

TŌ MĀTOU
TIROHANGA ROA
OUR VISION
2036

Harbour Hospice strategy
2026



Te Kahu Pairuri mai i
Takarunga ki Te Hana

Kia hora te marino,
kia whakapapa pounamu te moana,
kia tere te kārohirohi i mua i tōu huarahi, ā,
ko tōu hoa haere ko te rangimārie

May the calm be widespread,
may the ocean glisten like greenstone,
may the shimmer of light dance across your
pathway and may peace itself be
your travelling companion



ABOUT THIS DOCUMENT

Te Kahu Pairuri mai i Takarunga ki Te Hana
Harbour Hospice's long-term strategy and vision to 2036 were first developed in 2021. This document is a 2026 refresh of that strategy.

The mission, vision, values, and four strategic pillars are unchanged. They remain the right direction for Harbour Hospice. What has been updated is the context in which we are operating, the framing of our Te Tiriti partnership, and a clearer view of how we are responding to a changing landscape through our current model of care work.

The refresh draws on recent work to understand how demand is changing in our region, where access is breaking down, and what our model of care now needs to do.

Amanda Fowler

Amanda Fowler - Chief Executive



DEATH AND DYING IN NZ

Specialist palliative care in Aotearoa is at an inflection point. The way people are dying is changing. The demand for our services is growing. And the gap between who needs us and who reaches us is becoming clearer.

The pattern of dying is shifting

For most of our history, hospice care has been built around cancer. It is a trajectory we understand well: relatively short, relatively predictable, with clear moments where specialist palliative input adds value. The vast majority of people dying with cancer in our region currently receive hospice support. That is a story of real reach and real impact.

But the future of palliative care looks different. Across our region, total deaths are projected to rise substantially over the next two decades. That growth is not evenly distributed. Deaths from dementia are projected to more than double. Deaths from chronic disease and frailty will rise sharply. Cancer deaths will grow more slowly. The people who will need us will look increasingly different from the people we are for today

The people who
need us will look
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the people we
care for today

DEMENTIA

CHRONIC DISEASE
& FRAILITY

CANCER

Who is reaching us, and who is not

Hospice involvement in non-cancer trajectories remains low. Only a small proportion of people dying with dementia in our region receive hospice support, and access for other chronic, non-cancer conditions is similarly limited. The model that has served cancer well is not yet reaching the people whose needs are growing fastest.

Equity gaps are also clear. Our work to understand how people are reaching us has shown that many people experience hospice care by chance rather than by design, discovering us late, through individual advocacy, or simply by luck.

The pattern is not the same across our region. Some communities reach hospice much later in the illness journey than others, with significantly shorter periods of support. We know which communities, and we know where the barriers sit. These patterns are not about choice. They are about how our service is currently designed

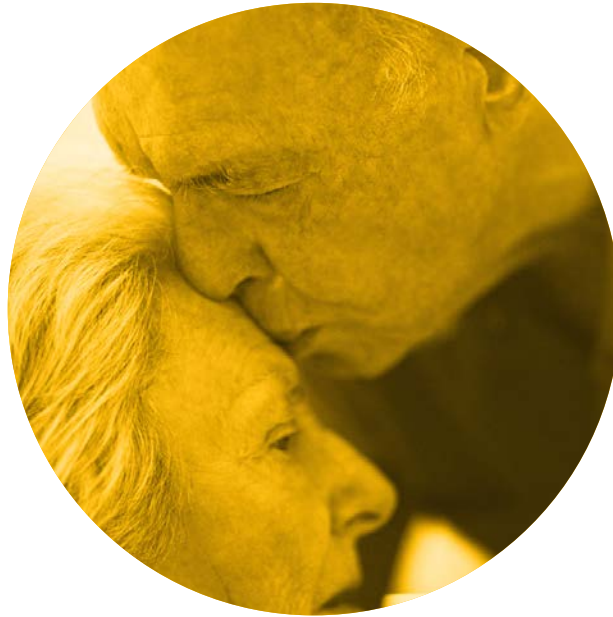
What this means for Harbour Hospice

Our long-term vision and our four strategic pillars are the right response to this moment. They are the durable frame that has guided Harbour Hospice for years and continues to guide us now.

But responding to a changing landscape requires more than continuing what we have always done. It requires deliberate work to reshape how we deliver care so that it meets the people of today and tomorrow: equitably, sustainably, and with the specialist skill our community relies on. That work is now underway.



responding
to a
changing
landscape



TŌ MĀTOU TIROHANGA ROA OUR VISION

Our long-term vision is to quadruple the number of people positively impacted by our services by 2036.

TŌ TATOU WHAKATAKANHA OUR MISSION

To empower a community where people live well,
grieve with hope and die with dignity.



WHANONGA PONO OUR VALUES

are woven into everything we do and say. They shape how we care for tūroro/patients and whanau, how we work alongside each other, and how we show up in our community.



Aroha Compassionate

We listen deeply,
with empathy and
take time
to get to know the
whole person



Tautikanga Professional

We strive for
excellence and place
integrity at the heart of
everything we do



Mō Te Katoa Inclusive

We are accepting
and non-judgemental,
treating each other
as whānau

WHAT GUIDES US

Two foundations sit at the heart of who Harbour Hospice is and how we operate. They guide every decision we make, every service we deliver, and every relationship we hold.

Te Tiriti o Waitangi

At Te Kahu Pairuri mai i Takarunga ki Te Hana Harbour Hospice we recognise that Aotearoa is a bicultural nation, and that we have a foundational obligation to work in partnership with Māori as tangata whenua. We take that commitment seriously. Like our values and our mission, it is woven into who we are - part of our identity, not a programme we run.

In practice this means honouring the voice of tūroro Māori and their whānau in how we design and deliver care. It means working alongside Māori agencies, kaumātua, local iwi, hapū and whānau, and taking our guidance from our Kaumātua and Kaiārahi.

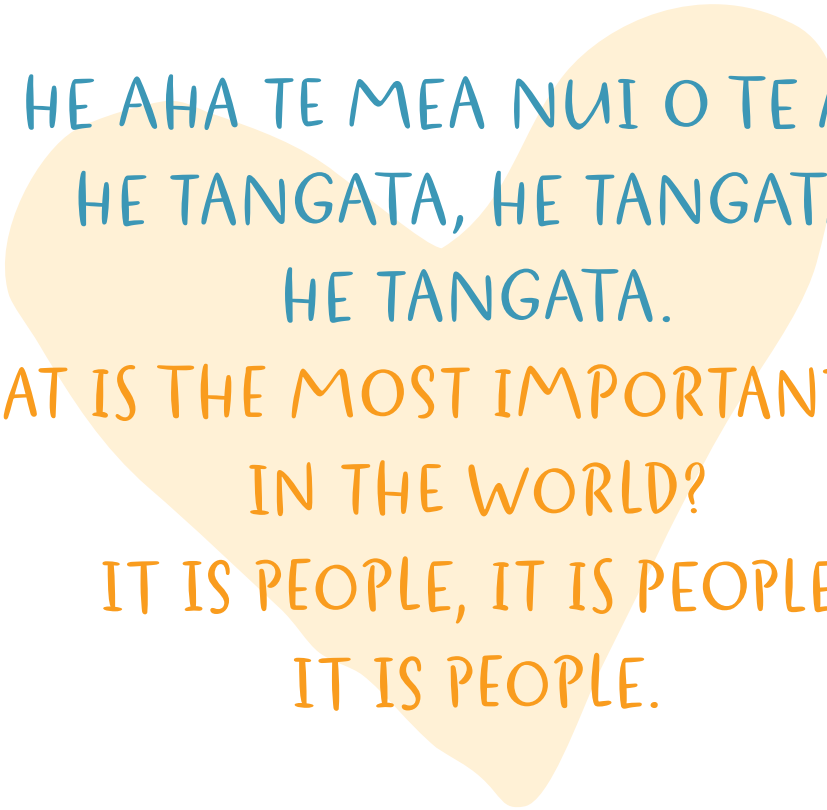
And it means ensuring genuine Māori partnership in our decisions, our structures, and how we hold ourselves accountable. Mahinga Ngātahi provides governance-level oversight of that accountability.



Our people

Harbour Hospice exists because of the people who choose to do this work. Our kaimahi and volunteers bring extraordinary skill, compassion, and commitment to what is some of the most demanding and meaningful work in healthcare. We do not take that for granted.

Putting our people at the heart of what we do means investing in their development, supporting their wellbeing, and creating an environment where they can do their best work. It means recognising that the quality of care we provide is inseparable from the way we treat the people who provide it. And it means valuing every contribution - paid and volunteer alike - that makes Harbour Hospice what it is.



HE AHA TE MEA NUI O TE AO?
HE TANGATA, HE TANGATA,
HE TANGATA.

WHAT IS THE MOST IMPORTANT THING
IN THE WORLD?
IT IS PEOPLE, IT IS PEOPLE,
IT IS PEOPLE.

OUR STRATEGIC FRAMEWORK

Four strategic pillars guide everything we do toward our 2036 vision. Together they describe how Harbour Hospice creates impact -for the people we serve directly, for the communities and systems around us, and for the wider sector.

Each pillar describes both our 15-year aspiration and the current work that takes us toward it. Across all four pillars, the most significant work we are currently undertaking is the redesign of our model of care.



**Grow with
& empower the
people we serve**



**Ensure our service
is accessible to all
who need it**



**Support local
systems to improve
palliative care**



**Strengthen our
contribution
nationally**



Grow with & empower the people we serve

We will adapt our services to meet the changing and growing needs of our community, delivering high-quality, consistent care for every person, in every setting.

OUR 15-YEAR ASPIRATION

By 2036, Harbour Hospice will be reaching every person in our community who needs specialist palliative care, at the right time for them, in the place that best meets their needs. Our care will be known for its quality and consistency across every setting and every locality, and our model of care will be equipped to meet the complexity of people with multiple conditions and longer trajectories than the hospice movement was originally designed around.

WHAT WE ARE DOING NOW

We are looking closely at how Harbour Hospice serves people whose needs are growing fastest: those living with dementia, frailty, and chronic conditions, on longer and less predictable trajectories than has been our historical focus. This is part of the clinical redesign currently underway across our organisation.



Ensure our service is accessible to all who need it

We will improve access, reduce inequity, and improve outcomes for people within our community who are missing out.

OUR 15-YEAR ASPIRATION

By 2036, access to Harbour Hospice will be deliberate and equitable, shaped by design rather than chance. Whānau Māori, Pacific and Asian communities, people with non-cancer conditions, people living with disability, and people in our more rural communities will experience care that is timely, culturally safe, and responsive to who they are. Te Tiriti o Waitangi will be evident in every aspect of our organisation, with Māori exercising genuine influence over how care is designed, delivered and continually improved.

WHAT WE ARE DOING NOW

We are examining where access is currently breaking down, and for whom, so that reaching Harbour Hospice becomes a matter of deliberate design for every community we serve. This is part of the wider clinical redesign now underway, and is being informed by the voice of tūroro and whānau, and by partnership with those who know our communities best.



Support local systems to improve palliative care

We will build the capability of those providing primary palliative care, so that more people receive quality end-of-life care across our region.

OUR 15-YEAR ASPIRATION

By 2036, Harbour Hospice will be recognised across our region as a trusted partner to primary care, aged residential care, and community health providers. Through our partnerships and education work, we will have substantially grown the capability of those delivering primary palliative care. Our role as specialists will be clearer than ever, deployed where our expertise adds most value while the wider system confidently holds the rest, so that more people are cared for well in their place of choice rather than dying in crisis or without adequate support.

WHAT WE ARE DOING NOW

We are testing how Harbour Hospice's specialist expertise is best deployed across the wider system, alongside primary care, aged residential care, and community providers. This is part of our wider clinical redesign, and will reshape how our specialist team works with those delivering primary palliative care across our region.

Strengthen our contribution nationally



We will build and share knowledge, advocate for the sector, and contribute to how specialist palliative care develops across Aotearoa.

OUR 15-YEAR ASPIRATION

By 2036, Harbour Hospice will have made a sustained and visible contribution to the development of specialist palliative care across Aotearoa. The evidence we generate, the partnerships we build, and the practice we model will have influenced how the sector understands and delivers care. We will have advanced the case for fair and sustainable funding, shared what we have learned about working in genuine Te Tiriti partnership, and contributed to a national conversation about death, dying, and loss that supports more New Zealanders to approach the end of life with understanding, choice, and care.

WHAT WE ARE DOING NOW

We are sharing what we are learning through our current redesign work with national colleagues, including the changing patterns of dying, the equity gaps in access, and what genuine Te Tiriti partnership requires of our sector. We continue to advocate for fair and sustainable funding of specialist palliative care, alongside the wider hospice community.

HOW WE MEASURE PROGRESS

Our annual Statement of Service Performance describes what we set out to do and measures our progress against this.

It provides an audited record of our progress, and over time it builds a transparent picture of how Harbour Hospice is responding to the changing needs of our community.

The most recent SSP, along with previous years, is available on the Charities Service website.



A decorative horizontal band featuring a repeating Māori pattern of stylized, interlocking spiral and wave motifs in a lighter shade of blue.

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harbourhospice.org.nz