

Te Aka Whai Ora

Māori Health Authority



# Te Aka Whai Ora - Strategic Objectives for change

Enabling mana motuhake

Indigenising the health system

Ensuring accountability for health outcomes

Ensuring collective impact

Ensuring equitable resourcing

# lwi-Māori Partnership Boards

Iwi-Māori partnership boards are legislatively recognised to ensure Māori governance in the determination of health priorities for iwi and Māori across localities

Te Aka Whai Ora Māori Health Authority

# Organisational Structure

Te Aka Whai Ora Māori Health Authority

### **Chief Executive**

**Riana Manuel** 

Chief Executive's Executive Assistant Roland Pahau. Lenora McDonald

DCE, SYSTEMS STRATEGY **AND POLICY** Juanita Te Kani

> GM Systems Policy and Strategy

Russell Bates (interim)

GM Whānau Policy Alice Marfell Jones

(interim)

GM Ministerials Saphron Powell

(Interim)

DCE, SERVICE **DEVELOPMENT** Jade Sewell

**GM** Primary and Community Care

Cherie Seamark

GM Oranga Hinengaro Aroha Metcalf

> GM Kahu Taurima Megan Tahere

> > GM Localities Diane Koti

**GM** Hospital and **Specialist Services** Laura Aileone

DCE, PUBLIC AND **POPULATION HEALTH** Selah Hart

> **GM Population Health** Kim Dougall

Regional Directors (4)

North: Tracee Te Huia Central: Patrick Le Geyt

Te Manawa Taki: Riki Nia Nia

Te Waipounamu: Mata Cherrington

DCE, MĀTAURANGA MĀORI Kingi Kiriona

Whānau Voice

Marama Parore (interim)

**Ⅲ≋Ⅲ** 

GM, Iwi Māori Relationships (including IMPBs)

Rawinia Mariner (Interim)

Pou Tikanga (2) Lucy Paki & 1 still

recruiting

**GM** Data and Digital

Robyn Kamira (interim)

DCE, GOVERNANCE AND **ADVISORY SERVICES** Craig Owen

> **GM** Communications and Engagement

> > Jessie Paul

**GM** People and Capability

Justin Te Rangiita

**GM Secretariat Services** 

Michelle Hippolite (Interim)

**GM** Performance and Reporting Anna Berwick

Chief Advisors x 7 (includes 4 clinical)

CMO Dr Rawiiri Jansen

Helen Wyn (interim) & more recruiiting

DCE FINANCE **AND SUPPORT** Merewaakana Kingi

> **GM** Finance Ramari Matairangi

> > (Interim)

Monitoring and **Knowledge Systems** 

GM Systems,

DCE

MONITORING

Nigel Chee (Interim)

Kadin Latham (Interim)

**Oranga Hinengaro General Manager** Aroha Metcalf **Team Coordinator** Donna Thorburn **Director Service Design Director Service** Te Kaihapai Principal **Clinical Director Director Lived Experience** Commissioning Advisor Vacant (Lucinda Cassin is Lucinda Cassin Egan Bidois Ben Hingston Dean Rangihuna acting) Principal Clinical Advisor Regional Lived Experience Principal Advisor Senior Portfolio Manager Principal Advisor Portfolio Manager Lead (Northern) Mental Health Operations Workforce Development Under offer Chantelle Watts Jess Apanui Carlee Logan Vacant Pene Delaney Principal Advisor Suicide Regional Lived Experience Regional Lived Experience Principal Advisor Senior Portfolio Manager Portfolio Manager Prevention Lead (Central) Lead (Manawa Taki) Vacant Jolene Profitt Vacant Michael Naera Jordana Bealing Tereo Siataga Principal Clinical Advisor Regional Lived Experience Senior Advisor Addiction Senior Advisor Contractor Lead (Southern) Vacant Leanne Turrell Dr Melissa Cragg Damita Schuh RaNae Niven Principal Clinical Advisor Vacant

# **Oranga Hinengaro team functions**

Clinical leadership

Lived experience leadership

System leadership and advice

Commissioning and co-commissioning

Mental Health and Addiction Regulation and Legislation

Machinery of Govt, planning and monitoring, communication and engagement

Strategy and Policy

System intelligence, data and insights, research and evaluation

Te ao Māori solutions and mātauranga Māori

Service and system design and development

- The primary role of the Clinical Oranga Hinengaro team is System leadership and advice and Regulation and Legislation (alongside Lived Experience). It is also responsible for System Intelligence, data and insights, research and evaluation.
- Its secondary advisory roles include Strategy and Policy, Innovation, Service Design and Workforce Development.
- The Clinical team (together with the Lived Experience team) are the oranga hinengaro subject matter experts.
- The team will lead the Suicide Prevention response, cross sector work (with the Lived Experience team) and the Addiction programme.
- The team will lead clinical advisory response across the group, contribute to machinery of Govt needs and support engagement.
- The team will provide clinical advice to capital and infrastructure planning.

- The primary role of the Lived Experience team is System leadership and advice and Regulation and Legislation (alongside the Clinical team). It is also responsible for advice to Strategy and Policy.
- This team is the key connector with Whānau Voice and will provide national leadership to ropu lived experience
- The Lived Experience team (together with the Clinical team) are the oranga hinengaro subject matter experts.
- The Lived Experience team has secondary advisory roles across System Intel, Innovation, Service Design and Workforce Development.
- The team will manage and support the regional lived experience advisors.
- The team will provide advice to capital and infrastructure planning and contribute to machinery of Govt needs.

- The primary role of the Service design and innovation team to lead Oranga Hinengaro advice in Innovation and mātauranga Māori, Service Design, Development and Planning, Machinery of Govt, planning, monitoring, comms and engagement.
- Alongside the Service Commissioning team it is the engine room that operationalises the Oranga Hinengaro commissioning functions by leading sector engagement for service design and innovation.
- It has secondary advisory roles in Strategy and Policy, System Intel and Workforce Development.
- This team leads and supports kaupapa Māori Oranga Hinengaro research, and review and advice to capital planning and approval.

- Workforce development
- The primary role of the Service
   Commissioning team is to lead the Oranga
   Hinengaro Commissioning and Co-Commissioning and Workforce
   development functions of the Te Aka Whai Ora.
- It will work closely with Te Whatu Ora to ensure robust co-commissioning across all mental health and addiction investment.
- Secondary support roles include Machinery of Govt needs, planning and monitoring, comms and engagement, system intel and service design and innovation.
- The team will manage and support regional Oranga Hinengaro commissioners and advisors.
- The team will participate and lead (where indicated), with Clinical, LE and other teams, sector engagement activity.

# ORANGA HINENGARO OPERATING GUIDELINES – How we work

**PRINCIPLES** 

### **THEMES**

### THE WAY WE WILL WORK

### **HOW THE PARTS FIT TOGETHER**

TINO RANGATIRATANGA

### LIVED EXPERIENCE

Involve Lived Experience and whānau voice at all levels; governance, leadership, services & commissioning

### MĀTAURANGA MĀORI

Enable Maori-led
approaches and elevate
Māori experience, roles,
protocols and

### **POWER & CONTROL**

Strengthen quality and safety processes across an integrated system

"We're not just part of the conversation – Lived Experience and whānau are the conversation"

**EQUITY** 

### LANGUAGE

New systems and processes need new language – strengths based

# RESEARCH, DEVELOP, MONITOR & EVALUATE

Important to know we are making a difference – measure what is important

### WORKFORCE

Equitable workforce development – confidence, capability, capacity, retention, & succession planning "Embed processes that ensure resources from the top reach the roots of the kumara"

**ACTIVE PROTECTION** 

### **ELIMINATE RACISM**

Acknowledge and address racism

### **LEADERSHIP**

MH&A Leadership to support integrated systemwide improvement

### **KAITIAKITANGA**

Future focussed – our next generation needs to benefit "Value the narrative and the kōrero and richness it brings - Our vision is our next generation"

**OPTIONS** 

### ACCESS

Accessible services in the community supported by nationally consistent pathways

### UTILISATION

Holistic, tailored, with timely access to cultural and clinical expertise and advice

### IMPLEMENTATION

Build integrated models that work – Te Ao Māori, whānau ora, Te Whare Tapa Wha

"Every house is different"

**PARTNERSHIPS** 

### COLLABORATION

Build authentic, meaningful relationships with whānau and communities

### **DECISION MAKING**

Clarify regulatory requirements and decision making across Manatū Hauora, Te Aka Whai Oa and Te Whatu Ora

### INTEGRATION

Build capacity and capability to work in partnership in an integrated system "Authentic and genuine engagement, in partnership, with feedback"

**ENABLERS** 

### INNOVATION

Change management to support innovation and shared learning

OUTCOMES FOCUSSED CONTRACTS

## SUSTAINABLE RESOURCING

Build, sustain and ensure accountability of resource investment in and across the MH&A system

### TRANSPARENCY

Ensure enablers are clearly visible with collective ownership, IT, HR, policies, analytics, L&D, infrastructure "There has been so much kōrero but what we need now is action – we need to get going and make it happen" Whānau

Localities

Regional

National

Mā whero, mā pango, ka oti te mahi Different groups collaborating to achieve a common goal

> Te Whatu Ora

Te Aka Whai Ora

Manatū Hauora, Public Health Service, NGOs, providers, cross-sector

Te Whatu Ora Health New Zealand



# **Oranga Hinengaro priorities**

Commissioning, co-commissioning including transition/migration of providers, contracts and resources

Suicide prevention

Mental Health Infrastructure Programme

Cross agency

Stand up and operating model and regional approaches

Partnerships (Iwi, NGOs, Te Whatu Ora, Manatū Hauora, Suicide Prevention Office and others)

**Engaging and communicating** 

Te Pae Tata – NZ Health Plan

Systems and Services Framework

Workforce development

Addiction

Key contacts

<u>Pene.Delaney@health.govt.nz</u> – Workforce <u>Benjamin.Hingston@health.govt.nz</u> – Commissioning <u>Egan.Bidois@health.govt.nz</u> – Lived Experience

Q&A

Te Aka Whai Ora Māori Health Authority