or contribute to financial modelling approaches that explore the social investment/avoided cost implications of funding decisions
- Use of financial information to support prioritisation and stop-doing decisions; and
- Greater transparency about the opportunity cost of taking on additional work.

Data and information management Embedding

Under any future institutional scenario, data and information are central to the Agency's mandate and future value proposition. The Review finds that the Agency has made important progress in assembling, analysing, and disseminating cancer data and insights, and is widely regarded as a credible source of cancer intelligence.

At the same time, the Review identifies significant constraints that limit the Agency's ability to fully realise its ambition as the system's cancer intelligence hub. These include:

- Fragmented data sources and variable data quality across the system
- Complex and sometimes unclear data governance arrangements
- Data lags, which make timely analysis particularly challenging. Many critical cancer data sets run on multi year lags or report on inconsistent timeframes, which adds real complexity to the analysis
- Limited integration of cancer data with broader health and social datasets; and
- Resourcing constraints that limit advanced analytics, foresight, and timely insight.

Data governance is a particular challenge. While there is strong awareness of privacy, cyber security, and Māori data sovereignty considerations, governance arrangements are

not yet sufficiently clear or durable to enable consistent data sharing and integration across agencies. This constrains the Agency's ability to provide timely, system-wide insights and to support proactive stewardship.

To deliver the excellence horizon, data and analytics need to be treated as national system infrastructure, rather than as a discretionary or project-based capability. This requires system-level investment, clearer governance, and stronger alignment between data strategy and the Agency's stewardship role.

Risk and assurance Developing

The Review finds that the Agency has basic risk management and assurance processes in place. Key organisational risks are identified and reported, and there is appropriate attention to operational and reputational risk.

However, the Review also finds that risk management is not yet fully integrated into strategic decision-making. Risks are often framed in operational terms, rather than as strategic system risks linked to the Agency's mandate and future role. There is limited evidence that risk analysis is routinely used to inform prioritisation, escalation, or choices about institutional form and operating model. There is also limited evidence of futures thinking techniques such as scenarios to anticipate future system risks.

As the Agency's role shifts toward system stewardship, the nature of risk also changes. Strategic risks—such as failure to influence prevention and early detection, erosion of stewardship authority, loss of analytical capability, or misalignment of institutional form—become more significant than traditional operational risks.

To support the excellence horizon, risk and assurance practices need to mature to include:

- Clearer articulation of strategic and system-level risks
- Greater clarity of risk appetite tolerances
- Greater use of futures thinking to inform risk identification and management
- Use of risk analysis to support prioritisation and escalation decisions; and
- Stronger integration between risk management, performance reporting, and governance oversight.

Taken together, financial management, data and information, and risk and assurance settings are assessed as developing when judged against the five-year excellence horizon. While core controls are in place, these functions are not yet operating as strategic enablers of stewardship and system impact.

Strengthening these settings is essential to supporting the Agency's future role as a confident, credible, and durable system steward.

Overall assessment Developing

Taken together, the organisational performance challenges and opportunities that have been traversed in this section explain why **the Agency is assessed as DEVELOPING against future performance needs**. The organisation has strong foundations, credibility, and purpose, but is operating within settings that constrain leadership focus, performance culture, role clarity, and system influence.

Resolving these issues requires system-level decisions and clear change plan, not incremental internal adjustment. Without clearer authority, sharper role definition, and alignment with statutory levers, the Agency risks remaining highly active but structurally limited in its ability to drive sustained improvement in cancer outcomes and equity.

Capability to implement change

The extensive changes to the leadership, vision, strategy and operating model of the Agency suggested in this report must be explicitly planned and designed as a system, which can be progressively implemented over the five-year horizon.

The Agency cannot get from where it is now to where its staff and stakeholders aspire for it be via incrementalism. As we have noted, **what got the Agency to this point, will not get it from this point.** The suggestions made by respondents and outlined in this report, taken together, amount to transformational change and entirely new ways of thinking and working in some areas.

The change programme needed now must signal the Agency's current inflection point. Planning it will mark both a conclusion and a transition for the Agency: from establishment to maturity; from activity to impact; and from reliance on influence to stewardship grounded in authority, discipline, and durability.

There are some specific change leadership matters that warrant particular attention as the Agency's leadership, and the PSC, consider the way forward. We have touched on these throughout this report, but they are worth re-emphasising here.

Drive the transformation from a distinctive value proposition

The Agency is a mission driven organisation. Those who work there see a higher purpose in their work for cancer patients, whānau and communities.

As discussed, for the Agency this goes to being a steward for cancer across the health system, using its data and insights to drive a future focussed narrative about what New Zealand needs from its present and future cancer systems.

The Agency's leaders need to hone and distil this distinctive value proposition – the unique thing that *only* the Agency can do in the system – into a simple, powerful and measurable narrative.

In an Agency with such a palpable sense of mission, people will change only when both their heads and hearts are engaged, particularly when the change is transformative in scale and likely to be of some duration. Their heads will apprehend the 'why' and their hearts will help them go the extra mile to get there.

It is the job of all Agency leaders to articulate and rearticulate this narrative. They need to make it readily understandable by all staff and stakeholders, and both intellectually compelling and deeply connected to the reasons people joined the Agency.

Anchoring change in a powerful idea such as this and finding ways to measure the impact of the Agency in the new health system, will act as a new golden thread, from vision to strategy and operating model, into the work of teams and individual staff members.

Strengthen influence via well planned execution

Once leaders have planned these changes, which needs to be done promptly, they will then need to secure some early, confidence building wins in the first half of 2026, and then stabilise and settle the Agency to embed the changes for the long haul. The changes must be carefully designed to endure and stick, regardless of any volatility in the operating or authorising environments.

To maintain the energy of staff and ensure pace and focus, the executive led refresh of vision, strategy and operating model should be completed in the next three to six months, though the strategic priorities will obviously be executed over a much longer, multi-year period.

The shift to developing a new stewardship approach will take time and appropriate engagement with the system, but improvements in confidence, decisiveness and future focus should be discernible to stakeholders over the next 12 months.

In the next section of this report, we suggest a both a phased approach to planning implementation and a roadmap for more detailed prioritisation and sequencing of the changes outlined in this report.

Develop stewardship muscle

The Agency will not become an effective system steward overnight, or just because it says it will. It will have to earn its licence to operate in this more strategic space. This will be hard and uncomfortable work at times.

Leaders will need to become more at ease with challenge, more actively managing the authorising environment, making difficult trade-offs and working – using a social investment mindset and tool kit – to a much longer and more strategic view.

A modern, agile, steward will be constantly scanning for future trends as well as interpreting and responding to real time data.

Vital to this balance will be the use of seconded or expert temporary resources, careful agenda management to ensure that the immediate does not crowd out the strategic and coaching for key change leaders as required.

Building this stewardship muscle will also require a unified executive team, strong alignment between the top team and tier three managers, and deeper and more effective relationships with the Ministry as the ultimate system stewardship agency.

A confident and results focussed culture

As noted, the cultural change leadership that will be required here is sophisticated. The real strengths in todays' culture need to be carefully nurtured and maintained, while also being balanced with a much tougher, 'tight loose tight' approach to accountability, performance and results going forward.

Working with staff, leaders will also need to consider whether the current organisational value set is right for the next chapter of the Agency's development. The current values may need to be supplemented by new values that go to courage or accountability, for example.

Above all, leaders will need to model the new ways of working. The kindness, warmth and collegiality that are so integral to the Agency in the present can be balanced by greater urgency, accountability and focus on results. Indeed, many staff are asking for this to be so. Leaders will need to reflect as a collective about not only the formal ways they can signal this new balance, but about the signs and signals that will demonstrate the new culture in more subtle ways.

Leadership at the right altitude

Throughout all this, leaders will need to take great care not to drop into operations and to remain at the strategic level. The executive team needs to be looking up, out and long.

This is likely to require some expert governance support to the executive team, and some joint work with middle managers about new delegations and decision and process flows. It will be important to craft a new Executive Charter and to adopt a regular cadence of self and external review.

Bring stakeholders on the journey

The coming changes should not be driven from internal requirements to update the Agency operating model, but from the need to drive the transition from the 'outside in'; that is, with a 'customer' focus and the opportunity to act as a steward of the cancer system.

Communicating and engaging on the proposed changes across the system will be challenging, given the post reform churn and a degree of change fatigue. The Agency's leaders will need to engage closely with the Ministry in particular, to ensure well aligned messaging and coordination around system plans and targets.

They should also work inclusively with staff and stakeholders in resetting vision and strategy. Wide engagement in strategy development will create an increased level of understanding of the challenges faced by the Agency and improved acceptance of its priorities and new ways of working.

Internal changes will not be sufficient without system support

Finally, this Review has underscored a central truth: **New Zealand cannot treat its way out of cancer**. The future of cancer control depends on sustained leadership in prevention, early detection, intelligence, and system accountability. the Agency has a critical role to play in that future. Whether it succeeds will depend not only on its own actions, but on whether the system provides the clarity, authority, and support required for it to operate as a mature and effective steward.

What will good look like for the Agency in 2030?

In this section, we summarise the aspirational the Agency of 2030, once the suggestions outlined above have been successfully implemented.

Rationale for a new value proposition for the Agency

1. Why a new value proposition is required

The Review finds that the Agency's original establishment rationale—coordination across a fragmented DHB system and lifting visibility of cancer as a national issue—has been partially overtaken by system change. New Zealand now operates a centralised cancer delivery system under Health NZ**,** with stewardship, public health leadership, planning, and monitoring functions concentrated within the Ministry.

At the same time, expectations of the Agency have **expanded rather than narrowed**. Stakeholders increasingly look to the Agency to:

- provide authoritative cancer intelligence;
- signal emerging risks and opportunities;
- influence prevention and early detection settings; and
- help hold the system to account for outcomes and equity.

However, these expectations are not yet matched by a clearly articulated, future-facing value proposition. Without this clarity, the Agency risks being:

- stretched across too many roles,
- drawn into operational problem-solving,
- evaluated on activity rather than impact, and
- dependent on informal influence rather than durable system levers.

A refreshed value proposition is therefore required to anchor the Agency's role in the next phase of the health system**,** not the one it was created for.

At present, the reviewers have concluded that the current operating model does not adequately enable the positioning or delivery of an enhanced, future-focused value proposition. The model remains stretched across a broad mix of stewardship, coordination, and quasi-operational activities, with insufficient structural separation between system leadership and problem-solving support to delivery agencies. This disperses leadership attention, blurs role boundaries, and reinforces reliance on

influence and relationships rather than enabling the Agency to act consistently as an authoritative source of cancer intelligence, prevention leadership, and system challenge.

In particular, the current configuration—alongside the role of the regional hubs—draws the Agency into day-to-day operational dynamics, limiting its capacity to prioritise foresight, upstream prevention, early detection strategy, and performance accountability. As a result, while the intent of a stronger value proposition is increasingly articulated, the operating model does not yet provide the focus, discipline, or institutional leverage required to embed and sustain that proposition in practice.

2. The core shift: From “doing more” to “making the system better”

The Review indicates strong consensus on one fundamental point:
New Zealand cannot treat its way out of cancer.

Future gains will come disproportionately from:

- prevention,
- earlier detection,
- equity-focused system design, and
- smarter use of data and analytics.

This implies a decisive shift in what the Agency exists to do. The new value proposition should not be framed around:

- delivering programmes,
- commissioning services, or
- managing parts of the cancer pathway.

Instead, the Agency’s distinctive value lies in **making the system work better over time**, by shaping decisions, priorities, and accountability across the whole cancer continuum.

3. Proposed value proposition (core statement)

The Agency exists to be New Zealand’s national authority on cancer intelligence, prevention and early detection strategy, and system stewardship—using data, analytics, and foresight to influence how the health system plans, invests, and performs, in order to reduce cancer incidence, detect cancer earlier, narrow inequities, and improve outcomes over time.

This proposition is deliberately:

- **narrow** (focused on what only the Agency can do),
- **system-level** (not delivery-oriented), and
- **future-focused** (oriented toward sustainability and prevention).

4. What this value proposition enables (role clarity)

Under this value proposition, the Agency's role becomes clearer and more defensible:

The Agency is not:

- a service delivery agency,
- a commissioning body,
- a substitute for Health NZ operational leadership, or
- an advocate organisation.

The Agency is:

- the system's **"brain" for cancer**—integrating data, analytics, foresight, and equity insight;
- a **signal-setter**, identifying where the system must shift;
- a **trusted challenger**, raising performance and equity issues through formal stewardship pathways; and
- a **connector**, linking evidence, innovation, and system decision-making.

This clarity supports sharper prioritisation, "stop-doing" decisions, and a more disciplined operating model.

5. How the Agency can be well connected to innovation in cancer

A key test of the new value proposition is whether it positions the Agency to be close to innovation without being captured by it.

Under the proposed role, the Agency connects to innovation in four deliberate ways:

A. Intelligence-led innovation scanning

The Agency systematically scans national and international cancer innovation—across prevention, screening, diagnostics, digital health, genomics, and models of care—not to pilot or deliver innovations, but to:

- assess system relevance,
- evaluate equity implications,
- identify scalability risks, and
- signal where innovation should be prioritised or de-prioritised.

B. Translating innovation into system insight

The Agency's distinctive contribution is to translate innovation into system-level questions**,** such as:

- What does this innovation mean for demand, workforce, and cost over time?
- Does it widen or narrow equity gaps?
- What upstream prevention or early detection opportunities does it create?

This moves innovation conversations beyond enthusiasm to informed stewardship**.**

C. Connecting innovation to planning and accountability

The Agency uses its stewardship position to ensure that credible innovation insights inform:

- Ministry of Health policy settings,
- Health NZ planning and investment decisions,
- performance expectations and monitoring.

Innovation becomes embedded in system behaviour, not dependent on champions or pilots.

D. Maintaining independence and system perspective

Critically, the Agency remains innovation-literate but independent**:**

- not captured by clinicians, vendors, or advocates,
- not biased toward treatment innovation at the expense of prevention,
- able to say “not yet” or “not at scale” where appropriate.

This independence is essential to maintaining credibility.

6. Why this value proposition is durable

The proposed value proposition is resilient because it:

- aligns with a **centralised health system**,
- remains valid regardless of institutional form,
- supports prevention-oriented fiscal sustainability,
- reduces reliance on individual relationships, and
- clarifies how the Agency adds value even in a constrained funding environment.

It also provides a clear basis for:

- performance assessment,
- governance expectations,
- system support requirements, and
- future decisions about institutional form (including integration options).

7. Bottom line

A refreshed value proposition focused on **intelligence, prevention leadership, and system stewardship** allows the Agency to:

- be smaller but more impactful,
- be closer to innovation without becoming operational,
- shift the system upstream,
- and deliver value that no other part of the system is positioned to provide.

Without this reset, the Agency risks continuing to be trusted and busy—but structurally constrained in its ability to deliver the outcomes New Zealand now needs.

Strategic excellence: Clear, enduring value proposition

Future excellence state

The Agency is widely understood—by Ministers, central agencies, Health NZ, clinicians, and communities—as:

New Zealand's national authority on cancer intelligence, prevention and early detection strategy, and system stewardship—using data, analytics, and foresight to influence how the health system plans, invests, and performs, in order to reduce cancer incidence, detect cancer earlier, narrow inequities, and improve outcomes over time.

What excellence looks like

- The Agency's purpose is stable and uncontested, regardless of leadership changes.
- The system no longer expects the Agency to "do everything"; it expects it to do the few things that only it can do.
- The Agency is not primarily reactive to advocacy pressure or operational crises; it is agenda-setting and future-focused.

Why this matters

This clarity is foundational. Without it, excellence in delivery, culture, or influence is fragile and reversible.

System stewardship excellence: Authority with legitimacy

Future excellence state

The Agency operates as a mature system steward, influencing behaviour through evidence, formal levers, and enduring governance arrangements—rather than goodwill alone.

What excellence looks like

The Agency's advice routinely shapes:

- cancer-related planning and prioritisation,
- performance monitoring and accountability,
- prevention and early detection investment decisions.

The Agency confidently uses Ministry of Health and Director-General pathways to escalate systemic issues when required.

Health NZ and other agencies treat the Agency input as expected and consequential, not optional.

Why this matters

Excellence in stewardship means the Agency can drive change even when it is uncomfortable, contested, or politically sensitive.

Prevention and early detection excellence: Shifting the curve

Future excellence state

The Agency is recognised as the primary national leader for cancer prevention and early detection, complementing (not competing with) treatment excellence.

What excellence looks like

- Prevention and early detection are no longer "adjacent" to cancer control; they are core system priorities, informed by the Agency intelligence.
- Screening participation improves, particularly for Māori and Pacific peoples.
- Stage-at-diagnosis distribution shifts earlier for key cancers.
- The Agency publishes credible, trusted insights that demonstrate how prevention and early detection reduce long-term system pressure.

Why this matters

This is where the greatest long-term gains in outcomes, equity, and sustainability lie. It is also where New Zealand cannot afford to fail.

Intelligence and analytics excellence: The system's 'brain'

Future excellence state

The Agency becomes the undisputed national source of cancer intelligence, combining data, analytics, foresight, and equity insight.

What excellence looks like

- High-quality, timely cancer data integrated across the system.
- Advanced analytics that identify trends, risks, and future pressures—not just describe the past.
- The Agency's intelligence is routinely referenced in:
    - Ministerial advice,
    - Budget and investment decisions,
    - public reporting and accountability.
- Data governance arrangements are trusted, transparent, and durable.

Why this matters

Without analytical excellence, the Agency risks being perceived as another policy voice. With it, the Agency becomes indispensable.

Organisational excellence: From "nice" to "constructive and demanding"

Future excellence state

The Agency retains its values-based, respectful culture—but pairs it with explicit accountability, delivery discipline, and comfort with constructive conflict.

What excellence looks like

- Clear operating model with strong programme and project discipline.
- Ruthless prioritisation and visible stop-doing decisions.
- Leaders are confident in setting expectations, managing under-performance, and escalating issues.
- Staff understand how their work contributes to measurable system outcomes.

Why this matters

An organisation can be liked and still underperform. Excellence requires being trusted, credible, and effective, even when that creates tension.

Structural and institutional excellence: Enduring, not fragile

Future excellence state

The Agency's institutional position—whether standalone or as a protected part of the Ministry—is settled, well-understood, and resilient.

What excellence looks like

- Governance arrangements are not reliant on personal relationships.
- The Agency's authority and role survive leadership changes.
- Structural settings actively support the Agency's prevention, intelligence, and stewardship role.
- The organisation is financially and operationally sustainable in a constrained environment.

Why this matters

Structural ambiguity erodes focus and confidence. Excellence requires stability.

Equity excellence: Reducing gaps at source

Future excellence state

The Agency's work demonstrably reduces inequities in cancer incidence, access, stage at diagnosis, and outcomes—particularly for Māori.

What excellence looks like

- Equity is embedded in prioritisation, analytics, and advice—not treated as an add-on.
- Māori data governance and partnership arrangements are mature, trusted, and influential.
- The Agency is seen as a credible ally that balances advocacy, evidence, and stewardship.

Why this matters

Equity outcomes are the clearest test of whether the system is working as intended.

Towards an Action Plan

The need for coherence

A significant number of suggestions have been made throughout this report for consideration by the executive.

To assist them in reflecting on the sequencing and execution of the changes as they develop their Action Plan in response to this report, we include a possible approach to implementation over the five-year horizon in this section.

The Action Plan should be explicitly framed as **progressive movement toward the five-year excellence horizon**, rather than a set of disconnected initiatives. Its design should be explicitly **aligned to the four pillar**s outlined in the earlier sections of this report.

The Review's findings make clear that improvement cannot be achieved through incremental internal adjustment alone. Leadership effectiveness will be shaped by role clarity and system authority. Strategic focus depends on disciplined prioritisation and explicit boundaries. Cultural maturity requires comfort with accountability and constructive challenge. Structural and institutional settings must enable stewardship rather than rely on personal relationships or goodwill.

The proposed sequencing outlined below responds directly to these realities. It prioritises immediate steps to strengthen stewardship effectiveness—through clearer Ministerial expectations, improved access to system levers, leadership stability, and a formal Performance Improvement Plan—while deliberately deferring structural change until there is greater clarity, evidence, and readiness. This approach balances urgency with stability, avoids unnecessary disruption, and maintains momentum through a period of leadership transition and electoral change.

Institutional form remains an open and important question. The Review does not argue that structural change is a prerequisite for improvement in the short term. However, it does conclude that **enduring excellence will ultimately require alignment between the Agency's role and the formal levers of system stewardship**, whether through integration as a protected part of the Ministry or other durable mechanisms. Structural decisions should be made deliberately, informed by demonstrated performance and system need, rather than as a response to immediate pressures.

Indicatively therefore, we suggest phasing for the Agency's change programme as below.

Proposed Action Plan approach

The Review recognises that while institutional form is a material issue for the future, immediate structural change is neither necessary nor desirable to address the most pressing performance challenges identified. Instead, the Review proposes a sequenced

Action Plan that strengthens leadership, stewardship, and performance over the next 12–18 months, while deliberately positioning the Agency and the system for potential structural decisions from 2027.

This approach balances urgency with stability, maintains continuity of cancer leadership, and avoids the risks associated with premature reorganisation.

Phase One: Direction, mandate and system alignment (Q1 — Q2 2026)

The first phase focuses on clarifying expectations, strengthening stewardship levers, and creating the conditions for improved performance without altering institutional form.

A key early action is **Ministerial direction in Q1 2026**, explicitly setting expectations that:

- the Director-General of Health will provide the Agency with strengthened access to system performance information and monitoring of Health NZ's cancer-related performance
- The Agency will have a defined role in informing relevant aspects of Budget processes, particularly where cancer prevention, early detection, and equity are concerned; and
- The Agency will be actively involved in shaping public health policy settings and programme priorities relevant to cancer prevention and early intervention.

This direction is intended to hard-wire the Agency more firmly into existing stewardship processes, making better use of current statutory levers without requiring legislative or structural change. It also provides clarity to Health NZ and other agencies about the Agency's role in system oversight and challenge.

In parallel, the Ministry, the Agency, and Health NZ should formalise practical working arrangements to support these expectations, including clear escalation pathways, information-sharing protocols, and points of interface for planning and performance discussions.

Phase Two: Leadership transition and performance reset (Q2 — Q4 2026)

The Review identifies the current vacancy in the Chief Executive role as both a risk and an opportunity. To avoid loss of momentum and provide leadership continuity, recruitment of a new CEO should commence promptly**,** with the following parameters:

- the appointment should be for a maximum three-year term**,** explicitly acknowledging the likelihood of future structural change
- the role description should emphasise system stewardship, performance discipline, and leading the organisation through a period of transition; and
- the appointment process should be informed by the findings of this Review, ensuring alignment between leadership capability and future expectations.

The new CEO could be expected to **commence in Q3 or Q4 2026**, providing sufficient overlap with the implementation of Ministerial direction and early performance improvements, while positioning the organisation for potential structural decisions from 2027.

During this period, the focus should be on:

- sharpening the Agency's value proposition and strategic priorities
- strengthening internal performance management and delivery discipline
- clarifying the role and future of regional hubs; and
- embedding a culture that is both collaborative and comfortable with accountability and challenge.

Phase Three: Performance Improvement Plan (2026)

As a formal response to this Review, the Agency should develop a **Performance Improvement Plan (PIP)** in partnership with the PSC during 2026. This plan should translate the Review's findings into a small number of clear, measurable improvement commitments.

The PIP should:

- focus on leadership, stewardship effectiveness, performance culture, and operating model clarity
- set out how the Agency will strengthen its use of system levers made available through Ministerial direction
- address the role, capability, and future configuration of regional hubs; and
- include clear milestones and reporting arrangements.

The Performance Improvement Plan provides a structured mechanism to demonstrate progress, maintain accountability, and build confidence among Ministers and system partners while broader institutional questions remain open.

Phase Four: Review and future structural consideration (2027)

By 2027, the Agency should be operating with:

- clearer leadership and strategic focus
- stronger access to stewardship levers through the Director-General of Health and Director of Public Health
- improved performance discipline and accountability; and
- a more clearly defined relationship with Health NZ.

At that point, system leaders will be better placed to consider whether further structural change—such as integration into the Ministry as a protected business unit—is required to sustain and deepen impact, or whether strengthened non-structural arrangements are sufficient.

Importantly, any future structural decision would then be made from a position of greater clarity, stability, and evidence**,** rather than in response to immediate performance pressures.

The table below summarises this phased approach.

Phase 1 (Q1–Q2 2026): Leadership and strategic reset **Primary pillars:** Leadership; Strategic Direction • Ministerial direction clarifies stewardship expectations and strengthens the Agency's access to DG/DPH levers. • Interim leadership stabilises the organisation while reinforcing role clarity and strategic focus. • The Agency articulates a sharpened value proposition and "stop-doing" list. • Performance Improvement Plan (developed with PSC) sets measurable leadership and strategy outcomes. **Outcome:** Leadership authority and strategic focus strengthened without structural change.
Phase 2 (Q2–Q4 2026): Culture and operating discipline **Primary pillar:** Culture • New CEO recruited on a time-limited, transition-aware mandate. • Portfolio discipline, prioritisation, and programme management are strengthened. • Explicit expectations for accountability, escalation, and performance challenge are embedded. • Regional hub roles are clarified and assessed against future stewardship needs. **Outcome:** The Agency shifts from being primarily relational and responsive to being disciplined, outcome-focused, and confident in challenge.
Phase 3 (2026–2027): Structural readiness and institutional choice **Primary pillar:** Structure / Institutional Form • System experience under strengthened non-structural levers is assessed. • Institutional form options are considered from a position of clarity and evidence. • Workforce and capability implications of each option are fully understood.

Outcome:
Structural decisions are made deliberately, not reactively, and aligned to demonstrated performance needs.

Phase 4: Align institutional settings to the pillars

Institutional form should be clearly positioned as a **supporting enabler**, not the driver of excellence. It should follow, rather than lead, the above.

Option A: Status quo with strengthened stewardship levers

- Relies on Ministerial direction and Director-General of Health/Director of Public Health engagement.
- Can partially support Pillars 1–3.
- Structural limits remain for Pillar 4 (durability).

Risk: Leadership and culture improvements may not be fully sustained over time.

Option B: The Agency as a protected business unit within the Ministry

- Strong alignment with **all four pillars**.
- Embeds stewardship authority and prevention focus within formal system levers.
- Reduces reliance on individual relationships.

Strength: Best long-term support for leadership authority, strategic clarity, cultural discipline, and institutional durability.

Option C: Ministerial directive and/or legislative change to grant the Agency direct levers

- Potentially strengthens Pillar 4 without integration.
- More complex, slower, and higher risk.
- May still leave cultural and role-boundary issues unresolved.

Risk: Structural complexity without sufficient performance gain.

Regional Hubs (Cross-cutting structural issue)

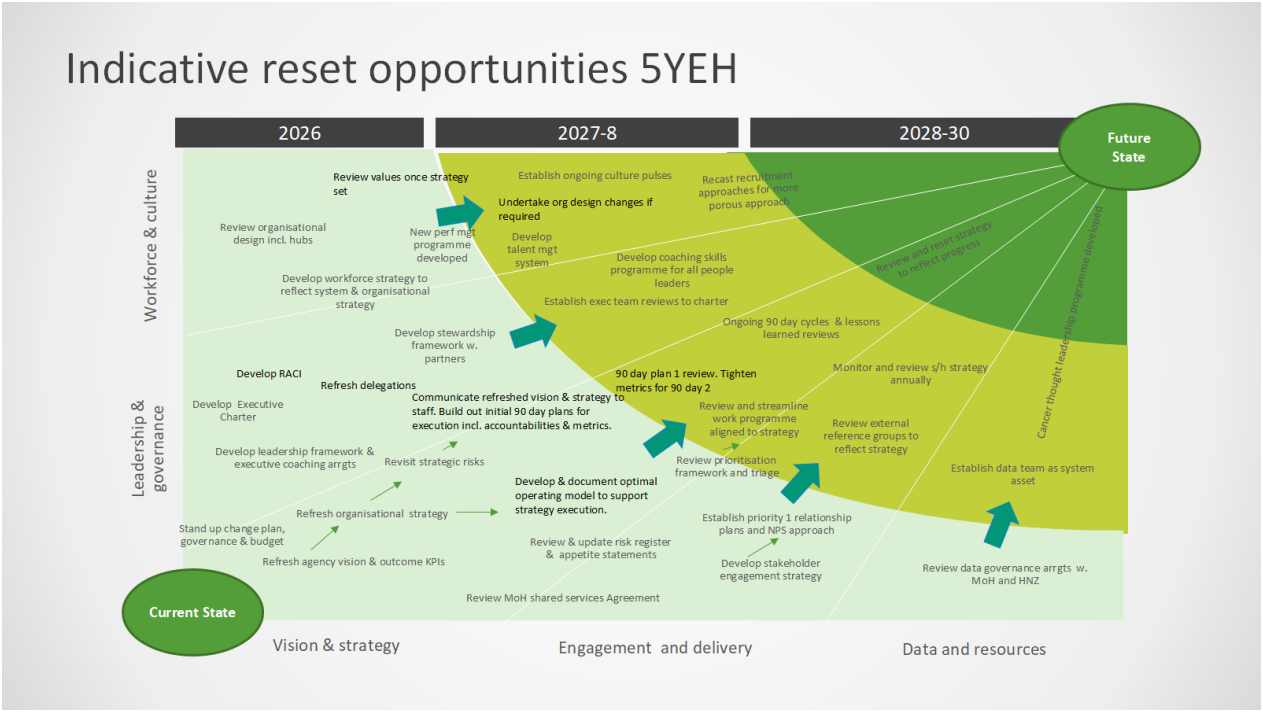
- Options to reorient, transfer to Health NZ, or disband should be assessed **against Pillars 2–4**, not historical practice.
- Preferred direction aligns operational regional activity with Health NZ, preserving the Agency's national stewardship focus.

This indicative approach to the development of the Action Plan enables meaningful improvement in the Agency's effectiveness and stewardship role without immediate reorganisation. It uses existing levers more effectively, provides leadership continuity through a time-limited CEO appointment, and establishes a disciplined improvement pathway through the Performance Improvement Plan. At the same time, it preserves the

option of future structural change, should it be required, based on demonstrated performance and system needs rather than assumption.

Indicative change roadmap

As an additional support to the Agency's development of the Action Plan, we have also sequenced the more specific suggestions made throughout this report on an indicative roadmap, as shown below.



Appendix: Guide to ratings

Indicator/level	What it indicates
Leading 	**Best practice/excellent** • High level of capability and sustained and consistently high levels of performance • Systems in place to monitor, forecast and build capability to meet future demands • Organisational learning and external benchmarking used to continuously evaluate and improve performance • Strong capability to deliver on the Future Excellence Horizon.
Embedding 	**Capable** • Delivering to expectations with examples of high levels of performance • Comprehensive and consistently good organisational practices and systems in place to support effective management • Evidence of attention given to identifying and addressing current and future demands and capability needs • Mostly aligned to delivering the Future Excellence Horizon.
Developing 	**Needing development** • Adequate current performance but concerns about future performance • Areas where there is underperformance and/or capability gaps are recognised by the agency • Some current and future capability gaps are not clearly identified • Concerns for the agency having the ability to deliver on the future state.
Weak 	**Unaware or limited capability** • Significant area(s) of critical weakness or concern in terms of delivery and/or current capability • Agency has limited or no awareness of critical weaknesses or concerns • Strategies or plans to respond to areas of weakness are either not in place or not likely to have sufficient impact • Very limited or no view of future opportunities and challenges for the agency.
Unable to rate/ Not rated 	**There is either** • No evidence on which a judgement can be made; or • The evidence available does not enable a credible judgement to be made.