

7 November 2022

[Redacted]
[Redacted]
[Redacted]

Dear [Redacted]

Your Official Information Act Request HNZ00004095

Thank you for your Official Information Act 1982 (the Act) request of 19 September 2022 for information under the

1. **How many people per year are estimated to be serviced by the Te Ara Oranga outreach program that started in Murupara in June 2022?** 148.
2. **Please provide all original communications including business cases, proposals and presentations around the Murupara, Te Ara Oranga type outreach program that commenced June 2022.** Please see documentation attached. Some of the documents contain redactions for privacy and commercial reasons. Pursuant to clause 9(2)(a) of the Official Information Act 1983 Hauora a Toi Bay of Plenty is withholding this information to protect the privacy of a natural person. Pursuant to clause 9 (2)(b)(ii) of the Official Information Act 1983 Hauora a Toi Bay of Plenty is withholding this information as to release it would be likely to unreasonably prejudice the commercial position of the person who supplied or who is subject of the information.

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, Te Whatu Ora 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. The released response will be made available on our website.

Yours sincerely

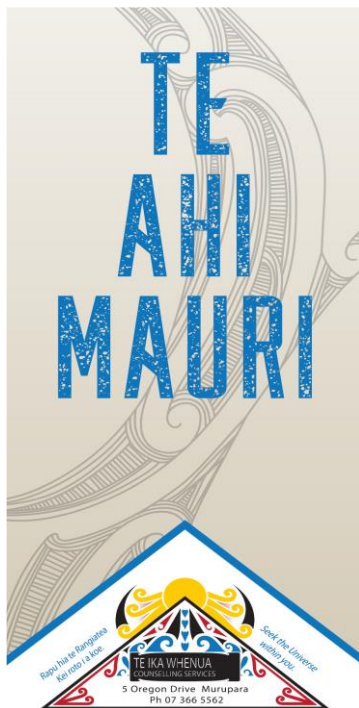


Debbie Brown
Senior Advisor Governance and Quality
Bay of Plenty District

TeWhatuOra.govt.nz

Te Whatu Ora, PO Box 793, Wellington,
New Zealand

Te Kāwanatanga o Aotearoa
New Zealand Government



Overview pertaining to the Te Ahi Mauri programme:

The Te Ahi Mauri Methamphetamine Demand Reduction Programme has recently been launched in Murupara.

The programme will provide services in Murupara, Kaingaora, Minginui, and surrounding areas. The Te Ara Oranga Methamphetamine Demand Reduction programme was initially formed as a joint Police and Northern DHB pilot, with the aim of testing the effectiveness of an innovative approach to reducing methamphetamine demand. The programme has been shown to reduce drug-related harm and support better community health, improved social wellbeing including re-engagement with whānau and employment, as well as better justice outcomes including reduced family violence and crime. Based on the success of the model, the programme was expanded to include new pilot sites. Te Whatu Ora Hauora a Toi Bay of Plenty and Te Whatu Ora Lakes have been selected as part of the wider roll-out. Te Ika Whenua Counselling Services Trust are the lead provider. The model is based on a multi-agency approach with Police, Social Services and Health playing a key role in the programme.

The programme will provide intensive engagement and support to individuals and their whānau facing challenges associated to methamphetamine. The programme will facilitate their journey into treatment and enhance retention in the overall journey to recovery. Furthermore, the service will provide a central point of contact resources and support for members of the community, community groups and whānau who are concerned about methamphetamine use.

The Te Ahi Mauri programme is based on the framework of the Northland model, tailored to regional requirements. The programme is being developed with the community at the heart of the programme.

Overview pertaining to the narrative of Te Ahi Mauri:

- The flame
 - The flame represents the people and their mauri (essence within). If their individual mauri is compared to a flame, as users, their flame has been put out and their light is dim. With Te Ahi Mauri, the aim is to provide them with the tools to reignite the mauri within each individual that is supported by the programme.
- The Tuna (eel)
 - The pūrākau is based around the tuna and taniwha of Murupara. The logo represents imagery of a tuna linking to the main pūrākau being the lifespan and resilience of the tuna.
- Te Ahi Mauri represents the korero of the logo and pertains to three R's:
 - Reigniting, rekindling, reconnecting with one's inner-self in all aspects of hauora physically, spiritually, mentally and emotionally.

- The logo was designed by Leila Rewi, Te Ika Whenua Counselling Services Clinical Lead, and her son Reece Rewi. Murupara whānau have gifted the name 'Te Ahi Mauri' in recognition of the Mauri (essence) that exists in all whānau and the growth of that flame (however small) as whānau walk from darkness towards the light as part of their recovery journey. It is hoped that Te Ahi Mauri can provide a greater platform for change within the Murupara hapori (community). One that begins by inviting Murupara whānau to share their moemoeā (dreams) and aspirations – whether this be for their own whānau, tamariki, mokopuna or community and to mahi tahi (co-create) a new wellbeing system of services in Murupara to enable their dreams and aspirations to flourish.

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TE AHI MAURI

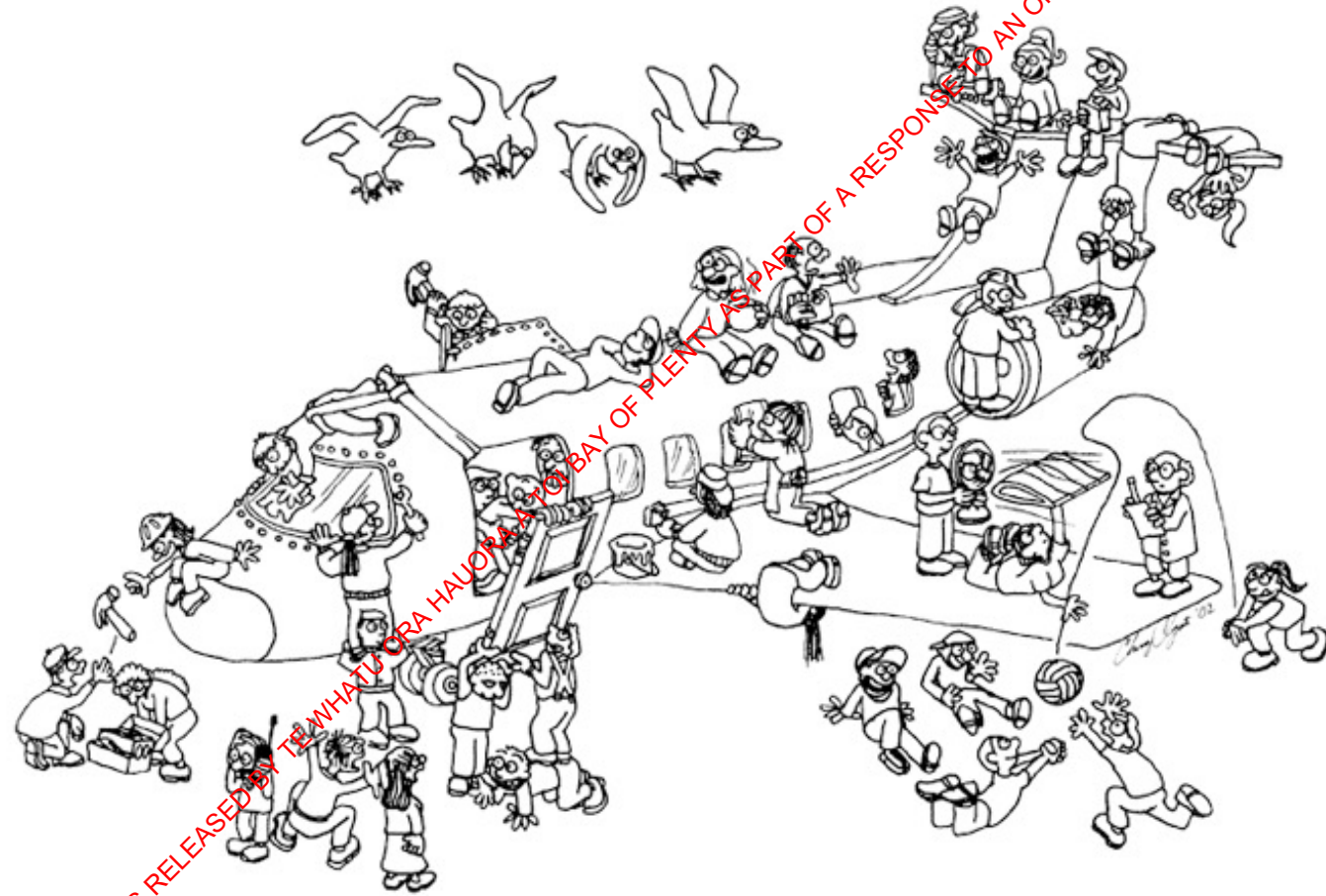


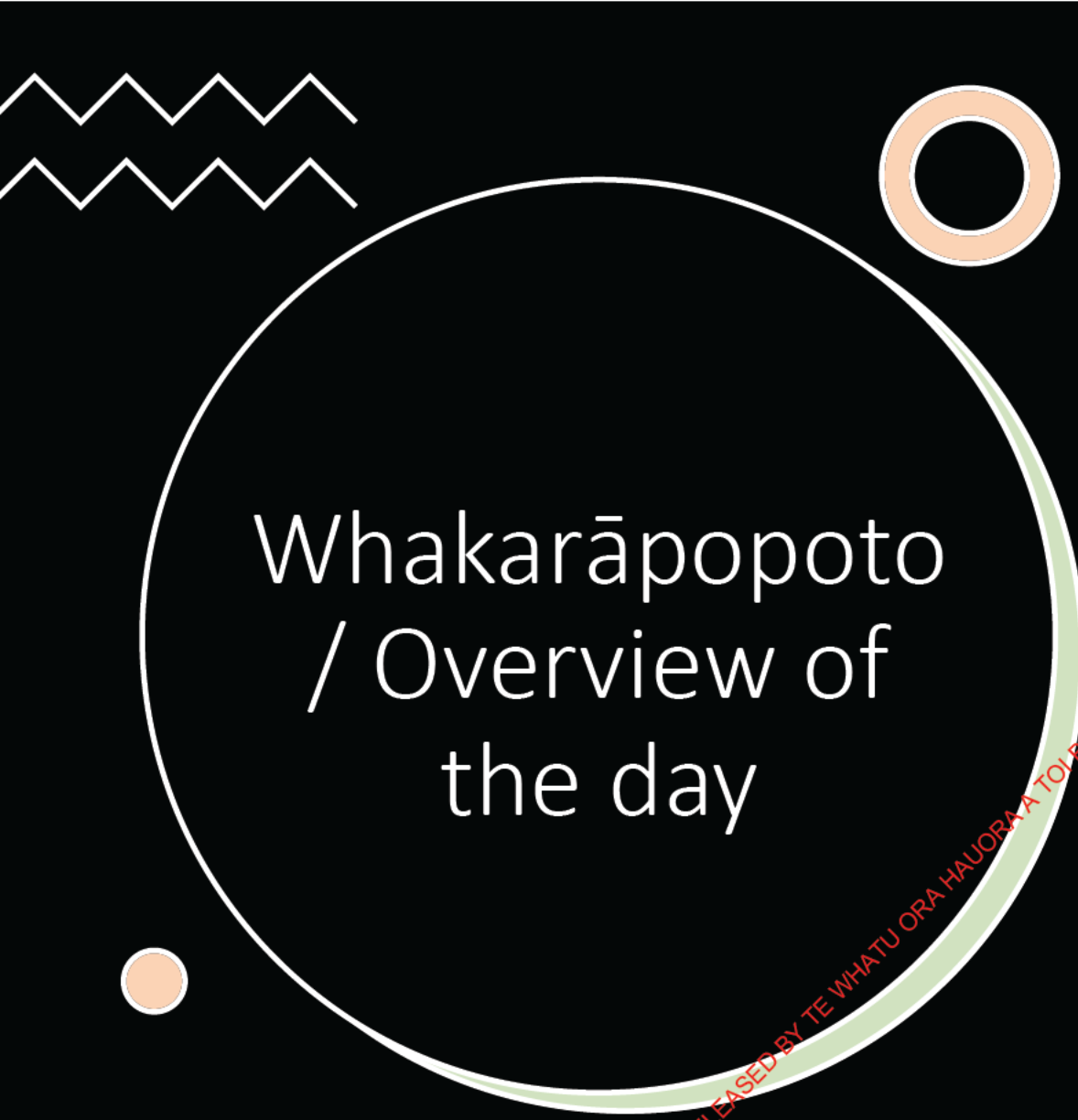
Te Ahi Mauri Partner's Wānanga Rotorua Hospital

Friday 8 July 2022,
09.00 – 15.00

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Designing and building the plane as we fly



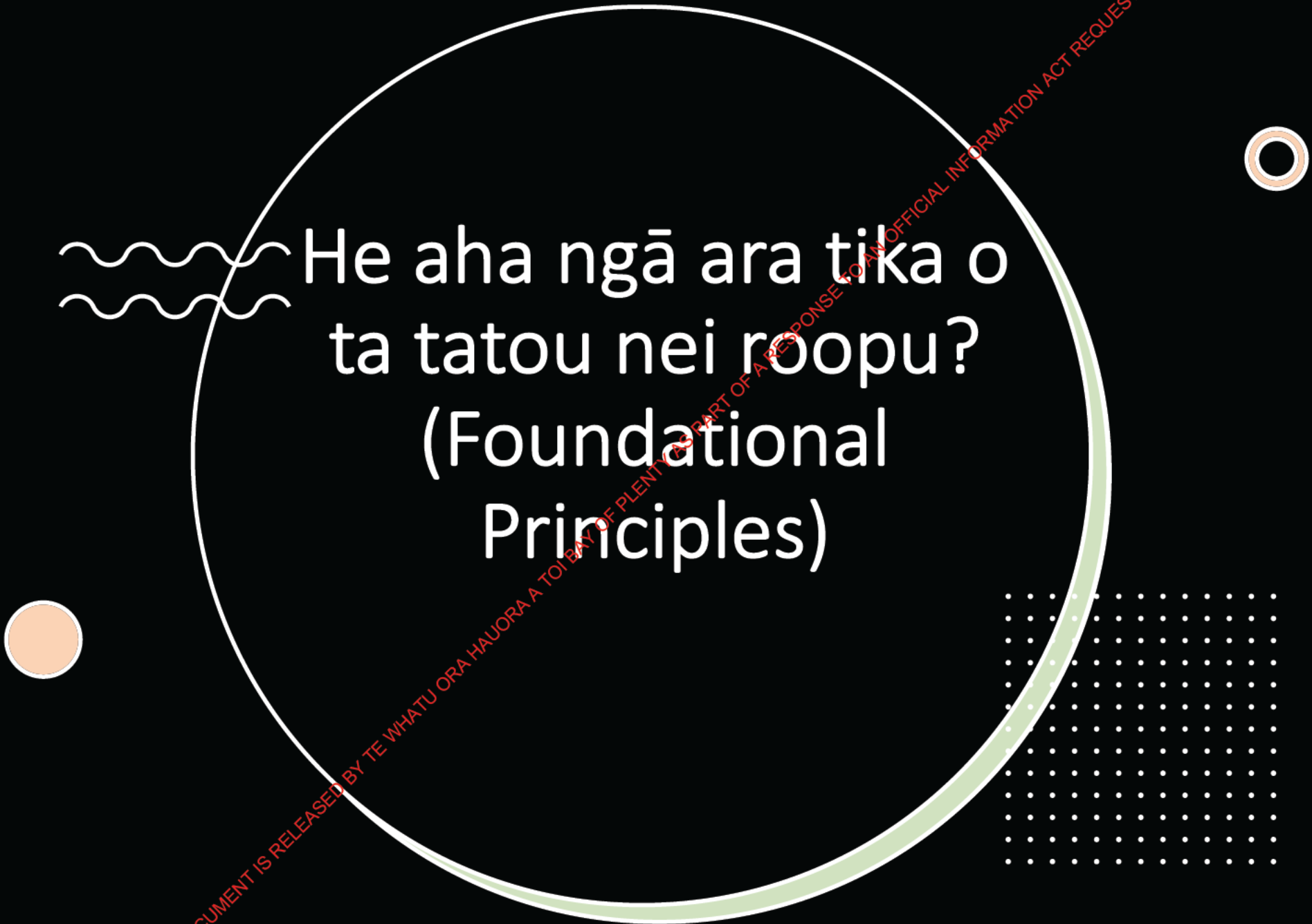


Whakarāpopoto / Overview of the day

Coming together as a team to share a physical space and begin a conversation about how we might work together, collaboratively, to uphold and grow the Mauri – Te Ahi Mauri – of this Kaupapa Māori Methamphetamine Harm Reduction Programme as we enable, tautoko, awhi Murupara whānau on their next step towards greatness.

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He aha ngā ara tika o
ta tatou nei roopu?
(Foundational
Principles)

Oversight Group (Functions)

- Uphold and grow the Mauri of Te Ahi Mauri methamphetamine harm reduction programme.
- Ensure Te Ahi Mauri contributes positively and enables the moemoeā and aspirations of all whānau that connect with the programme.
- Ensure strong interagency collaboration is maintained and sustained.
- Provide leadership and oversight for the roll-out of Te Ahi Mauri (and any further subsequent investment) ensuring overall service delivery, plans and achievement of outcomes.
- Appoint sub-group leads, oversee and approve the sub-group work plans.
- Make decisions and act as the escalation point for the sub-groups to resolve any issues.
- Act as the single point of communication for the Te Ahi Mauri programme.
- Manage and oversee all risk management including addressing any barriers to implementation.

Membership

Tangata Whai
Ora / Lived
Experience

Pou Tikanga /
Kaumātua

Te Ika Whenua
Counselling

Iwi-Māori
Partnerships
Member(s) / Iwi

Te Aka Whai Ora
(Māori Health
Authority)

Te Whatu Ora
(Health NZ)

New Zealand
Police

Ministry of Social
Development

Te Puni Kōkiri

Ministry of
Education

Regional Public
Services
Investment Lead

Regional
Leadership
Roopu

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Sub-Groups

Community action and engagement (demand reduction)

Safer communities (supply reduction)

Mahi Tahī Kaupapa-Māori Model of Care

- Links to a clinical governance oversight group

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Next Steps

July

- Approaches and invitations issued to Oversight Group members
- Planning community wānanga
- Establishment of Sub-Groups
- Development of terms of reference for Oversight Group and Sub-Groups (mid to late July)
- Development of a detailed Project Initiation Document and Project Plan



August

- Oversight Group inaugural meeting
- Hosting community community wānanga Sub-Group

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TE AHI MAURI



AOD Forum Classic Flyers NZ

Friday 5 August 2022

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Overview

Background (TAO) - what works etc

Te Ahi Mauri - te whakapapa o te ingoa

Service components

Foundational principles

Our plane in the sky

Next steps.

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<https://youtu.be/BEK1cun82r4>

Tirohanga

(Vision)



Te Ara Oranga is a partnership of agencies working collaboratively to reduce the harm caused by methamphetamine use in Te Tai Tokerau.

We encourage community leadership, participation, engagement and decision making and we empower whānau to regain wellbeing and strength by fostering hope and connection to people and services in their local areas.

We provide a range of services to whānau across multi-agencies led by peers who have lived experience in recovery from the harm caused by Methamphetamine use to themselves, their whānau and their communities.

Rangapū Partnership

- Decisions on delivery of service in consultation with Mana Whenua and Iwi
- Reach out through community partnership and education
- Government and Non-Government Agencies working together

Kaupapa Māori

- Consultation with Tangata Whenua O Te Tai Tokerau
- Te Ao Māori models of delivery of services
- Uphold Tino Rangatiratanga - The right to choose appropriate people and services

Whānau Centred

- Improve the health and wellbeing of all whānau members
- Foster hope and change for whānau and communities
- Whānau create and regain the life they choose for themselves

Mātau ā-wheako Lived Experience

- Grow peers in the programme to be role models of hope and change
- People with lived experience contribute to the development of services
- Encourage connection to community groups of people with lived experience

Objectives

- Broaden the population reach including organisations such as Oranga Tamariki and Ministry of Social Development
- Promote that harm caused by methamphetamine use is a health issue rather than a criminal issue

What's Works?

- Connecting with people who use meth or are affected by another's use of meth much earlier in the addiction trajectory therefore reducing harm.
- Health and Police work with different members of a community who are methamphetamine users.
 - *Health – Male longer history of health contact and lower harm*
 - *Police – significantly more Māori Female with fewer health contacts*
- Strength of Te Ara Oranga - actively seeks out different populations through collaboration and strong partnerships between agencies – Pou Whānau Connector roles.
- Reframing methamphetamine as a health and a social justice policy issue requiring a different response.



Te Ahi Mauri

Recognises the Mauri that exists in all whānau, and the growth of the flame however small, as whānau walk from darkness towards the light as part of their recovery journey.

Te Ahi Mauri

Service coverage: Murupara, Minginui & Te Whaiti.

FTE investment: 1 clinical FTE and 2 non-clinical / lived experience FTE

A Mahi Tahī Kaupapa-Māori hāpori methamphetamine harm reduction model of care to be developed with whānau.

Supporting working groups:
Mahi Tahī Kaupapa Māori model of care (service), safer communities (supply reduction) and community action and engagement (demand reduction)

Priority: Mahi Tahī Kaupapa Māori Model of Care working group to ensure appropriate referral pathways, internal supports and risk management are in place.

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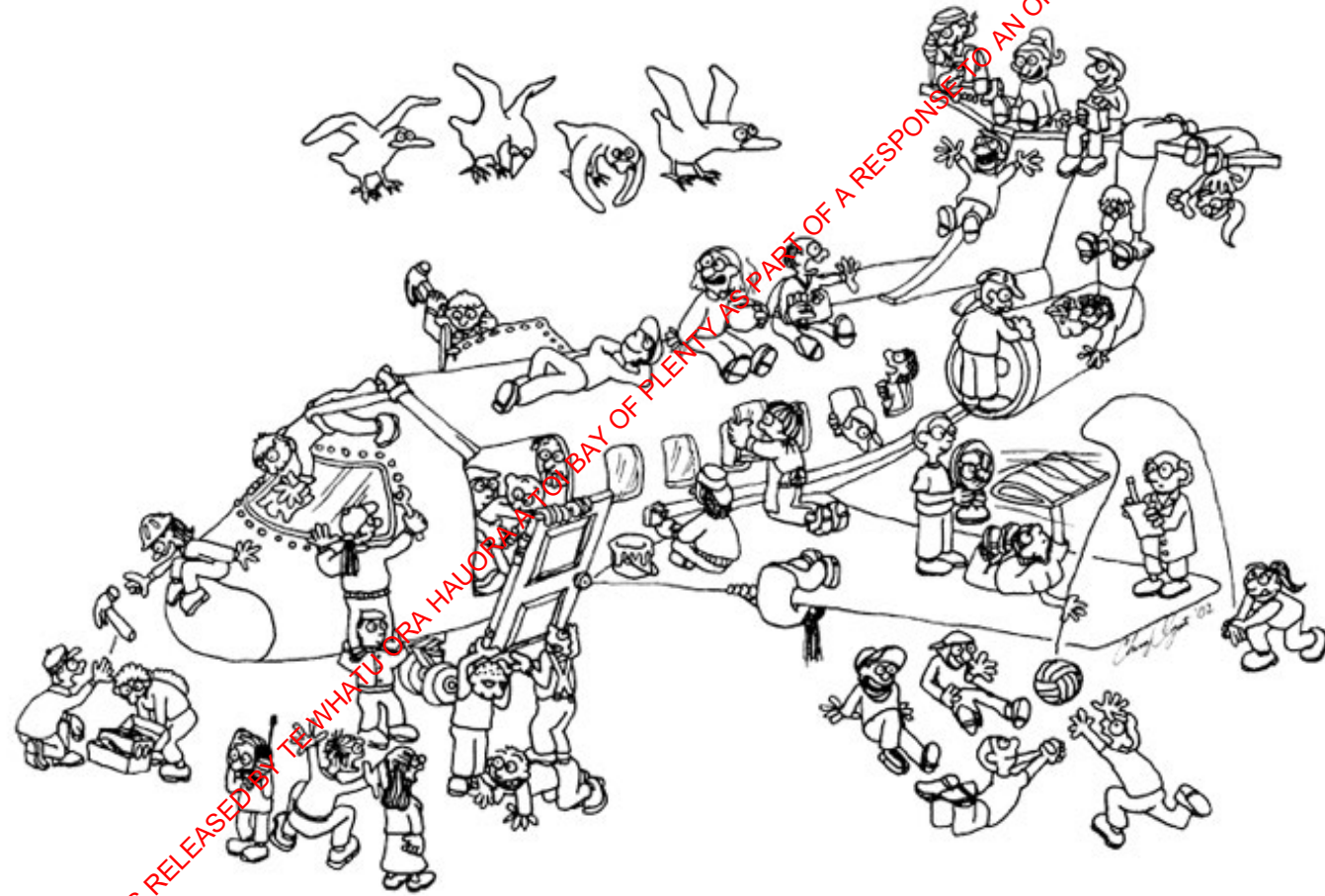
Foundational Principles

- Te Ahi Mauri will give effect and enable the moemoeā (the dreams) and aspirations of Murupara whānau.
- Te Ahi Mauri will be hāpori-led and supported by government agencies.
- Te Ahi Mauri will recognise the Maturanga that sits within all Murupara whānau and the right of Murupara whānau to exercise their Rangatiratanga (right to self-determine) as we grow Te Ahi Mauri.
- Te Ahi Mauri should grow existing related mahi within Murupara in recognition of the strengths and assets already within Murupara.

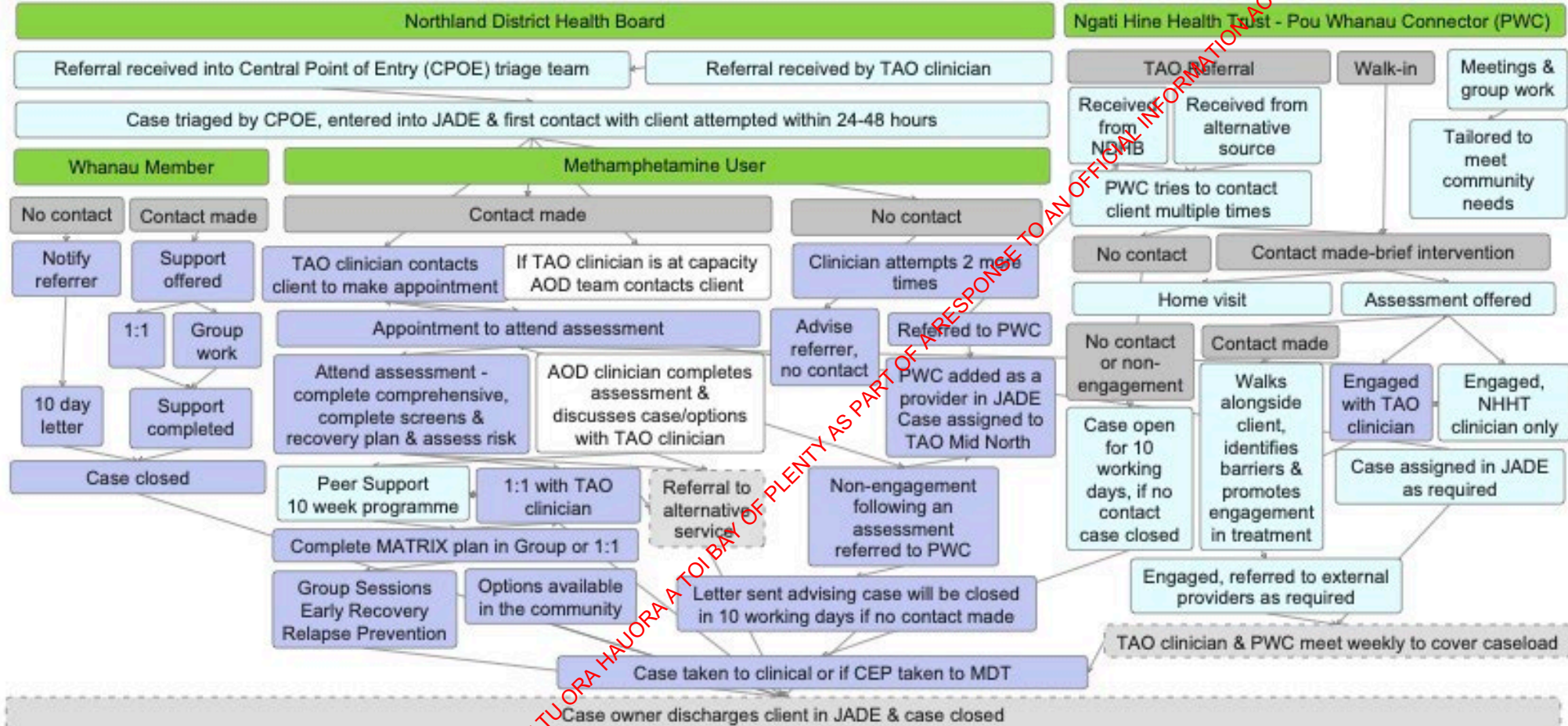
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Te Ara Oranga Treatment Sector - Mid North Process



Support / therapy options for clients	
Whanau support	TAO & AOD clinician - NDHB, Pou Whanau Connector - NHHT, Nutrition Class - PWC NHHT, 5-Step Programme (Whg) - NDHB
Meth client	Whakamana Tangata, Residential (KWA) - Ngati Hine, Residential (Whg) - Odyssey House, Peer Support
	Narcotics Anonymous, Early recovery & relapse programmes, Detox NDHB, National Residential/Detox, Social worker - NDHB, Hokianga Health, Supporting Families, Te Haa, Choice Programme, Rongoa
	He Waka Toki - NHHT, Waipuna Ora Hub - Peer support, Phone lines - Mental Health Line, 1737, Meth Help, Alcohol Drug Helpline, Just a thought

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Next Steps

July

- Establishment of working groups (3 working groups - model of care and service delivery, safer communities & community engagement)
- Development of terms of reference for oversight group and working groups
- Model of care development and service delivery (July and August 2022)

August

- Iwi engagement and socialization
- Murupara stocktake: (Kaupapa-Māori services, MHA & AOD, Te Ao Māori supports, allied health services, pathways (education, training, social housing etc).
- Org chart (oversights and relationships) agreed.

September

- Oversight group inaugural meeting
- Approval of project plan, implementation plan (3 working groups), risk management and communications plan.

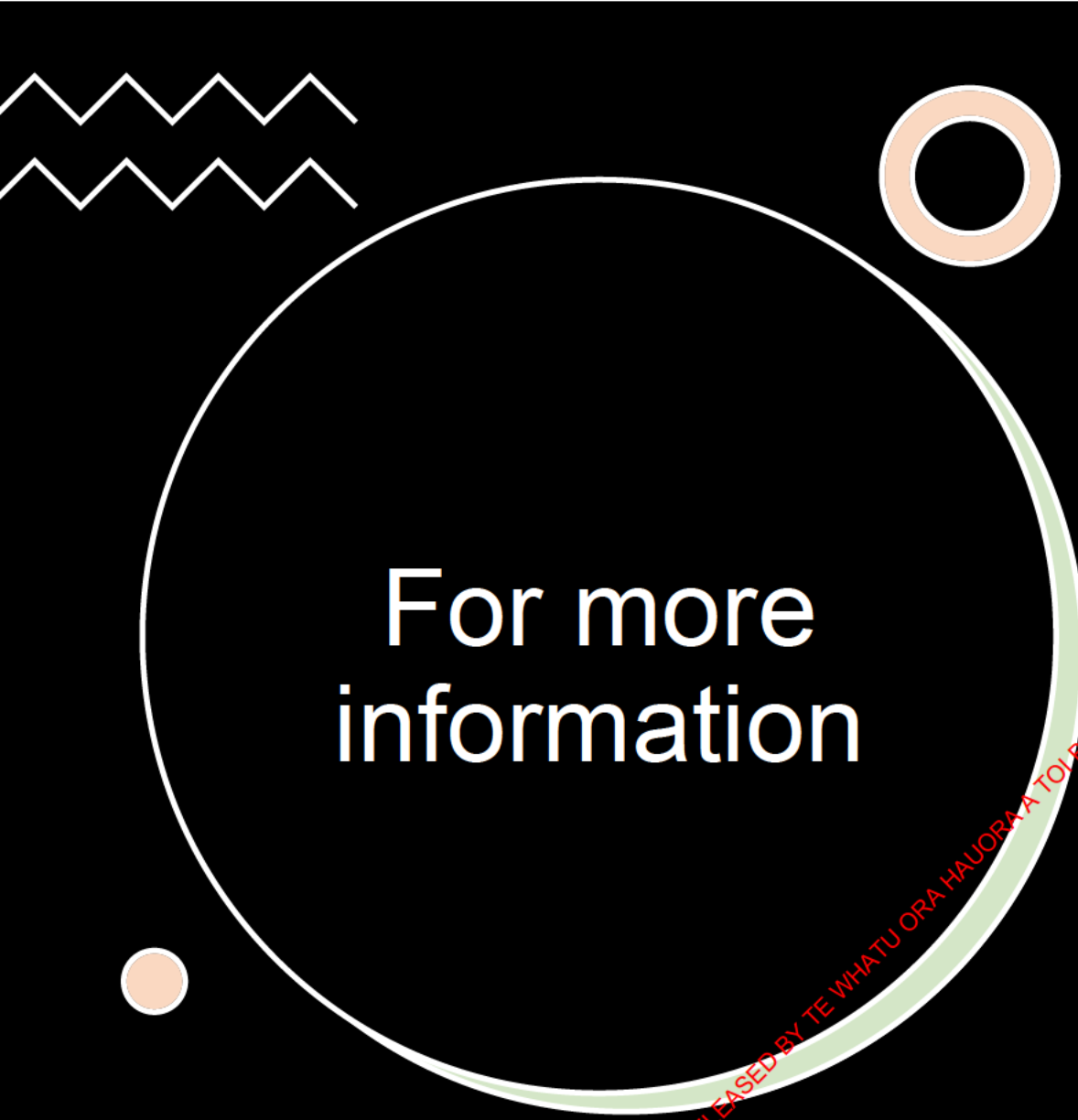


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He Pātai / Questions?

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For more
information

Contact: Rozi Pukepuke

Toi Oranga Ngākau Change
Leader – Te Aka Whaiora
Hauora a Toi.

rozi.pukepuke@bopdhb.govt.nz

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Te Ahi Mauri

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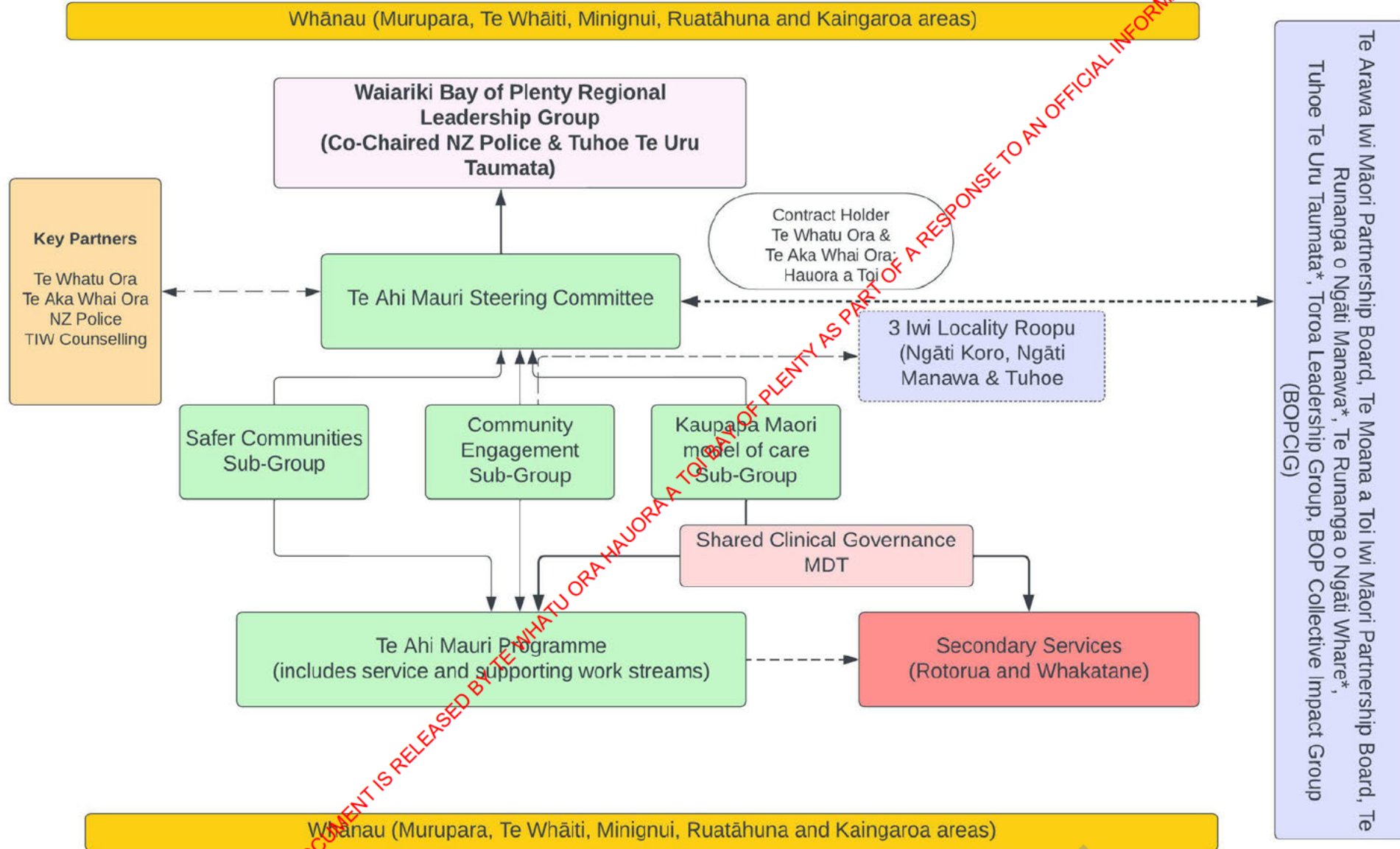
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DRAFT TAM structure



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Next Steps

August

- Continued Iwi engagement and socialization.
- Murupara stocktake: (Kaupapa-Māori services, MHA & AOD, Te Ao Māori supports, allied health services, pathways (education, training, social, housing etc).
- Kaupapa Māori model of care working group (convened).
- Draft terms of reference developed.

September

- Org chart (oversights and relationships) agreed.
- Other working groups planned.
- Model of care and implementation plan development.

October

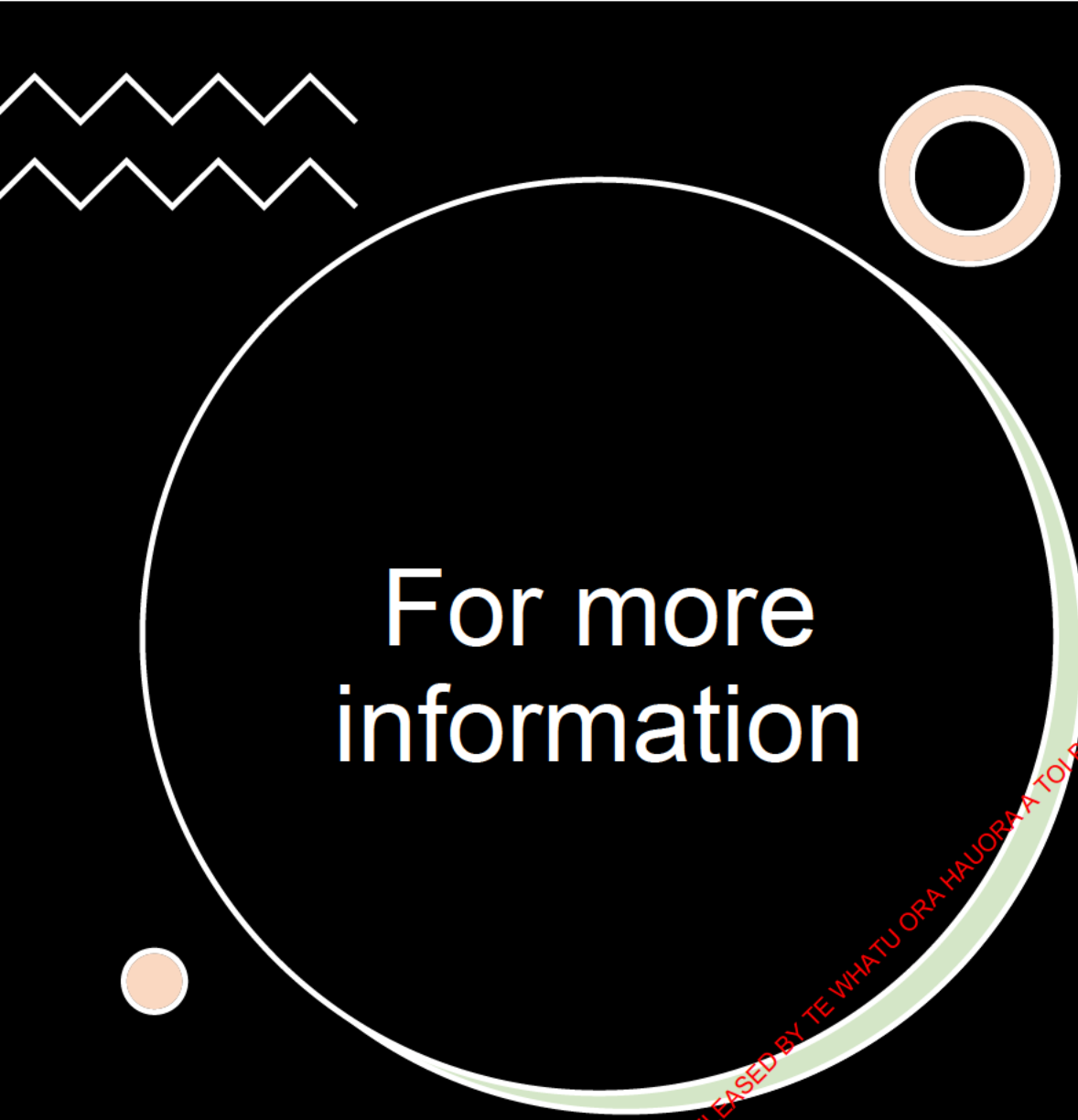
- Oversight group inaugural meeting
- Approval of project plan, implementation plan (3 working groups), risk management and communications plan.
- Lived experience whanau wānanga ("Voices").

November

- Agreement transition from Te Whatu Hauora to Te Aka Whaiora: Hauora a Toi.



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For more
information

Contact: Rozi Pukepuke

Toi Oranga Ngākau Change
Leader – Te Aka Whaiora
Hauora a Toi.

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Budget 19 Primary and Community AOD Proposal Template

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This form is the first step for District Health Boards seeking funding from the Budget 2019 Primary and Community Alcohol and Other Drug (AOD) allocation. The template is meant to provide the Ministry with a high-level view of your approach. Each section should be around 250 words.

You will be asked to provide a detailed project plan once your proposal is accepted. The Ministry will ensure a prompt turnaround to confirm acceptance of your initial proposal

Please complete this template and send it to anna.tonks@health.govt.nz

Title of proposal:

Eastern Bay of Plenty – Kaupapa Maori Methamphetamine Service Expansion

Date provided:

November 2021

Contact details

- Organisation: Bay of Plenty District Health Board
- Prepared by Kate Stewart & Rozi Pukepuke
- Approved by: Mike Agnew and Karen Evison, BOP and Lakes DHBs
- Phone number: [REDACTED]
- Email address: mike.agnew@bopdhb.govt.nz karen.evison@lakesdhb.govt.nz

9(2)(a)

Proposal

Ministry of Health supplied methamphetamine wastewater testing for the Bay of Plenty region indicates the Eastern Bay of Plenty region has some of the highest rates of methamphetamine use in the country, i.e., Murupara, Opotiki, Kawerau and Rotorua.

A recently completed pilot in Northland has demonstrated positive outcomes utilising a cross sector, targeted approach to working with people and their Whānau who are affected by methamphetamine abuse. The Government with support from the Ministry of Health has embarked on rolling this program out nationally with the first expansion into the Eastern Bay of Plenty to Rotorua corridor.

The two DHBs, partnering with Police and the local Iwi aim to utilise key learnings/component of the Northland pilot to apply a localised, tailored approach for a provision of services within high needs areas of the Eastern Bay of Plenty to Rotorua corridor (hereafter referred to as 'rohe'). This will be a co-design partnering approach with the Iwi in the rohe and Police informed by Kaupapa Māori frameworks to design solutions that assist the rohe in their wider aspirations to eliminate methamphetamine and the harms it causes.

Purpose and Objectives

PURPOSE

- The health component of Te Ara Oranga is focused on reducing harm by ensuring problematic users are given access to treatment.

OBJECTIVES

The objectives will be fully designed in partnership but are likely to include some of the following:

- Increase awareness and resilience within communities around the harms from methamphetamine and other harmful substances
- Support Iwi in strength based cultural practice to counter the attraction to drug use
- Provide more targeted localised support to this population group utilising a Kaupapa Maori wellbeing framework by growing community capability and peers who are trusted and living in the rohe
- Increase collaboration between agencies and services to support a less siloed approach to the delivery of wrap around treatment and support
- Provide outreach support within teams that have a high percentage of peer support kaimahi and lived experience staff.

Project Scope

The project scope has been informed by key success components of the Northland methamphetamine pilot. The project will focus on:

- High need areas in the rohe: Opotiki, Kawerau, Murupara and Rotorua.
- Increasing the availability of culturally intelligent, responsive, and accessible methamphetamine treatment and support services in the above identified rohe with a focus on whole Whānau connectors to improve recovery pathways for Tangata whaiora.

The co design process aims to consider holistic, responsive, and sustainable indigenised methamphetamine treatment and support outreach programme. It is anticipated that the solutions will include things such as:

- Be built on established Whānau and cross sector connections in Murupara, Kawerau, Opotiki, and Rotorua.
- Include utilisation of Kaupapa Māori Pou Whānau Connector programmes as a key component of the cross-sector team providing treatment.
- Mahitahi with providers to elevate their own local mātauranga Māori models of care/frameworks unique to the Tangata Whenua of the EBOP to inform their practice.
- Include collaboration with tohunga, and other local healers to provide traditional Māori methods of healing such as mirimiri, romiromi, Māori chiropractors, energy healing and readers to enable and inform Tangata Whaiora referral pathways.
- Connect Tangata Whaiora with whakapapa and Te Ao Maori, learning through Tipuna and Atua kōrero and support engagement with traditional healers for Matakite.
- Be delivered in collaboration with local lead AOD providers, Police, Whānau, Youth Justice, Corrections, and employment support services in the rohe.
- Cover the age spectrum to incorporate Tamariki/youth/rangatahi.
- Ensure the heart of the solution is Whānau centric and incorporates a holistic response.

Benefits of this Approach

- Utilisation of existing integrated leadership network (Waiariki Leadership Group) that has Iwi, Central Agencies and both DHBs allows for a fully integrated solution that also builds on the current cross system investment in the rohe already (e.g., MSD work readiness programs).
- Prioritisation of a cross-sector pathway by working with people affected by methamphetamine and their Whānau, reducing the isolation of a siloed approach and supporting a wrap-around Whānau Ora system when working with Tangata Whaiora affected by methamphetamine.
- Developed from the outset as a whole-system approach utilising multiple key stakeholders, including (but not limited to), local Whānau, Hapū, Iwi, Tangata Whaiora and cross-sector providers.

This solution will be aimed at communities evidenced via wastewater testing to have high consumption of methamphetamine with consideration of the communities in close-proximity and on septic systems where monitoring is not possible. All of these communities have a high Māori population. The solution will also have the capacity to work across the rohe. This will be necessary given the current transiency of Tangata Whaiora due to the impact of COVID-19, unemployment, and homelessness.

This project will align with the pilot programme developed in Northland, Pou Whanau Connectors, as much as possible as this has already proven to be successful for Tangata Whenua in this rohe. The pilot evidences the key strengths of community consultation and partnering to develop and deliver a solution following a robust stakeholder consultation process.

The northern project has shown the trinity collaboration between NGO, Police (Justice) and DHB to support Tangata Whaiora. Peer support and lived experience contributed to this project via a Government/Partnership relationship embedded with a Steering Committee. This has proven to be its main strength in the delivery of their Community Model of Care.

From an equity viewpoint, it is important that Māori populations be involved in development of a workable model for the relevant iwi in order re-indigenise their own mātauranga Māori within their whakapapa. This

supports developing working models to respond to the damaging impact of drug abuse within their Whānau, Hapu, Iwi and Hāpori, improving Mauri Ora wellbeing thus leading to Toi Ora wellbeing.

Personnel

To progress this proposed initiative project management resource will be required. It is expected this resource may be shared between BOPDHB and Lakes DHB. The project manager will be guided and supported by MH&A Portfolio Managers from the DHBs and the Toi Oranga Ngakau Change Leader for BOPDHB. Support may also be provided by a project steering group if required.

Governance will be through the Waiariki Leadership Group and they will be final decision makers along the entire journey. The two Iwi reps not included in the rohe may contribute but not be direct decision makers regarding this work. Members are:

- Regional Police Commissioner (co-chair)
- Non-coastal Eastern BOP Iwi rep CE (co-chair)
- BOP/Waiariki Regional Public Sector Commissioner
- CE BOPDHB
- CE LDHB
- Coastal Eastern BOP Iwi rep
- Te Arawa Iwi rep
- Western BOP Iwi rep
- Ngāti Tūwharetoa Iwi rep
- CE BOP Regional Council
- Regional Director MSD
- Regional Manager OT

Community Participation

The draft proposal is an initial first step to commence the co design process with all the partners. We anticipate dedicated project management resource will continue to develop the proposal and with partners to create a workable framework to begin discussions with local key stakeholders.

We anticipate facilitating hui with these stakeholders in the Eastern Bay of Plenty during the initial stages of the project to ensure a community led approach is utilised to identify/confirm current community needs with the aim of providing effective treatment and support to people affected by methamphetamine and their Whānau in high need areas.

Stakeholders

We have been guided by the Northland pilot in terms of identifying key project stakeholders. Stakeholders may include but are not limited to:

- Tangata whaiora
- Lived experience
- Peer support
- Local iwi
- Kaupapa Māori providers
- Police
- Secondary MH&A services

- Community agencies
- Kura/Schools
- Primary health services
- Statutory agencies
- NGOs
- Social Services
- Justice, Courts, Corrections

Project Time Schedule

As per project deliverables table

Budget Summary

Project Costs:

	Cost Breakdown	Anticipated Costs per annum
Personnel	1 x project manager Colocation of project manager in the communities of interest (support in kind to host entities)	\$100,000
	Early implementation of peer/navigator in at least one community of interest to test operation and inform final solution (likely in Tuhoë due to paucity of current providers on the ground in those communities. Also, Tuhoë has developed a draft Meth Dependency Strategy to nest this mahi within and have willingness for a PDSA)	TBA
Community Collaboration	Local consultation hui. \$5000 per hui x 5 hui	\$25,000
Development of resources	Tangata Whaiora, Whanau, community, GP	\$40,000
Administration	May need to allocate some writing resource and publication skills and monitoring design e.g., outcomes framework to overlay that responds to what Iwi want to measure (this is likely to be strengths based)	\$40,000
TOTAL START UP COST		\$210,000

Quality and Risk Management

QUALITY MANAGEMENT

A project quality framework will be built into the project plan

The project will be overseen by project sponsors and it is proposed a project steering group

RISKS

Risk Description	Risk Rating	How Risk Will Be Managed
Insufficient funding to deliver proposed service model	Low	Budget agreed for proposed service model prior to project commencement
Timeframe slippage	Medium	Clearly delineated implementation milestones will be developed and accountabilities with realistic timelines agreed by key stakeholders
Impact of COVID-19 to progress	Medium	Contingencies to be built into the project plan to manage potential delays secondary to changes in alert levels
Inability to recruit appropriate staff to deliver solution service	Medium	Project plan will prioritise recruitment.
Non-engagement of key stakeholders in project processes	Low	Key stakeholders will be involved in development of the service

Project Monitoring and Control

No change management processes are required to develop and implement this initiative. It is expected and existing provider(s) will be contracted to expand current services.

Reporting processes applied during the Northland pilot will be reviewed in the first instance to assist with guiding BOPDHB processes. It is expected the project manager will develop a tailored template to enable quarterly reporting to the Ministry on key project plan deliverables and outcomes.

Project Deliverables

Summary of the project deliverables and timeline.

Summarise the project deliverables and timeline.

Stage	Description	Cost	Timeline
1	Consultation and agreement on proposed approach to application of funding/service model	TBA	November – December 2021
2	Appointment of a project manager	TBA	November 2021- April 2022

3	Development of Project Plan	TBA	November – December 2022
4	Implementation of Project Plan	TBA	January 2022 – April 2022
5	Development of formative evaluation process	TBA	January 2022 – April 2022

Approval process

The length of the response and the amount of funding required will vary depending on the region and the details provided.

A Ministry governance group will have oversight of the approval process to consider the proposed response.

Approval will be issued by: Acting Deputy Director General, Mental Health and Addiction.

Approval by the Ministry will be in writing and emailed to identified contact person as shortly after receipt as practicable.

Next Steps

It would be appreciated if you would formally acknowledge your DHB's interest in this process.

The Ministry will arrange a zoom meeting with relevant personnel to discuss the proposal.

On signing of a contract, the Ministry will make funds available immediately, for example for project management, or for an existing service.

Contract for Services

Co-design and Project Management Services to 30 April 2022

The Parties

Ministry of Health

(Buyer)

133 Molesworth Street, Wellington, 6011, New Zealand

and

Bay of Plenty District Health Board

(Supplier)

Cnr Clarke St and 20th Ave, Tauranga, 3112, New Zealand

The Contract

Agreement

The Buyer appoints the Supplier to deliver the Services described in this Contract and the Supplier accepts that appointment. This Contract sets out the Parties' rights and obligations.

The documents forming this Contract are:

1. This page **Page 1**
2. Contract Details and Description of Services **Schedule 1**
3. Standard Terms and Conditions **Schedule 2**
GMC Form 1 SERVICES | Schedule 2 (2nd Edition) available at: www.procurement.govt.nz
4. Any other attachments described at Schedule 1.

How to read this Contract

5. Together the above documents form the whole Contract.
6. Any Supplier terms and conditions do not apply.
7. Clause numbers refer to clauses in Schedule 2.
8. Words starting with capital letters have a special meaning. The special meaning is stated in the Definitions section at clause 17 (Schedule 2).

Acceptance

In signing this Contract each Party acknowledges that it has read and agrees to be bound by it.

For and on behalf of the **Buyer**:

For and on behalf of the **Supplier**:

(signature)

(signature)

name: Richard Taylor

name: Mike Agnew

position: Group Manager Addiction

position: General Manager Planning & Funding

date:

date:

Schedule 1

Contract Details and Description of Services

Start Date	On signing of the agreement	Reference Schedule 2 clause 1
End Date	30 April 2022	Reference Schedule 2 clause 1

Contract Managers Reference Schedule 2 clause 4	Buyer's Contract Manager		Supplier's Contract Manager
	Name:	Anna Tonks	Mike Agnew
	Title / position:	Principal Advisor, Addiction	General Manager, Planning Funding & Population Health Bay of Plenty District Health Board
	Address:	133 Molesworth Street, Thorndon, Wellington	DHB 2, Te Whare Kokiri 210 17th Ave, Tauranga
	Phone:	██████████	██████████
	Email:	Anna.tonks@health.govt.nz	Mike.Agnew@bopdhb.govt.nz

9(2)(a)

Addresses for Notices Reference Schedule 2 clause 14	Buyer's address		Supplier's address
	For the attention of:	Anna Tonks Principal Advisor, Addiction	Mike Agnew, General Manager, Planning Funding & Population Health
	c.c. Contract Manager	Anna Tonks Principal Advisor, Addiction, Mental Health & Addictions	Mike Agnew, General Manager, Planning Funding & Population Health
	Delivery address:	133 Molesworth Street, Wellington	DHB 2, Te Whare Kokiri 210 17th Ave, Tauranga
	Postal address:	133 Molesworth Street, Wellington	DHB 2, Te Whare Kokiri 210 17th Ave, Tauranga
	Email:	Anna.tonks@health.govt.nz	Mike.Agnew@bopdhb.govt.nz

Description of Services

Context

The Government want to expand the Te Ara Oranga methamphetamine harm reduction initiative the Eastern Bay of Plenty area.

Te Ara Oranga is an initiative in place in Northland, between the local district health board (DHB), New Zealand Police (Police) and the local community.

In Northland, Te Ara Oranga has been an integrated, community-embedded harm reduction approach to reduce both supply and demand of methamphetamine through increased responsiveness and enhanced alcohol and other drug (AOD) harm reduction services and social services.

The Ministry is working with the Bay of Plenty (BOP) and Lakes DHBs to undertake this expansion into the Eastern Bay of Plenty area. The two DHBs, partnering with Police and the local Iwi aim to utilise key learnings/components of the Northland pilot to apply a localised, tailored approach for a provision of services within high needs areas of the Eastern Bay of Plenty to Rotorua corridor (hereafter referred to as 'rohe'). This will be a co-design partnering approach with the Iwi in the rohe and Police informed by Kaupapa Māori frameworks to design solutions that assist the rohe in their wider aspirations to eliminate methamphetamine and the harms it causes.

This GMC is between the Ministry of Health and BOP DHB (the contract holder) – for co-design and initial project management services to undertake initial establishment activities for the programme. The BOP DHB will manage this service on behalf of both BOP and Lakes DHBs. BOP DHB will sub-contract one provider to deliver project management services to cover both DHB areas.

Project Scope

The project scope has been informed by key success components of the Northland methamphetamine pilot. The project will focus on:

- High need areas in the rohe: Ōpōtiki, Kawerau, Murupara and Rotorua.
- Increasing the availability of culturally intelligent, responsive, and accessible AOD (particularly methamphetamine) treatment and support services in the above identified rohe with a focus on whole Whānau connectors to improve recovery pathways for Tangata whaiora.

Description of Services - Co-design and initial Project Management Services to expand the Te Ara Oranga methamphetamine harm reduction initiative to the Eastern Bay of Plenty.

BOP DHB will provide project management and overall coordination of the co-design processes and hold authorship responsibility for the proposed service description across the localities within the Eastern Bay of Plenty Region eg, Murupara, Ōpōtiki, Kawerau and Rotorua.

Project Management Services

- To provide the Ministry with a project plan by **10 December 2021**
- The plan will include (but not be limited to):
 - milestones to achieve full-service delivery
 - recruitment plan
 - workforce development strategy including required skills and capability pathways for supervision and support (where appropriate)
 - communication strategy
 - risk strategy
 - key partnerships, pathway development plan.

Co-design Services

- Consultation and co-design services to **30 April 2022**
 - The project management services will guide the co-design process resulting in the development of a service description for expansion of Te Ara Oranga AOD methamphetamine harm reduction initiative to the Eastern Bay of Plenty area.
 - The co-design process aims to consider holistic, responsive, and sustainable indigenised AOD (and particularly methamphetamine) treatment and support outreach approaches.
 - The co-design will:
 - be built on established whānau and cross sector connections in Murupara, Kawerau, Ōpōtiki, and Rotorua.
 - Include mahitahi with providers to elevate their own local mātauranga Māori models of care/frameworks unique to the Tangata Whenua of the EBOP to inform their practice.
 - Include collaboration with tohunga and other local healers to provide traditional Māori methods of healing to enable and inform Tangata Whaiora referral pathways.
 - Connect Tangata Whaiora with whakapapa and Te Ao Maori, learning through Tipuna and Atua kōrero and support engagement with traditional healers for Matakite.
 - Consider AOD support across (but not limited to) the current continuum such as residential care, managed withdrawal, and continuing care.
 - Be delivered in collaboration with local lead AOD providers, Police, Whānau, Youth Justice, Corrections, and employment support services in the rohe.
 - Cover the age spectrum to incorporate Tamariki/youth/rangatahi.
 - Ensure the heart of the solution is Whānau centric and incorporates a holistic response.
- The eventual design should include utilisation of Kaupapa Māori 'Pou Whānau Connector' (or similar) peer support roles as a key component of the cross-sector team providing treatment.
- The outcome of the co-design will be presented to the Ministry contract manager for approval.

Stakeholders

hui will be arranged with stakeholders in the Eastern Bay of Plenty during the initial stages of the project to ensure a community led approach is utilised to identify/confirm current community needs with the aim of providing effective treatment and support to people affected by harm from AOD (and particularly methamphetamine) and their whānau in high need areas.

Stakeholders may include but are not limited to:

- | | |
|---------------------------|--------------------------------|
| • Tāngata whaiora | • Community agencies |
| • Lived experience | • Kura/Schools |
| • Peer support | • Primary health services |
| • Local iwi | • Statutory agencies |
| • Kaupapa Māori providers | • NGOs |
| • Police | • Social Services |
| • Secondary MH&A services | • Justice, Courts, Corrections |

Establish Governance

This project will align with the pilot programme developed in Northland, including the Pou Whānau Connectors, as much as possible as this has already proven to be successful for Tangata Whenua in this role. The pilot evidences the key strengths of community consultation and partnering to develop and deliver a solution following a robust stakeholder consultation process.

The Northland project has shown the collaboration between NGO, Police (Justice) and DHB to support Tangata Whaiora. Peer support and lived experience contributed to this project via a Government/Partnership relationship embedded with a Steering Committee. This has proven to be its main strength in the delivery of their Community Model of Care.

Specific governance and advisory structures for the whole initiative will be established during this phase, recognising the importance of iwi, community, health and justice services. For the co-design process governance will be provided through the Waiariki Leadership Group.

To progress this proposed initiative, project management resource will be required. It is expected this resource may be shared between BOPDHB and Lakes DHB. The project manager will be guided and supported by MH&A Portfolio Managers from the DHBs and the Toi Oranga Ngakau Change Leader for BOPDHB. Support may also be provided by a project steering group if required.

Equity Considerations

It is important that Māori populations be involved in the development of a workable model for the relevant iwi in order to re-indigenise their own mātauranga Māori within their whakapapa. This supports developing working models to respond to the impact of drug harm within their Whānau, Hapu, Iwi and Hāpori, improving Mauri Ora wellbeing thus leading to Toi Ora wellbeing.

Deliverables and Milestones

- Delivery of project management services using accepted and recognised professional project management disciplines, tools and methodologies;
- Delivery of agreed outputs and outcomes within agreed time/budget quality parameters.

Specific deliverables are outlined in the below table.

	Deliverable/Milestone	Due date
1	Consultation and agreement on proposed approach to application of funding/service model	10 December 2021
2	Appointment of Project Manager (subject to approval from the Waiariki Leadership Group)	10 December 2021
3	Development of Project Plan	13 December 2021
4	Project plan provided to the Ministry	24 December 2021
5	Co-design plan provided to the Ministry for review	24 December 2021
6	Implementation of Project Plan	7 January 2022
7	Development of formative evaluation process	30 April 2022

Project milestones and deadlines can be varied on discussion and approval by the Ministry of Health contract manager.

Report to:

Type of report

Due date

Supplier's Reporting Requirements Reference Schedule 2 clause 5	Contract Manager	Interim progress reporting will be included within existing Joint Ministry/DHB Project Meetings, as and when required	As agreed in Joint Ministry/DHB Project Meetings
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CHARGES: The following section sets out the Charges. Charges are the total maximum amount payable by the Buyer to the Supplier for delivery of the Services. Charges include *Fees*, and where agreed, *Expenses* and *Daily Allowances*. The Charges for this Contract are set out below.

Fees Reference Schedule 2 clause 3	<p>The Supplier's Fees will be calculated as follows:</p> <p>Fixed Fee</p> <p>A fixed Fee of [REDACTED] excluding GST, which will be paid in two instalments. Following the receipt of an appropriate invoice:</p> <ul style="list-style-type: none"> [REDACTED] will be paid in November 2021 for the service period from contract signing to 31 December 2021. [REDACTED] will be paid in January 2022 for the service period from 1 January 2022 to 28 February 2022. [REDACTED] will be paid in March 2022 for the service period from 1 March 2021 to 30 April 2022. <p>Repayment of Unspent Funds</p> <p>Where funding has not been utilised at the end of a financial year, the DHB and the Ministry will agree a reinvestment plan to reinvest any operating surplus.</p>			9(2)(b)(ii) 9(2)(b)(ii)
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Expenses Reference Schedule 2 clause 3	No Expenses are payable.		
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Daily Allowance Reference Schedule 2 clause 3	No Daily Allowances are payable.		
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Invoices Reference Schedule 2 Subject to clauses 3 and 11.7	<p>The Supplier must send the Buyer an invoice for the Charges at the following times:</p> <p>On the following dates subject to completion of the relevant deliverables.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Deliverable/Milestone</th> <th>Due date</th> <th>Amount due (excl. GST)</th> </tr> </thead> <tbody> <tr> <td>Co-design and initial Project Management Services to 31 December 2021, as agreed.</td> <td><i>As in Fee section</i></td> <td>[REDACTED]</td> </tr> <tr> <td>Project Management Services to 28 February 2022, as agreed.</td> <td><i>As in Fee section</i></td> <td>[REDACTED]</td> </tr> <tr> <td>Remaining Project Management Services to 30 April 2022, as agreed.</td> <td><i>As in Fee section</i></td> <td>[REDACTED]</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total (exc GST)</td> <td>[REDACTED]</td> </tr> </tbody> </table>			Deliverable/Milestone	Due date	Amount due (excl. GST)	Co-design and initial Project Management Services to 31 December 2021, as agreed.	<i>As in Fee section</i>	[REDACTED]	Project Management Services to 28 February 2022, as agreed.	<i>As in Fee section</i>	[REDACTED]	Remaining Project Management Services to 30 April 2022, as agreed.	<i>As in Fee section</i>	[REDACTED]	Total (exc GST)		[REDACTED]	9(2)(b)(ii)
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Remaining Project Management Services to 30 April 2022, as agreed.	<i>As in Fee section</i>	[REDACTED]																	
Total (exc GST)		[REDACTED]																	

Address for invoices Reference Schedule 2 clause 3	Buyer's address	
	For the attention of:	Anna Tonks, Principal Advisor, Addiction
	Physical address:	133 Molesworth Street, Thorndon
	Postal address:	133 Molesworth Street, Thorndon
	Email:	Anna.tonks@health.govt.nz

THIS DOCUMENT IS RELEASED BY TE WHATUORA HAPORA A TEI BAY OF PLENTY AS PART OF A RESPONSE TO AN OFFICIAL INFORMATION ACT REQUEST.

Insurance

Reference Schedule 2
Clause 8.1

INSURANCE: (clause 8.1 Schedule 2)

It is the Supplier's responsibility to ensure its risks of doing business are adequately covered, whether by insurance or otherwise. The Buyer does not require any specific insurance under this Contract.

THIS DOCUMENT IS RELEASED BY TE WHATU ORA HAUORA A TOI BAY OF PLENTY AS PART OF A RESPONSE TO AN OFFICIAL INFORMATION ACT REQUEST.

**Changes to
Schedule 2 and
additional
clause/s**

Schedule 2 of this Contract is amended as follows:

Clause 11

Clause 11.8: The reasonable period referred to in this clause to remedy a failure is to be not less than 7 days unless agreed in writing.

Clause 12

Clause 12 is deleted and replaced with the following new clause 12:

“12. Intellectual Property Rights

12.1 Pre-existing Intellectual Property Rights remain the property of their current owner.

12.2 New Intellectual Property Rights in the Deliverables become the property of the Buyer when they are created.

a. The Supplier agrees to:

- i. transfer all New Intellectual Property Rights to the Buyer after the expiry or termination of this Contract, or at any other time notified by the Buyer, in a manner that ensures the New Intellectual Property Rights is of sufficient quality, clarity and completeness to enable the Buyer to understand it and use it for what purposes the Buyer sees fit; and
- ii. return all of the Buyer's Pre-existing Intellectual Property Rights to the Buyer after the expiry or termination of this Contract, or at any other time notified by the Buyer.

12.3 The Supplier grants to the Buyer (as The Crown) a perpetual, non-exclusive, worldwide and royalty-free licence to use, for any purpose, all Intellectual Property Rights in the Deliverables that are not owned by the Buyer. This licence includes the right to use, copy, modify and distribute the Deliverables.

12.4 Publication of New Intellectual Property Rights:

- a. Where the Buyer publishes any New Intellectual Property Rights resulting from the Services, the Buyer will ensure that any such publication contains a suitably worded acknowledgement of the Supplier's involvement in the New Intellectual Property Rights produced under this Contract;

The Buyer agrees the Supplier has the right to use the New Intellectual Property Rights for academic or educational purposes, provided that the Supplier obtains the Buyer's prior written consent before using any such New Intellectual Property Rights, such consent not to be unreasonably withheld by the Buyer;
- c. In approving the use of the New Intellectual Property Rights under 12.5(b) above:
 - i. The Buyer may make recommendations as to the form and content of the publication and the Supplier must give these recommendations due consideration;
 - ii. The Buyer will require you to include a disclaimer in any report(s) published by the Supplier; and
 - iii. The Buyer will request that any such publication shall contain a suitably worded acknowledgement of the Buyer's contribution as funder of the Services. "

Clause 15

Clause 15 is amended by adding the following as a new clause 15.5:

“Strikes and Lockouts

15.5 Nothing in this Contract should be construed as requiring either party to settle any strike, lock out or other industrial disturbance. “

Clause 16

Clause 16.1 is deleted and replaced with:

“16. General

Changes to this Contract

	<p>16.1 Any change to this Contract is called a Variation. A Variation must be agreed by both Parties and recorded:</p> <ul style="list-style-type: none"> a. in writing and signed by both Parties, and b. be in accordance with the current policies and procedures on Variations to Contracts.” <p>The following clause is added to Schedule 2 as a new Clause 18:</p> <p>18. Indemnity</p> <p>18.1 You must indemnify us for all claims, damages, penalties or losses including reasonable costs (but excluding indirect or consequential losses) caused by:</p> <ul style="list-style-type: none"> a. a failure by you to comply with obligations in the Agreement; or b. any act or omission by either of you or by any person for whom you are responsible, where that act or omission occurs in the course of you performing (or failing to perform) an obligation in the Agreement. <p>18.2 Clause 18.1 does not mean that the Supplier is responsible for legal liabilities caused by the Buyer, or the Buyer’s servants or agents, actions or omissions.</p> <p>18.3 Where there is joint responsibility, each of us will bear our own proportion of the liability according to the degree of responsibility involved.</p>
<p>Attachments Reference 'Contract documents' described at Page 1</p>	<p>GMC Schedule 2 – Terms and Conditions</p>

THIS DOCUMENT IS RELEASED BY TE WHATU ORA HAUORA A TOI BAY OF PLENTY AS PART OF A RESPONSE TO PUBLIC INFORMATION ACT REQUEST.