

11 March 2024

Health New Zealand
Te Whatu Ora

Anatoly

fyi-request-25481-b03e01e3@requests.fyi.org.nz

Tēnā koe Anatoly

Your request for official information, reference: HNZ00036426

Thank you for your email on 25 January 2024, extended 22 February 2024, asking Health New Zealand | Te Whatu Ora for information relating to the Bay of Plenty Mental Health Transformation under the Official Information Act 1982 (the Act). For clarity, we have provided a response to each part of your request in the order it was asked below.

1. *A copy of the contract for the Bay Of Plenty Mental Health Transformation Project. (367912).*

Please refer to **Attachment 1** enclosed. This is released to you in full.

2. *A breakdown of what has been delivered/achieved within the contract's current spend (\$753k).*
3. *A plan for the remaining transformation that was described to the BOP community in a series of hui.*

A summary of the project workstreams is enclosed as **Attachment 2**. Please note, some information within this document is withheld under section 9(2)(a) of the Act. The need to protect the privacy of these individuals is not outweighed by the public interest in the release of this information.

How to get in touch

If you have any questions, you can contact us at hnzOIA@health.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā



Debbie Brown

Senior Advisor Governance and Quality

Health New Zealand

TeWhatuOra.govt.nz

Health NZ, PO Box 793,
Wellington 6140, New Zealand

Te Kāwanatanga o Aotearoa
New Zealand Government

Variation to Agreement

between

**HER MAJESTY THE QUEEN IN RIGHT OF HER
GOVERNMENT IN NEW ZEALAND
(acting by and through the Ministry of Health)**



Private Bag 92522
Wellesley Street
Auckland 1141
Ph: 09-580 9000

PO Box 1031
Waikato Mail Centre
Hamilton 3240
Ph: 07-858 7000

PO Box 5013
Lambton Quay
Wellington 6140
Ph: 04-496 2000

PO Box 3877
Christchurch
Ph: 03-974 2040

Private Bag 1942
Dunedin 9058
Ph: 03-474 8040

Contact:

Sue Hallwright (Auckland)

and

Bay of Plenty DHB

**Mental Health and Addiction System Collaborative Design
and Implementation Support**

Private Bag 12024
Tauranga

Ph: 03-579 8726

Contact:

Stewart Ngatai
Stewart.Ngatai@bopdhb.govt.nz

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CONTENTS OF THIS AGREEMENT

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A: SUMMARY

A1 Definitions

- a. "we", "us", "our" means Her Majesty the Queen in Right of Her Government in New Zealand (acting by and through the Ministry of Health (MoH))
- b. "you", "your" means Bay of Plenty DHB
- c. "either of us" means either we or you
- d. "both of us" means both we and you

A2 The Agreement

In 2021 both of us entered into a Health and Disability Services Agreement (the Agreement). The Agreement commenced on 15 May 2021 and ends on 30 June 2022 and is numbered (440295 / 367921/00).

A3 Variation

This is the 01 variation to the Agreement and modifies service details. This variation to the Agreement begins on 01 July 2022 and ends on 30 June 2024.

A4 Section B

The attached Section B includes all of the adjustments to this Agreement as a result of this variation.

A5 Remainder of Agreement

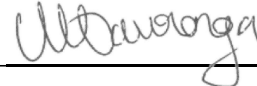
The remaining terms and conditions of the Agreement are confirmed in all respects except for the variations as set out in this document.

A6 Signatures

Please confirm your acceptance of the Agreement by signing where indicated below.

For **Her Majesty the Queen:**

For **Bay of Plenty DHB:**



(signature)

(signature)

Name Martin Dutton

Name Marama Tauranga

Position Manager, Primary and Community Wellbeing

Position Manukura | Executive Director | Te Pare o Toi

Date 13 June 2022

Date 8 June 2022

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B: PROVIDER SPECIFIC TERMS AND CONDITIONS

B1 It is agreed that the following details apply to this Variation

Legal Entity Name	Bay of Plenty DHB
Legal Entity Number	440295
Contract Number	367921 / 01
Variation Commencement Date	01 July 2022
Variation End Date	30 June 2024

B2 Details of all purchase units which apply to this Variation

Purchase Unit (PU ID)	Volume	Unit Price excl. GST (per PU)	Total Price excl. GST (UP x V)	GST Rate (%)	Payment Type
MHSI02 Mental Health and Wellbeing Implementation Facilitator	2 FTE	\$130,360.00	\$521,440.00	15	CMS
Total price for the Service Schedule			\$521,440.00		

PAYMENT DETAILS

B3 Price

B3.1 The price we will pay for the Service you provide is specified above. Note that all prices are exclusive of GST.

B4 Invoicing

B4.1 We will pay you on the dates set out in the Payment Schedule below for the services you provide in each invoice period so long as we receive a valid GST tax invoice from you. The invoice must meet all legal requirements and must contain the following information:

- a. provider name (legal entity name)
- b. provider number (legal entity number)
- c. provider invoice number
- d. contract number
- e. purchase unit number or a description of the service being provided
- f. date the invoice is due to be paid/date payment expected
- g. dollar amount to be paid
- h. period the service was provided
- i. volume, if applicable

- j. GST rate
- k. GST number
- l. full name of funder

If we do not receive an invoice from you by the date specified in the payment schedule below, then we will pay you within 20 days after we receive the invoice.

B5 Invoicing Address

Send invoices to:

providerinvoices@health.govt.nz

or post to:

Provider Payments
Ministry of Health
Private Bag 1942
Dunedin 9054

B6 Payment Schedule

Payments will be made by us on these dates:	On invoices received by us on or before:	For services supplied in the period:	Amount (excl GST)
22 August 2022	31 July 2022	July 2022	\$21,726.66
20 September 2022	31 August 2022	August 2022	\$21,726.66
20 October 2022	30 September 2022	September 2022	\$21,726.66
21 November 2022	31 October 2022	October 2022	\$21,726.66
20 December 2022	30 November 2022	November 2022	\$21,726.66
20 January 2023	31 December 2022	December 2022	\$21,726.66
20 February 2023	31 January 2023	January 2023	\$21,726.66
20 March 2023	28 February 2023	February 2023	\$21,726.66
20 April 2023	31 March 2023	March 2023	\$21,726.66
22 May 2023	30 April 2023	April 2023	\$21,726.66
20 June 2023	31 May 2023	May 2023	\$21,726.66
20 July 2023	30 June 2023	June 2023	\$21,726.74
21 August 2023	31 July 2023	July 2023	\$21,726.66
20 September 2023	31 August 2023	August 2023	\$21,726.66
20 October 2023	30 September 2023	September 2023	\$21,726.66
20 November 2023	31 October 2023	October 2023	\$21,726.66
20 December 2023	30 November 2023	November 2023	\$21,726.66
22 January 2024	31 December 2023	December 2023	\$21,726.66
20 February 2024	31 January 2024	January 2024	\$21,726.66
20 March 2024	29 February 2024	February 2024	\$21,726.66
22 April 2024	31 March 2024	March 2024	\$21,726.66
20 May 2024	30 April 2024	April 2024	\$21,726.66
20 June 2024	31 May 2024	May 2024	\$21,726.66
22 July 2024	30 June 2024	June 2024	\$21,726.74
Total			\$521,440.00

B7 Children's Act 2014

According to section 15 of the Children's Act 2014¹, children's services cover the following:

- services provided to one or more children
- services to adults in respect of one or more children

NB At a future date, the scope of children's services can be expanded by regulations. Expansion may include services to adults which could significantly affect the well-being of children in that household.

Child Protection Policy

If you provide children's services as per section 15 of the Children's Act 2014 you will adopt a child protection policy as soon as practicable and review the policy within three years from the date of its adoption or most recent review. Thereafter, you will review the policy at least every three years. In accordance with the requirements set out in section 19(a) and (b) of the Children's Act 2014, your child protection policy must apply to the provision of children's services (as defined in section 15 of the Act), must be written and must contain provisions on the identification and reporting of child abuse and neglect in accordance with section 15 of the Oranga Tamariki Act 1989.

Worker Safety Checks

If you have workers that provide children's services, the safety check requirements under the Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015 will need to be complied with.²

¹ <http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501618.html>

² <http://www.legislation.govt.nz/regulation/public/2015/0106/latest/DLM6482241.html>

C: SERVICE SPECIFICATION

Mental Health and Addiction System Collaborative Design and Implementation Support Bay of Plenty District Health Board

Variation 01

This service specification replaces the service specification in Agreement 367921-00

Background

He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga) called for a transformational approach to mental health and addiction in New Zealand. Over the past two years, there has been good progress in addressing the gaps in primary and community mental health and addiction services with significant funding invested in new services across all District Health Board (DHB) regions.

In addition to calling for new services to address gaps, He Ara Oranga called for them to be tailored for the people who use them, ensure they are joined up across the health and social sectors and are focused on improving health equity for Māori and Pacific peoples.

The Ministry has developed *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing for implementation* (Kia Manawanui) of He Ara Oranga recommendations to set the direction for cross-government action. A service and system framework describing the spectrum of mental health and addiction services to reflect the direction set out in Kia Manawanui and in *Whakamaua, Maori Health Action Plan 2020 – 2025 (Whakamaua)* and *Oia Manuia Pacific Health and Wellbeing Action Plan 2020 -2025* is also being developed.

In order to support the transformational approach, in 2021, the Ministry contracted Mental Health and Addiction System Collaborative Design and Implementation Support services across all DHB areas, including Bay of Plenty District Health Board via Agreement 367921-00. The services enabled DHBs, either individually or working together with other geographically adjacent DHBs, to facilitate a collaborative design process with their local stakeholders and communities and develop the capability to implement the changes needed to the existing mental health and addiction service delivery system so that it works for their local populations. This work aligns with the Health and Disability system reforms and will contribute to, and inform, the locality planning for primary and community services signalled in the reforms.

Each of the agreements included three service components: (a) collaborative system design (b) implementation support establishment and (c) mental health and wellbeing implementation FTE (FTE component). Of the three key components, only the FTE component is being renewed from 1 July 2022 to 30 June 2024 through a right of renewal as specified in Agreement 367921-00. This is because the collaborative design component was a discrete piece of work to identify preliminary priority improvement projects while building relationships between local iwi, other key stakeholders, the full spectrum of mental health and addiction services and those who use them. This previous collaborative design work will form the foundation for future “business as usual” collaborative work to improve the delivery of the whole system of services.

This service specification replaces the service specification in Agreement 367921-00 and sets out the requirements for Bay of Plenty District Health Board to continue to deliver the FTE component for Mental Health and Addiction System Collaborative Design and Implementation Support.

Service Description

1 Term of Agreement

1.1 This Agreement starts from the date this Agreement is executed and ends 30 June 2024.

2 Outcomes and Objectives

2.1 The outcomes sought from this work are those of the whole service system:

- a) Health equity for Māori
- b) Improved population wellbeing.

2.2 The two main objectives for this service are:

- a) To transform existing mental health and addiction services and pathways by identifying and supporting implementation of agreed transformation projects so that the services:
 - work as a cohesive whole, spanning promotion and prevention, primary and specialist mental health and addiction services
 - support people, whānau and communities to play their part in protecting and improving wellbeing
 - focus on improving equity of access and outcomes
 - meet local needs in ways that work well for people, shaped both by people's experience and by evidence of what works
 - align well with the directions signalled in key guiding documents including *He Ara Oranga*, *Kia Manawanui*, the future System and Service Framework and *Whakamaua*.
- b) To build capability and capacity for better and faster change across the whole mental health and addiction service delivery system.

3 Service Features

3.1 This work will embody the guiding principles of *Kia Manawanui*:

- people and whānau-centred
- community-led
- uphold Te Tiriti o Waitangi
- achieve equity
- protect human rights
- work together.

3.2 You will align this work with any localities developments in your area associated with the health reform.

3.3 You will work in partnership with iwi and will build on previous collaborative processes with key stakeholders to bring together people with lived experience, whānau and service providers across the full spectrum of services who will:

- continue to shape how the spectrum of mental health and addiction services will be delivered to your population and within your localities in the future
- identify successive priorities for change to existing services that are aligned with the national system and service framework and will have the biggest positive impact in improving equity, experience and outcomes for local populations
- guide implementation of change and oversee progress.

- 3.4 In delivering this Service you will:
- maintain trusting relationships with partners and key stakeholders
 - work with other DHBs within your region to create a regional virtual implementation support team
 - work collaboratively with any national team providing backbone support for this work, including participating in work to develop measures of change and/or outcomes resulting from this work
 - embed a 'learn and adapt' culture in your services and within the implementation support team, recognising that achieving the changes needed will take time and will generate new wisdom along the way
 - participate in opportunities to enhance shared learning including those coordinated by the national team.

4 Core component: Implementation Support

- 4.1 If the collaborative design component of the 00 agreement has not been completed prior to the end of June 2022, it will be completed as per the deliverable specified in the Table in Section 6.1 of the 00 agreement and within the funding provided through purchase unit code MHSI01 of that agreement. Any further work undertaken to complete the collaborative design component after 30 June 2022 will be reported as per section 5 of this Agreement.
- 4.2 You will recruit implementation support FTEs with expertise in project management, equity, evaluation / measurement, collaborative design and systems thinking to support the implementation of change.
- 4.3 You will identify suitable management/leadership arrangements to oversee this work and establish an implementation support team accountable to the identified leadership, bringing together implementation support FTEs from this Agreement with other existing mental health and addiction change / improvement resource.
- 4.4 You will work collaboratively with the mental health and addiction leadership from across your region to establish a virtual regional implementation support team.
- 4.5 You will ensure that facilitating implementation of the change projects identified during the collaborative design process is the initial priority for the implementation support FTEs.
- 4.6 Key features of the implementation support provided by the implementation support FTEs will include for each project:
- ensuring leadership support of the project
 - identifying sector champions to play their part in generating wider support for the project
 - convening a project steering group that includes participants from the groups of people affected by the planned changes, including (but not limited to) Māori, people with lived experience and their whānau and those involved in delivering the affected services
 - developing the project plan based on relevant implementation methodologies
 - implementing the project with involvement of key stakeholders
 - clearly describing the service changes sought, the expected outcomes and measures of the changes and impacts you are seeking. Achieving health equity for Māori is a critical component of transforming the services and health equity measures must be included.
 - regularly reporting on progress against the project plan
 - using the measures of change to track impact over the course of implementation
 - providing regular communications about project progress to interested parties
 - participating in regional and national implementation support activities and shared learning opportunities

5 Reporting

5.1 Quarterly reports: you will ensure that the Ministry of Health is provided with the following quarterly reports for these services from the commencement of service delivery, with reports due by the 20th of the month following the end of the quarter (October 2022, January 2023, April 2023, July 2023, October 2023, January 2024, April 2024, July 2024).

5.1.1 Narrative report to cover:

- description of the current composition of your implementation support team in terms of background/experience in project management, equity, evaluation / measurement, collaborative design and systems thinking
- list of current change projects being facilitated by the implementation support FTE, with a brief description of each
- for each project: status of implementation including:
 - level of leadership engagement and support for the project
 - steering group composition
 - sector champions engaged
 - identified measures of change and outcomes sought
 - status of communication plan and project plan development
 - status of project implementation against planned timeframes
 - current status of measures of change and outcome measures
 - any unintended consequences of the project
- in the event you did not complete collaborative design prior to 30 June 2022:
 - progress implementing collaborative design in the quarter
 - use of collaborative design funding broken down by the following categories:
 - external facilitation of collaborative design
 - staff FTEs (and number)
 - Hui costs (venue hire, food)
 - support for hui attendance/participation by community members
 - other (specified).

5.1.2 Volume of implementation support FTEs in post each month during the quarter.

5.1.3 Reports must quote “MH&A Collaborative Design Report-[contract #]” in the subject line and be emailed to the Contract Manager, Sue Hallwright, at Sue.Hallwright@health.govt.nz, and copied to MHAContracts@health.govt.nz

6 Evaluation

6.1 In the event an evaluation of this collaborative design and implementation support is commissioned you will:

- actively participate in and support any external evaluation
- provide, to the best of your ability, the necessary information and data to support the evaluation.

7 Service Volumes and Payment Schedule

7.1 You will operate and deliver services within the funding allocated under this Agreement.

7.2 You will ensure that the volume of Implementation Support services delivered is as specified in the tables below during the term of this Agreement:

Start Month	Implementation Support FTE	FTE price
July 2022	2.0	\$130,360

7.3 Payment of funding is dependent on delivery of the Services in accordance with the requirements of this Service Specification, including receipt of satisfactory quarterly reporting.

8 Repayment of Unspent Funds

- 8.1 You agree to apply 100% of the Funding in accordance with this Agreement. If you have any funding that is not applied to the delivery of the Services specified in this Agreement (Surplus Funding) over the term of this Agreement, we will discuss how best to apply to this surplus. If there are no clear needs identified, you will repay the Surplus Funding to us.
- 8.2 At the Ministry's discretion, Surplus Funding may be reinvested to support the goals and objectives of the services set out in this Agreement.

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Mental Health & Addiction Services Transformation

Project: This document has been created to provide the whakapapa and central access for information of the Mental Health and Addiction Transformation programme.

*Hyperlinks directly to the associated Microsoft Teams folders provided.

Summary of Project Workstreams

Project Workstreams	Actions
1. Project Administration/ Management	<ul style="list-style-type: none"> • Write project plan and deliverables. • Maintain project plan, risk, and associated documentation within the Whare Waka • Align outcome framework and KPIs for duration of project
2. Toroa Leadership Group	<ul style="list-style-type: none"> • Establishment of Toroa Leadership group. • Provide updates/ findings monthly via hui to the Toroa Leadership group.
3. Lived Experience	<ul style="list-style-type: none"> • Development of a lived experience network, provide resource and support to expand and grow the network. • Integrate lived experience throughout system changes, with support from network
4. Integrating Projects, Programmes and Development	<ul style="list-style-type: none"> • Map current health and social services across rohe • Integrate map into decision-making
5. Te Tau o Mataatua	<ul style="list-style-type: none"> • Contracted a Project Manager to develop and complete a two-year implementation plan that will deliver: <ol style="list-style-type: none"> a. Whanau centric services – access, choice, and voice b. Increased capacity and capability within the workforce c. Increase the voice of Lived Experience, Māori, Pasifika, and marginalised groups. <p>Phase V Implementation Plan 2023.docx</p>
6. Workforce Development	<ul style="list-style-type: none"> • Deliver on workforce development plan, by addressing key capability and capacity gaps in workforce, including cultural capability

7. Website & Communications

- Intention to maintain a monthly newsletter, to ensure communication is consistent with the communication plan

Associated Documentation

The following section provides links to completed deliverables and documentation.

1. Project Administration

- i. [MHA Transformation & Redesign \(Project Brief\)](#)
- ii. [MHA Phase IV Control Book](#)
- iii. [MHA Phase IV Project Budget](#)
- iv. [Monthly Report – August 2022](#)
- v. [Monthly Report – October 2022](#)
- vi. [Monthly Report – November 2022](#)
- vii. [Monthly Report – December 2022](#)
- viii. [Monthly Report – February 2023](#)
- ix. [Monthly Report – March-April 2023](#)
- x. [Monthly Report – May 2023 TBC](#)
- xi. [KPIs available via Control Book](#)
- xii. [Quarterly report to the Ministry – Q1 2022/23](#)
- xiii. [Quarterly report to the Ministry – Qs2&3 22/23](#)
- xiv. [Quarterly Report Oct 2023.docx](#)

2. Toroa Leadership Group

- i. [Letter of Invitation](#)
- ii. [Terms of Reference](#)
- iii. [Position Statement](#)
- iv. [Position Statement distribution to TLG](#)
- v. [TLG August 2022 Hui – Agenda, Minutes & Presentation](#)
- vi. [TLG September 2022 Hui – Agenda, Minutes & Presentation](#)
- vii. [TLG October 2022 Hui – Agenda, Minutes & Presentation](#)
- viii. [TLG November 2022 Hui – Agenda, Minutes & Presentation](#)
- ix. [TLG February 2023 Hui – Agenda, Minutes & Presentation](#)
- x. [TLG March 2023 Hui – Agenda, Minutes & Presentation](#)
- xi. [TLG April 2023 Hui – Agenda, Minutes & Presentation](#)
- xii. [TLG May 2023 Hui – Agenda, Minutes & Presentation](#)
- xiii. [TLG Minutes 20.06.2023.docx](#)
- xiv. [TLG Meeting 18.07.2023](#)
- xv. [TLG Minutes 15.08.2023.docx](#)

3. Lived Experience Workstream

- i. [Lived Experience project brief](#)

- ii. Te Wheke Terms of Reference
- iii. Te Wheke – Plan to expand reach & increase membership
- iv. Te Wheke – Groups that Lived Experience should be represented on
- v. Lived Experience Module #1
- vi. Lived Experience Module #2

4. MHA Service Mapping

- vii. Site can be accessed at BOP Map Test
- viii. Final Data Spreadsheet
- ix. Cloud Risk Assessment Tool

5. Te Tau a Mataatua

- i. Project Brief

6. Workforce Development

- i. Workforce Development Plan (Phase III)
- ii. Workforce Development Discussion Document (Phase III)
- iii. Literature Review Data (Phase III)
- iv. Workforce Development implementation plan – simplified (Phase IV)
- v.

7. Website & Communication

- i. Stakeholder list
- ii. Communications Strategy
- iii. Mailchimp templates
- iv. MHAS Transformation Website
- v. Umbraco – website management
- vi. November Pānui
- vii. End of Year Pānui
- viii. February Pānui
- ix. March Pānui
- x. April Pānui
- xi. May Pānui
- xii. 'Special Edition' - Roadshow
- xiii. Resources

Pānui design, distribution, and website maintenance training to be co-ordinated with DHB Digital Communications Manager

Mailchimp details:

Mailchimp was utilised to create the pānui content and then be provided to BOPDHB IT department to put on website.

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Key Relationships

The following relationships have been formed and are key to achieving successful and sustainable outcomes for the MHAS Transformation project. These relationships are important to be maintained moving forward. This list acknowledges those who have supported and contributed to the project, as well as ongoing relationships for the continuity of work. Some key contributors appear in multiple stakeholder groups.

Te Whatu Ora

- Gail Kelly - Whariki
- Sue Hallwright

Te Aka Whai Ora Te Manawa Taki Regional Director. (Interim: Programme Executive)

- Stewart Ngatai (East)

Website & Pānui support

- Martin Roding, Hauora a Toi
- Mathew Dewing, IT Hauora a Toi

Planning & Funding

- David Vaaulu (Te Whatu Ora)
- Mike Agnew

Data Source Contacts

- Belinda Walker ^{S 9(2)(a)}
- Trish Gledhill ^{S 9(2)(a)}
- Emmanuel Jo Emmanuel.Jo@health.govt.nz
- Rachel Alderwick – Decision Support Analyst, Hauora a Toi

Hauora a Toi, Internal Mental Health & Addiction Leaders Group

- Mike Agnew Fiona Miller
- Jen Boryer Anja Theron
- Andrew Neas

Current Hauora a Toi - Project Leads/Key contacts

- IPMHA – Shannon Hanrahan (Mike Agnew)
- Mana Ake – Anja Theron
- Child Wellness – Anja Theron
- CHIRP – Anja Theron

Current Toroa Leadership Group members

- Rutu Swinton (IMPB)
- Renee Delamare (Oranga Tamariki)
- Kelly Kuru (MSD)
- Arana Pearson (Lived Experience)
- Tyson Smith (Lived Experience)
- Sherida Davy (Lived Experience)
- Andrew Neas (Te Whatu Ora, Allied Health)
- Atawhai Ngatai (Education)
- Lani Hewson (Police)
- Roy Nathan (Kaupapa Māori NGO)
- Chris Marjoribanks (Independent Chair)

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MHA Service Mapping Tool

Purpose:

To develop a service mapping tool that will help to understand the service reach of providers across Te Moana a Toi and assist in decision making when allocating future funding and service provision.

Scope:

To build a MHAS provider map that demonstrates the Hauora a Toi boundary as well as iwi boundaries significant to Te Moana a Toi. The service map is dynamic in use and can display specific data as requested to be able to determine the scope and reach of the requested services within the boundaries defined.

How delivered:

An interactive map including a range of information/features, such as:

- Hauora a Toi/ iwi boundaries
- Te Whatu Ora Hauora a Toi | Bay of Plenty boundaries
- Service provider names
- Basic census information by geographical unit
- Index of Multiple Deprivation data (IMD)
- Iwi boundary information.

Analysis:

- Iwi boundary data derived from Te Puni Kōkiri, does not include small iwi of Te Moana a Toi. In terms of the purpose of this tool it may not be necessary/required.
- Family services directory provides insight into smaller (non-DHB funded) services delivered in the regions. This data could be included to expand oversight of services.
- To enhance the mapping detail the data should be reviewed by DSA support and/or someone who has knowledge of the services and what they provide.

Recommended Next Steps:

- Incorporate into service commissioning processes, looking for opportunities to work in conjunction with other agencies (eg MSD Whānau Connectors)
- Create a second version for general public (ie does not include FTE, funding, etc) and make it a directory service, embedded on www.toiorangakau.nz
- Expand data to include Project Map
- Include FTE data in service search results.

Lived Experience Workstream

Purpose:

To develop an infrastructure for the lived experience community across Te Moana a Toi, including a network, training/learning modules where appropriate, and advocacy within the health system. The MHAS Transformation project should be an exemplar of partnering with lived experience.

How delivered:

Support for the development of Te Wheke, the lived experience network, including:

- venue hire
- Facilitation
- Catering
- Creation of terms of reference and support with work programme development
- website support.

Te Wheke in turn is crucial to the development, prioritisation and governance of the MHAS Project.

Analysis:

This workstream was the single most successful part of the MHAS Transformation project in phase 4, due in part to the skill and drive of the members of Te Wheke itself. The network is running effectively, and the two learning modules developed have been very highly regarded by the wider lived experience community, including the team at Te Aka Whai Ora.

Recommendations:

- Every MHA service procurement process undertaken by Te Whatu Ora or Te Aka Whai Ora should have a nominated representative from Te Wheke involved from the beginning of the process, including on the panel or any governance group (for major procurement)
- Place Te Wheke website on to the same platform as toiorangakau.health.nz. This will need some separation to ensure tino rangatiratanga – ie it cannot be a section within the same website – but can link to it from the transformation website.
- Continue to support Te Wheke meetings via facilitation, minute taking, support arranging venues, and catering where required.
- Some gentle support may be required to assist in developing a more formal work programme and next steps.

Workforce Development Workstream

Purpose:

To address limited training opportunities, retention of current workforce and training to meet the needs of the community.

How delivered:

Delivery of the workforce development plan developed during Phase III.

Analysis:

All but one of the actions in the workforce development plan have been initiated or completed during Phase IV, the exception being the creation of a recruitment communication plan. This action will be incorporated into Te Tau a Mataatua as part of a specific focus on developing the Māori workforce.

While actions have been initiated, there is a lack of genuine levers to ensure that staff across the rohe actually participate in training, aside from through the Toi Ora System of Care (a very successful, but separate project which has been prioritised for MHA services). The intention was to ensure training opportunities are socialised via the Panui and website, or in an ad hoc way through the project manager's contacts. Collaboration with Te Rau Ora to provide training on working with Māori lived experience to the Te Moana a Toi.

Recommendations:

- Creation of a regular MHA NGO and secondary service hui / network. This would allow workforce development needs and opportunities to be regularly discussed. Te Rau Ora, Te Pou, Le Va, Wharaurau / Werry can be invited to present, and the project facilitator can assist in bringing those opportunities to the Bay, including to smaller towns. Planning and Funding had a network that could be leveraged for this purpose.
- Proposal for the Toi Ora System of Care training to be available for Primary care, NGOs as well as MHA Secondary services.

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Communication and Website

Purpose:

Primarily to share information on the MHAS Transformation project and associated actions/changes, including workforce development opportunities or other MHA-related success stories in Te Moana a Toi. There is a secondary aim of raising awareness of mental health and addiction issues.

How delivered:

Website, Pānui, community engagement (such as through the Roadshow hui series).

Analysis:

While the Pānui and website are useful communication tools, feedback confirmed that communication and engagement with the community is lacking.

The Comms Plan indicated that social media should be a part of the approach, however this has not been the case so far, due in full to the health system changes. This must be included in the future.

Recommendations:

- Use the proposed workforce hui as a means to update the community and services on the Project face-to-face or via zoom.
- Bring in communications expertise to refresh the approach and make simple recommendations that would address identified deficits.
- Regular updates to the MHAS Transformation website to bring people back to the website regularly / increase click-throughs. These should include removing sections that are not in use (this has already been requested but not completed at the time of writing).

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Lessons Learnt

Seven key risk/issue/win have been provided for project review.

WIN/ ISSUE	Describe what happened	What was the impact	Recommendation
Risk	Health system reforms	The reforms have meant that ownership of the MHAT programme of work has been left in an indeterminate state	Funding and leadership need to remain in 1 entity. i.e. Te Whatu Ora
Risk	Health system reforms	The reforms have meant that ownership of components of the project now sit across two organisations.	The intention of Phase V was to ensure a project lead is in place who has or can create relationships across organisations (Te Whatu Ora and Te Aka Whai Ora) and is experienced in working in this way.
Issue	Lack of established ways of working across organisations	Projects being led and documents commissioned that could have been better linked with the transformation project.	Establish clear accountabilities for the success of the project, including continuing the internal working group
Issue	Communication of key documents missed	Key documents from Phase III (including the implementation report) were not published, or agreed / communicated across the DHB, leading to inertia and miscommunication.	Ensure working group and internal leaders are properly engaged with key documents and findings from the project.
Win	Te Reo Māori me onā tikanga support	Work reflected a te Ao Māori worldview.	Maintain engagement with Ruahine and Matauranga Māori representatives.
Win	Project Support	Overall key stakeholders across the district and community for the project have been supportive, while wanting faster progress	Continue to maintain these relationships. The Roadshow in early 2023 was an effective means of achieving this but needs to be combined with other, more active ways of communication.
Win	Lived experience network development	The development of Te Wheke and activity undertaken is fundamental to transformation and has been arguably the biggest win of the project so far.	Maintain Te Wheke through funding and in-kind support (venue booking, minute taking, etc).

Summary

MHAS Transformation Phase IV has created some important foundations for further meaningful transformation. Focus on cultural change (the 'bottom of the iceberg') has been proved to be essential.

Key achievements were the establishment of Te Wheke, the lived experience network, and two learning modules to help amplify the voice of tangata mātau ā-wheako ('experts by experience'), the completion of the interactive map, and the initiation or completion of most actions from the workforce development plan.

The health system reforms have impacted progress and relationships are strained, which has impacted buy-in to the transformation project. There is agreement across the organisation on the priorities for this mahi, and collective intent to deliver. The focus of this project needs to ensure sustainable and supported transformation project scope, with clearly defined roles and responsibilities to support the Kaupapa.

Service redevelopment, delivery and success of the project will come as a result of the project team working in conjunction with secondary services, planning and funding, and the Toroā Leadership Group.

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