



Te Hurihanga – Time for Change Implementation Evaluation Report

Key information

Background information

The Time for Change – Te Hurihanga review

In 2021, a review of the Southern mental health and addiction system called [Time for Change – Te Hurihanga](#) confirmed the mental health service was fragmented, overloaded, complicated, and difficult for some people to navigate and access.

The Time for Change – Te Hurihanga programme

In response to the recommendations in this review, a programme of work also called [Time for Change – Te Hurihanga](#) has been underway since March 2022.

The aim of the programme is to implement a range of improvements to better support people experiencing mental health and addictions issues.

Time for Change – Te Hurihanga programme projects

The following are the Time for Change – Te Hurihanga projects since March 2022:

Short term projects (first 3 months):

- Ring fencing of money for Māori services (1 million) and co-development of an investment framework

- Disestablishment of the network leadership group and establishment of the Cross Sector Group
- Communicate the closure of Ward 11
- Commission external support to deliver an organisational development programme
- Increase clinical leadership positions in specialist services.

Medium term (3-6 months)

- Crisis Support Service in Queenstown and Central Lakes, and Waitaki
- Intensive Community Support and residential Access (to support closure of ward 11)

Longer term (6-12 months)

- Peer support services and peer workforce plan
- Co-design in child and youth
- Co-design a contemporary model of care for non-clinical day programmes
- Expansion of Alcohol and Other Drugs – Dunedin

Read more about the Time for Change – Te Hurihanga projects in the Time for Change – Te Hurihanga: The Journey so far report [here](#).

Principles underpinning the programme

There were two central principles that underpinned the programme of work that made up Time for Change- Te Hurihanga. They were:

- A commitment to equity of health care for Māori, and
- Co-design and engagement of people with lived experience

The implementation evaluation

What is the Time for Change – Te Hurihanga implementation evaluation?

The evaluation gives an understanding of how the programme has progressed, and helps us learn what we have done well, and what we have not done so well. We can use what we have learned to support ongoing projects.

How has the Time for Change programme been evaluated?

The evaluation has been informed by a series of key questions to:

- Support understanding of the strengths and limitations of Time for Change -Te Hurihanga.

- Share key learnings for transforming the mental health and addiction system in the Southern region.

Information has been collected to evaluate the programme by:

- Document analysis
- Interviews of key people involved with the Time for Change - Te Hurihanga programme and its key initiatives
- Surveys of stakeholders.

How was success of the programme measured?

The Programme team identified a set of criteria to measure success. These were used within the surveys and in the interviews.

These criteria reflect the underpinning principles of Time for Change -Te Hurihanga, and related elements associated with good programme implementation. They were:

- The timeliness of communication (by and through the Programme implementation team)
- Actions taken to progress projects
- Engagement of Iwi Māori
- Participation of people with lived experience, and
- Opportunities for co-design.

Summary of Findings

Overall judgements of effectiveness of implementation of Time for Change Te Hurihanga are described in the table below:

Table below: Ratings by stakeholders according to programme criteria

Evaluation Criteria - Implementation	Findings
Timely Communication	The timeliness of communication by the programme team was rated the highest of all implementation criteria. This suggests that stakeholders felt they got information about the programme when they needed it.

Evaluation Criteria - Implementation	Findings
	The Cross-Sector Group rated this dimension higher than the broader stakeholder group (all other responders) in surveys.
Implementation of actions	The majority of respondents from the Cross Sector Group and the broader sector group rated implementation of actions within the project they were most engaged with as good or very good¹ .
Engagement with Iwi Māori	Engagement with Iwi Māori was rated lowest of all dimensions. This is indicative of the limited Māori engagement across projects, and limited engagement of Māori within the mental health and wellbeing networks across Southern.
Lived Experience participation	Participation of people with lived experience was seen as a core feature of the programme. Survey feedback and interviews indicated that integrating lived experience throughout the programme was important structurally and practically.
Opportunities for co-design	Feedback in interviews and from the surveys indicated that, for most projects, co-design meetings were well facilitated, and processes of engagement acknowledged the value of lived experience. However, co-design in child and youth was limited by the

¹ Given the diversity of projects respondents were asked to focus in on one project they had been most closely involved in.

Evaluation Criteria - Implementation	Findings
	lack of inclusion of the range of groups who work with children and young people.

Strengths of the programme Implementation

A number of strengths of the implementation process were identified in the evaluation. They include:

- Strong buy in and support from the sector for change.
- The Executive Director played a key role in providing authority and legitimacy to the programme of work.
- Dedicated funding for implementation.
- Lived Experience Leadership and Engagement. The appointment of a project manager lived experience to lead and coordinate the peer support work
- Co-design as a core design feature of the programme
- Collaboration and dialogue to lead change – the programme team worked collaboratively to support implementation plans but did not prescribe how projects would be implemented.

What were the Challenges of Implementation?

- **A lack of genuine of co-design in child and youth.** A view that the process was not seen as genuine because of:
 - Narrow representation at the co-design meetings
 - Gaps in the comprehensiveness of co-design in child and youth across the region.
- **Limited engagement of Iwi Māori.** The limited engagement or Māori across projects within the programme is associated with two issues.
 - Firstly, the disestablishment of the iwi governance committee aligned to Southern DHB and the transition to the newly established Te Whatu Ora and Te Aka Whai Ora created

significant issues in terms of formal Māori support and mandate to communicate and engage with tribal governance organisations across the Southern region.

- Secondly, the Māori workforce is relatively lean in the region. In Central Otago there are 12 active members that are working across a number of areas such as justice, health, environment, and conservation.
- **Perceived rigidity of contracting processes.** For some stakeholders, the current contracting system within Te Whatu Ora was seen as limited in progressing the vision of Time for Change Te Hurihanga.
- **Variable skills in collaborative ways of working in groups.** Across the networks and groups within the Southern region there may be variable skills in facilitation, in meeting processes and in capability to manage and resolve conflict and tension. A number of interviewees commented on the impact of local politics and existing conflicts within some of the groups that inhibited collaborative ways of working and trust.
- **The limited influence of the Cross Sector Group.** There are several possible explanations for the limited influence of the Cross Sector Group that were shared by the Programme team and wider stakeholders including:
 - the **online meetings** did not allow the group to develop cohesive or trusting relationships.
 - **Professionally competitive relationships.** Some stakeholders reported they were sometimes cautious about what they shared in the group if they may be involved in a competitive bidding for new services with others.
 - **Confusion and duplication of effort.** A number of stakeholders found the different groups overlapping in membership, and discussion contributed to confusion about the purpose and role of the groups. Membership of several networks may mean that conversations and information shared are duplicated.

What learnings can be used to help improve ongoing Implementation?

- **Create a Whole of Programme Strategy map:** To show the programme of work is more than the sum of its parts.
- **Build capacity and capability** across all parts of the mental health and addiction section to engage with and involve those with lived experience.
- **Engagement with Iwi Māori:** Consolidate relationships with Te Aka Whai Ora for guidance and leadership on engagement with iwi Māori.
- **Schedule co-design meetings well in advance:** Maintain co-facilitation approach, if possible, with a lived experience facilitator and Māori co-facilitator and consider offering mechanisms for support for people who attend co-design workshops.
- **Strengthen monitoring and evaluation:** Doing something well is important, but the team, Te Whatu Ora, the sector, and the community will need evidence that change is an improvement.
- **Continue to identify ways to grow and support the lived experience workforce** (and lived experience community) to support good process and design, implementation, and evaluation of services.
- **Collaborative commissioning approaches:** Explore creative ways that support collaborative contracting arrangements to support integration and joined up service delivery.

Recommendations

It is important the learnings from the evaluation can be utilised as the recommendations from the Review are transitioned into the new health system. However, it is equally important for other project teams going forward to draw on what the Time for Change – Te Hurihanga team did well as an example of good practice for co-designing new services with our community, for our community. Central to this is co-design from the start of the process was the engagement of people with lived experience and a commitment to equity first thinking and practice.