

## CORPORATE OFFICE

Level 1  
32 Oxford Terrace  
Christchurch Central  
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160  
Fax: 0064 3 364 4165  
[carolyn.gullery@cdhb.health.nz](mailto:carolyn.gullery@cdhb.health.nz)

28 May 2019

9(2)(a)

[REDACTED]

[REDACTED]

[REDACTED]

### RE Official Information Act request CDHB 10069

I refer to your email dated 22 March 2019 requesting the following information under the Official Information Act from Canterbury DHB in relation to the Te Korowai Atawhai restructuring proposal. Specifically:

- **We are requesting under sections 12 and 13 of the Official Information Act 1982, the assistance of the CDHB in obtaining the relevant documentation, submissions and assorted material relating to the proposed restructuring of Te Korowai Atawhai. To be clear this request covers all documents - including draft reports, submissions, emails, meeting notes and other material.**

Please find attached as **Appendix 1** a copy of all documentation and assorted material relating to the proposed restructuring of Te Korowai Atawhai as requested.

We are withholding individual submissions as these were provided under confidentiality, and we are therefore declining to provide these under section 9(2)(b)(i) of the Official Information Act. Please find attached as **Appendix 2 (page 505)** the summary of submissions. The summary of submissions to the initial discussion document was appended to the Proposal for Change document (as per our standard management of change documentation process).

**Please note** we have redacted information under the following sections of the Official Information Act:

- 9(2)(a) *"...to protect the privacy of natural persons, including those deceased."*
- 9(2)(b)(i) *"...to protect information that is subject to an obligation of confidence and where releasing the information would either prejudice the supply of similar information in the future and is in the public interest that such information should be continued to be supplied."*
- 9(2)(h) *"...to maintain legal professional privilege."*

We have also redacted information on page 279 that we consider to be 'out of scope' of your request.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek an investigation and review of our decision from the Ombudsman. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz); or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gullery', with a long, sweeping horizontal line extending to the right.

Carolyn Gullery  
**Executive Director**  
**Planning, Funding & Decision Support**

### Meeting: Te Korowai Atawhai, 9am on 5<sup>th</sup> March 2019.

Present: TKA, Peri Renison, Toni Gutschlag, Alfred Dell'Ario, Ruru Hona, Hector Matthews, Kaye Johnston, Louis Van Rensburg, Les Bryce, Anthony Rimell

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The following comments (and replies) were made:

- Dislocating Pukenga from TKA is not good. Clinical Teams meet daily, and TKA weekly only. Monthly meetings won't cut the mustard.
- *This is only a proposal, not a final document. It has been reshaped on (62) submissions received, and this will happen again post current feedback. The document will be shared more widely, and feedback is sought by 18<sup>th</sup> April.*
- The document should have been shared earlier.
- *Sharing the document was the purpose of this meeting.*
- It is noted that the GM is embracing the treaty. Our thinking, however, is different, not suggesting that this is a biased document. Have we considered the cultural service to Maori? The educator role is good, but one educator cannot educate an entire service. How do we ensure that not only one person is responsible for the cultural service? The additional roles are acknowledged, but why this number, and why not more? There are 31 Pukenga for all the CDHB, proposed to be 35 – why such a small number? The manager's role is key to the service – how do we ensure the strength of the service if this is taken away?
- It would be easier to teach Maori to be teachers, rather than employing an educator.
- *The educator role is a stepping up role – the Pukenga cannot be responsible for this by themselves. This role has been advocated for, for a long time.*
- How will the additional 4 FTE be utilised? How much impact would it have to take away one day a week?
- *Eight hours for every Pukenga, more-or-less 3.8 FTE.*
- *The number is about affordability and not lining up with demand. The Pukenga roles came from clinical funding, and not additional funding. We are constantly prioritising resources, and need to grow Maori professional staff.*
- Will we keep the TKA whare?
- Yes
- Why is the change happening?
- *Due to the increased demand on Pukenga.*
- The DHB should have consulted with the Treaty partners first.
- *The DHB is approaching TKA first, being the directly affected group.*
- The Taua role has gone as well – it won't be the same if Pukenga are part of the clinical teams.
- *Everyone does 0.2 FTE on Thursdays, 4 weeks in a month. Pukenga need to spend time with the patients.*
- It is rude for the Service Manager to leave halfway through.
- *The meeting had to be moved, and she had other commitments.*
- We had 23 Pukenga when we started, now we have 17. They are covering a number of shifts and services, without an increase in FTE. If we lose the weekly meeting, it will not be TKA anymore. Not sharing the document beforehand, shows disrespect.
- *The timing of the document is organisationally determined. We are meeting with the people directly affected. The Taua issue was worked though with the Kaumatua.*

- The educator role is acknowledged, but the Kaiarahi Matua role is pivotal to the SMHS. Has the Kaumatua been consulted with? Whilst understanding the need to change whanaungatanga day from weekly to monthly, there is a need to uphold the mana of the whare so cultural safety is maintained. Whanaungatanga day is important for getting together and getting cultural needs met, along with Manuhiri day. The increase in FTE is welcome, and need to get used where the demand is.
- The proposal is going the wrong way, and is leaving Pukenga exposed. There are many ways to deal with whanaungatanga day, and we need flexibility, but the proposal will lead to Pukenga losing their identity. We need to discuss this honestly and face-to-face, so Pukenga can have a say in the proposal.
- *We need not lose whanaungatanga day – what is needed is a partnership.*
- Pukenga should mihi every day. Pukenga need supervision, and can readjust on Thursdays. If it changes, some Pukenga may no longer be participating in the on-call roster.
- What is needed, is equity for Maori. The proposal does away with the Kaiarahi Matua, and brings in an educator. Henare is on call 24/7 – will the educator and Ruru be doing this?
- Will Te Korowhai be outsourced to the community?
- Diminishing whanaungatanga day will reduce cultural safety, not only for TKA, but for clinicians as well. Pukenga need peer support.
- Consultation often means the employer telling staff the direction to be travelled. The DHB must heed the passionate submissions made today.
- *The SMHS have done multiple changes, and not once have we ended where we started. We will work through the process honestly and together – we take partnership seriously. Today's meeting is not a consultation as such but is a start. We will create a different future, together.*
- Why not teach Pukenga to be clinical? We need clinical Pukenga in all services.
- The group needs to say what the service would look like if they designed it today.
- *Clinical Pukenga was the vision, but the HPCA act changed this*
- *The educator will run training within TKA. He/ she is also a leader.*
- *The whanaungatanga day meetings used to be an hour back in the day, and we need to consider what time it starts and finishes.*
- Cluster meeting will take as much time as the whanaungatanga day meetings.
- If whanaungatanga day meetings are less frequent, togetherness will diminish.

Meeting closed.



**Barbara Wilson**

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**From:** Barbara Wilson  
**Sent:** Wednesday, 21 February 2018 4:23 p.m.  
**To:** Rebecca Webster  
**Subject:** Discussion Document February 2018 - FINALISED  
**Attachments:** Discussion Document February 2018 - FINALISED.docx

**Categories:** Red Category

Hi Bec

Have accepted ( as yes to ) the Monique for feedback and also the focus groups .

Assuming it will take until Monday 26 Feb to release to unions etc. could you please populate the timetable – using your good judgement. Then to Toni to Ok cc me and I will follow up with distribution preparation on Friday. Thanks

Regards

Barbara

**Rebecca Webster**

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**From:** Kaye margaret Johnston s9(2)(a)  
**Sent:** Wednesday, 18 April 2018 1:26 a.m.  
**To:** Rebecca Webster  
**Subject:** Discussion Document suggested changes  
**Attachments:** TKA Discussion Document April 2018 Final version 18 April.docx  
**Categories:** Red Category

Hi Rebecca

I have made suggested changes as outlined in my email

However the formatting is messy and the Maori spell check/macrons need to be checked for accuracy

Regards

K.J



**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

## Discussion Document

### Te Korowai Atawhai

**April 2018**

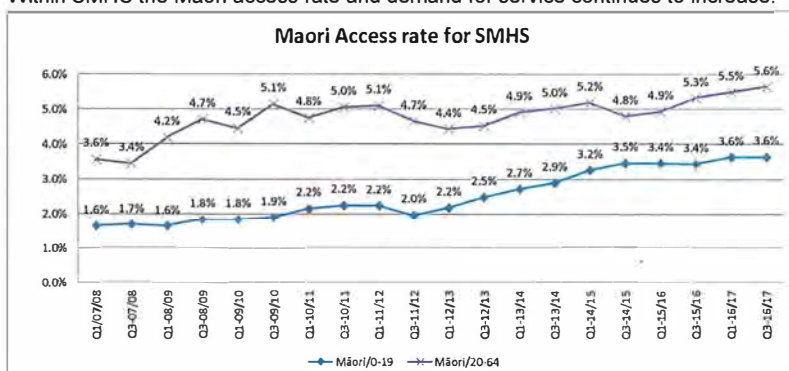
For information on this paper, please contact:

Kaye Johnston, Service Manager

Email: [kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)

## Context and Introduction

1. Te Korowai Atawhai provides the is the Māori cultural Mental Health component of the Service Specialist Mental Health Service (SMHS), Canterbury District Health Board. Pukenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for tangata whaiora and their whanau, assisting clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan. Since its inception in 1995, Te Korowai Atawhai has changed significantly. The role of Pukenga Atawhai (Māori Mental Health Workers) has included bringing an awareness of the cultural needs of Tangata Whenua to the multi-disciplinary teams, assessing, collating and authoring Te Arotakenga (Cultural Assessment) Since its inception in 1995, Te Korowai Atawhai has changed significantly.
2. Within SMHS the Māori access rate and demand for service continues to increase.



3. Due to the increasing numbers of Tangata Whaiora and their whanau accessing the range of various Specialist Mental Health Services, the role of the Pukenga Atawhai has become more in demand demanding:
  - I. To meet identify the cultural Mental Health concerns of the Tangata Whaiora and their whanau during their assessment and treatment.
  - II. To provide Ssupport for Tangata Whaiora and whanau in the community.
  - III.
  - III.IV. To Ssupporting Tangata Whaiora and their whanau culturally and to support; their to access to appropriate culturally based organisations for follow up support within the community.
  - IV. Pukenga Atawhai are responsible for continuing ongoing cultural follow up, engagement and support to Tangata whaiora, their whanau in the community.
4. In the early stages of development there was some concern that embedding individual Pukenga Atawhai in clinical teams could lead to isolation. Key to supporting these roles and people with in them a regular day was set aside for Pukenga Atawhai to gather together as whanau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. and offer each support. To this end, Whanaungatanga Day was established and occurred each Thursday.

5. This day offered the opportunity for intensive clinical training about clinical diagnosis and treatment options in mental health where different Geconsultants would be invited to present a range of various topics to the team on mental health. Others invited to present have come from across various community based organisations also involved in providing support services. Part of the day focused on group supervision, discussing the cultural aspects of clinical cases. The teaching and supervisory aspect of these days was prioritised and highly valued. These training days have not been offered in this same format for some time.
6. Manuhiri Delay has continued to be been offered monthly as a means of assisting the Division to provide with the wider cultural component of orientation for all of new staff and refresher opportunities for existing multi disciplinary staff.
7. Key frameworks such as Pae Ora<sup>1</sup> (Ministry of Health) and the CDHB Māori Health Action plan note the context in which services should be delivered to facilitate the reduction in Māori health inequalities and improve access and outcomes. Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high quality and effective services. The CDHB Maori Health Action Plan sets out annual objectives to achieve improved prevention of illness and access/approaches to treatment and patient care.
8. Over time Te Korowai Atawhai has become more broadly involved in meeting the wider cultural development needs of SMHS, and at times the wider CDHB, by providing such as powhiri, blessings and training but without additional resources to do so.
9. Developing individual and team cultural competency through training in this wider sense through training has at times has lessened the time available for taken Pukenga Atawhai away from in their work with tangata whaiora within their clinical teams.
- 10.

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## Issues for discussion

12. The current allocation of Pukenga Atawhai FTE to clinical teams does not meet the demand for the increasing numbers of tangata whaiora accessing Specialist Mental Health Services.
- 13.9. The following table demonstrates the current allocation of FTE per unit/ cluster. Note: some roles work across units either within the same cluster or across different services.
- 14.10. In the current configuration the Pukenga Atawhai roles based within the Adult Community Service work into Te Awakura (Acute Adult Inpatient Service).
- 15.11.

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Pūkenga Atawhai roles	FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
SPECIALTY Cluster	1.2	15.6%	176

<sup>1</sup>Pae ora is a holistic concept, encompassing three different elements, each interconnected and mutually reinforcing:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

Pūkenga Atawhai roles		FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS/ <del>Kennedy</del>	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.6</b>	<b>15.8%</b>	<b>315</b>
385	Hereford	0.50		
414	Totora	0.40		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>	<b>24%</b>	<b>30</b>
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>	<b>23.6%</b>	<b>271</b>
411	CAF Inpatient Unit	0.40		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>	<b>39.2%</b>	<b>69</b>
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>	<b>13.3%</b>	<b>22</b>
460	PSAID Outpatients	0.30		
402	Te Korowai Atawhai *0.4 FTE have an historic occupation description Maori Mental Health Worker????? <del>This is the amount of Pukenga Atawhai time on a Thursday in Te Korowai itself???</del> <del>It does not include the roles of Kalarahil Matua and the consumer and Family Advisors?????</del>	3.60*		
<b>TOTAL FTE</b>		<b>16.50</b>		

12. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and as part of the wider mental health system of care with key NGO partners.

~~16.13.~~ The current split of Pukenga Atawhai allocation of their FTE in both their clinical team and Te Korowai Atawhai (by cost code and manager) ~~for staff~~ leads to confusion as to whose role is responsible for day to day line management and performance review/ professional development.

~~17. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and part of the wider mental health system of care with key NGO partners.~~



18.14. It is recognised that to maintain a strong, professional and responsive presence within the SMHS service the Te Korowai Atawhai's Pukenga Atawhai whanau require both ongoing professional and personal development opportunities (as do all disciplines) ~~development but it~~ --It is questionable as to whether continuing Whanaungatanga Day in its current format is the best means of achieving this given the use of our scarce limited Pukenga Atawhai resource available to clinical teams.

19.15. The Taua role has been reviewed and has been replaced by a new Pou Whirinaki role has been established with and the announcement of the appointee is imminent.

## Options for consideration

20.16. The Divisional Leadership Team gives consideration to the identifies and need to work with the CDHB Executive Management Team to potentially increase the resourced ~~fte level funded for allocated to~~ Pukenga Atawhai roles. There has been no increase in staffing since the inception of these roles in spite of increased service funding. However within the current constrained health environment this may not be feasible hence recognises the difficulty in this so the following options are proposed two options for consideration: to increase responsiveness to Tangata Whaiora and their whanau. (See Appendix 1 – for a more detailed breakdown of Primary ethnicity- NZ Maori by service cluster).

1. Reallocation of the 3.6 FTE Pukenga Atawhai time (currently allocated to the Te Korowai Atawhai cost centre for Thursday Whanaungatanga Day) to clinical teams to increase frontline responsiveness to Tangata Whaiora and their whanau.

This would also assist with clarifying the direct reporting lines Key areas such as the Adult Community Service, Adult Inpatient Group, Forensic and Child, Adolescent and Family services are identified as priority areas.

2. Determination of any FTE reallocation would be based on the need to meet demand for services. This would also assist with clarifying the direct reporting lines for these staff and ensure performance appraisals are undertaken by the relevant clinical manager with the cultural leader or equivalent

3. Prioritised allocation of Pukenga Atawhai could include to:

o Dedicated FTE to a Pukenga Atawhai role within Te Awakura Inpatient Service, Seagar/Tupuna Pukenga Atawhai role is moved to the Adult General cluster and Seagar/Tupuna is covered by allocation from that cluster

o Adult General Services include allocation to the Crisis Resolution teams/rosters and the current out of hours Te Korowai Atawhai Call Back roster is reviewed

-Adult General Services

o Specialty Services with low Māori ethnicity do not have an allocated Pukenga Atawhai role but do have access through cluster allocation

o

o Child, Adolescent and Family Service has increased allocation in line with increased service expectation and increasing demand on the service Child and Family Services

This would mean Specialty areas (Mothers and babies, Eating disorders, Anxiety Disorders, Alcohol and Drug services would not have dedicated FTE and would be required to refer to Pukenga in the Adult or Youth clusters.

4. Development of Pukenga Atawahi leadership roles is prioritised as part of workforce development initiatives to complement those of other disciplines leadership

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roles; for example, eClinical Ssocial Wwork Sspecialists and Cclinical; Nurse Sspecialists.

22.17.5. Whanaungatanga Dday would need to be restructured to support these changes. This wcould mean a change from the current expectation of Pūkenga Atawhai attending each week to -with a more structured monthly, by-month morning only timetable.

23.18.6. Manuhiri Dday would continue— as a monthly morning eventence-a-month.

24.19.7. The title and FTE allocation of time of the Kaiarahi Matua (Cultural Leader) role would need to be reviewed in line taken-into consideration-if-any-decisions-to-in with suggested/agreed-changes to leadership roles and the appointment of the new Pou Whirinaki role. restructure-are-made.This could include a split -allocation of time to include a part Pukenga allocation to a service area

25.20.8. The roles of the Te Kaihapai (Consumer Advisor) and Whanau Kaitautoko (Family Advisor) will be reviewed.

26.21.9. Consideration should be given as to-whether Te Korowai Atawhai providing-e an identified and dedicated training and support role for the wider SMHS.

27. Considering how-can-the-Pou-Whirinaki-role-best-support-Te-Korowai-Atawhai.

28.22.10 The terms of reference and function of Te Kahui Pou Hauora Maori (Senior Leadership meeting for Te Korowai Atawhai which includesing the Service Manager and Clinical Director) be reviewed to include -with-an-expectation-thatany newly established Puekenga Atawhai leadership roles representation-is-mandatory..

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## Consultation and Next Steps

29.23. This is a discussion document and no decisions have been made. We would appreciate you taking the time to give us your thoughts and feedback on our initial ideas, as you will be able to add meaningful insights as to the direction to be taken. We plan to engage with staff and their representatives.

30.24. A summary of the consultation timeline is detailed below:

Activity	Date
Discussion document released to all staff and unions	
Engagement sessions	Tuesday/Thursday 24 <sup>th</sup> & 26 <sup>th</sup> April
Period of engagement ends	
Feedback considered.	

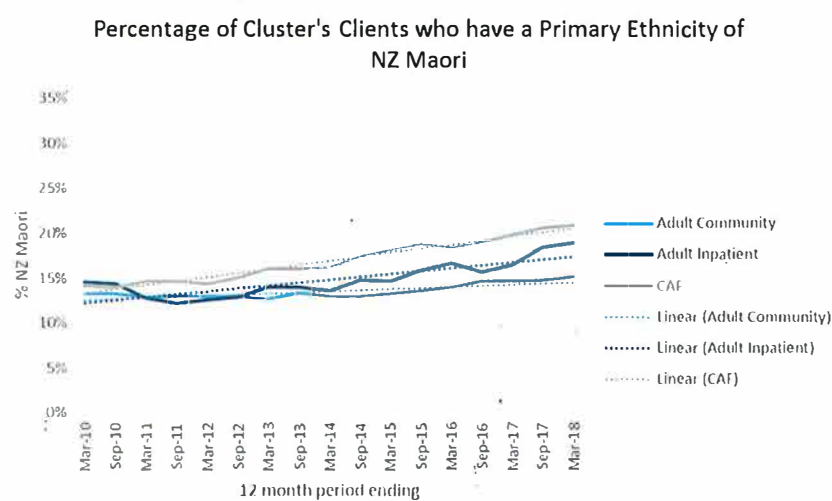
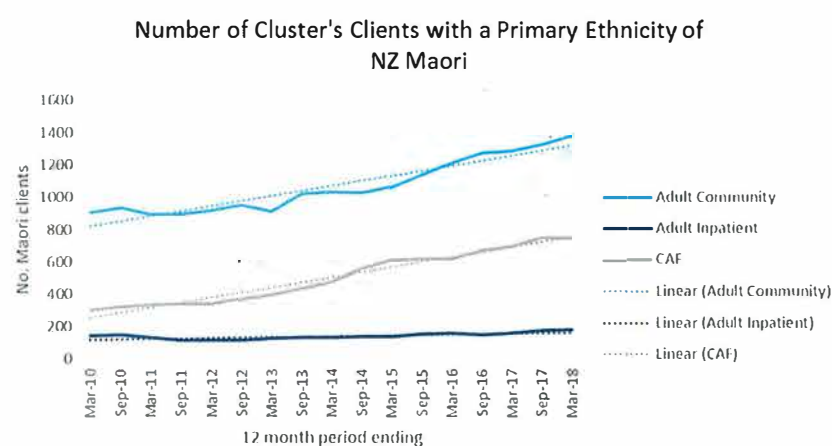
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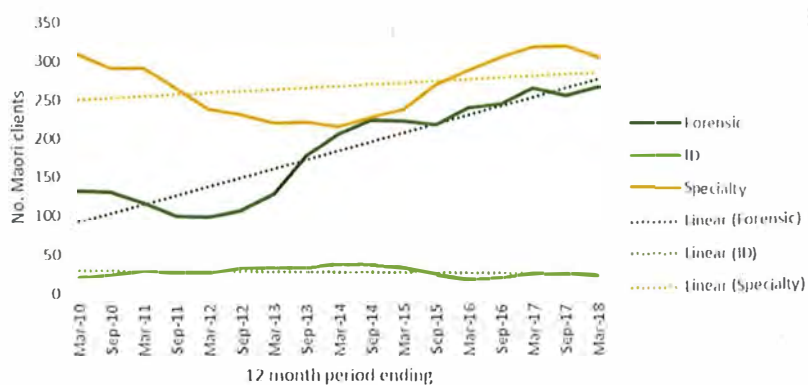
Any feedback on this document can be sent to Rebecca websterMonique.botha@cdhb.health.nz by 13<sup>th</sup> April ???2018, 5 pm. If you require assistance with submitting your feedback please contact Rebecca Webster – rebecca.webster@cdhb.health.nz

## Appendix 1

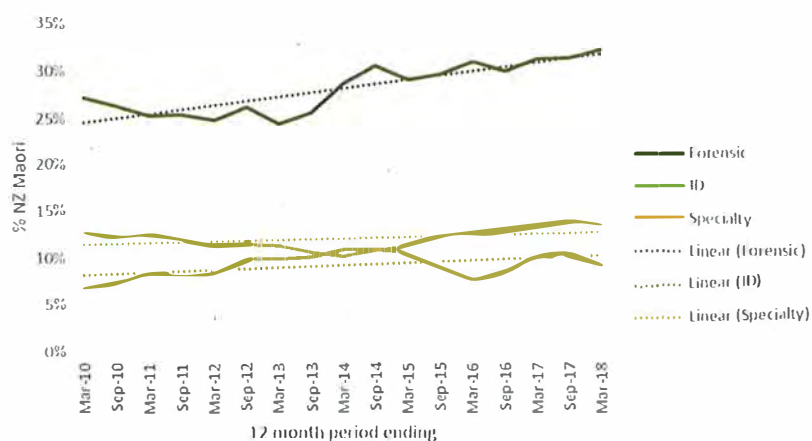
### Primary Ethnicity – NZ Maori by Service cluster



Number of Cluster's Clients with a Primary Ethnicity of  
NZ Maori



Percentage of Cluster's Clients who have a Primary Ethnicity  
of NZ Maori



## Barbara Wilson

---

**From:** Louis Van Rensburg  
**Sent:** Friday, 16 March 2018 11:52 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Cosultation meeting dates

**Categories:** Red Category

Hi B

FYI

Regards

L

**From:** Louis Van Rensburg  
**Sent:** Friday, 16 March 2018 8:34 a.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Cosultation meeting dates

Ok, sometime Wednesday to Friday in the mornings?

L

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 8:27 a.m.  
**To:** Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** Re: Cosultation meeting dates

They want 2 meetings

Sent from my Samsung device

----- Original message -----

**From:** Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Date:** 16/03/2018 08:24 (GMT+12:00)  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Cosultation meeting dates

Hi KJ

Confusions reigns...

You signalled the afternoon of the 26<sup>th</sup>?

Regards

L

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 8:18 a.m.  
**To:** Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** Cosultation meeting dates

Hi L

Can you please provide 2 dates as per emails so we can release the document

Thx

kj

Sent from my Samsung device

## Barbara Wilson

---

**From:** Barbara Wilson  
**Sent:** Friday, 1 December 2017 9:36 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Discussion document TKA  
**Attachments:** DISCUSSION DOCUMENT TE KOROWAI ATAWHAI (FINAL).docx

**Importance:** High

**Categories:** Red Category

**From:** Kaye Johnston  
**Sent:** Thursday, 16 November 2017 8:23 a.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Cc:** Kathryn Brown (PA) <Kathryn.Brown@cdhb.health.nz>  
**Subject:** FW: Discussion document TKA  
**Importance:** High

Please keep this as the final draft

Barbara,

Can you please look at the paragraph on Implementation and Communication plan at the end of the document  
 We need to add in there any intention to review the Advisory roles.

As there has been considerable anxst in this area I think we need to definitely say we are looking at this area as well.

From my end this is important as I have processes I am managing and need to make progress on.

Can you please raise this with DLT as part of discussion of this document

Thx

KJ

---

**From:** Kathryn Brown (PA)  
**Sent:** 15 November 2017 16:32  
**To:** Kaye Johnston  
**Subject:** Discussion document TKA

*Kathryn Brown*

**PA to**

Kaye Johnston- Service Manager, Specialty and Addiction Services

Dr Alfred Dell'Ario - Clinical Director, Specialty and Addiction Services

Paul Kelly – Nursing Director, Forensic & IDPH Services

Dr Erik Monasterio - Clinical Director, Forensic Service

Dr Jane Hughes – Clinical Director, IDPH Service

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Specialist Mental Health Services  
 Hillmorton Hospital

Tel: (03) 339-1179 ext 33979

Fax: (03) 335-4318 ext 34318

**Barbara Wilson**

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**From:** Toni Gutschlag  
**Sent:** Friday, 6 April 2018 9:55 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018  
**Attachments:** TKA Discussion Document March 2018 - FINALISED 21.03.2018.docx  
  
**Categories:** Red Category

-----Original Message-----

From: Ruru Hona  
Sent: Thursday, 5 April 2018 10:23 a.m.  
To: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
Subject: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

My apology for the delay.  
See you at 4pm

Arohanui  
Ruru

Your message is ready to be sent with the following file or link attachments:

TKA Discussion Document March 2018 - FINALISED 21.03.2018

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.



## **Discussion Document**

### **Te Korowai Atawhai**

**April 2018**

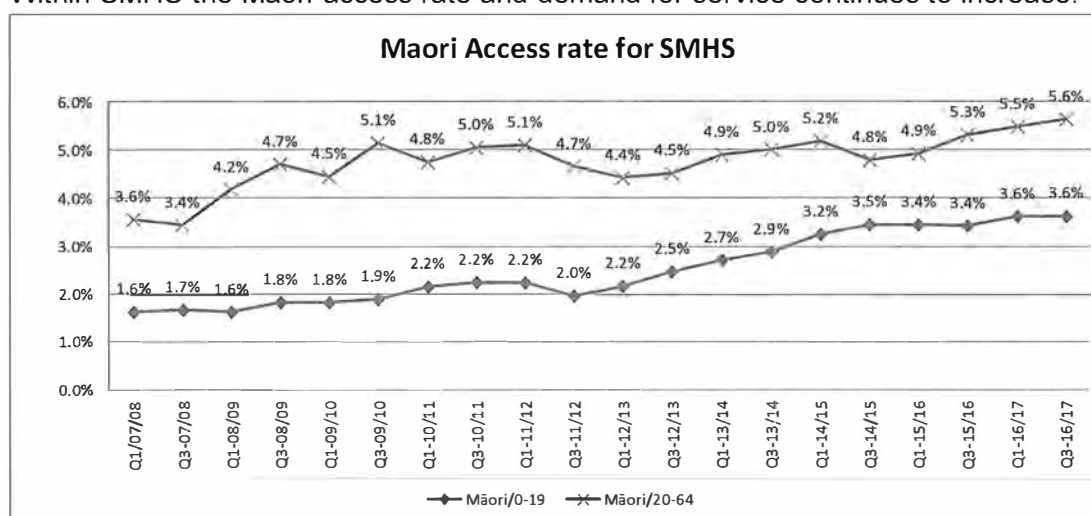
**For information on this paper, please contact:**

Kaye Johnston, Service Manager

Email: [kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)

## Context and Introduction

1. Te Korowai Atawhai provides the Māori cultural component of the Specialist Mental Health Service (SMHS), Canterbury District Health Board. Pūkenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for tangata whaiora and their whanau, assisting clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan. Since its inception in 1995, Te Korowai Atawhai has changed significantly.
2. Within SMHS the Māori access rate and demand for service continues to increase.



3. Due to the increasing numbers of Tangata Whaiora and their whanau accessing the range of Specialist Mental Health Services, the role of the Pūkenga Atawhai has become more in demand:
  - I. To meet identify the cultural concerns of the Tangata Whaiora and their whanau during their assessment and treatment
  - II. To provide support for Tangata Whaiora and whanau in the community.
  - III. To support Tangata Whaiora and their whanau to access appropriate culturally based organisations for follow up support within the community.
4. In the early stages of development there was some concern that embedding individual Pūkenga Atawhai in clinical teams could lead to isolation. Key to supporting these roles a regular day was set aside for Pūkenga Atawhai to gather together as whanau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. To this end, Whanaungatanga Day was established and occurred each Thursday.
5. This day offered the opportunity for intensive training about clinical diagnosis and treatment options in mental health where different Consultants would be invited to present a range of topics to the team.. Others invited to present have come from across various community based organisations also involved in providing support services. Part of the day focused on group supervision, discussing the cultural aspects of clinical cases. The teaching and supervisory aspect of these days was prioritised and highly valued. These training days have not been offered in this same format for some time.

6. Manuhiri Day has continued to be offered monthly as a means of assisting the Division to provide the wider cultural component of orientation for all new staff and refresher opportunities for existing multi-disciplinary staff.
7. Key frameworks such as Pae Ora<sup>1</sup> (Ministry of Health) and the CDHB Māori Health Action plan note the context in which services should be delivered to facilitate the reduction in Māori health inequalities and improve access and outcomes. Pae Ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high quality and effective services. The CDHB Maori Health Action Plan sets out annual objectives to achieve improved prevention of illness and access/approaches to treatment and patient care.
8. Over time Te Korowai Atawhai has become more broadly involved in meeting the wider cultural development needs of SMHS, and at times the wider CDHB, by providing powhiri, blessings and training but without additional resources to do so. Developing individual and team cultural competency through training in this wider sense has lessened the time available for Pūkenga Atawhai in their work with tangata whaiora within their clinical teams.

## Issues for discussion

9. The current allocation of Pūkenga Atawhai FTE to clinical teams does not meet the demand for the increasing numbers of tangata whaiora accessing Specialist Mental Health Services. The following table demonstrates the current allocation of FTE per unit/cluster. Note: some roles work across units either within the same cluster or across different services
10. In the current configuration the Pūkenga Atawhai roles based within the Adult Community Service work into Te Awakura (Acute Adult Inpatient Service)

Pūkenga Atawhai roles		FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
	<b>SPECIALTY Cluster</b>	<b>1.2</b>	<b>15.6%</b>	<b>176</b>
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS/Kennedy	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.6</b>	<b>15.8%</b>	<b>315</b>
385	Hereford	0.50		
414	Totorā	0.40		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		

<sup>1</sup> Pae ora is a holistic concept, encompassing three different elements, each interconnected and mutually reinforcing:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

<b>Pūkenga Atawhai roles</b>		<b>FTE</b>	<b>% of clients who identify as Māori as at 11/12/2107</b>	<b>No of clients who identify as Māori as at 11/12/2107</b>
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>	<b>24%</b>	<b>30</b>
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>	<b>23.6%</b>	<b>271</b>
411	CAF Inpatient Unit	0.40		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>	<b>39.2%</b>	<b>69</b>
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>	<b>13.3%</b>	<b>22</b>
460	PSAID Outpatients	0.30		
402	<b>Te Korowai Atawhai</b> *0.4 FTE have an historic occupation description Maori Mental Health Worker	<b>3.60*</b>		
<b>TOTAL FTE</b>		<b>16.50</b>		

11. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and as part of the wider mental health system of care with key NGO partners.
12. The current split of Pūkenga Atawhai allocation of their FTE in both their clinical team and Te Korowai Atawhai (by cost code and manager) leads to confusion as to whose role is responsible for day to day line management and performance review/ professional development.
13. It is recognised that to maintain a strong, professional and responsive presence within the SMHS Te Korowai Atawhai's Pūkenga Atawhai require ongoing professional development opportunities (as do all disciplines) but it is questioned as to whether continuing Whanaungatanga Day in its current format is the best means of achieving this given the limited Pūkenga Atawhai resource available to clinical teams.
14. The Taua role has been reviewed and has been replaced by a new Pou Whirinaki role with the announcement of the appointee imminent.

## Options for consideration

15. The Divisional Leadership Team gives consideration to the need to work with the CDHB Executive Management Team to potentially increase the resourced fte level funded for Pūkenga Atawhai roles. There has been no increase in staffing since the inception of these roles in spite of increased service funding., However within the current constrained health environment this may not be feasible hence the following options are proposed for

consideration: (See Appendix 1 – for a more detailed breakdown of Primary ethnicity- NZ Maori by service cluster)

16. Reallocation of the 3.6 FTE Pūkenga Atawhai time currently allocated to the Te Korowai Atawhai cost centre for Thursday Whanaungatanga Day) to clinical teams to increase frontline responsiveness to Tangata Whaiora and their whanau. This would also assist with clarifying the direct reporting lines. Determination of any reallocation would be based on the need to meet demand for services. Prioritised allocation of Pūkenga Atawhai could include:
  - I. Dedicated Pūkenga Atawhai role within Te Awakura Inpatient Service
  - II. Seagar/Tupuna Pūkenga Atawhai role is moved to the Adult General cluster and Seagar/Tupuna is covered by allocation from that cluster.
  - III. Adult General Services include allocation to the Crisis Resolution teams/rosters.
  - IV. The current out of hours Te Korowai Atawhai Call Back roster is reviewed.
  - V. Services with low Māori ethnicity do not have an allocated Pūkenga Atawhai role but do have access through cluster allocation.
  - VI. Child, Adolescent and Family Service has increased allocation in line with increasing demand on the service
17. Pūkenga Atawahi leadership roles are developed as part of workforce development initiatives to complement those of other disciplines for example, Clinical Social Work Specialists and Clinical Nurse Specialists.
18. Whanaungatanga Day be reviewed and restructured to support these changes. This could mean, for example, a change from the current expectation of Pūkenga Atawhai attending each week to a more structured monthly, morning only timetable.
19. Manuhiri Day would continue as a monthly morning event
20. The title and allocation of time of the Kaiarahi Matua (Cultural Leader) role would be reviewed in line in with suggested changes to leadership roles and the appointment of the new Pou Whirinaki role. This could include a split allocation of time to include a part Pūkenga allocation to a service area
21. The roles of the Te Kaihapai (Consumer Advisor) and Whanau Kaitautoko (Family Advisor) be reviewed.
22. Consideration is given to Te Korowai Atawhai providing an identified and dedicated training and support role for the wider SMHS
23. The terms of reference and function of Te Kahui Pou Hauora Maori (Senior Leadership meeting for Te Korowai Atawhai which includes the Service Manager and Clinical Director) be reviewed to include any newly established Pūkenga Atawhai leadership roles.

## Consultation and Next Steps

24. This is a discussion document and no decisions have been made. We would appreciate you taking the time to give us your thoughts and feedback on our initial ideas, as you will be able to add meaningful insights as to the direction to be taken. We plan to engage with staff and their representatives.
25. A summary of the consultation timeline is detailed below:

Activity	Date
Discussion document released to all staff and unions	Thursday 26 <sup>th</sup> April
Engagement sessions	Monday 7 <sup>th</sup> May 11am, Thursday 10 <sup>th</sup> May 3pm – venues to be confirmed.

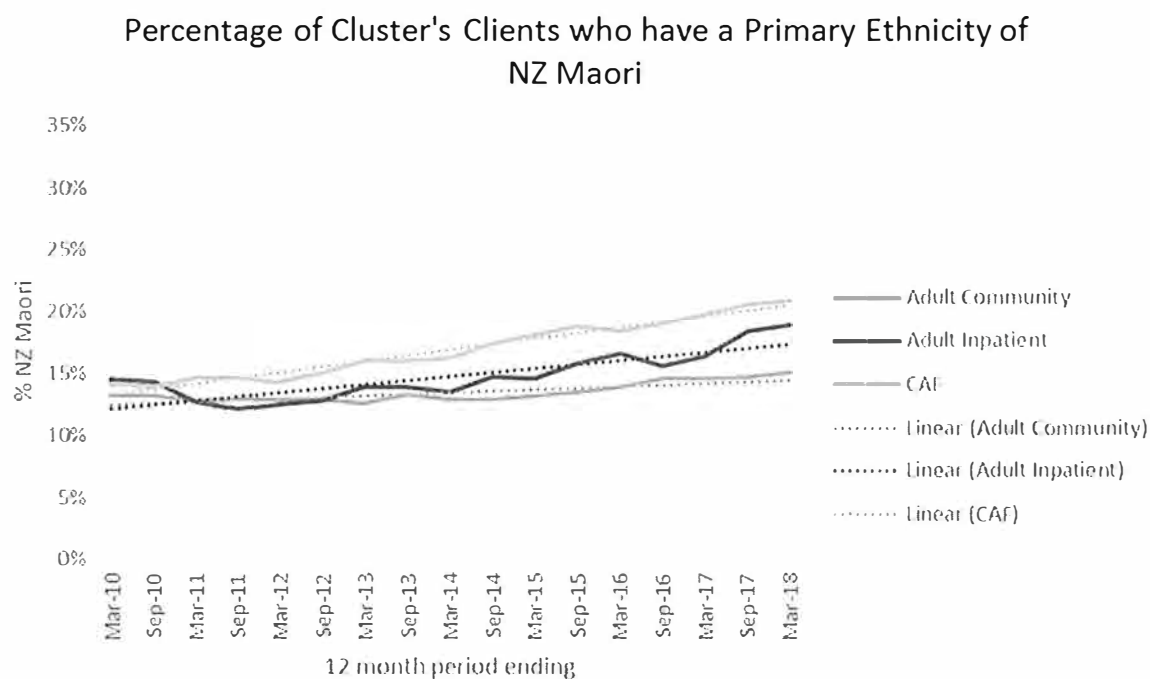
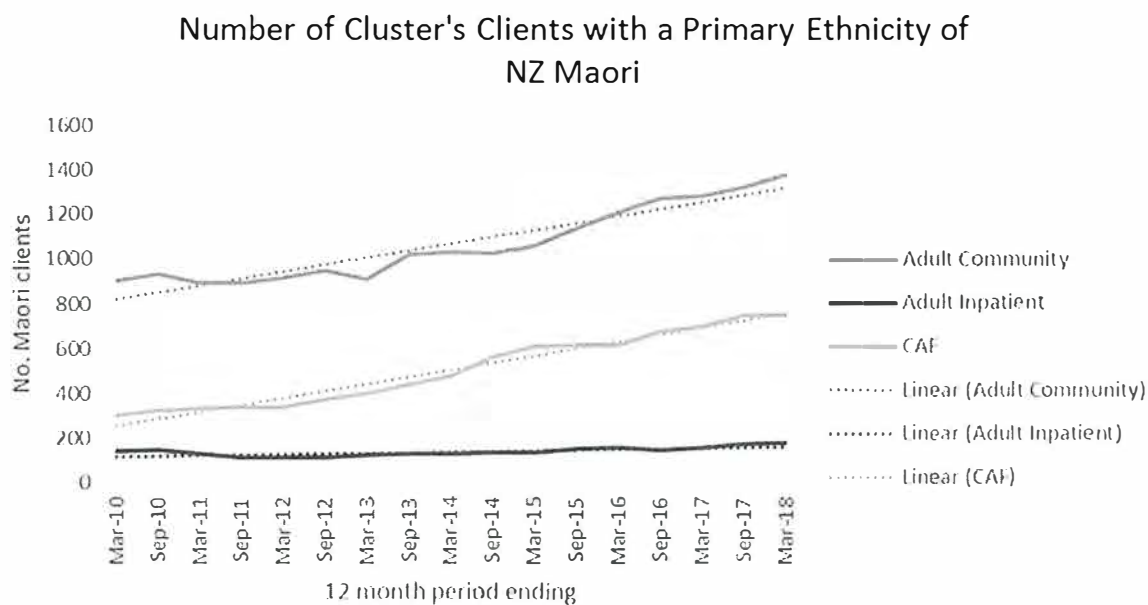
Period of engagement ends	24 <sup>th</sup> May 2018 5pm
Feedback considered.	June 2018

Any feedback on this document can be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz) by 24<sup>th</sup> May 2018, 5 pm. If you require assistance with submitting your feedback please contact Rebecca Webster – [rebecca.webster@cdhb.health.nz](mailto:rebecca.webster@cdhb.health.nz)



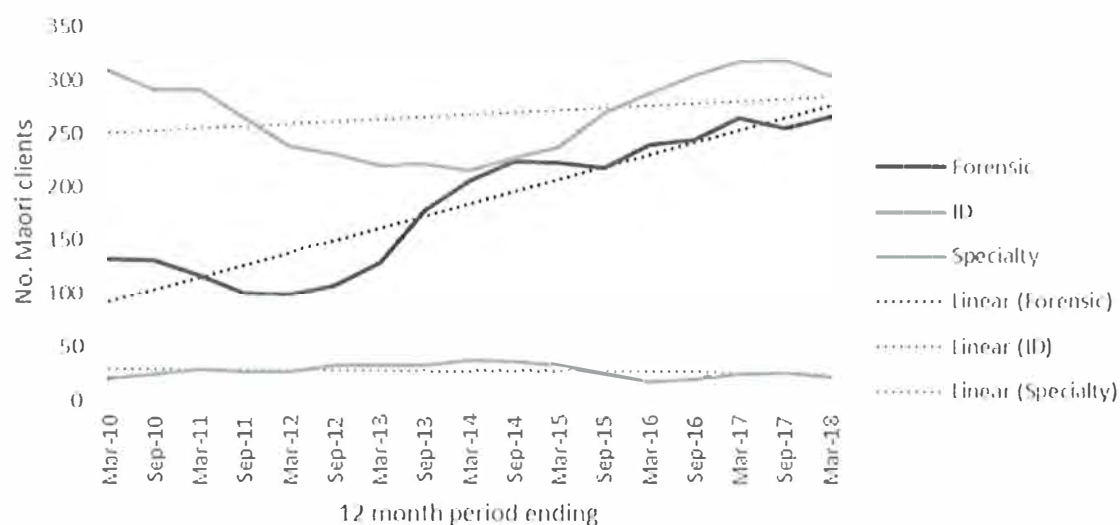
## Appendix 1

### Primary Ethnicity – NZ Maori by Service cluster

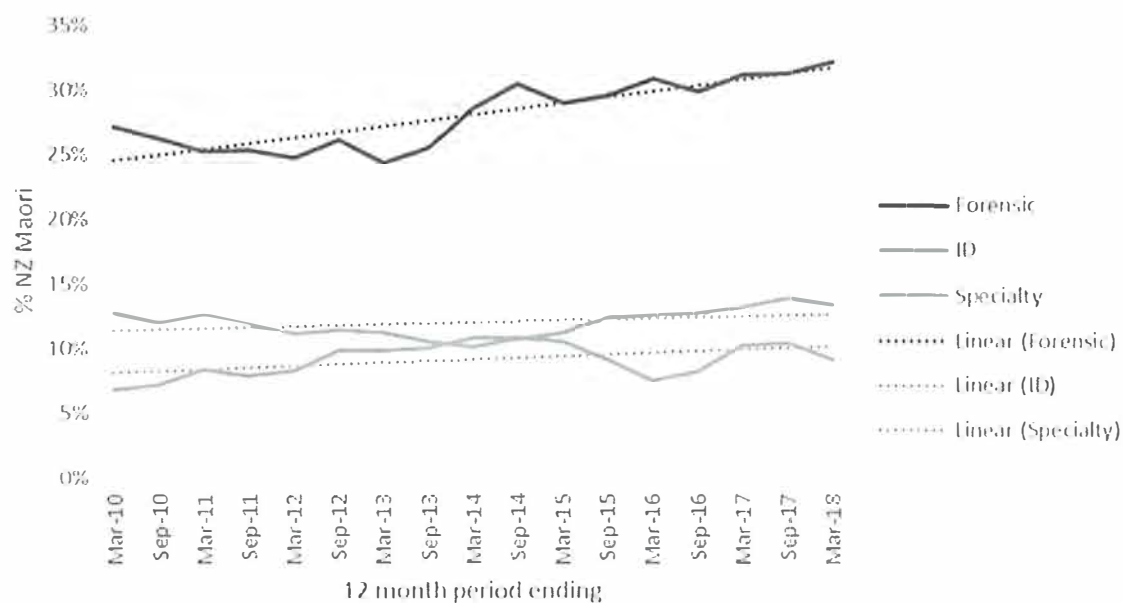




### Number of Cluster's Clients with a Primary Ethnicity of NZ Maori



### Percentage of Cluster's Clients who have a Primary Ethnicity of NZ Maori



## Barbara Wilson

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**From:** Monique Botha  
**Sent:** Thursday, 12 July 2018 8:12 a.m.  
**To:** Rebecca Webster  
**Cc:** Vicki Dent  
**Subject:** FW: Henare Te Karu  
**Attachments:** Change of Contract; Cover Page 2018 - Kaiarahi Matua; Henare Te Karu [Te Korowai Submission].pdf

**Follow Up Flag:** FollowUp  
**Due By:** Thursday, 12 July 2018 9:13 a.m.  
**Flag Status:** Completed

**Categories:** Red Category

Hi Rebecca,

Please see below email. I have not responded if you are able to advise.

Kind regards

Monique

**From:** Quentin Findlay [mailto:[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)]  
**Sent:** Wednesday, 11 July 2018 4:52 p.m.  
**To:** Monique Botha  
**Subject:** Henare Te Karu

Hi Monique

I understand that Henare has spoken to you about his submission. He does want to submit and it appears that there a few crossed wires at our end about who was to submit it on his behalf.

However, this has been resolved and I attach the complete submission for you to look at.

Again my apologies for any confusion.

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph:** 03 3773582  
**Fax:** 03 3774385  
**Cell:** 0272 276137  
**Email:** [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)  
**Web:** [www.nupe.org.nz](http://www.nupe.org.nz)



*co-operation without compromise*

Je suis marxiste de la tendance Groucho


**Barbara Wilson**

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**From:** Monique Botha  
**Sent:** Thursday, 21 June 2018 8:53 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018  
  
**Categories:** Red Category

FYI

s9(2)(ba)(i)



*Māori Health Service*

*Burwood Hospital*

*Ph: 03 3836873 cell: 027 2127077*

**Barbara Wilson**

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**From:** Monique Botha  
**Sent:** Thursday, 21 June 2018 9:51 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018  
**Attachments:** RE: Submissio for Te Korowai Atawhai ; RE: Submissio for Te Korowai Atawhai ; Re: Submission Discussion Document re: Te Korowai Atawhai April 2018

**Categories:** Red Category

Hi Rebecca,

These are the only emails I have received from s9(2)(ba)(i) which I am sure we checked prior to printing as I wasn't sure whether they needed to be included.

M

**From:** Rebecca Webster  
**Sent:** Thursday, 21 June 2018 9:46 a.m.  
**To:** Monique Botha  
**Subject:** Re: Submission Discussion Document re: Te Korowai Atawhai April 2018

Can you please check back if there is a submission from s9(2)(ba)(i) there isn't one in the pack.  
 Thanks

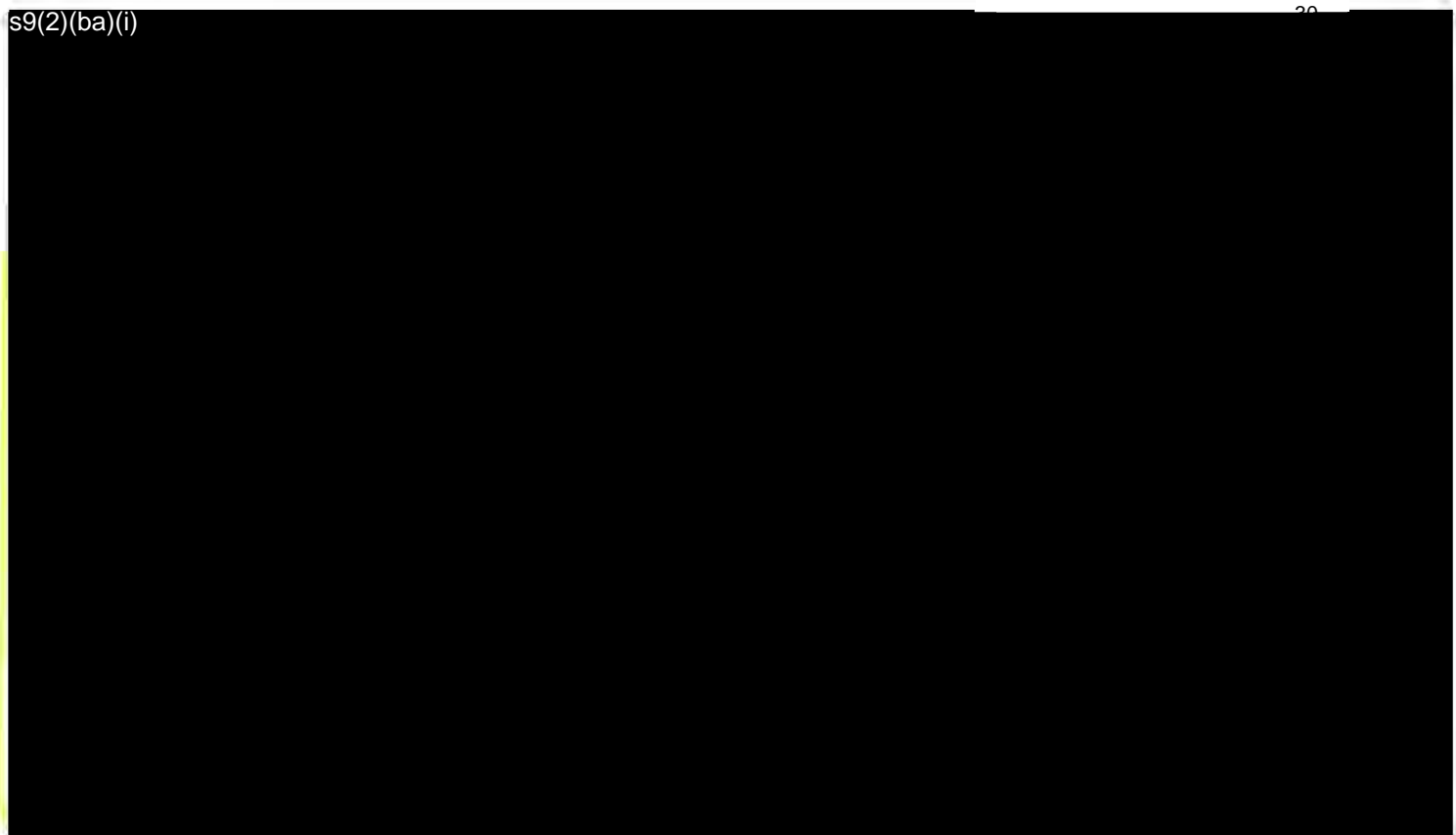
Sent from my Samsung Galaxy smartphone.

----- Original message -----

**From:** Monique Botha <Monique.Botha@cdhb.health.nz>  
**Date:** 21/06/2018 8:52 am (GMT+12:00)  
**To:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>  
**Subject:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018

FYI

s9(2)(ba)(i)





## Barbara Wilson

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**From:** Monique Botha  
**Sent:** Friday, 15 June 2018 10:53 a.m.  
**To:** Rebecca Webster  
**Subject:** FW: Te Korowai Atawhai Discussion Document - period of engagement extended to 7 June 2018

**Categories:** Red Category

**From:** Barbara Wilson  
**Sent:** Tuesday, 8 May 2018 11:41 a.m.  
**To:** SMHS - All Staff  
**Cc:** Mary Gordon; Michael Frampton  
**Subject:** Te Korowai Atawhai Discussion Document - period of engagement extended to 7 June 2018

Hello

The period of engagement for the Te Korowai Atawhai discussion document has been extended by two weeks and now ends on 7 June 2018.

Your feedback is welcome and should be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz)

A link to the discussion document is available on the SMHS intranet site.

Regards  
 Barbara

## Barbara Wilson

Quality Manager | Specialist Mental Health Service  
 P 03 3377 969 ext 34194 | M 0274844753 | E [barbara.wilson@cdhb.health.nz](mailto:barbara.wilson@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

## Barbara Wilson

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**From:** Kaye Johnston  
**Sent:** Monday, 11 June 2018 3:39 p.m.  
**To:** Rebecca Webster  
**Cc:** Barbara Wilson  
**Subject:** FW: Te Korowai Atawhai Discussion Document

**Categories:** Red Category

Fyi  
 One of these still to come tomorrow  
 KJ

**From:** Kaye Johnston  
**Sent:** Monday, 11 June 2018 12:52 p.m.  
**To:** 'Kim Tanner' <kim.tanner@psa.org.nz>  
**Cc:** Monique Botha <Monique.Botha@cdhb.health.nz>  
**Subject:** RE: Te Korowai Atawhai Discussion Document

Hi Kim  
 The GM has agreed with an extension  
 Monique, please note this submission is yet to come  
 Regards  
 KJ

**From:** Kim Tanner [<mailto:kim.tanner@psa.org.nz>]  
**Sent:** Monday, 11 June 2018 12:11 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** Te Korowai Atawhai Discussion Document  
**Importance:** High

Hi Kaye

I was on sick leave all last week, I am hopeful that you might be able to provide me an extension until tomorrow to write up the PSA Submission for the Te Korowai Atahwai Document please?

I realise you have already provided two extensions, however I would greatly appreciate an extra day.

I hope to hear from you soon, and thank you for your consideration.

Ngā mihi,

**Kim Tanner**  
 Union Organiser  
**NZ Public Service Association**  
 Te Pukenga Here Tikanga Mahi  
 Phone: 033455750  
 Mobile: 0274915124

## Barbara Wilson

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**From:** Louis Van Rensburg  
**Sent:** Thursday, 22 February 2018 2:39 p.m.  
**To:** Rebecca Webster  
**Subject:** FW: TKA document - consultation dates

**Categories:** Red Category

Hi B

Please note below

Regards  
 L

**From:** Kaye Johnston  
**Sent:** Thursday, 22 February 2018 2:36 p.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: TKA document - consultation dates

I am not going to see him now until I return from leave on 12<sup>th</sup> March.  
 The document should be timed to go out after I have had the opportunity to do that – not before  
 He is not back from annual leave until next week  
 KJ

**From:** Louis Van Rensburg  
**Sent:** Thursday, 22 February 2018 2:31 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** RE: TKA document - consultation dates

Hi KJ

Out of courtesy, it would be the right thing to do. Advise him that we are not even at proposal stage, but that change is a consideration and that you are giving him a heads-up in this regard.

Regards  
 L

**From:** Kaye Johnston  
**Sent:** Thursday, 22 February 2018 2:29 p.m.  
**To:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>  
**Cc:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: TKA document - consultation dates

Also  
 Louis, do I now need to have a discussion with <sup>s9(2)(a)</sup> [REDACTED] specially that this is likely to affect his role – or not until the Direction for Change is done?  
 He is currently away on leave  
 KJ

**From:** Kaye Johnston  
**Sent:** Thursday, 22 February 2018 2:19 p.m.

**To:** Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)>  
**Cc:** Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** RE: TKA document - consultation dates

David Egan and Pam Dimond

No they won't and this can't be handed to anyone else as they don't have the background knowledge  
 KJ

**From:** Rebecca Webster  
**Sent:** Thursday, 22 February 2018 2:18 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Cc:** Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** RE: TKA document - consultation dates

Who will be covering you? Will they be able to manage the process?

**From:** Kaye Johnston  
**Sent:** Thursday, 22 February 2018 2:17 p.m.  
**To:** Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** RE: TKA document - consultation dates

I am away on leave from tomorrow until the 12<sup>th</sup> March  
 KJ

**From:** Rebecca Webster  
**Sent:** Thursday, 22 February 2018 2:10 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** TKA document - consultation dates

Hi,

I'm just sorting the time frames in the TKA discussion document. One of the items is offering a couple of consultation meetings. If the document is released next Monday looking at holding these the week of the 5<sup>th</sup> March – two sessions an hr each time.

How do your diaries look that week?

Thanks

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



**Barbara Wilson**

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**From:** Kaye Johnston  
**Sent:** Wednesday, 20 June 2018 2:01 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: are there any notes from comments during the TKA discussion document engagement sessions? Thx

**Categories:** Red Category

Louis didn't keep notes but PSA and NUPE were both there and would have included same in their submissions.

I can put together some bullet points if necessary  
They were long sessions but mainly going over the process

KJ

**From:** Rebecca Webster  
**Sent:** Wednesday, 20 June 2018 1:56 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** are there any notes from comments during the TKA discussion document engagement sessions? Thx

## Barbara Wilson

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**From:** Kaye Johnston  
**Sent:** Wednesday, 20 June 2018 2:43 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: are there any notes from comments during the TKA discussion document engagement sessions? Thx

**Categories:** Red Category

One theme was needing to know how the new Pou Whirinaki role would align with the roles and processes of Te Korowai Atawhai

**From:** Rebecca Webster  
**Sent:** Wednesday, 20 June 2018 2:06 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** RE: are there any notes from comments during the TKA discussion document engagement sessions? Thx

That's fine, no need. Just didn't want to miss anything.

**From:** Kaye Johnston  
**Sent:** Wednesday, 20 June 2018 2:01 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: are there any notes from comments during the TKA discussion document engagement sessions? Thx

Louis didn't keep notes but PSA and NUPE were both there and would have included same in their submissions.

I can put together some bullet points if necessary  
 They were long sessions but mainly going over the process

KJ

**From:** Rebecca Webster  
**Sent:** Wednesday, 20 June 2018 1:56 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** are there any notes from comments during the TKA discussion document engagement sessions? Thx

**Barbara Wilson**

---

**From:** Kaye Johnston  
**Sent:** Thursday, 19 April 2018 11:21 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Discussion Document suggested changes

**Categories:** Red Category

Hi Bec

Louis is not back until 7<sup>th</sup> May

Can we make the closing date for submissions fit around the end of that week

So I would book two times in the week starting 7<sup>th</sup> May?

KJ

**From:** Rebecca Webster  
**Sent:** Wednesday, 18 April 2018 2:34 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Discussion Document suggested changes

Hi Kaye,

Toni has asked that I let you the revised timeframe for release.

I will work on the document tomorrow, and it will go to DLT on Tuesday, with planned release for next Wednesday.

If you could work out the dates/ times, locations etc for engagement sessions on that timeframe that would be great.

Thanks

Bec

**From:** Kaye margaret Johnston [<mailto:johnstonjennings@xtra.co.nz>]  
**Sent:** Wednesday, 18 April 2018 1:26 a.m.  
**To:** Rebecca Webster  
**Subject:** Discussion Document suggested changes

Hi Rebecca

I have made suggested changes as outlined in my email

However the formatting is messy and the Maori spell check/macrons need to be checked for accuracy

Regards

KJ



## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Thursday, 19 April 2018 11:29 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Discussion Document suggested changes

**Categories:** Red Category

Louis is away until 7<sup>th</sup> so I have booked in the Fountain Room for  
 Monday 7<sup>th</sup> May 11am  
 And Thursday 10<sup>th</sup> May at 3pm  
 Let me know if this doesn't fit with the plan

Thanks  
 KJ

**From:** Rebecca Webster  
**Sent:** Wednesday, 18 April 2018 2:34 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Discussion Document suggested changes

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Thanks  
 Bec

**From:** Kaye margaret Johnston [<mailto:johnstonjennings@xtra.co.nz>]  
**Sent:** Wednesday, 18 April 2018 1:26 a.m.  
**To:** Rebecca Webster  
**Subject:** Discussion Document suggested changes

Hi Rebecca

I have made suggested changes as outlined in my email

However the formatting is messy and the Maori spell check/macrons need to be checked for accuracy

Regards

KJ

## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Tuesday, 17 April 2018 10:02 a.m.  
**To:** Rebecca Webster; Toni Gutschlag  
**Subject:** RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018  
  
**Importance:** High  
  
**Categories:** Red Category

Hi Bec and Toni,

Yes I've thought a lot about this and I have now also discussed it with Alfred.

As I discussed with Toni, I think we have over-edited out some of the background I had in the original document about the Thursday function as it explained what has been lost over time and the Pou Whirinaki's comments/additions allude to that - particularly about focussed training that they previously received. I think we need to make this clear and put some of that back in to the document. Alfred is in agreement with that.

Secondly, if we are going to put in one option about potential changes in allocation of Pukenga (remove Pukenga from Specialty Services) we should put in others as well as otherwise it has the potential to skew thinking to only that one potential discussion/option.

Other options need to include:

- Seagar/ Tupuna Pukenga is moved to the Adult General cluster and Seagar/Tupuna is covered by allocation from the cluster
- Pukenga fte are allocated to the Crisis Resolution teams/rosters and the system of out of hours cover is further formally reviewed
- Specialty option as already in the document should be separate from Alcohol and Drugs Service (they are very different pathways and should be looked at separately not just as a service cluster
- Kaiarahi Matua role is reviewed with a view to including time for Pukenga allocation ( similar to other disciplines that have both a management and clinical allocation )
- Service clusters need to review their current allocation to ensure they are focussing placement of Pukenga in the most efficient way to follow the tangata whaiora journey through the service area

Louis is away this week and he needs to be present at any consultation meetings I can make time available to suit - Tuesday morning next week and Thursday afternoon if they are best days to suit timeframes Let me know and we will need to book a room to suit

Happy to discuss  
 Regards  
 KJ

-----Original Message-----

From: Rebecca Webster  
 Sent: Tuesday, 17 April 2018 8:36 a.m.  
 To: Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
 Subject: RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi,

Is there any progress on this? I haven't received any comments back Kaye?

Thanks  
 Bec

-----Original Message-----

From: Kaye Johnston  
 Sent: Wednesday, 11 April 2018 8:39 a.m.  
 To: Rebecca Webster  
 Subject: RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi Bec

I'm away from work today but will work on this overnight and get back my comments and some availability dates for consultation as soon as I can I'm at meetings in wellington Thursday and Friday but available on phone and will watch for emails thanks KJ

---

From: Rebecca Webster  
 Sent: 10 April 2018 08:55  
 To: Kaye Johnston  
 Subject: FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi Kaye,

Toni has asked me to forward on the copy with Ruru's comments.  
 If you can have the changes back ASAP, and set some meeting times for end of next week or beginning of the following, maybe we could get it out before Thursday :-)

Bec

-----Original Message-----

From: Toni Gutschlag  
 Sent: Friday, 6 April 2018 9:55 a.m.  
 To: Rebecca Webster  
 Subject: FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

-----Original Message-----

From: Ruru Hona  
 Sent: Thursday, 5 April 2018 10:23 a.m.  
 To: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
 Subject: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

My apology for the delay.  
 See you at 4pm

Arohanui  
 Ruru

Your message is ready to be sent with the following file or link attachments:

TKA Discussion Document March 2018 - FINALISED 21.03.2018

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Tuesday, 17 April 2018 10:25 a.m.  
**To:** Rebecca Webster  
**Cc:** Toni Gutschlag  
**Subject:** RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

**Categories:** Red Category

Yes

I'll go over this with Alfred when he comes in later today and we will send back to you at end of today KJ

-----Original Message-----

**From:** Rebecca Webster  
**Sent:** Tuesday, 17 April 2018 10:09 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi Kaye,

Can you please start working on the document incorporating your comments and how you think it should read. I've attached the most up to date version. The aim is to release this document tomorrow.

Bec

-----Original Message-----

**From:** Kaye Johnston  
**Sent:** Tuesday, 17 April 2018 10:02 a.m.  
**To:** Rebecca Webster; Toni Gutschlag  
**Subject:** RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018  
**Importance:** High

Hi Bec and Toni,

Yes I've thought a lot about this and I have now also discussed it with Alfred.

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Regards

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From: Toni Gutschlag

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To: Rebecca Webster

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See you at 4pm

Arohanui

Ruru

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## Barbara Wilson

---

**From:** Louis Van Rensburg  
**Sent:** Friday, 9 November 2018 1:10 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: Pukenga FTE queries

**Categories:** Red Category

It just states "Rural"

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 1:08 p.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Pukenga FTE queries

Did she have any fte in ashburton?

**From:** Louis Van Rensburg  
**Sent:** Friday, 9 November 2018 1:08 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: Pukenga FTE queries

0.2 TKA.

Used to be 0.7 in Rural, now 0.8 in Youth Forensics

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 1:05 p.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Pukenga FTE queries

Can you please check what the last person employed in ASH/ Rural was employed as – I think it was s9(2)(a)

**From:** Louis Van Rensburg  
**Sent:** Friday, 9 November 2018 10:05 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Pukenga FTE queries

Me again

s9(2)(a)  
 is 0.5 in Seager, 0.3 in Tupuna, and 0.2 in TKA  
 s9(2)(a)  
 is 0.4 in CAF North, 0.4 in CAF South, and 0.2 in TKA  
 have an ATA for a Pukenga in Rural/ Ashburton

Regards  
 L

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 9:54 a.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Pukenga FTE queries



Hi,

Can you please have a look at how the following staff are employed:

s9(2)(a) – apparently working 0.6 in Seager and 0.3 in Tupuna ( + TKA FTE)

s9(2)(a) – apparently working 0.5 CAF South, 0.4 CAF North ( + TKA FTE)

Also the current Rural/ Ash vacancy has 0.7 Rural and 0.2 Ashburton ( + TKA FTE)

Thanks

Bec

## Barbara Wilson

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Me again

s9(2)(a) s 0.5 in Seager, 0.3 in Tupuna, and 0.2 in TKA  
 s9(2)(a) s 0.4 in CAF North, 0.4 in CAF South, and 0.2 in TKA  
 I don't have an ATA for a Pukenga in Rural/ Ashburton

Regards  
 L

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 9:54 a.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Pukenga FTE queries

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 s9(2)(a) – apparently working 0.5 CAF South, 0.4 CAF North ( + TKA FTE)  
 Also the current Rural/ Ash vacancy has 0.7 Rural and 0.2 Ashburton ( + TKA FTE)

Thanks  
 Bec

## Barbara Wilson

**From:** Maggie Orr  
**Sent:** Friday, 9 November 2018 11:10 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca!!!!

Correct for East.

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

**Subject:** Response please: Pukenga Atawahi FTE

**Importance:** High

Hi,

At the moment we are checking the Pukenga Atawahi FTE allocation across SMHS.

Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

Please let me know if there are any errors with this.

Thanks

Bec

Cost centre	CC name	Staff name	FTE
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369	Anxiety	s9(2)(a)	0.4
370	Eating Disorders com	s9(2)(a)	0.03
372	Cward	s9(2)(a)	0.1

373	CADs/CORS	s9(2)(a)	0.8
376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
378	West ACS	s9(2)(a)	0.8
379	South ACS	s9(2)(a)	0.8
381	Rural ACS	Vacant - in process Ash/ Rur	0.7
383	Ashburton	Vacant - in process Ash/ Rur	0.2
384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Barbara Wilson

**From:** Doug Wells  
**Sent:** Friday, 9 November 2018 10:58 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca  
 Correct for 379  
 Doug

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

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## Barbara Wilson

**From:** Dawn Nolan  
**Sent:** Friday, 9 November 2018 10:29 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Good for Rural

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

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460	PSAID Comm	s9(2)(a)	0.3
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### Rebecca Webster

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## Barbara Wilson

**From:** Claire Gilbert  
**Sent:** Friday, 9 November 2018 9:46 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

hi Rebecca, correct for ADS  
 claire

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

**Subject:** Response please: Pukenga Atawahi FTE

**Importance:** High

Hi,

At the moment we are checking the Pukenga Atawahi FTE allocation across SMHS.

Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

Please let me know if there are any errors with this.

Thanks

Bec

Cost centre	CC name	Staff name	FTE
357	SBMH	s9(2)(a)	0.4
368	M&B comm	s9(2)(a)	0.27
369	Anxiety	s9(2)(a)	0.4
370	Eating Disorders com	s9(2)(a)	0.03
372	Cward	s9(2)(a)	0.1

373	CADs/CORS	s9(2)(a)	0.8
376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
378	West ACS	s9(2)(a)	0.8
379	South ACS	s9(2)(a)	0.8
381	Rural ACS	Vacant - in process Ash/ Rur	0.7
383	Ashburton	Vacant - in process Ash/ Rur	0.2
384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Tотора	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Barbara Wilson

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**From:** Jacqueline Donaldson  
**Sent:** Friday, 9 November 2018 9:43 a.m.  
**To:** Rebecca Webster  
**Subject:** Re: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Correct for 0372

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Rebecca Webster <Rebecca.Webster@cdhb.health.nz>  
 Date: 9/11/18 8:44 AM (GMT+12:00)  
 To: Anna Wilson <Anna.Wilson@cdhb.health.nz>, Anne Kerr <Anne.Kerr@cdhb.health.nz>, Barbara Loomes <Barbara.Loomes@cdhb.health.nz>, Carol Cox <Carol.Cox@cdhb.health.nz>, Carolyn Park <Carolyn.Park@cdhb.health.nz>, Cathy Cameron <Cathy.Cameron@cdhb.health.nz>, Claire Gilbert <Claire.Gilbert@cdhb.health.nz>, Craig Scott <Craig.Scott@cdhb.health.nz>, David Egan <David.Egan@cdhb.health.nz>, Dawn Nolan <Dawn.Nolan@cdhb.health.nz>, Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>, Doug Wells <Doug.Wells@cdhb.health.nz>, Erin Dellaway <Erin.Dellaway@cdhb.health.nz>, Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>, Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>, Jenny Hercus <Jenny.Hercus@cdhb.health.nz>, Jo Dowell <Jo.Dowell@cdhb.health.nz>, Julie Potts <Julie.Potts@cdhb.health.nz>, Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>, Maggie Orr <Maggie.Orr@cdhb.health.nz>, Maxwell Owen <Maxwell.Owen@cdhb.health.nz>, Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>, Pam Dimond <Pamela.Dimond@cdhb.health.nz>, Pam Schofield <Pam.Schofield@cdhb.health.nz>, Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>, Richard Grist <Richard.Grist@cdhb.health.nz>, Tanya Ewart <Tanya.Ewart@cdhb.health.nz>, Tony Wilson <Anthony.Wilson@cdhb.health.nz>, Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>, Truusje Hewson <Truusje.Hewson@cdhb.health.nz>, Michelle Phelan <Michelle.Phelan@cdhb.health.nz>, David Sutton <David.Sutton@cdhb.health.nz>, Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>  
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Thanks

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372	Cward	s9(2)(a)	0.1
373	CADs/CORS	s9(2)(a)	0.8
376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
378	West ACS	s9(2)(a)	0.8
379	South ACS	s9(2)(a)	0.8
381	Rural ACS	Vacant - in process Ash/ Rur	0.7
383	Ashburton	Vacant - in process Ash/ Rur	0.2
384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)





## Barbara Wilson

---

**From:** Anne Kerr  
**Sent:** Friday, 9 November 2018 9:37 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Dear Rebecca

Correct for CC0378.

Regards Anne

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

**Subject:** Response please: Pukenga Atawahi FTE

**Importance:** High

Hi,

At the moment we are checking the Pukenga Atawahi FTE allocation across SMHS.

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Please let me know if there are any errors with this.

Thanks

Bec

Cost centre	CC name	Staff name	FTE
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372	Cward	s9(2)(a)	0.1
373	CADs/CORS	s9(2)(a)	0.8
376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
378	West ACS	s9(2)(a)	0.8
379	South ACS	s9(2)(a)	0.8
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384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

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Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Barbara Wilson

---

**From:** Tony Wilson  
**Sent:** Friday, 9 November 2018 9:26 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca,

Cc0393 s9(2)(a) FTE 0.8 –  
 s9(2) works between cc0393, 394 & 396 but sits in cost code 0393

All correct

Regards,  
 Tony.  
*Tony Wilson*

*Charge Nurse Manager  
 Te Whare Mauri Ora  
 Regional Forensic Service,  
 Specialist Mental Health Services,  
 Canterbury District Health Board.*

*Telephone: 03 3377969  
 Extension: 33673  
 Mobile: 027 2629839*

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 8:44 a.m.  
**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>  
**Subject:** Response please: Pukenga Atawahi FTE  
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Hi,

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Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

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376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
378	West ACS	s9(2)(a)	0.8
379	South ACS	s9(2)(a)	0.8
381	Rural ACS	Vacant - in process Ash/ Rur	0.7
383	Ashburton	Vacant - in process Ash/ Rur	0.2
384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

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## Barbara Wilson

---

**From:** Kate Gibson  
**Sent:** Friday, 9 November 2018 9:23 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

It's correct for North, Kate

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 8:45 a.m.  
**To:** Kate Gibson <Kate.Gibson@cdhb.health.nz>  
**Subject:** FW: Response please: Pukenga Atawahi FTE  
**Importance:** High

Can you help with this?  
 Thanks

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 8:44 a.m.  
**To:** Anna Wilson; Anne Kerr; Barbara Loomes; Carol Cox; Carolyn Park; Cathy Cameron; Claire Gilbert; Craig Scott; David Egan; Dawn Nolan; Dianne Surgenor; Doug Wells; Erin Dellaway; Evelyn Lefebvre; Jacqueline Donaldson; Jenny Hercus; Jo Dowell; Julie Potts; Kathryn Woodall; Maggie Orr; Maxwell Owen; Ngaire Matthews; Pam Dimond; Pam Schofield; Patrick Mcallister; Richard Grist; Tanya Ewart; Tony Wilson; Trudy Mowat-gainsford; Truusje Hewson; Michelle Phelan; David Sutton; Patrick Mcallister  
**Subject:** Response please: Pukenga Atawahi FTE  
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408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
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411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
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## Barbara Wilson

---

**From:** Evelyn Lefebvre  
**Sent:** Friday, 9 November 2018 9:22 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

This appears correct

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Trusje Hewson <Trusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

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408	CAF Nth	s9(2)(a)	0.8
408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

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## Barbara Wilson

---

**From:** David Egan  
**Sent:** Friday, 9 November 2018 9:15 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca

368 and 370 correct  
 David

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 8:44 a.m.  
**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>  
**Subject:** Response please: Pukenga Atawahi FTE  
**Importance:** High

Hi,

At the moment we are checking the Pukenga Atawahi FTE allocation across SMHS.  
 Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

Please let me know if there are any errors with this.

Thanks

Bec

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372	Cward	s9(2)(a)	0.1
373	CADs/CORS	s9(2)(a)	0.8
376	North ACS	s9(2)(a)	0.8
377	East ACS	Vacant - East	0.8
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384	Seager	s9(2)(a)	0.5
385	Hereford	s9(2)(a)	0.5
391	Tupuna	s9(2)(a)	0.3
393	TWMO/ TWHR/ TWM	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
395	FCT	s9(2)(a)	0.8
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408	CAF Nth	s9(2)(a)	0.4
409	YFT	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.8
410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
460	PSAID Comm	s9(2)(a)	0.3
	Te Awakura	s9(2)(a)	1.0

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**Barbara Wilson**

---

**From:** Anna Wilson  
**Sent:** Friday, 9 November 2018 9:04 a.m.  
**To:** Rebecca Webster  
**Subject:** Re: Response please: Pukenga Atawahi FTE  
**Attachments:** image001.jpg  
**Categories:** Red Category

Hello Rebecca

Tupuna budget is 0.3FTE

Seager is 0.6

s9(2)(a) is in Seager 40 hrs as Tupuna has no Maori pt. The one pt recently from AIS doesn't want pukenga services. Seager have 7 Maori and 3-4 that identify and use cultural services. That's 40 hrs for 3-4 pts at present.

KJ Alfred Henare Carolyn Paul Saunders met on Wed as East oupt needed an active PK.

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: Rebecca Webster <Rebecca.Webster@cdhb.health.nz>

Date: 9/11/2018 8:44 am (GMT+12:00)

To: Anna Wilson <Anna.Wilson@cdhb.health.nz>, Anne Kerr <Anne.Kerr@cdhb.health.nz>, Barbara Loomes <Barbara.Loomes@cdhb.health.nz>, Carol Cox <Carol.Cox@cdhb.health.nz>, Carolyn Park <Carolyn.Park@cdhb.health.nz>, Cathy Cameron <Cathy.Cameron@cdhb.health.nz>, Claire Gilbert <Claire.Gilbert@cdhb.health.nz>, Craig Scott <Craig.Scott@cdhb.health.nz>, David Egan <David.Egan@cdhb.health.nz>, Dawn Nolan <Dawn.Nolan@cdhb.health.nz>, Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>, Doug Wells <Doug.Wells@cdhb.health.nz>, Erin Dellaway <Erin.Dellaway@cdhb.health.nz>, Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>, Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>, Jenny Hercus <Jenny.Hercus@cdhb.health.nz>, Jo Dowell <Jo.Dowell@cdhb.health.nz>, Julie Potts <Julie.Potts@cdhb.health.nz>, Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>, Maggie Orr <Maggie.Orr@cdhb.health.nz>, Maxwell Owen <Maxwell.Owen@cdhb.health.nz>, Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>, Pam Dimond <Pamela.Dimond@cdhb.health.nz>, Pam Schofield <Pam.Schofield@cdhb.health.nz>, Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>, Richard Grist <Richard.Grist@cdhb.health.nz>, Tanya Ewart <Tanya.Ewart@cdhb.health.nz>, Tony Wilson <Anthony.Wilson@cdhb.health.nz>, Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>, Truusje Hewson <Truusje.Hewson@cdhb.health.nz>, Michelle Phelan <Michelle.Phelan@cdhb.health.nz>, David Sutton <David.Sutton@cdhb.health.nz>, Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>  
**Subject:** Response please: Pukenga Atawahi FTE

Hi,

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Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

Please let me know if there are any errors with this.

Thanks

Bec

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410	CAF South	s9(2)(a)	0.5
411	CAFIU	s9(2)(a)	0.4
414	Totora	s9(2)(a)	0.4
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### Rebecca Webster

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## Barbara Wilson

**From:** Patrick Mcallister  
**Sent:** Friday, 9 November 2018 8:49 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca,

Just picked up your voicemail also. s9(2)(a) works Mon, Tues Wed and Fri in Te Awakura, he's linked to East so his cost code will be charged to 0358.

Cheers,  
 Patrick

---

**From:** Rebecca Webster  
**Sent:** Friday, 9 November 2018 8:44 a.m.  
**To:** Anna Wilson; Anne Kerr; Barbara Loomes; Carol Cox; Carolyn Park; Cathy Cameron; Claire Gilbert; Craig Scott; David Egan; Dawn Nolan; Dianne Surgenor; Doug Wells; Erin Dellaway; Evelyn Lefebvre; Jacqueline Donaldson; Jenny Hercus; Jo Dowell; Julie Potts; Kathryn Woodall; Maggie Orr; Maxwell Owen; Ngaire Matthews; Pam Dimond; Pam Schofield; Patrick Mcallister; Richard Grist; Tanya Ewart; Tony Wilson; Trudy Mowat-gainsford; Truusje Hewson; Michelle Phelan; David Sutton; Patrick Mcallister  
**Subject:** Response please: Pukenga Atawahi FTE

Hi,

At the moment we are checking the Pukenga Atawahi FTE allocation across SMHS.

Can you please have a look below and confirm that what is showing is correct for your cost centre – e.g name, and FTE allocated.

Please let me know if there are any errors with this.

Thanks

Bec

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## Barbara Wilson

---

**From:** Craig Scott  
**Sent:** Friday, 9 November 2018 11:24 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Response please: Pukenga Atawahi FTE

**Categories:** Red Category

Hi Rebecca

FTE For School Based MH Team (s9(2)(a) ) and Youth Forensic Team (s9(2)(a) ) is correct.

Regards

**Craig Scott**

**Project Facilitator:**

CAF Outpatient DFC

**Clinical Manager – CAF Specialist Teams**

Youth Forensic Team, School Based Mental Health Team,

Children in Care Team, Paeds Consult Liaison Team, Under 5's Team

**Mobile: 027 212 7330**

**From:** Rebecca Webster

**Sent:** Friday, 9 November 2018 8:44 a.m.

**To:** Anna Wilson <Anna.Wilson@cdhb.health.nz>; Anne Kerr <Anne.Kerr@cdhb.health.nz>; Barbara Loomes <Barbara.Loomes@cdhb.health.nz>; Carol Cox <Carol.Cox@cdhb.health.nz>; Carolyn Park <Carolyn.Park@cdhb.health.nz>; Cathy Cameron <Cathy.Cameron@cdhb.health.nz>; Claire Gilbert <Claire.Gilbert@cdhb.health.nz>; Craig Scott <Craig.Scott@cdhb.health.nz>; David Egan <David.Egan@cdhb.health.nz>; Dawn Nolan <Dawn.Nolan@cdhb.health.nz>; Dianne Surgenor <Dianne.Surgenor@cdhb.health.nz>; Doug Wells <Doug.Wells@cdhb.health.nz>; Erin Dellaway <Erin.Dellaway@cdhb.health.nz>; Evelyn Lefebvre <Evelyn.Lefebvre@cdhb.health.nz>; Jacqueline Donaldson <Jacqueline.Donaldson@cdhb.health.nz>; Jenny Hercus <Jenny.Hercus@cdhb.health.nz>; Jo Dowell <Jo.Dowell@cdhb.health.nz>; Julie Potts <Julie.Potts@cdhb.health.nz>; Kathryn Woodall <Kathryn.Woodall@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Maxwell Owen <Maxwell.Owen@cdhb.health.nz>; Ngaire Matthews <Ngaire.Matthews@cdhb.health.nz>; Pam Dimond <Pamela.Dimond@cdhb.health.nz>; Pam Schofield <Pam.Schofield@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>; Richard Grist <Richard.Grist@cdhb.health.nz>; Tanya Ewart <Tanya.Ewart@cdhb.health.nz>; Tony Wilson <Anthony.Wilson@cdhb.health.nz>; Trudy Mowat-gainsford <Trudy.Mowat-gainsford@cdhb.health.nz>; Truusje Hewson <Truusje.Hewson@cdhb.health.nz>; Michelle Phelan <Michelle.Phelan@cdhb.health.nz>; David Sutton <David.Sutton@cdhb.health.nz>; Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>

**Subject:** Response please: Pukenga Atawahi FTE

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**Barbara Wilson**

---

**From:** Kaye Johnston  
**Sent:** Tuesday, 17 April 2018 10:05 a.m.  
**To:** Rebecca Webster  
**Cc:** Toni Gutschlag  
**Subject:** RE: Response required today: TKA Discussion Document

**Categories:** Red Category

Thanks Bec  
 I have sent through my comments in earlier email KJ

-----Original Message-----

From: Rebecca Webster  
 Sent: Tuesday, 17 April 2018 8:57 a.m.  
 To: Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
 Cc: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
 Subject: Response required today: TKA Discussion Document  
 Importance: High

Hi Kaye,

Toni has just spoken to me. She would like the document to be released tomorrow, so any feedback/ suggested changes need to be in today.

Thanks  
 Bec

-----Original Message-----

From: Rebecca Webster  
 Sent: Tuesday, 17 April 2018 8:36 a.m.  
 To: Kaye Johnston; Toni Gutschlag  
 Subject: RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi,

Is there any progress on this? I haven't received any comments back Kaye?

Thanks  
 Bec

-----Original Message-----

From: Kaye Johnston  
 Sent: Wednesday, 11 April 2018 8:39 a.m.  
 To: Rebecca Webster  
 Subject: RE: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi Bec

I'm away from work today but will work on this overnight and get back my comments and some availability dates for consultation as soon as I can I'm at meetings in wellington Thursday and Friday but available on phone and will watch for emails thanks KJ

From: Rebecca Webster  
 Sent: 10 April 2018 08:55



To: Kaye Johnston  
Subject: FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

Hi Kaye,

Toni has asked me to forward on the copy with Ruru's comments.  
If you can have the changes back ASAP, and set some meeting times for end of next week or beginning of the following, maybe we could get it out before Thursday :-)

Bec

-----Original Message-----

From: Toni Gutschlag  
Sent: Friday, 6 April 2018 9:55 a.m.  
To: Rebecca Webster  
Subject: FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

-----Original Message-----

From: Ruru Hona  
Sent: Thursday, 5 April 2018 10:23 a.m.  
To: Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
Subject: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

My apology for the delay.  
See you at 4pm

Arohanui  
Ruru

Your message is ready to be sent with the following file or link attachments:

TKA Discussion Document March 2018 - FINALISED 21.03.2018

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 11:42 a.m.  
**To:** Rebecca Webster  
**Cc:** Barbara Wilson; Toni Gutschlag; Louis Van Rensburg  
**Subject:** RE: Te Korowai Discussion document

**Categories:** Red Category

Thanks  
 That's fine  
 I'll just do a group email to say it is now mid week next week  
 There is an email from Louis suggesting best days for him  
 KJ

**From:** Rebecca Webster  
**Sent:** Friday, 16 March 2018 11:40 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Te Korowai Discussion document

Hi Kaye,

I have spoken with Toni this morning. She has asked that we hold this for the next couple of days until the Pou Whirinaki role is appointed to (which is likely to be imminent).

She will let us know when good to go.

The document will need populating with the dates/ times for the engagement meetings prior to distribution.

Regards

Rebecca

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 11:32 a.m.  
**To:** Barbara Wilson; Rebecca Webster  
**Subject:** Te Korowai Discussion document

Hi

I have now spoken with everyone and told them it will be released on Monday  
 Louis has indicated free mornings for consultation Rebecca so we should be set to go now  
 Thanks  
 KJ

**Barbara Wilson**

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 20 June 2018 11:03 a.m.  
**To:** Rebecca Webster  
**Subject:** Re: TKA - late submissions

**Categories:** Red Category

We haven't had a full dlt yet, proceed on the assumption that they will be

Sent from my iPhone

On 20/06/2018, at 10:52 AM, Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)> wrote:

Hi Toni,

Has the decision been made as to whether the late submissions for the Te Korowai document will be accepted?

Thanks

Bec



## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Friday, 23 March 2018 10:37 a.m.  
**To:** Louis Van Rensburg  
**Cc:** Rebecca Webster; Toni Gutschlag  
**Subject:** RE: TKA Discussion document

**Categories:** Purple Category

Toni is holding it until the Pou Whirinaki appointee has read it  
 So it will be next week now  
 We will need to change the consultation meeting times  
 KJ

**From:** Louis Van Rensburg  
**Sent:** Friday, 23 March 2018 10:35 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** FW: TKA Discussion document

Hi KJ

What is the plan? When should this be released to the unions?

Regards  
 Louis

**From:** Rebecca Webster  
**Sent:** Thursday, 22 March 2018 9:31 a.m.  
**To:** Anna Combrink <Anna.Combrink@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Catherine Pawlowski <Catherine.Pawlowski@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Monique Botha <Monique.Botha@cdhb.health.nz>; Peri Renison <Peri.Renison@cdhb.health.nz>; Sandy Clemett <Sandy.Clemett@cdhb.health.nz>; Sandy Mclean <Sandy.Mclean@cdhb.health.nz>; Sharryn Sunbeam <Sharryn.Sunbeam@cdhb.health.nz>; Stu Bigwood <Stu.Bigwood@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** TKA Discussion document

Hi Toni and DLT,

This is the final version of the TKA discussion document.

Regards

Rebecca

**From:** Toni Gutschlag  
**Sent:** Wednesday, 21 March 2018 3:31 p.m.  
**To:** Rebecca Webster  
**Subject:** discussion doc tka

Hi Rebecca  
 Can you please send me the latest version of the doc? And to the rest of DLT? Thanks  
 Toni

**Barbara Wilson**

---

**From:** Ruru Hona  
**Sent:** Friday, 6 April 2018 6:27 p.m.  
**To:** Rebecca Webster; Toni Gutschlag  
**Subject:** Re: TKA Discussion Document March 2018 - April 2018 v1 track changes off

**Categories:** \* Red Category

Nga mihi mahana ki a koe,  
 Tena koe Rebecca,

Thank you for collating the information into one document. I have read through it and am satisfied that everything discussed is recorded.

Kia pai ai tou rangi,  
 Heoi ano,  
 Ruru Hona,  
 Ngati Kahu/Ngaa Puhi,  
 Pukenga Atawhai,  
 Youth Forensic Team,  
 CAF Specialty Service,  
 Level 5,  
 Heathcote Building,  
 Ph: 033378666,  
 Ext: 69141,  
 Mob: 0272900810,  
[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)

----- Original message -----

**From:** Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)>  
**Date:** 6/04/18 2:04 PM (GMT+12:00)  
**To:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>, Ruru Hona <[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)>  
**Subject:** TKA Discussion Document March 2018 - April 2018 v1 track changes off

Hi Toni and Ruru,

I have worked on this today taking your comments into account. Hopefully I have interpreted them correctly and as best I can inserted them to make the document flow etc.

I have taken off track changes and the comments as it was getting too unwieldy!

I will update the consultation dates table once the document is confirmed. Hoping to have some further stats back from Chantelle early next week.

I am next here on Tuesday.

Regards

Rebecca

**Rebecca Webster**

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

**Barbara Wilson**

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 24 April 2018 2:20 p.m.  
**To:** Kaye Johnston; Rebecca Webster  
**Cc:** Barbara Wilson  
**Subject:** TKA doc  
**Attachments:** TKA Discussion Document April 2018 Final version 19 April.pdf; TKA Discussion Document April 2018 Final version 19 April.docx

**Categories:** Red Category

Was approved at DLT today. I've sent to Ross Nunan asking his to share with unions embargoed until mid Thursday am when it can be sent out to all staff. Rebecca can you please ask Monique to do this. There were a couple of typos in last version which have been corrected prior to conversion to pdf so please use the attached versions only.

Thanks  
Toni

## Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Friday, 15 June 2018 10:15 a.m.  
**To:** Rebecca Webster  
**Cc:** Toni Gutschlag  
**Subject:** RE: TKA submission

**Categories:** Red Category

I have emailed Henare to check if one was sent somewhere and went to the wrong place.  
 Kim Tanner (PSA) did say to me earlier that some had asked for their submission to be anonymous so that may be part explanation  
 KJ

**From:** Rebecca Webster  
**Sent:** Friday, 15 June 2018 9:47 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** TKA submission

Hi Kaye,

Toni has asked that I let you know we have not received a collective TKA submission (as per the agreed extension). We have received submissions from NUPE and PSA which note feedback from members but do not list members names in agreement with the submission, nor are the signed by the members.

Regards

Bec

## Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team  
 Specialist Mental Health Service  
 P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Sharryn Sunbeam

---

**From:** Quentin Findlay <quentin@nupe.org.nz>  
**Sent:** Friday, 22 March 2019 5:04 p.m.  
**To:** Toni Gutschlag  
**Cc:** 'Anthony Rimell'; Henare Te Karu  
**Subject:** OIA Request - Te Korowai Atawhai  
**Attachments:** Te Korowai Atawhai OIA [22.03.2019].pdf  
  
**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

Please find the following OIA request on behalf of NUPE and PSA members in relation to the Te Korowai Atawhai restructuring proposal.

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph: 03 3773582**  
**Fax: 03 3774385**  
**Cell: 0272 276137**  
**Email: [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)**  
**Web: [www.nupe.org.nz](http://www.nupe.org.nz)**



Je suis marxiste de la tendance Groucho

## Sharryn Sunbeam

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**From:** Hector Matthews  
**Sent:** Friday, 22 March 2019 11:56 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: The Review of Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

Kia ora Toni

I concur with Kaye and Louis.

Having hui is fine and many of the staff prefer this. The drawback of course is it extends or protracts the process but that's better than not allowing it to occur.

I do agree however that the hui process isn't used as a mechanism to prevent individuals or other smaller groups of individuals from having their views submitted. Hui are great if sincere consensus is sought. They can also be very successful at shutting down minority voices or voices that may not agree with the facilitator. We need to be cautious of this and look to mitigate that risk somehow.

Nāku nā

Hector

Phone: (03) 364 4169  
 Fax: (03) 364 4101  
 Mobile: 027 434 1211  
 Email: [hector.matthews@cdhb.health.nz](mailto:hector.matthews@cdhb.health.nz)



**Whakaarohia te taiao i mua i tō tuku i to imera.**

*Please consider the environment before printing this email.*

**From:** Toni Gutschlag  
**Sent:** Friday, 22 March 2019 10:08 a.m.  
**To:** Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>  
**Subject:** FW: The Review of Te Korowai Atawhai

Tena koe Hector,  
 Can you please take a look at the email stream below?  
 I'm interested in your thoughts on this please.  
 Nga mihi  
 Toni

**From:** Louis Van Rensburg  
**Sent:** Friday, 22 March 2019 10:02 a.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
**Subject:** RE: The Review of Te Korowai Atawhai

Hi folks

To hui, in my understanding, is part and parcel of how Maori approach things, and I therefore suggest we allow for this (and the extension) to happen. Hector's view would obviously be helpful.

Having said this, this should not be the only response – we can accept the collective response, but all staff should be free to submit their individual views as well.

Regards  
Louis

**From:** Kaye Johnston  
**Sent:** Friday, 22 March 2019 9:56 a.m.  
**To:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** RE: The Review of Te Korowai Atawhai

My first view is that to have a hui process is fine and a slight delay on dates is fine  
My second thought is that to have it driven/facilitated outside moves the locus of control and becomes mis- aligned with our usual industrial consultation processes  
I think it would be good to have Hector's view on this as well Toni  
KJ

---

**From:** Toni Gutschlag  
**Sent:** 22 March 2019 09:50  
**To:** Louis Van Rensburg; Kaye Johnston  
**Subject:** FW: The Review of Te Korowai Atawhai

Your thoughts?

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Friday, 22 March 2019 9:46 a.m.  
**To:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
**Cc:** 'Quentin Findlay' <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; Anthony Rimell <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>  
**Subject:** The Review of Te Korowai Atawhai

Tena koe Toni

First, today we all remember those among the Muslim community who died this time last week. Aroha to you and your staff as they support those who are struggling, all the while wrestling with their own grief and pain. I will say many karakia for you all today.

Yesterday Quentin and I met with a number of Pukenga Atawhai employed by SMHS, on Whanungatanga Day. We discussed the review, and the key aspects in it.

A key point we spent some time on was how to respond – ie, what would that response be collated, and what would it look like. We – PSA and NUPE members - agreed that the best way to progress this was to hui. We want this to be a time of careful reflection, for people to korero in a meaningful and thoughtful manner.

To this end, we wish to do this over two days. In order to minimise the impact on the SMHS service – and in particular the Maori clients – we are suggesting this occur on two Whanungatanga Days: 11 and 18 April. Being spread over two days across a week means people can gather, can hear, and can go away to reflect before finally responding.

There needs to be lead in time to undertake this: hence the dates suggested. This will give us the time to prepare, to invite the right people, and to ensure the best facilitator for the setting (likely to be drawn from the PSA Runanga, though this is yet to be confirmed).



This does mean that we are now formally requesting an extension to the review consultation timeframe. I suggest it be to no earlier than 2 May, as after the hui we will need to gather the information shared and decisions made, and then bring it to you and your leadership team. Again, on this, our initial thought is to present both a written document and to speak to it. That process would take up to half a day, so I ask that you provide a date on which you and your team could gather and korero with us to receive our response.

I look forward to hearing your positive response to this request.

Kind regards

## Sharryn Sunbeam

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**From:** Louis Van Rensburg  
**Sent:** Friday, 22 March 2019 10:02 a.m.  
**To:** Kaye Johnston; Toni Gutschlag  
**Subject:** RE: The Review of Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

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**Sent:** 22 March 2019 09:50  
**To:** Louis Van Rensburg; Kaye Johnston  
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**Subject:** The Review of Te Korowai Atawhai

Tena koe Toni

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## Sharryn Sunbeam

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**Categories:** Restructure of Te Korowai Atawhai

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I look forward to hearing your positive response to this request.

Kind regards

## Sharryn Sunbeam

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**From:** Samantha Chapman  
**Sent:** Monday, 18 March 2019 2:36 p.m.  
**To:** Toni Gutschlag  
**Subject:** SMHS GM's Update | 18 March 2019  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf

**Categories:** Restructure of Te Korowai Atawhai

### Specialist Mental Health Services | GM's Update Monday, 18 March 2019

- REMINDER: Consultation document: proposal for change to Te Korowai Atawhai
- UPDATE: Hillmorton AIS ventilation project
- UPDATE: ADHD & Neuro-Diversity Parent Support Group
- UPDATE: Clinical Risk Assessment and Management policy & protocol
- NEWS: Remembering Julie Davis, Social Worker, CAF Service
- MEDIA: Kelly Tikao & Jo-Ann Kennedy interviews on Changing Lenses, Plains FM radio
- REMINDER: Use of CDHB envelopes
- NEW: Grand Rounds – effects of the new Therapeutic Products Bill
- STAFF NEWS: Suzanne Sundheim to represent NZ at the Pacific Mini Games Archery
- BOUQUET: Staff of the Kennedy Detox Unit
- BOUQUET: Grant Wooding, Shaun Hedley and the CAF Access Team

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REMINDER: Consultation document: proposal for change to Te Korowai Atawhai

The consultation period is open for feedback on the proposed changes to Te Korowai Atawhai. Attached is the consultation document distributed early this month.

The document outlines a proposal for change that builds on the Discussion Document (April 2018) and considers the over 60 submissions received during the feedback process. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Consultation meetings will take place on:

- The Princes Margaret Hospital: 8:30am on Thursday, 28 March (room to be confirmed)
- Hillmorton Hospital: 3:30pm on Thursday, 28 March, Foundation Room, Administration building.

Please submit your written feedback to [monique.botha@cdhb.health.nz](mailto:monique.botha@cdhb.health.nz) before 5pm, Thursday 18 April 2019

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UPDATE: Hillmorton AIS ventilation project

Our main contractors for the Hillmorton AIS ventilation project, RCR Infrastructure, went into administration at the end of last year.

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The majority of the work has been completed, but there are still elements that need to be finished, along with commissioning. We will be advised by our legal team on the direction we should take to complete this project.

I would like to apologise for the time that this project has taken, it was never a 5 minute project but still we should have been completed before now but with the main contractors going into administration and two separate mechanical subbies they were using going into receivership the project has been challenging and frustrating from CDHB's point of view as well as out of our control

We were aiming to have the work completed by now and apologise for the inconvenience caused. We will share more information when it becomes available.

#### UPDATE: ADHD & Neuro-Diversity Parent Support Group

The ADHD and Neuro-diversity Support Group Christchurch New Zealand has recently updated its name to include neurodiversity. This support group is for parents with children with ADHD or neuro-diverse needs.

The group provides a platform for parents to discuss a range of neurodevelopmental issues of which ADHD is one. The group is a great way for parents and caregivers to gain information, education and support. It's accessible and relevant and a real credit to the School based Mental Health Team clinicians who facilitate it, Kaye Wolland and Suzy Ruddenklau.

The group meets monthly, alternating the venue between a McDonalds McCafe and an education session held at Whakatata House. Parents can attend meetings regardless of whether they are under current CAF follow-up. This means families awaiting service or that have exited services are able to participate. They also have a Facebook group with over 300 members.

Last week, Matt Eggleston, Consultant Psychiatrist, kicked off the 2019 bi-monthly evening education programme at Whakatata House. The topic for discussion was Medication. Matt gave an excellent presentation which was live streamed on the local parent/carer support Facebook group. He responded to a number of topical questions from parents both within the room and online.

To visit the Facebook group's page, [click here](#), and to download the informative flyer, [click here](#).

#### UPDATE: Clinical Risk Assessment and Management policy & protocol

The SMHS [Clinical risk assessment and management policy](#) has been updated.

The policy notes the key statements in relation to risk assessment and management in SMHS.

A more detailed [Clinical risk assessment and management protocol](#) has been developed.

This notes the 'how to' apply the framework in practice and other documentation requirements as an example.

Both the Policy and Protocol should be read in conjunction.

In core information the 'Risk Assessment' button will be amended to 'Risk Warning'. You will notice this change in the Healthlinks core information portal in the coming week.

Many thanks to all staff who have provided feedback and been involved in the development of these documents.

## NEWS: Remembering Julie Davis, Social Worker, CAF Service

CAF Services are mourning the loss of Julie Davis. Julie retired in March last year after nearly 5 years in CAF Rural and CAF South. She was a very well respected Social Worker, dedicated to providing high quality services to young people in Christchurch and Ashburton.

She was inspiring with her professionalism, humility and personal attributes. A Beautiful person, well loved, and a huge loss to family and those who knew her.

## REMINDER: Use of postage paid envelopes

Please remember that CDHB postage Paid envelopes are to be used for work purposes only and not to be used for personal use. All postage paid envelopes should have a cost code on the back of the envelope to identify where the envelope has been sent from.

## MEDIA: Kelly Tikao and Jo-Ann Kennedy interviews on Changing Lenses, Plains FM radio



*Photo: Nurse Kelly Tikao (centre right) receiving the Kate Sheppard Memorial Award in 2018.*

Kelly Tikao, nurse from the SMHS youth inpatient service, and Jo-Ann Kennedy, registered nurse from Mothers & Babies, C-Ward, were recently interviewed on the Plains FM radio programme, 'Changing Lenses: A Unique Perspective in health and wellbeing.' In these interviews, they talk about their journeys as nurses.

To listen to Kelly's interview, [click here](#). To listen to Jo-Ann's interview, [click here](#). Or, to visit the website and listen to these and other interviews, [click here](#).

## NEW: Grand Rounds – effects of the new Therapeutic Products Bill

Join us for the next Is it too late to let the Government know what damage the new Therapeutic Products Bill could cause?

Speaker: Dr Mary Hunter, Clinical Director Special Projects, Office of the CMO

The new Bill potentially has wide-reaching effects, altering the regulation of medicines, and introducing regulation to devices and software. Issues include the current standards of devices, scopes of practice for prescribing and whether direct-to-consumer advertising of medications should be allowed to continue.

Friday, 22 March from 12:15 pm to 1:15 pm

Video Conference will be set up in:

- Hillmorton campus: Telemedicine Room, Administration Building
- The Princess Margaret Hospital: Riley Lounge.

The latest Canterbury Grand Round Videos can be found on the intranet [here](#).

#### STAFF NEWS: Suzanne Sundheim to represent NZ at the Pacific Mini Games Archery



Congratulations to Suzanne Sundheim for being selected to compete at the Pacific Mini Games Archery as part of the Archery New Zealand Team. The Games will take place in Samoa from 8 to 12 July this year.

This is a huge achievement and could result in progressing to the Continental Qualifying Tournament and contesting for a spot at the Tokyo 2020 Olympics.

Suzanne is a psychiatrist of the SMHS youth clinical service at CAF North.

#### BOUQUET: Staff of the Kennedy Detox Unit



#valuingeveryone

*"To all of the wonderful staff of Kennedy,*

*Thank you all so much! You have all encouraged me and inspired me to be the best me that only I can be. I will repay your kindness as best I can – by staying sober.*

*Best wishes.*

*It takes a special unique soul,  
To soothe the hurts and scars we hold,  
To smooth the troubled, confused folds,  
To show us warmth when life seems cold,  
When life seemed bleak and so unfair,  
You believed in me with love and care,  
For all the love and kindness shown,  
When I couldn't do it on my own,  
I thank you all with all my heart,  
For helping me with a bright new start,  
I've been blessed by the help of your guiding hands,  
You gave me courage and hope for my new life plan."*

## BOUQUET: Grant Wooding, Shaun Hedley and the CAF Access Team



#doingtherightthing

The following letter has been modified.

*I want to share with you a recent experience with CAF Access.*

*I phoned the CAF Access number and was put through to Grant Wooding. Within a few hours Grant had emailed back with a plan around how CAF would proceed. This immediately put minds at rest and reassured both the school and Ministry of Education staff that a solution could be found. Together, Health and Education could tackle this situation. I wish I had a picture of the faces on the Education Manager and Advisor when they saw that email.*

*Part of the plan was that an assessment would be carried out on this young man the following day. I've no idea how they even made that happen – but they did. Following this assessment I received a call from Shaun Hedley with outcomes from the meeting.*

*I received the following email from the school (has been anonymised)  
We at 'this school' are hugely appreciative of the prompt assistance that has resulted from my contacting 'the Education Advisor'. 'This young person's' case is one of the more unusual situations that we have had to deal with - and both his wellbeing, and that of our wider student community, is of utmost importance to us. We are greatly reassured by this evidence of effective multi-agency teamwork to assist vulnerable students -*

*I wanted to pass on this experience to you and thank Grant, Shaun and CAF for their superb mahi.*

Staff are encouraged to share a notes of appreciation sent to them by consumers or their family/whanau so that we can celebrate our successes together. Compliments can be sent to the Customer Services Coordinator via email:

[CustomerServicesSMHS@cdhb.health.nz](mailto:CustomerServicesSMHS@cdhb.health.nz) or online [here](#).

*To include an item in the next GM's Update, please email [Samantha.chapman@cdhb.health.nz](mailto:Samantha.chapman@cdhb.health.nz).*

Kind regards,

Toni Gutschlag,  
General Manager - Mental Health  
Canterbury District Health Board  
Hillmorton Hospital, Private Bag 4733, Christchurch 8140  
m: 027 212 7305 | t: (03) 339 1133 | f: (03) 339 1111 | internal ext: 33917  
e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Les Bryce <les@nupe.org.nz>  
**Sent:** Monday, 11 March 2019 11:39 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Hui tomorrow

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

I don't wish to drag this out but I was merely passing on the concerns of our members and how they felt. I believed you and I had discussed this while we were having refreshments and was quite surprise by Kaye's email.

Regards

Les

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Sent:** Thursday, 7 March 2019 12:52 PM  
**To:** Les Bryce <les@nupe.org.nz>; Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; Quentin Findlay <quentin@nupe.org.nz>; 'Anthony Rimell' <anthony.rimell@psa.org.nz>  
**Cc:** Henare Te Karu <Henare.TeKaru@cdhb.health.nz>; Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Peri Renison <Peri.Renison@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Hui tomorrow

Kia ora Les,

This proposal is a divisional level process as Te Korowai Atawhai supports all of SMHS, and we are supported by the service leadership team. Priority was therefore given to the availability of unions, myself and Hector, Ruru and Peri, when rescheduling the meeting.

It was necessary for Kaye to leave when she did, there was no insult intended and it is incorrect to infer one.

Nga mihi

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)



**From:** Les Bryce [<mailto:les@nupe.org.nz>]

**Sent:** Thursday, 7 March 2019 8:23 a.m.

**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Quentin Findlay <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; 'Anthony Rimell' <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>

**Cc:** Henare Te Karu <[Henare.TeKaru@cdhb.health.nz](mailto:Henare.TeKaru@cdhb.health.nz)>; Ruru Harepeka Nako Hona <[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)>; Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>; Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>; Peri Renison <[Peri.Renison@cdhb.health.nz](mailto:Peri.Renison@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>

**Subject:** RE: Hui tomorrow

Good morning Kaye and thank you for your email.

Firstly, It was not a criticism of you personally and I am sorry if you saw it that way. I merely questioned the DHB's commitment to Pukenga Atawhai when the Service Manager of the group left the meeting early. We all have a very busy calendar but sometimes for meetings such as this we just have to move things around and make the time available. If you had a prior commitment that could not be changed then the meeting should have been re-scheduled. It is important for the group that their manager show total support for them through the whole process, and for them to see their manager leave such an important meeting early was seen to be an insult to their culture.

I am unsure as to why you would think Henare would convey that information to me. He is a member of the PSA and as such we do not represent him.

Kind regards

Les

***Les Bryce***

Senior Organiser  
National Union of Public Employees  
Trade Union Centre  
68 Langdons Road, Papanui  
P O Box 13032  
CHRISTCHURCH 8053

**Phone:** 03 377-3582 Option 2

**Fax:** 03 377-4385

**Mobile:** 0272 276-135

**E mail:** [les@nupe.org.nz](mailto:les@nupe.org.nz)

**Website:** [www.nupe.org.nz](http://www.nupe.org.nz)

**co-operation without compromise**

**I do not work Wednesdays so any emails received on a Wednesday will be read the following day**

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The National Union of Public Employees accepts no responsibility for changes made to this email or to any attachments after transmission from the office.

Thank you.



**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Wednesday, 6 March 2019 2:51 PM  
**To:** Les Bryce <[les@nupe.org.nz](mailto:les@nupe.org.nz)>; Quentin Findlay <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; 'Anthony Rimell' <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>  
**Cc:** Henare Te Karu <[Henare.TeKaru@cdhb.health.nz](mailto:Henare.TeKaru@cdhb.health.nz)>; Ruru Harepeka Nako Hona <[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)>; Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>; Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>; Peri Renison <[Peri.Renison@cdhb.health.nz](mailto:Peri.Renison@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** FW: Hui tomorrow

Kia ora Les,

I wish to address the criticism you apparently made of me after my departure from the hui yesterday. I advised the day before when confirming the attendees and order of speakers that, due to the further postponement, I was personally unable to be present for the entire meeting as I had a commitment that could not be changed.

I trust that this was later conveyed to you by Henare in good faith. It is unfortunate that this information has not been shared with the wider Te Korowai Atawhai.

I have copied my communication below for your information.

Regards  
 Kaye

**From:** Kaye Johnston  
**Sent:** Monday, 4 March 2019 1:31 p.m.  
**To:** Henare Te Karu <[Henare.TeKaru@cdhb.health.nz](mailto:Henare.TeKaru@cdhb.health.nz)>  
**Subject:** RE: Hui tomorrow

Kia ora again Henare

Just to update in terms of numbers

All of DLT have now accepted the invitation so we will be expecting to have Toni, Peri, Barbara, Sandy, Ruru, as well as Hector, Louis, Alfred and myself attend and Anthony and Les (for Quentin)

We will need to allow for morning tea in the time 9 -10.30 as I know DLT are back to back with appointments.

Because it has been postponed and rescheduled I am only able to be present until 10am as I'm facilitating a workshop process at 10am

Regards  
 KJ

## Sharryn Sunbeam

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**From:** Aaron Everton  
**Sent:** Monday, 11 March 2019 9:06 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Proposal for Change, Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

Tena Koe,

Thank you for forwarding this to me.

Nga Mihi,

Aaron

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:12 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

 our health system

## Sharryn Sunbeam

---

**From:** s9(2)(ba)(i)  
**Sent:** Friday, 8 March 2019 8:08 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Proposal for Change, Te Korowai Atawhai  
**Categories:** Restructure of Te Korowai Atawhai

s9(2)(ba)(i)

s9(2)(ba)(i)

Hillmorton Hospital.  
 Middleton,  
 CHCH.

s9(2)(ba)(i)

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

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Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
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## Sharryn Sunbeam

---

**From:** s9(2)(ba)(i)  
**Sent:** Wednesday, 6 March 2019 8:37 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Proposal for Change, Te Korowai Atawhai  
**Categories:** Restructure of Te Korowai Atawhai

s9(2)(ba)(i)

**From:** Toni Gutschlag  
**Sent:** Wednesday, 6 March 2019 8:36 a.m.

s9(2)(ba)(i)

**Cc:** Monique Botha <Monique.Botha@cdhb.health.nz>  
**Subject:** Re: Proposal for Change, Te Korowai Atawhai

Morena s9(2)(ba)(i)  
 Please send it to Monique Botha.  
 Nga mihi  
 Toni

Sent from my iPhone

s9(2)(ba)(i)

On 6/03/2019, at 8:17 AM, s9(2)(ba)(i) <s9(2)(ba)(i)@cdhb.health.nz> wrote:

Morena Toni, who do we send our feedback to please?

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

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We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag

## General Manager - Mental Health

### Canterbury District Health Board

Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |

| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

<image002.png>

## Sharryn Sunbeam

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**From:** s9(2)(a)  
**Sent:** Wednesday, 6 March 2019 8:17 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Proposal for Change, Te Korowai Atawhai  
**Categories:** Restructure of Te Korowai Atawhai

Morena Toni, who do we send our feedback to please?

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)





**Sharryn Sunbeam**

---

**From:** Hector Matthews  
**Sent:** Tuesday, 5 March 2019 9:18 p.m.  
**To:** Wendy Dallas-Katoa; Kaye Gray; mauritukaha@me.com  
**Subject:** Proposal for Change, Te Korowai Atawhai  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf; ATT00001.htm

**Categories:** Restructure of Te Korowai Atawhai

Kia ora kōrua

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Specialist Mental Health Services Divisional Leadership Team and I met with Te Korowai staff to present the document. It was presented to Te Korowai Atawhai staff first as the staff most affected by this. Two PSA (union) organisers were also present.

A number of questions were asked and robust discussion followed before we had kai.

This proposal builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services (SMHS). The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

The main driver for change is the increasing (over many years) growth in demand by tāngata whaiora and their whānau. The increased demand has seen a commensurate growth in the number of Māori tāngata whaiora (and their whānau) not able to be seen by pūkenga atawhai because there has not been the same growth in pūkenga atawhai.

Given the cash-strapped nature of DHBs and our own SMHS, this proposal has looked for ways to grow the pūkenga atawhai resources within the SMHS budget to improve access for Māori tāngata whaiora, reduce the stress on pūkenga atawhai and spread the load for on-call rosters.

As with all such proposals for change, there are gains and losses and this proposal attempts to focus the gains to support tāngata whaiora.

This document proposes that the Te Korowai Atawhai whanaungatanga day go from weekly to monthly to effectively gain three extra days per month for each pūkenga atawhai to support tāngata whaiora.

The document also proposes four extra pūkenga atawhai from within existing budgets.

The document also proposes the disestablishment of one FTE and the establishment of another FTE along with a change of reporting

lines for pūkenga atawhai teams, as well of changes to on-call rostering.

The deadline for feedback on the proposal 15 April.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process. Happy to kōrero at our next hui or sooner if you prefer.

Ngā mihi.

Nāku nā

Hector

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf

**Categories:** Restructure of Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

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## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Monday, 4 March 2019 4:12 p.m.  
**To:** 'Anthony Rimell'; Toni Gutschlag; Louis Van Rensburg  
**Cc:** Quentin Findlay  
**Subject:** RE: Tomorrow's presentation of the Te Korowai Atawhai document for consultation

**Categories:** Restructure of Te Korowai Atawhai

Hello Anthony,

Thanks for your update on preparation for the meeting

We will take minutes and there will be the opportunity for questions of clarification as this is a first meeting with the purpose of distributing the document.

The meetings to be able to discuss items more fully and ask questions related to the document still need to be set up and the dates and times agreed – we should aim to set those dates as part of the meeting tomorrow

Regards

Kaye

**From:** Anthony Rimell [mailto:anthony.rimell@psa.org.nz]  
**Sent:** Monday, 4 March 2019 3:47 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Quentin Findlay <quentin@nupe.org.nz>; Anthony Rimell <anthony.rimell@psa.org.nz>  
**Subject:** Tomorrow's presentation of the Te Korowai Atawhai document for consultation  
**Importance:** High

Hello Kaye

As we prepare for tomorrow's presentation of the consultation document, I wanted to clarify a couple of matters for the meeting.

- 1 The Pukenga Atawhai are appreciative of the number of people attending tomorrow. It is our collective desire to see true engagement on the issues raised in the document. We sense this is a pivotal moment for the service.
- 2 To that end, and bearing in mind that people are aware of the broad purpose of the meeting, a number of people have already indicated that– given those coming - they are looking forward to a dialogue: or at very least, the opportunity to ask questions. We accept that perhaps very little can be answered tomorrow. But the chance to ask - and to know those questions are being recorded and will be taken seriously by being addressed properly - is a vital thing for the integrity of the moment.
- 3 It's appropriate to advise you Quentin and I have been given speaking rights by the Pukenga Atawhai.

Kind regards

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Monday, 4 March 2019 1:13 p.m.  
**To:** Louis Van Rensburg; Toni Gutschlag; Hector Matthews; Alfred Dell'ario  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Categories:** Restructure of Te Korowai Atawhai

Fyi

I have organised for morning tea so we will need to factor this in to the time available in everyone's schedulers.

PS I have to leave at 10am as I am facilitating a meeting and had to move it to fit this in  
 KJ

**From:** Anthony Rimell [mailto:[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)]  
**Sent:** Monday, 4 March 2019 12:35 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Hi Kaye

What I mean is , what would a consultative process look like if it were underpinned by Te Tiriti principles? It might look exactly the same, or there might be key differences. I don't know, hence why I asked our Runanga to comment.

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Monday, 4 March 2019 12:01 PM  
**To:** Anthony Rimell <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>  
**Cc:** Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Anthony  
 I'd be grateful if you could please clarify what you are indicating around process please?

We are now rescheduled for the release of the document to te korowai Atawhai tomorrow at Te korowai Atawhai

Thanks  
 kaye

**From:** Anthony Rimell [mailto:[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)]  
**Sent:** Friday, 1 March 2019 3:48 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Kaye



Again, can I note that I have sent a copy of the report to our PSA Runanga (they are PSA staff, covered by the confidentiality process), around comment on both content and process.

Regards

-----Original Appointment-----

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>

**Sent:** Friday, 1 March 2019 1:50 PM

**To:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg

**Cc:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon; Daryl Beattie

**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**When:** Tuesday, 5 March 2019 9:00 AM-10:30 AM (UTC+12:00) Auckland, Wellington.

**Where:** Te KOROWAI ATAWHAI

**Importance:** High

Kia ora koutou, Te Korowai Atawhai

We have needed to change the meeting time again to ensure all parties are able to be present.

You will need to inform your Clinical Managers that you need to be released from your service area in order to attend this meeting now confirmed for Tuesday 5<sup>th</sup> March at 9am.

I have already informed your Service Managers of this and the importance of your attendance and I will advise them again of this change of date.

The purpose of this meeting is to present the Proposal for Change document which has resulted from the feedback on the earlier Discussion Document.

This meeting is not a consultation meeting in itself – it is for purposes of distribution of the document to Te Korowai Atawhai before it is released to the wider SMHS.

At the meeting we will outline what the consultation process should entail and when meetings specifically for your group can be held.

We will then schedule in those meetings by electronic invitation.

The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensburg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave.

Thanks for giving this priority

Ngā mihi

Kaye and Alfred

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the

individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*  
\*\*\*\*\*

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 1 March 2019 3:52 p.m.  
**To:** Toni Gutschlag; Hector Matthews; Louis Van Rensburg  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Categories:** Restructure of Te Korowai Atawhai

Fyi

**From:** Anthony Rimell [mailto:anthony.rimell@psa.org.nz]  
**Sent:** Friday, 1 March 2019 3:48 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Kaye

Again, can I note that I have sent a copy of the report to our PSA Runanga (they are PSA staff, covered by the confidentiality process), around comment on both content and process.

Regards

-----Original Appointment-----

**From:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Sent:** Friday, 1 March 2019 1:50 PM  
**To:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg  
**Cc:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon; Daryl Beattie  
**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage  
**When:** Tuesday, 5 March 2019 9:00 AM-10:30 AM (UTC+12:00) Auckland, Wellington.  
**Where:** Te KOROWAI ATAWHAI  
**Importance:** High

Kia ora koutou, Te Korowai Atawhai

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At the meeting we will outline what the consultation process should entail and when meetings specifically for your group can be held.

We will then schedule in those meetings by electronic invitation.

The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensberg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave.  
Thanks for giving this priority

Ngâ mihi  
Kaye and Alfred

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*  
\*\*\*\*\*

## Sharryn Sunbeam

---

**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Location:** Te KOROWAI ATAWHAI

**Start:** Tue 5/03/2019 9:00 a.m.

**End:** Tue 5/03/2019 10:30 a.m.

**Recurrence:** (none)

**Meeting Status:** Accepted

**Organizer:** Kaye Johnston

**Required Attendees:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg

**Optional Attendees:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon (Pukenga Atawhai); Daryl Beattie

**Categories:** Important, Restructure of Te Korowai Atawhai

**Importance:** High

Kia ora koutou, Te Korowai Atawhai

We have needed to change the meeting time again to ensure all parties are able to be present.

You will need to inform your Clinical Managers that you need to be released from your service area in order to attend this meeting now confirmed for Tuesday 5<sup>th</sup> March at 9am.

I have already informed your Service Managers of this and the importance of your attendance and I will advise them again of this change of date.

The purpose of this meeting is to present the Proposal for Change document which has resulted from the feedback on the earlier Discussion Document.

This meeting is not a consultation meeting in itself – it is for purposes of distribution of the document to Te Korowai Atawhai before it is released to the wider SMHS.

At the meeting we will outline what the consultation process should entail and when meetings specifically for your group can be held.

We will then schedule in those meetings by electronic invitation.

The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensburg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave.

Thanks for giving this priority

Ngā mihi

Kaye and Alfred

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Thursday, 28 February 2019 6:47 p.m.  
**To:** Toni Gutschlag  
**Subject:** Re: Te Korowhai Atawhai Proposal  
**Categories:** Restructure of Te Korowai Atawhai

Yes.  
 I will call you shortly  
 Kj

Sent from my Samsung device

----- Original message -----

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Date:** 28/02/2019 18:44 (GMT+12:00)  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** Re: Te Korowhai Atawhai Proposal

Hi Kaye, could you please give me a call tonight re this?

Sent from my iPhone

On 28/02/2019, at 3:46 PM, Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)> wrote:

Hi Toni  
 At the meeting with Henare yesterday they requested that we hold the meeting at Te Korowai Atawhai  
 We need to change that in our diaries  
 We need to discuss the remainder of this email when it suits you  
 Thanks  
 KJ

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Thursday, 28 February 2019 3:40 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Cc:** Anthony Rimell <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>; Quentin Findlay <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>  
**Subject:** Te Korowhai Atawhai Proposal  
**Importance:** High

Hello Kaye

Following on from our conversation yesterday, I can confirm that on behalf of the Pukenga Atawhai – including Henare – we invite you to meet with the staff and unions in their space at Te Korowhai Atawhai.

As is appropriate in these circumstances, you are welcome to bring along those you consider need to be there to assist in the presentation of the proposal and to hear initial responses and feed-back.



It being a formal meeting there will of course be welcome and response to commence. Henare is arranging this.

We would ask that you ensure the appropriate scribe is present to record what is said as part of the record of consultation and response from the pukenga atawhai.

I should also mention that I have forwarded the proposal to the PSA Organiser who connects with the PSA Runanga for their input into both the content and our thoughts on the bi-culturally appropriate consultation process. They are covered by the PSA confidentiality clauses, and will only seek wider comment from PSA delegates and our kaumatua after the embargo time frame has passed.

Kind regards

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Thursday, 28 February 2019 3:46 p.m.  
**To:** Toni Gutschlag  
**Cc:** Alfred Dell'ario; Louis Van Rensburg  
**Subject:** FW: Te Korowhai Atawhai Proposal

**Importance:** High

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

At the meeting with Henare yesterday they requested that we hold the meeting at Te Korowai Atawhai

We need to change that in our diaries

We need to discuss the remainder of this email when it suits you

Thanks

KJ

**From:** Anthony Rimell [mailto:anthony.rimell@psa.org.nz]  
**Sent:** Thursday, 28 February 2019 3:40 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Anthony Rimell <anthony.rimell@psa.org.nz>; Quentin Findlay <quentin@nupe.org.nz>  
**Subject:** Te Korowhai Atawhai Proposal  
**Importance:** High

Hello Kaye

Following on from our conversation yesterday, I can confirm that on behalf of the Pukenga Atawhai – including Henare – we invite you to meet with the staff and unions in their space at Te Korowhai Atawhai.

As is appropriate in these circumstances, you are welcome to bring along those you consider need to be there to assist in the presentation of the proposal and to hear initial responses and feed-back.

It being a formal meeting there will of course be welcome and response to commence. Henare is arranging this.

We would ask that you ensure the appropriate scribe is present to record what is said as part of the record of consultation and response from the pukenga atawhai.

I should also mention that I have forwarded the proposal to the PSA Organiser who connects with the PSA Runanga for their input into both the content and our thoughts on the bi-culturally appropriate consultation process. They are covered by the PSA confidentiality clauses, and will only seek wider comment from PSA delegates and our kaumatua after the embargo time frame has passed.

Kind regards

**Sharryn Sunbeam**

---

**From:** Megan McQuarrie  
**Sent:** Wednesday, 27 February 2019 10:58 a.m.  
**To:** Ruru Harepeka Nako Hona; Toni Gutschlag; Kaye Johnston; Louis Van Rensburg  
**Cc:** Sharryn Sunbeam  
**Subject:** Document for release  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf  
  
**Categories:** Restructure of Te Korowai Atawhai

Hi there,

Please find attached the **release version** of the Te Korowai Atawhai document inclusive of dates.

Please delete any previous copies you may have to avoid the wrong document being circulated at any point.

Huge thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

## Sharryn Sunbeam

---

**From:** Megan McQuarrie  
**Sent:** Wednesday, 27 February 2019 8:29 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Let me know if this doesn't work!

**Importance:** High

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni...just checked, consultation period is 6 weeks (1<sup>st</sup> March til 12<sup>th</sup> April) ...should I leave it as is but extend the decision making period for two weeks??

Is that OK?

**From:** Toni Gutschlag  
**Sent:** Tuesday, 26 February 2019 4:57 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** Re: Let me know if this doesn't work!

Thanks Megan I think we need to extend the consideration period to 4 weeks given the number of submissions received previously then add another two weeks for final decision to be communicated to include EMT time.

Sent from my iPhone

On 26/02/2019, at 4:14 PM, Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz> wrote:

Activity	Date
Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback.	Friday, 1 March 2019
Consultation meetings -  The Princess Margaret Hospital – Riley Day Lounge  Hillmorton  Hospital – Fountain Rm, Administration Building	8.30 am Thursday 28 <sup>th</sup> March 2019  3.30pm Thursday 28 <sup>th</sup> March 2019
Consultation period ends.	5pm Friday 12 <sup>th</sup> April 2019
Feedback considered.	Monday 15 <sup>th</sup> April - Tuesday 30 <sup>th</sup> April 2019

Activity	Date
Final decision communicated to key stakeholders then wider service.	Wednesday, 1 May 2019

**From:** Toni Gutschlag

**Sent:** Tuesday, 26 February 2019 4:14 p.m.

**To:** Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)>

**Subject:** Re: To Korowai document with dates added

Hi Megan

I'm unable to open in my phone due to size, can you please copy and paste timetable into an email?

Sent from my iPhone

On 26/02/2019, at 3:58 PM, Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)> wrote:

Hi Toni,

Please see the document with the dates Kaye has provided and advise of any changes to these dates asap.

If these are ok, please let me know and I will convert this to a PDF and ask yourself, Ruru, KJ and Louis to delete all previous copies then it is good to go!!

Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

<SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL  
VERSION incl dates.docx>

## Sharryn Sunbeam

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 5:57 p.m.  
**To:** Toni Gutschlag  
**Subject:** Re: Let me know if this doesn't work!

**Categories:** Restructure of Te Korowai Atawhai

Good plan. I will update tomorrow for you to give the final OK.

Sent from my Samsung Galaxy smartphone.

----- Original message -----

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Date:** 26/02/2019 4:57 pm (GMT+12:00)  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** Re: Let me know if this doesn't work!

Thanks Megan I think we need to extend the consideration period to 4 weeks given the number of submissions received previously then add another two weeks for final decision to be communicated to include EMT time.

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Consultation period ends.	5pm Friday 12 <sup>th</sup> April 2019
Feedback considered.	Monday 15 <sup>th</sup> April - Tuesday 30 <sup>th</sup> April 2019
Final decision communicated to key stakeholders then wider service.	Wednesday, 1 May 2019

**From:** Toni Gutschlag  
**Sent:** Tuesday, 26 February 2019 4:14 p.m.  
**To:** Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)>  
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Sent from my iPhone

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Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

<SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL  
VERSION incl dates.docx>



## Sharryn Sunbeam

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 4:14 p.m.  
**To:** Toni Gutschlag  
**Subject:** Let me know if this doesn't work!

**Categories:** Restructure of Te Korowai Atawhai

Activity	Date
Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback.	Friday, 1 March 2019
Consultation meetings -  The Princess Margaret Hospital – Riley Day Lounge  Hillmorton  Hospital – Fountain Rm, Administration Building	8.30 am Thursday 28 <sup>th</sup> March 2019  3.30pm Thursday 28 <sup>th</sup> March 2019
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Final decision communicated to key stakeholders then wider service.	Wednesday, 1 May 2019

**From:** Toni Gutschlag  
**Sent:** Tuesday, 26 February 2019 4:14 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** Re: To Korowai document with dates added

Hi Megan

I'm unable to open in my phone due to size, can you please copy and paste timetable into an email?

Sent from my iPhone

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Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

<SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL VERSION incl  
dates.docx>

**Sharryn Sunbeam**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 12:14 p.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona; Kaye Johnston; Louis Van Rensburg  
**Subject:** Te Korowai Atawhai Final Document  
**Attachments:** SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL VERSION.pdf  
  
**Categories:** Restructure of Te Korowai Atawhai

Hi there,

Please find attached the final document for release. Please let me know asap if there are any changes to be made before Friday.

Good luck with the next steps 😊

Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

## Sharryn Sunbeam

---

**From:** Sharryn Sunbeam  
**Sent:** Wednesday, 20 February 2019 10:48 a.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Meeting re Te Korowai

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** Restructure of Te Korowai Atawhai

Ruru is working as doing interviews so has agreed to swap days

Kind regards

*Sharryn*

**Sharryn Sunbeam**  
 Personal Assistant  
 DDI: +64 3 339 1133 | M: 027 244 2417  
 Email: [sharryn.sunbeam@cdhb.health.nz](mailto:sharryn.sunbeam@cdhb.health.nz)

**From:** Toni Gutschlag  
**Sent:** Wednesday, 20 February 2019 10:40 a.m.  
**To:** Sharryn Sunbeam <[Sharryn.Sunbeam@cdhb.health.nz](mailto:Sharryn.Sunbeam@cdhb.health.nz)>  
**Subject:** Re: Meeting re Te Korowai

Actually no Ruru doesn't work Friday

Sent from my iPhone

On 20/02/2019, at 10:30 AM, Sharryn Sunbeam <[Sharryn.Sunbeam@cdhb.health.nz](mailto:Sharryn.Sunbeam@cdhb.health.nz)> wrote:

Hi Toni  
 Kaye has been in touch to reset the meeting re Te Korowai with all their staff to Friday, March 1<sup>st</sup> at 1:30 – 3:00 PM

I was going to have Peri as your +1 DLT but she has Chiefs & Chairs.  
 Sandy is my next option as available as Joan has another appointment at that time.

The meeting will take place at Te Korowai Atawhai and Kaye will arrange for the staff to attend.

Are you happy with this that I can now confirm and send out the appointment.

Kind regards

*Sharryn*

**Sharryn Sunbeam**  
 Personal Assistant to: Toni Gutschlag, General Manager , Mental Health  
 SMHS | Administration, Building 6, Annex Road, Hillmorton Hospital | Private Bag 4733 Christchurch | DDI:  
 +64 3 339 1133 | M: 027 244 2417

**Sharryn Sunbeam**

---

**From:** Sharryn Sunbeam  
**Sent:** Wednesday, 20 February 2019 10:31 a.m.  
**To:** Toni Gutschlag  
**Subject:** Meeting re Te Korowai

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

Kaye has been in touch to reset the meeting re Te Korowai with all their staff to Friday, March 1<sup>st</sup> at 1:30 – 3:00 PM

I was going to have Peri as your +1 DLT but she has Chiefs & Chairs.  
Sandy is my next option as available as Joan has another appointment at that time.

The meeting will take place at Te Korowai Atawhai and Kaye will arrange for the staff to attend.

Are you happy with this that I can now confirm and send out the appointment.

Kind regards

*Sharryn*

**Sharryn Sunbeam**

Personal Assistant to: Toni Gutschlag, General Manager , Mental Health

SMHS | Administration, Building 6, Annex Road, Hillmorton Hospital | Private Bag 4733 Christchurch | DDI: +64 3 339 1133 | M: 027 244 2417

Email: [sharryn.sunbeam@cdhb.health.nz](mailto:sharryn.sunbeam@cdhb.health.nz)

**Sharryn Sunbeam**

---

**From:** Sharryn Sunbeam  
**Sent:** Friday, 8 February 2019 3:41 p.m.  
**To:** Toni Gutschlag  
**Subject:** FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change (003SJS)  
**Attachments:** FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change (003SJS).docx  
**Categories:** Restructure of Te Korowai Atawhai

**Sharryn Sunbeam**

---

**From:** Megan McQuarrie  
**Sent:** Friday, 1 February 2019 9:10 a.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona  
**Cc:** Peri Renison; Barbara Wilson; Joan Taylor; Sandy Clemett  
**Subject:** Re: Te Korowai Atawhai - Proposal for Change Document - ER Review

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni...sure, will make a start on Monday.

Sent from my Samsung Galaxy smartphone.

----- Original message -----

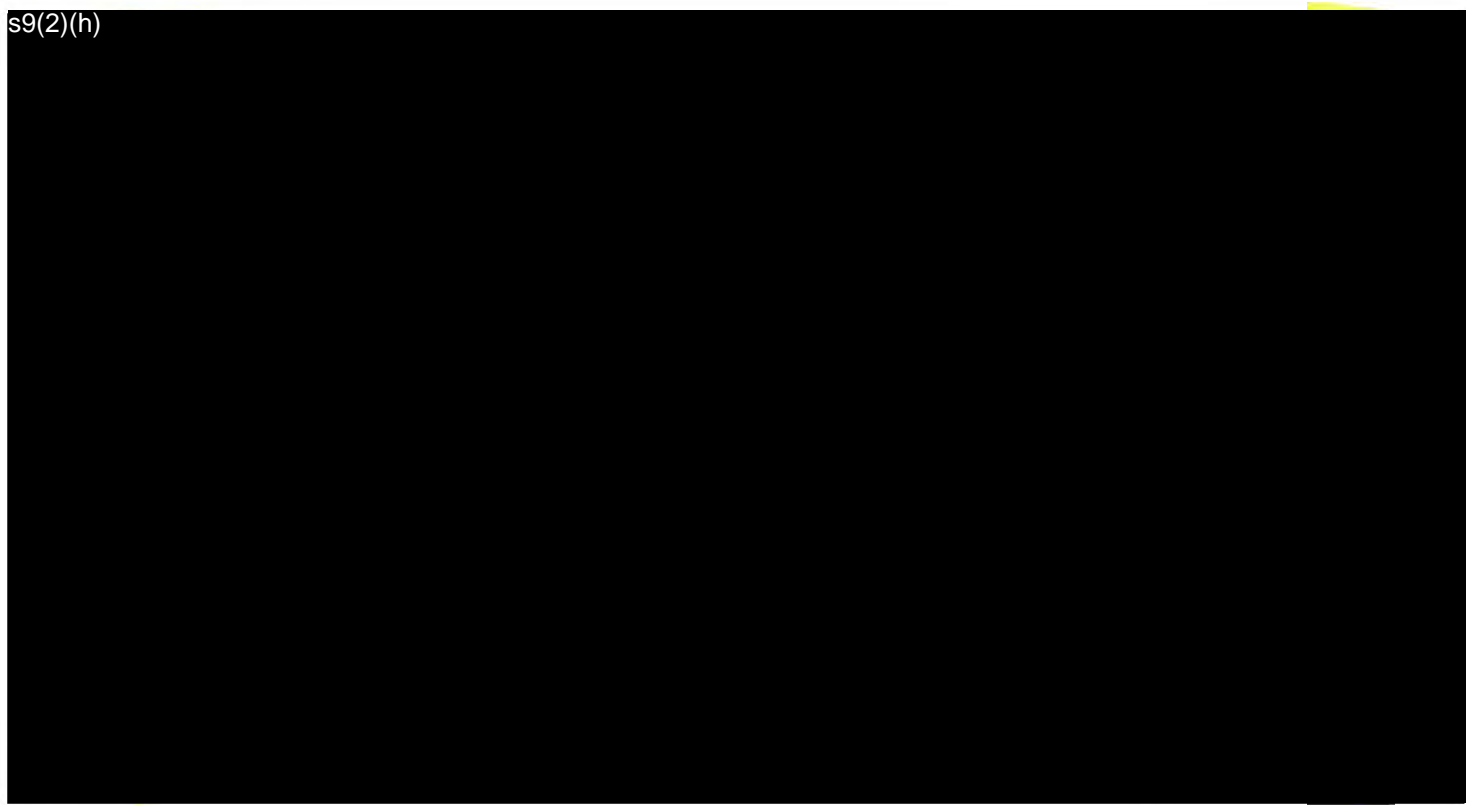
**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Date:** 31/01/2019 4:56 pm (GMT+12:00)  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>, Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>  
**Cc:** Peri Renison <Peri.Renison@cdhb.health.nz>, Barbara Wilson <Barbara.Wilson@cdhb.health.nz>, Joan Taylor <Joan.Taylor@cdhb.health.nz>, Sandy Clemett <Sandy.Clemett@cdhb.health.nz>  
**Subject:** Fwd: Te Korowai Atawhai - Proposal for Change Document - ER Review

Hi Megan and Ruru,  
Please see below. Megan are you able to make a start on developing these please?  
Thanks  
Toni

Sent from my iPhone

Begin forwarded message:

s9(2)(h)



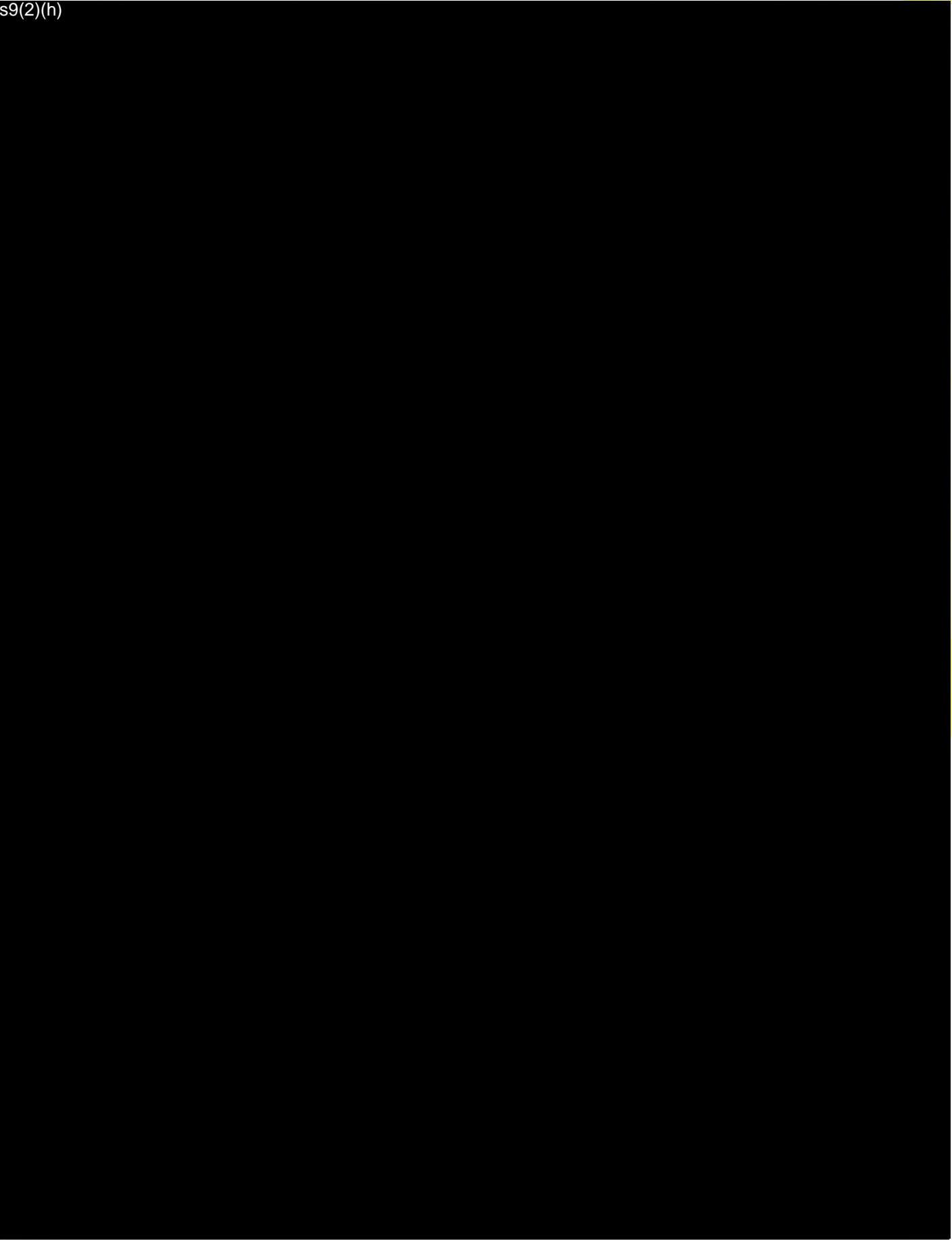




**Sharryn Sunbeam**

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s9(2)(h)



## Sharryn Sunbeam

---

**From:** Michelle Cox  
**Sent:** Wednesday, 30 January 2019 11:37 a.m.  
**To:** Toni Gutschlag  
**Subject:** FW: Te Korowai Atawhai proposal document

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

Are you able to provide a Word version of the Te Korowai Atawhai proposal document please?

Regards

**Michelle Cox**

Executive Assistant to Michael Frampton – Chief People Officer | Canterbury and West Coast District Health Boards

T: 03 364 4138 Ext 62138 | M: 021 190 2037 | E: [michelle.cox@cdhb.health.nz](mailto:michelle.cox@cdhb.health.nz)  
 Level 1, 32 Oxford Terrace | PO Box 8011 | Christchurch | New Zealand  
[www.cdhb.health.nz](http://www.cdhb.health.nz)

**Values – Ā Mātou Uara**

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono | Responsibility for outcomes - Te Takohanga i ngā hua..

**Canterbury**

District Health Board  
 Te Pori Hauora o Waitaha



**From:** Stephanie Manning  
**Sent:** Wednesday, January 30, 2019 11:35 AM  
**To:** Michelle Cox <[Michelle.Cox@cdhb.health.nz](mailto:Michelle.Cox@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai proposal document

Hi Michelle – can you please get a word version from Toni and send that through then I can track in any changes.

Thanks  
 Steph

## Sharryn Sunbeam

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 22 January 2019 3:05 p.m.  
**To:** Toni Gutschlag  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** Te Korowai Atawhai Proposal  
**Attachments:** EMT Briefing Note Te Korowai Atawhai Jan 2019.doc; January 2019 Te Korowai Atawhai proposal for change.docx

**Categories:** Restructure of Te Korowai Atawhai

Hi there,

Please find attached the updated version of the Te Korowai Atawhai Proposal and the ELT briefing paper (feel free to edit Toni, might pay to check the DLT list to make sure I have the people correct!!).

I have updated the Proposal to bring it up to 2019 and removed one of the Appendices, updated the JD and Submission Feedback etc as we discussed Toni. Dates will still need to be added in the timeline once approval is granted to release it.

Thanks,

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715

## Executive Management Team Briefing Note

<b>AGENDA ITEM NO:</b>	
<b>SUBJECT:</b> SMHS is seeking approval to release the Te Korowai Atawhai Proposal Document as the next step in our consultation process that aims to improve our responsiveness to Tangata whaiora and their whānau.	
<b>RESPONSIBLE EXECUTIVE MEMBER:</b> Toni Gutschlag – General Manager SMHS	<b>DATE FOR SENIOR EXECUTIVE CONSIDERATION:</b>
<b>OTHER KEY STAFF (e.g. Author/s):</b> Ruru Hona - Pou Whirinaki Peri Renison – Chief of Psychiatry Barbara Wilson – Quality Manager Joan Taylor – Director of Nursing Sandy Clemett – Director of Allied Health Anna Combrink – Divisional Accountant Sandy McLean – Planning and Funding Moira Mallon - Organisational Development Consultant Louis Van Rensburg – People and Capability Advisor	<b>ESTIMATED TIME REQUIRED FOR DISCUSSION AND DECISION:</b>

## PROPOSAL:

Te Korowai Atawhai is the Māori Mental Health Service for the SMHS and is responsible for the ongoing development of the cultural practices of Hauora Māori within the various clinical services. Te Korowai Atawhai provides specialist advice and support to ensure the SMHS has the capability and confidence to provide culturally appropriate engagement, follow up and support for Tangata whaiora and their whānau.

Pukenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for Tangata whaiora and their whānau, and assist clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan.

Within the SMHS the number of Māori presenting to services has significantly increased therefore increasing demand on services. This is positive news and confirms that Māori are accessing essential health services, it is important however, that we recognise that increased demand is putting significant additional pressure on all of our staff, and the increased access by Māori is having a significant impact on Pukenga Atawhai, and requires us to ensure all services and workforce groups are culturally responsive. This increase in Tangata whaiora and their whānau accessing the SMHS may well continue to increase therefore creating more cultural demand and greater expectations of the Pukenga Atawhai.

SMHS released a Discussion Document in April 2018 outlining suggestions for change and inviting ideas and feedback regarding the future delivery of cultural services within SMHS. There was widespread interest and people readily engaged in the feedback process. As a result of this, a Proposal Document outlining possible changes has been written.

A summary of changes proposed changes are as follows:

- That Te Korowai Atawhai will continue to be the guiding mantle under which Pukenga Atawhai operate.
- That FTE which is currently fragmented between the Te Korowai Atawhai budget and clinical teams be realigned to match demand, with FTE being consolidated to sit under clinical service budget and the respective managers.
- By reducing the number of cultural supervision/training days (Whanaungatanga Day) to one per month (from one per week) there will be an increased availability for Pukenga Atawhai to do face to face work with Tangata whaiora and whānau.
- Scrutiny of the budget has identified funding is available for four additional Pukenga Atawhai positions.
- Due to FTE no longer reporting directly to Te Korowai Atawhai, there is no longer the need for an operational management role therefore it is proposed that the role of Kaiārahi Matua be disestablished.
- That a new 1.0 FTE role of Kaitiaki Mātauranga (Cultural Educator) be established to provide cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice.
- That the Manuhiri forum, which provides ongoing training and orientation relating to the cultural aspects of wellness within the whaiora and whānau would continue under the guidance of the Kaitiaki Mātauranga.

<b>BUDGET IMPLICATION: (Y/N) Nil</b> (include out years)	
<b>RECOMMENDATIONS AND ACTION TO FOLLOW:</b>  That EMT endorse the release of the Te Korowai Atawhai Proposal Document.	
<b>ACTION RESPONSIBILITY:</b> (Name)	<b>OTHER DIVISIONS INVOLVED:</b>
<b>RECOMMENDATION/S</b> <b>(for Executive Team use only)</b>	
Endorsed Endorsed in principle Endorsed subject to amendment Redraft/Resubmission Not recommended	Referred for consultation Working party to report Noted Deferred Other action, specify



**Sharryn Sunbeam**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 18 December 2018 11:32 a.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona  
**Subject:** FINAL VERSION Te Korowai Atawhai proposal for change  
**Attachments:** FINAL VERSION Te Korowai Atawhai proposal for change.docx

**Categories:** Restructure of Te Korowai Atawhai

Hi there,

Please see attached updated version including your suggested changes Toni plus some access numbers. I have also added a short paragraph re the operational component of the Kaitiaki Mātauranga role and made a small change to the DRAFT JD to reflect this.


The 4 FTE mentioned Toni is current vacant FTE (small pieces of FTE which add up to 4). This does not include the Kairahi Matua role as the assumption is that this FTE will be used for the Kaitiaki Mātauranga role.

Therefore in reality...

3 x FTE additional Pukenga Atawhai (to be recruited in to or current employees hours increase)  
 1 x FTE if current Kairahi Matua possibly choses to map to role as Pukenga Atawhai (so 4 additional Pukenga Atawhai)

1 x Current Kairahi Matua money then funds Kaitiaki Mātauranga (1 role conversion)

s9(2)(a)



So yes, 4 additional Pukenga Atawhai plus the conversion of Manager FTE to Educator FTE is proposed.

Clear as mud??

Timeline details will need to be added in and it saved as PDF before circulation.

Thanks,

Megan

## Sharryn Sunbeam

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 4 December 2018 2:46 p.m.  
**To:** Toni Gutschlag  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** Final Draft Te Korowai Atawhai Document  
**Attachments:** FINAL DRAFT Te Korowai Atawhai proposal for change.docx  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged  
  
**Categories:** Restructure of Te Korowai Atawhai

Hi Toni,

Please find attached the DRAFT document that Ruru has been working through.

Just a couple of things...this has not been read by Kaye or Alfred yet...it does include info about the 4 additional FTE with reference to Ruru uncovering this resource.

I know you suggested taking out the response column in the Submission feedback Summary...I took the liberty of adding this back in and adding responses to the feedback themes.

The rationale for this being that some things raised in the Discussion Document that people had commented on were not covered within the Proposal Document. This was a simple way of responding to these things rather than get bogged down with all the minor bits and pieces in the main body of the document.

The Position Description does not include an operational component. Kaye and Alfred seem confident they have a handle of that overarching operational view.

Patrick is agreeable to considering the On-call Pūkenga roster fitting within the rosters office so that shouldn't be an issue.

To avoid a huge document, the Appendices are added as PDFs/Word Docs (in case anyone wants to make any changes before we convert to PDF for release). Is this ok or did you want the whole document of each in its entirety added in?

Think that's all my comments for now ☺

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715

**Canterbury**

District Health Board

Te Poari Hauora o Waitaha

**Specialist Mental Health Service****Te Korowai Atawhai****Proposal Document**

December 2018

Positon	Name
General Manager	Toni Gutschlag
Pou Whirinaki	Ruru Hona

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E ngā lwi, e ngā mana, e ngā reo, e ngā karangatanga maha  
Tēnā rā koutou katoa,  
E mihi māhana tēnei ki ā koutou katoa,

Ngā mihi tuatahi kī ngā Atua, me ngā wairuatapu na rātou i hangatia i runga i ā mātou.  
Ngā mihi, ngā mihi ngā mihi

Ki te mana ō tēnei whenua, kia Ngai Tuahuriri, te hapū, Maahunui Tuarua, te marae,  
Ngai Tahu te lwi  
Tēnā koe, tēnā koutou, tēnā rā koutou katoa

Ngā mihi māhana tēnei ki ngā hau e whā ō te motu,  
E ngā lwi, e ngā mana, e ngā reo  
Tēnā rā tātou katoa

E mihi tēnei ki ā koutou, i roto ōu whakaaro ka whakatūtia Te Korowai Atawhai, mō te tiaki mai ngā  
whaiora me ōu rātou whānau hoki. Ī roto te aroha, te tūmanako, te whakapono me tē oranga. Hē  
whakamoemiti tēnei ki ā koutou katoa.

**Ahakoia te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.**

**“In spite of its diminutive size, this seed will grow to become the god of the forest”**

## 1. Acknowledgement

The Divisional Leadership Team wish to formally acknowledge the widespread interest in the Te Korowai Atawhai Discussion Document across Specialist Mental Health Services (SMHS) and thank everyone for their feedback and submissions.

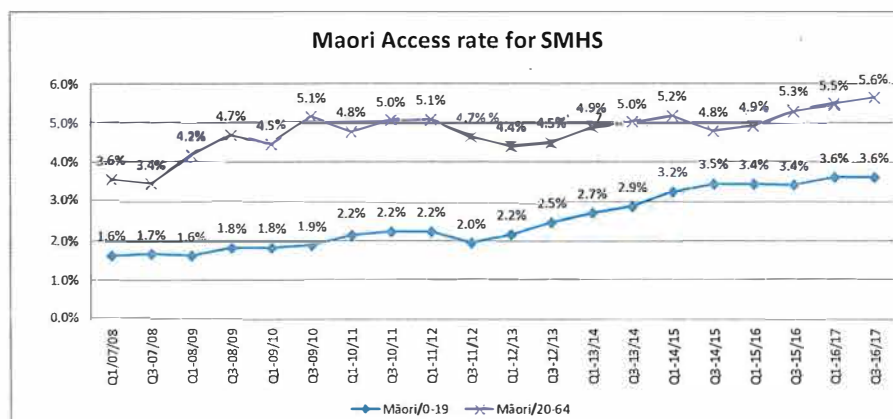
## 2. Context and Introduction

The purpose of this document is to outline a proposal for change that builds on the Discussion Document (April 2018) and considers the submissions received during the consultation process.

## 3. Background

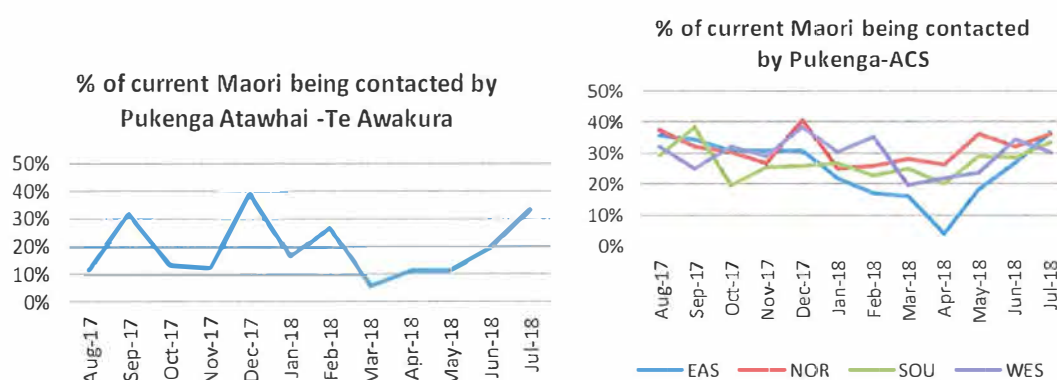
The Discussion Document outlined a range of potential changes that could improve our responsiveness to Tangata whaiora, and be of benefit to the service, ngā whaiora, ou rātou whānau me ngā Pukenga Atawhai, Te Korowai Atawhai, and all staff engaged with Tangata whaiora.

**3.1 Access rates:** Within the SMHS the number of Māori presenting to services has significantly increased therefore increasing demand on services.



This is positive news and confirms that Māori are accessing essential health services, it is important however, that we recognise that this increase is putting significant additional pressure on the existing workforce particularly Pukenga Atawhai, and requires us to ensure all services and workforce groups are culturally responsive. This increase in Tangata whaiora and their whānau accessing the SMHS is likely to continue to increase therefore creating more cultural demand and greater expectations of the Pukenga Atawhai.

The Te Korowai Performance Dashboard (Appendix 1.) shows the number of Māori under the care of SMHS who are being contacted by Pukenga Atawhai. As demonstrated by the two graphs below, the Pukenga Atawhai working in the General Adult Service Cluster are typically seeing less than 40% of those who identify as Māori who are accessing either Adult Community or Adult Inpatient services. Ideally this percentage would be much higher, with all clients who identify as Māori having the opportunity to meet face to face with Pukenga Atawhai to discuss the opportunity to work together.



The contact figures reinforce the need to increase face to face access time for Pukenga Atawhai, especially in areas where demand is far from being met such as Te Awakura, Crisis Resolution and Child, Adolescent & Family. (See Appendix 2. Māori Consumer Demand Comparisons).

**3.2 Pukenga Atawhai:** Pukenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for Tangata whaiora and their whānau, and assist clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan.

Due to the increasing numbers of Tangata whaiora and their whānau accessing the SMHS, the role of the Pukenga Atawhai has become more in demand.

Pukenga Atawhai have the following expectations as part of their current role:

- To meet identify the cultural concerns of Tangata whaiora and their whānau during their assessment and treatment.
- To engage and support Tangata whaiora through any mental health concerns and to inform the whānau of the processes and responsibilities of mental health services.
- To support and follow up to Tangata whaiora and their whānau in the community.
- Culturally to support Tangata whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- Responsibility for the ongoing cultural follow up, engagement and support to Tangata whaiora and their whānau in the community.
- Participation in an on call roster to provide input as needed over a 24 hour period.

**3.3 Te Korowai Atawhai:** Te Korowai Atawhai is the Māori Mental Health Service for the SMHS and is responsible for the ongoing development of the cultural practices of Hauora Māori within the various clinical services.

Since its inception in 1995 Te Korowai Atawhai has been the provider of Māori mental health care, support and expertise within the SMHS. It has been responsible for addressing the cultural disparities in Māori with mental health concerns. Te Korowai Atawhai provides specialist advice and support to ensure the SMHS has the capability and confidence to provide culturally appropriate engagement, follow up and support for Tangata whaiora and their whānau.

Te Korowai Atawhai was known as being the “Cloak of Loving Care” which supported Tangata whaiora and their whānau as they entered the service. Through the Pukenga Atawhai they would be welcomed by powhiri and through whakawhanaungatanga, they are accompanied through services with clinical and cultural support working in partnership to promote recovery.

Te Korowai Atawhai, “The Cloak of Loving Care” will continue to support Tangata whaiora and their whānau through their journey in the Specialist Mental Health Service, the ongoing implementation of cultural practices will enhance cultural growth, wellness and development of Tangata whaiora and their whānau. Te Korowai Atawhai are equal partners in health with the Specialist Mental Health Service.

Initial concerns were raised that the Pukenga Atawhai may find it hard to integrate into clinical teams and the roles could become isolated however over time it has become evident that the Pukenga Atawhai are integral and valued members of the Multi-Disciplinary-Teams throughout the service. Key to supporting these roles, a regular day was set aside for Pukenga Atawhai to gather together as whānau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. To this end, Whanaungatanga day was established and occurred each Thursday. One of the purposes of the Proposal Document was to explore the efficacy and value of this day as it currently stands.

**3.4 Whanaungatanga day** focused on peer and group supervision including in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility for organising the programme and facilitating the day. The information presented was wide and varied and included such topics as tapu, noa and makutu, karakia, the necessity of whanaungatanga when engaging with Tangata whaiora, making Tangata whaiora feel comfortable, valued and important. Te Whare Tapa Wha (The four cornerstones of Iwi Health -Wairua, Hinengaro, Tinana and Whānau) was central to the day, which also included powhiri, mihimihi and poroporoake.

**3.5 Manuhiri Day** has also been offered out of Te Korowai Atawhai. This day is currently being offered as a means of assisting the SMHS with the cultural competency of engaging confidently with Tangata whaiora and their whānau, including the orientation of new and existing staff. Manuhiri Day has now progressed into a half day of cultural education for staff wanting more understanding around working with Tangata whaiora and their whānau.



## 4. Summary of Feedback

Sixty two submissions from both groups and individuals were received on the Te Korowai Atawhai Proposal Document. A detailed summary of those submissions and the themes that emerged is attached (Appendix 3).

There was clear agreement around the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata whaiora and whānau entering services. This was reflected in the feedback which strongly agreed that the current structure and allocation of Pukenga Atawhai is not meeting the demands of service, and that some clinical areas need increased input to ensure Tangata whaiora and their whānau are not missing out.

There were differing understandings reflected around the fundamental structure and purpose of Te Korowai Atawhai with regard to whether it is a Kaupapa Māori Service and therefore self-determining, or a service provided as part of the wider SMHS.

Many submissions saw value in a Whanaungatanga Day however feedback regarding the frequency of this day, and the value it added in its current format was varied.

Following the consultation period Pou Whirinaki has met extensively with Pukenga Atawhai. This has allowed a greater individual consultation process with those most directly affected by the proposal. The process was by invitation and was voluntary. Feedback from those interviewed has contributed to this proposal document.

## 5. Proposed Changes

Following consideration of the feedback the following changes are proposed:

### 5.1 Increased Pukenga Atawhai FTE to Clinical teams:

To be able to offer a responsive service to support Tangata whaiora and whānau entering services, the Pukenga Atawhai FTE allocated to clinical teams has been carefully reviewed. Scrutiny of the budget, and with support from the Divisional Accountant, Pou Whirinaki has been able to add 4 additional FTE to the Pukenga Atawhai budget. This increase in budget, alongside other realignment of existing FTE, will hugely positively impact the number of face to face hours Pukenga Atawhai will be available within clinical teams.

In addition, to support the increase of face to face access to Pukenga Atawhai for Tangata whaiora and whānau, the number of Whanaungatanga Days will reduce to one day a month. This will reduce the number of non-contact days from four (for one FTE) to one per month creating greater opportunity for more client contact.

Many submissions emphasised the important role this day has in providing collegiality and connectivity for Pukenga Atawhai. It is believed that by strengthening the structure and format of this day it will add greater value to those who attend. This day will continue to run monthly with an emphasis on support and supervision.

Current FTE is fragmented, with a portion of each person's position being allocated to each clinical area and 0.2 of each FTE being allocated to Te Korowai Atawhai. This FTE will be realigned to sit in clinical area budgets making positions and who is in them, easier to track.

The FTE will be allocated to the clinical areas which most need them. The reduction in the number of Whanaungatanga Days from once a week to once a month will result in a significant increase in face to face availability of Pukenga Atawhai to be distributed amongst the services who most need them.

It is acknowledged that feedback strongly supports the allocation of dedicated Pukenga Atawhai into Te Awakura, Crisis Resolution and CAF, these will be areas of priority when reallocation is considered.

#### Reporting Lines:

The operational reporting lines for Pukenga Atawhai will remain with the respective Clinical Managers in each area. Cultural leadership and support will come from Pou Whirinaki and Kaitiaki Mātauranga.

#### **5.2 The continuation of Te Korowai Atawhai:**

Te Korowai will continue to be the guiding mantle under which Pukenga Atawhai operate. Feedback demonstrated the importance of having a central point of connectivity whilst also acknowledging the need for cultural services to be embedded within the clinical service areas to enhance opportunities to work in partnership with clinicians.

Te Korowai Atawhai is an essential service delivered as part of the SMHS. The ability to provide cultural support to Tangata whaiora entering services is imperative to ensure best outcomes for them. Te Korowai Atawhai will continue to offer Pukenga Atawhai support directly into clinical teams to work alongside and in partnership with clinical colleagues whilst providing the over-arching cultural support to the SMHS.

#### **5.3 Establishment of Kaitiaki Mātauranga (Cultural Educator) role:**

It is proposed that a new 1.0 FTE role of Kaitiaki Mātauranga will be established.

Submission feedback supports the establishment of an educator role that will act as a resource for all of the specialist mental health service and beyond. This is seen as a key development in terms of building cultural competence, capability, knowledge and confidence of all staff. This position is both strategic and hands on.

It is proposed the key responsibilities for the Kaitiaki Mātauranga role would be to provide cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice. This position would oversee Whanaungatanga Day and the Manuhiri forum amongst other education opportunities, freeing Pukenga Atawhai to spend more time in their clinical areas doing face to face work, something strongly supported by the submission feedback.

It is also anticipated this role would have responsibility for developing programmes that would work in partnership with other key pieces of work, for example Equally Well or the Occupational Therapy programmes. It would be expected the programmes would support the vocational, educational and recreational goals of Tangata whaiora under the Te Whare Tapu Wha model and support them to look after themselves holistically and to create a sense of purpose and belonging.

This role would closely align to the Training Unit and be responsible for developing training/course content, facilitating and coordinating cultural training programmes as well as supporting the Pukenga Atawhai. The position will also have role in developing Tangata whaiora and whanau training.

The role would report daily to the Nurse Manager of the Training Unit and be under the management of Pou Whirinaki. A draft position description for the role is attached in Appendix 4.

## 5.4 Kaiārahi Matua

The need to increase the number of roles which are able to offer client contact was strongly supported in the feedback. There was mixed feedback about the need for a Kaiārahi Matua in the context of the proposed changes however it was acknowledged that should the format of the Whanaungatanga and Manuhiri Days change considerably, the administrative and operational functions of this role will be greatly diminished. With Pukenga Atawhai FTE no longer aligned to the Te Korowai Atawhai budget, there will be no FTE reporting to this position.

It is proposed that current role of Kaiarahi Matua will be disestablished. Increasing the number of front line cultural staff who have clinical contact is a priority as outlined in feedback. Additional Pukenga Atawhai roles to support increasing the access to cultural services for Tangata Whaiora and whānau will be a direct outcome of the proposed changes.

## 5.5 Leadership

The existing Clinical Director and Service Manager will continue to have a functional portfolio management role and will work in partnership with Pou Whirinaki in both an operational and strategic capacity.

The cultural leadership of Te Korowai Atawhai will be provided by the Pou Whirinaki and the Pukenga Atawhai will report directly to the Line Manager of the clinical team within which they are based.

Kaitiaki Mātauranga will report on a daily basis to the Nurse Manager of the Training Unit however would fall under the Pou Whirinaki for cultural leadership.

Consideration will need to be given to how best to provide cultural leadership to each service cluster. Cluster Leadership roles are under consideration. This is out of scope of this current proposal but will be given further consideration.

## 5.6 Ongoing Cultural Development

### Whanaungatanga Day

It is proposed that Whanaungatanga Day will occur one day per month as explained above. Submissions provided mixed feedback as to the efficacy of the current Whanaungatanga Day with some questioning the frequency of the existing days and the impact this has in clinical areas. A move to make this day run monthly instead of weekly allows for greater alignment with other professional groups whilst acknowledging the strong desire for continued supervision and collegial support amongst the cultural team. It also creates increased opportunities for face to face contact in clinical areas by Pukenga Atawhai.

It is proposed to structure Whanaungatanga Day as a cultural, clinical and educational learning forum that is future focused. A tutorial setting where education on the in-depth cultural aspects of the Māori Mental Health is continually changing and is being addressed by an experienced tutor. Pukenga Atawhai would show support by their attendance, their contribution and by supporting any kaupapa presented on any one day.

It is proposed that facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

### Manuhiri forum

It is proposed that Manuhiri forum will occur for a half day once per month.

The purpose of Manuhiri forum is for ongoing training and orientation relating to the cultural aspects of wellness within the whaiora and whānau.

The session would also provide the opportunity to experience knowledge from the Pukenga Atawhai working closely with the Tangata whaiora and whānau in the community and in the inpatient settings.

It is proposed facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

## 6. The Benefits

The potential benefits of these proposals include:

- Improved responsiveness to Tangata whaiora and their whānau accessing services, through an increase in FTE allocation to clinical areas allowing more face to face time with not only the whaiora and whānau but also the clinicians.
- An additional 4FTE Pukenga Atawhai to be added to existing FTE.
- Opportunity for Pukenga Atawhai to be engaged in initiatives such as Equally Well, The Wellbeing Programme and cultural programmes for Tangata whaiora due to less time being committed to Whanaungatanga Day.
- Greater sense of belonging in clinical areas due to being embedded directly into teams whilst still maintaining the strong connection with colleagues through Te Korowai Atawhai.
- Reduction in the loss of non-contact time for Pukenga Atawhai leading to increased access to cultural support for all (Tangata whaiora, whānau and staff).
- Clearer reporting lines for Pukenga Atawhai.
- Improved professional development opportunities for Pukenga Atawhai.
- Enhanced opportunities for, and a strengthened programme of cultural education for all staff.
- A more responsive, visible Te Korowai Atawhai service which not only supports its own whānau (Pukenga Atawhai) but also works in partnership with the wider service including those who access care and those who deliver it.

## 7. Impact of Proposal

We are mindful of the impact these proposed changes may have on the people who work in Te Korowai Atawhai.

We therefore want to ensure that everyone has the chance to understand how this proposal could potentially affect them and what may be involved in the next stage of the consultation process.

Proposed changes to positions are outlined below:

Role affected	Impact
Pukenga Atawhai	<p>Line Management would be the clinical manager of the respective clinical team, with a cultural reporting process through the Pou Whirinaki.</p> <p>Increase in time spent in allocated clinical area.</p> <p>Reduction in non-contact days to one Whanaungatanga Day per month plus an additional half day at the Manuhiri forum if required.</p>

	<p>Potential reallocation of existing FTE to clinical areas in most need through a consultative, collaborative process.</p> <p>Potential reallocation of FTE into clinical areas needing additional resource in the event of a future vacancy/vacancies</p> <p>On-call roster would continue</p> <p>Additional Pukenga FTE to increase Pukenga Atawhai workforce and add to on-call roster</p> <p>Job description to be adjusted to reflect these changes</p>
Kaiārahi Matua	<p>This position will be disestablished.</p> <p>We would work with the affected staff member, in line with their employment agreement.</p>

## 8. Consultation

Consultation is the formal process that happens in situations where change is proposed. It's a chance to provide feedback on the ideas that have been put forward.

We encourage you to send written feedback to [monique.botha@cdhb.health.nz](mailto:monique.botha@cdhb.health.nz). Your feedback will be collated and incorporated into a summary of themes that have come through the submission process.

We look forward to receiving your feedback on this proposal.

## 9. Timeline

A summary of the implementation timeline is detailed below:

Activity	Date
Consultation period – opportunity to give feedback on the Proposal Document	Click here to enter a date.
Feedback considered	Click here to enter a date.
Final decision communicated to key stakeholders	Click here to enter a date.

## 10. Getting Support: Who can help?

### Support Services

We have a number of independent support people available to staff, these include:

- EAP Services (Employee Assistance Programme) on 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)

- Workplace Support 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

#### Union Support

For those who are members of a union, this paper has been given to the following union partners:

- PSA Organiser – Anthony Rimell, 0508 367 772 ([anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz) )
- NZNO Organiser – John Miller, 03 366 0186 ([JohnDM@nzno.org.nz](mailto:JohnDM@nzno.org.nz) )
- NUPE Organiser – Quentin Findlay, 03 377 3582 ([Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz))
- ASMS Organiser – Dianne Vogel, 04 499 1271 ([dv@asms.nz](mailto:dv@asms.nz) )
- APEX - Omar Hamed, 09 526 0280 ([omar@cns.org.nz](mailto:omar@cns.org.nz) )
- NZRDA – Deborah Powell, 09 526 028 ([ask@nZRda.org.nz](mailto:ask@nZRda.org.nz) )

#### **People and Capability (HR)**

Your P&C contacts are:

- Louis van Rensburg, People and Capability Advisor - 03 339 1129 | [Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)
- Moira Mallon, Organisational Development Consultant – 021 206 1900 | [Moira.Mallon@cdhb.health.nz](mailto:Moira.Mallon@cdhb.health.nz)
- Alice Rabbidge, Employment Relations Specialist - 03 337 7828 | [Alice.Rabbidge@cdhb.health.nz](mailto:Alice.Rabbidge@cdhb.health.nz)

Thank you for taking the time to look through this paper and we look forward to hearing your thoughts on the proposal.

## 11. Appendices

### Appendix 1. Te Korowai Atawhai Performance Dashboard



Te Korowai Atawhai  
Performance Dashboard

### Appendix 2. Maori Consumer Demand Comparisons



Appendix 2. Maori  
Consumer Demand C

### Appendix 3. Feedback Themes



Appendix 3 Feedback  
Themes.docx

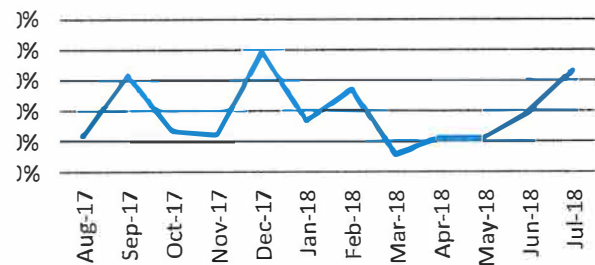
### Appendix 4 – Proposed position description – Kaitiaki Matauranga



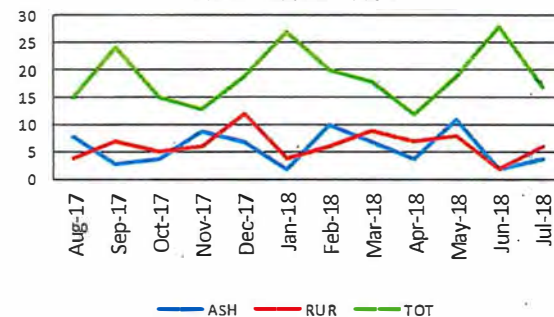
Position Description  
DRAFT Kaitiaki Matauranga



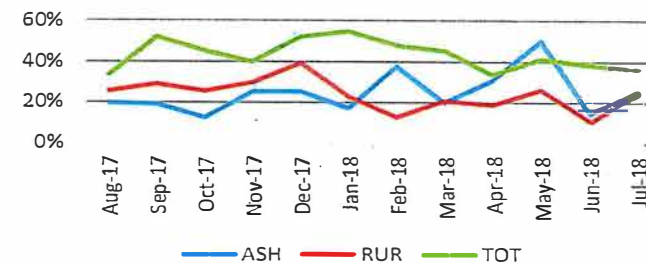
% of current Maori being contacted by  
Pukenga Atawhai -Te Awakura



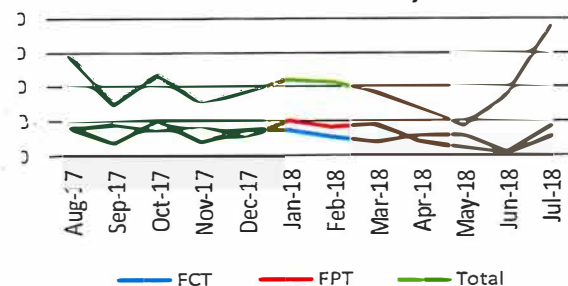
SMHS Pukenga Atawhai Contacts - Ashburton,  
Rural & Totara House



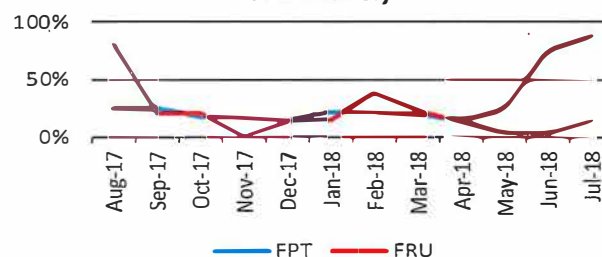
% of current Maori being contacted by  
Pukenga - Ashburton, Rural & Totara  
House



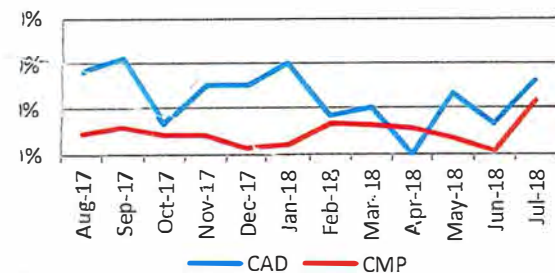
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Forensic Community



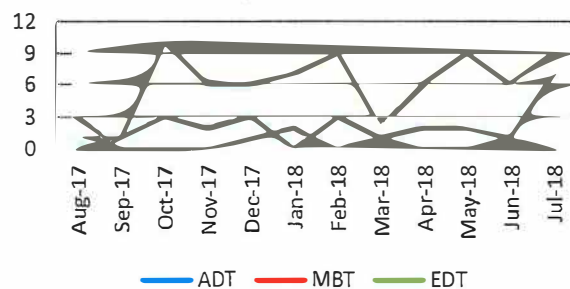
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Pukenga Atawhai - Forensic  
Community



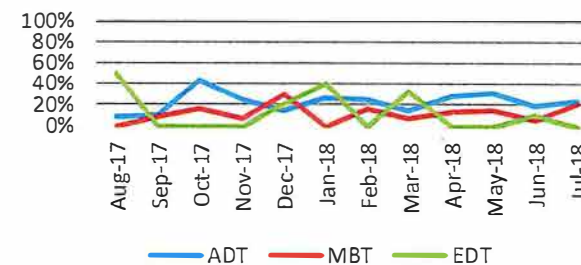
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by Pukenga-Alcohol & Drug



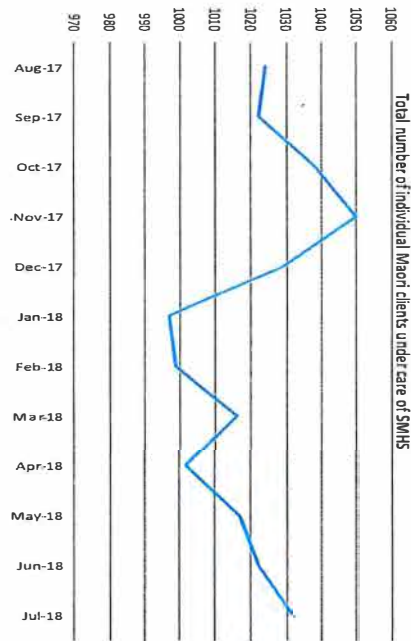
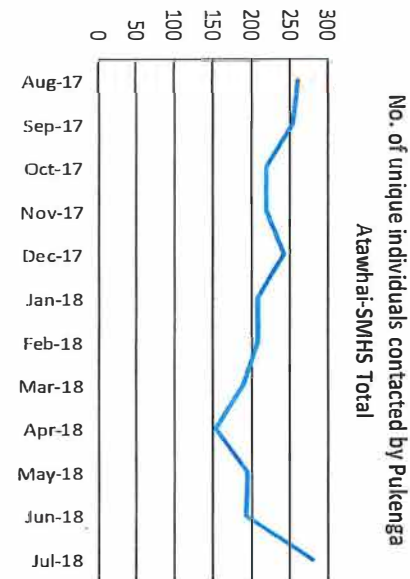
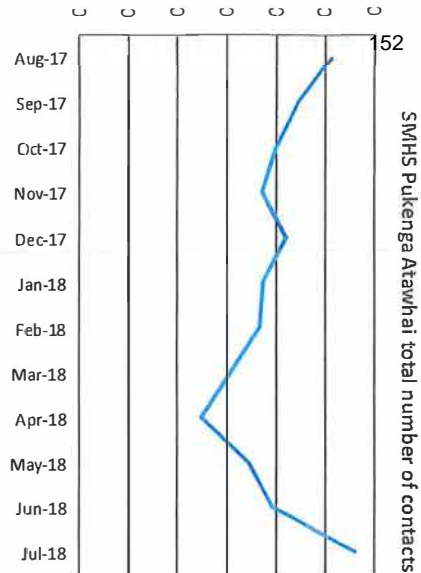
SMHS Pukenga Atawhai Contacts -  
ADU, MBT & EDT



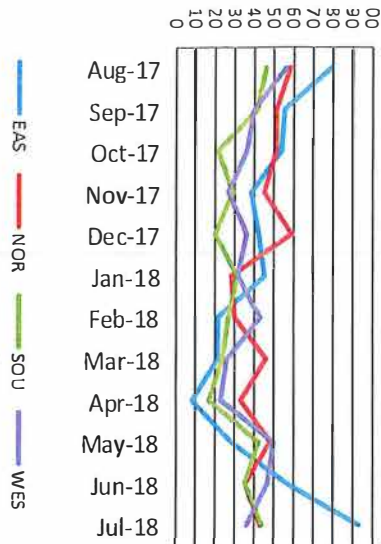
% of current Maori being contacted  
- ADU, MBT & EDT



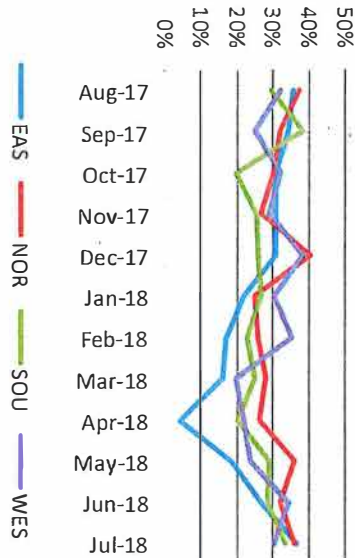
Te Korowai Atawhai Performance Dashboard



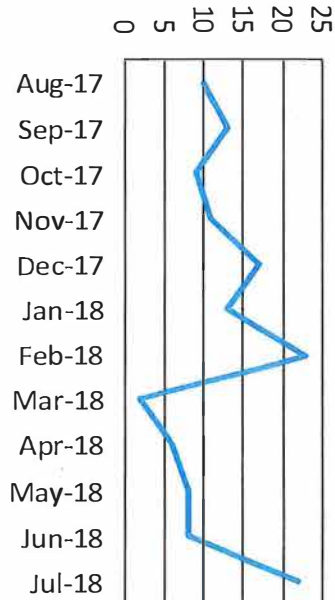
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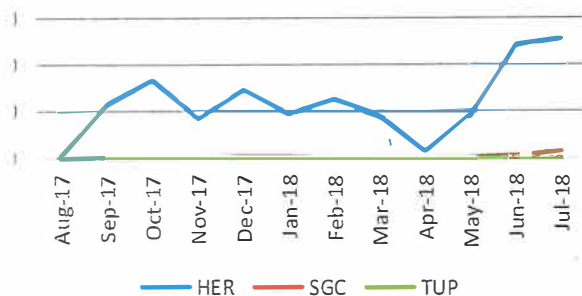
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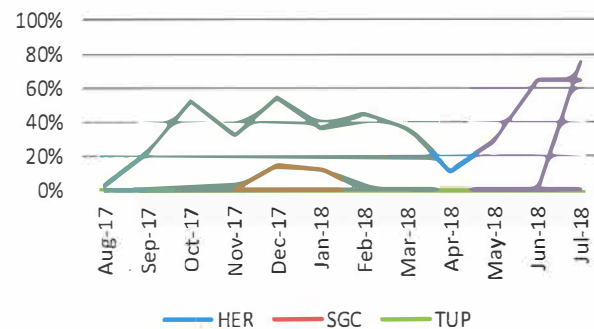
SMHS Pukenga Atawhai Contacts - Te Awakura



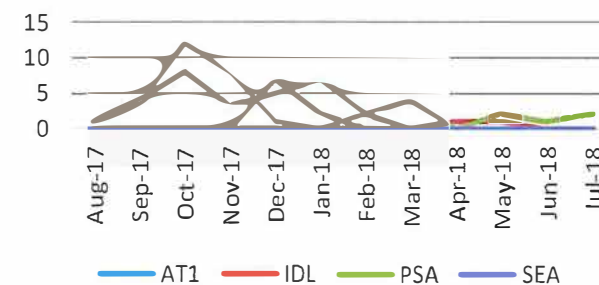
SMHS Pukenga Atawhai Contacts - Seager,  
Tupuna and Hereford



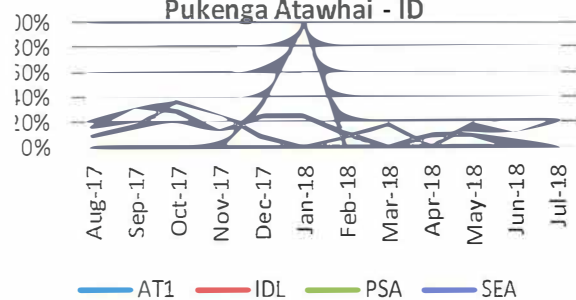
% of Current Maori being contacted by  
Pukenga Atawhai - HER, SGC & TUP



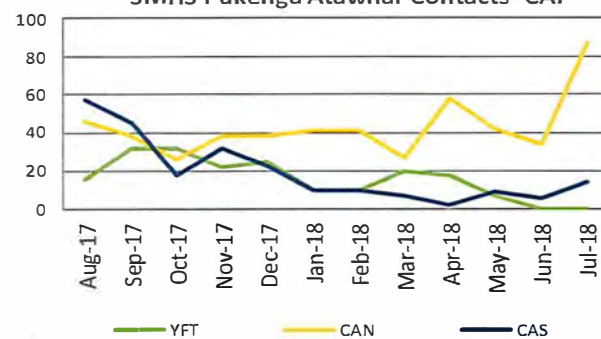
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Intellectual Disabilities



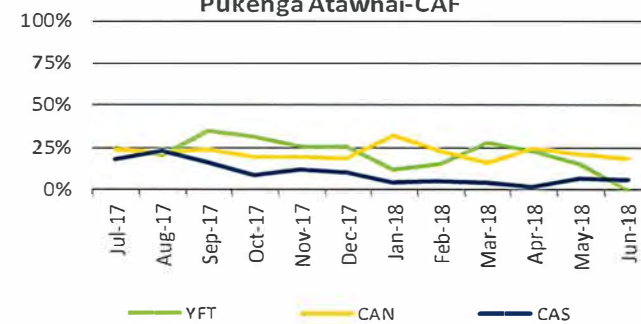
% of current Maori being contacted by  
Pukenga Atawhai - ID

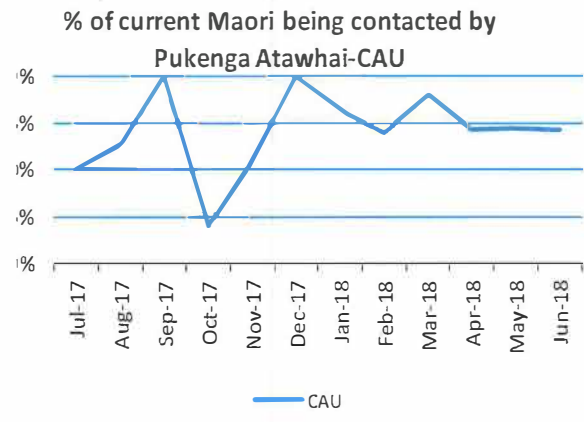
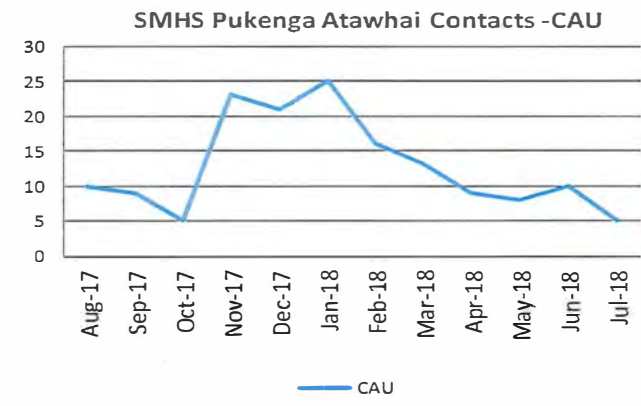
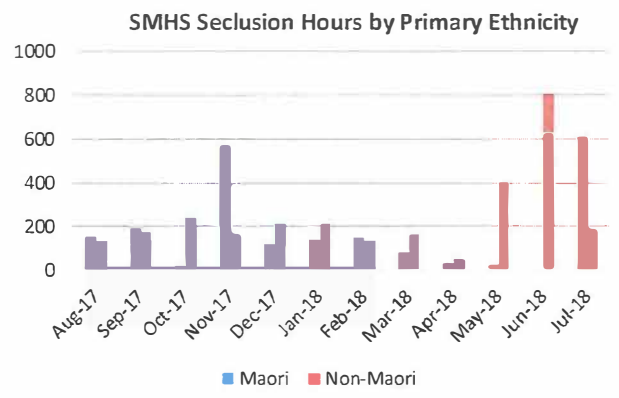
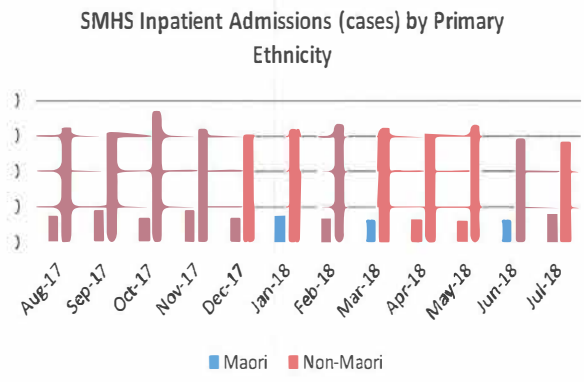


SMHS Pukenga Atawhai Contacts -CAF

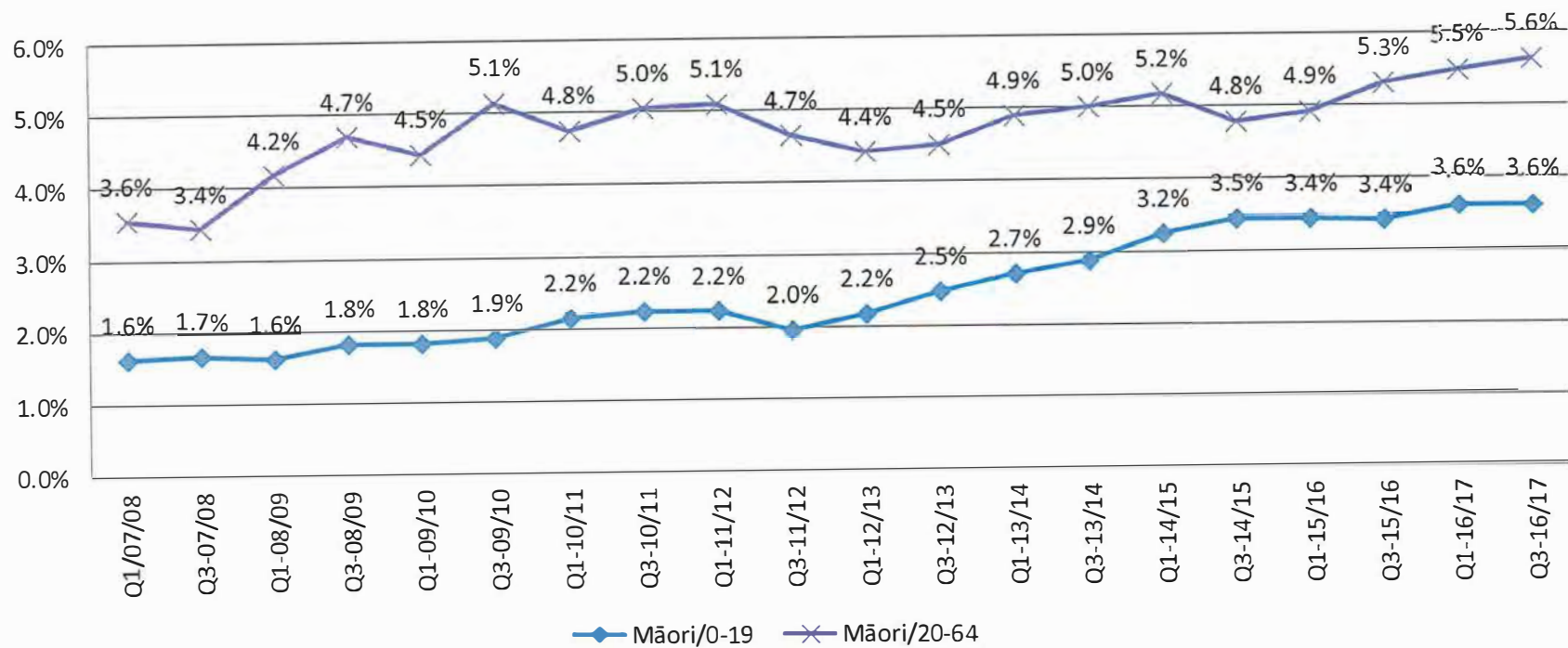


% of current Maori being contacted by  
Pukenga Atawhai-CAF





## Maori Access rate for SMHS



## Community

Community Team	Face to Face Contacts		Budgeted FTE.		Unique NHI	
	No. team face to face contacts for Maori consumers	%	Budgeted FTE.	%	No. Maori consumers (unique NHI)	%
Anxiety Disorders	349	1.6%	0.40	3.1%	29	1.0%
Ashburton	373	1.7%	0.20	1.6%	48	1.6%
CADS	293	1.3%	0.40	3.1%	89	3.0%
CAF North	2101	9.4%	1.20	9.4%	362	12.1%
CAF South	1824	8.1%	1.20	9.4%	318	10.6%
Chch Opioid Recovery	1934	8.6%	0.40	3.1%	172	5.8%
East Community	3037	13.5%	1.00	7.9%	452	15.1%
Eating Disorders	188	0.8%	0.03	0.2%	17	0.6%
Forensic Community	601	2.7%	0.80	6.3%	21	0.7%
Forensic Prison	795	3.5%	0.80	6.3%	300	10.0%
Hereford	2057	9.2%	1.00	7.9%	38	1.3%
Mothers & Babies	339	1.5%	0.27	2.1%	57	1.9%
North Community	2062	9.2%	0.80	6.3%	277	9.3%
PSAID Outpatients	149	0.7%	0.30	2.4%	15	0.5%
Rural	346	1.5%	0.70	5.5%	60	2.0%
Schools Based	3	0.0%	0.40	3.1%	6	0.2%
South Community	2030	9.1%	0.80	6.3%	272	9.1%
Totara	1391	6.2%	0.40	3.1%	48	1.6%
West	1590	7.1%	0.80	6.3%	223	7.5%
Youth Forensic	957	4.3%	0.80	6.3%	186	6.2%
<b>Total</b>	<b>22419</b>	<b>100.0%</b>	<b>12.70</b>	<b>100.0%</b>	<b>2990</b>	<b>100.0%</b>

## Inpatient

Inpatient Unit	Face to Face Contacts		Budgeted FTE.		Unique NHI	
	Sum of total days Maori Consumers were undercare in 12m period	%	Budgeted FTE.	%	No. Maori consumers (unique NHI)	%
Child & Adolescent	928	11.2%	1.00	37.0%	33	42.9%
C Ward - Eating Disorders	61	0.7%	0.05	1.9%	2	2.6%
C Ward - Mothers & Babies	453	5.5%	0.05	1.9%	16	20.8%
Te Whare Mauri Ora	2690	32.4%	0.80	29.6%	11	14.3%
Seager Clinic	3792	45.7%	0.50	18.5%	13	16.9%
Tupuna Villa	372	4.5%	0.30	11.1%	2	2.6%
<b>Total</b>	<b>8296</b>	<b>100.0%</b>	<b>2.7</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>

Note: budgeted FTE for C Ward, CORS/CADS, and Forensic Community/Prison split 50:50



## **POSITION DESCRIPTION**

# **Canterbury**

District Health Board

Te Poari Hauora ō Waitaha

November 2018

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Te Tiriti o Waitangi and the overarching objectives of the New Zealand health and disability strategies.

### **Organisational Vision**

The Canterbury District Health Board's vision is to promote, enhance and facilitate the health and well-being of the people of the Canterbury District.

### **Organisational Values**

The Canterbury DHB is committed to being an excellent and caring funder / provider of health and hospital services. Integral to the achieving our vision, goals and objectives of the DHB are the values of the organisation:

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

### **POSITION TITLE:**

Kaitiaki Mātauranga: Cultural Educator -SMHS.

### **REPORTS TO (Title):**

General Manager SMHS  
Pou Whirinaki

### **REPORTS ON A DAILY BASIS TO:**

Nurse Manager, Training Unit

### **PRINCIPAL OBJECTIVES:**

In collaboration with the Pou Whirinaki & Nurse Manager, Training Unit the Kaitiaki Mātauranga will provide to provide cultural knowledge, guidance and direction within the objectives and values of SMHS. Programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora centred practice.

The key deliverables are –

- To support an organisational culture of continuing cultural improvement.
- Ensure effective and efficient delivery of cultural programmes to Pukenga Atawhai and to all staff within the SMHS.
- To provide effective cultural leadership and consultancy in the delivery of programmes of engagement with Tangata whaiora and their whānau.
- To promote Pukenga Atawhai, SMHS as a career option.
- Strong networking skills within the CDHB, the NGO services, Ngai Tahu, the Māori, Pasifika and the wider community.
- To ensure training programmes and projects are robust and based on best practice, expertise and evidence
- To provide expertise in the application of cultural responsiveness by engagement, follow up and treatment.
- To provide expertise in cultural responsiveness and Tangata whaiora, whānau, centred practice

### **FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

### **INTERNALLY:**

1 Clinical, Non-clinical Leaders



2	Learning and Development
3	Consumer and Family Advisors
4	Clinical Educators and Clinical specialists
5	Organisational Development
6	Quality and patient Safety team

**EXTERNALLY:**

1	Non-Governmental Organisation (NGO's)
2	Health, Quality and Safety Commission

**KEY PERFORMANCE OBJECTIVES:**

<b>Task</b>	<b>Preparation and presentation of cultural training programmes</b>
Expected Result	<ul style="list-style-type: none"> <li>Responsible for identifying and researching the relevant information of programme content.</li> <li>Developing the programme content for presentation.</li> <li>Ensuring that the programme content is accurate and is evidence based.</li> <li>Guidance is provided for audit and feedback mechanisms.</li> <li>Contributes to the development of Tangata whaiora by engaging with clinicians, managers and Pukenga Atawhai in service/areas of responsibility.</li> <li>Promotes effective teamwork, communication and shared learning as key components of a culture of quality and patient safety.</li> <li>Facilitates training for staff on, Tangata whaiora engagement and cultural responsiveness in relation to health improvement for Māori.</li> </ul>
<b>Task</b>	<b>Identifying the clinical and cultural pathways of engagement</b>
Expected Result	<ul style="list-style-type: none"> <li>Tangata whaiora centred practice and whānau participation is evident in the development, implementation and evaluation of the programmes.</li> <li>Programmes and initiatives are based on best practice and are evidence based.</li> <li>Effectively utilise a range of improvement methodologies and tools.</li> <li>Forms collaborative working relationships with key stakeholders to facilitate staff involvement and commitment to the cultural quality within the service and the organisation as a whole.</li> <li>Develop a culture that is focused on learning, and is characterised by respect, inclusion, empathy, collaboration and safety.</li> <li>Pukenga Atawhai and SMHS staff should be culturally inclusive of all cultures and look for ways, to celebrate and acknowledge the SMHS, commitment to Te Tiriti o Waitangi.</li> </ul>
<b>Task</b>	<b>Availability to Pukenga Atawhai for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>One on one cultural supervision.</li> <li>Peer supervision.</li> <li>Community presentations on mental health.</li> <li>Tangata whaiora, whānau training. Hospitalisation, treatment and management.</li> </ul>
	<b>Availability to all SMHS staff for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>DAO training.</li> <li>Cultural supervision for clinical, non-clinical staff</li> <li>Ongoing one on one training</li> <li>In-service training</li> </ul>

**HEALTH & SAFETY:**

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

**QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

**QUALIFICATIONS & EXPERIENCE:****Essential:**

- Extensive knowledge and experience of the mental health sector
- Recognised Clinical/Cultural Leader
- Training or experience in delivering education programmes to adults
- Relevant qualification within either cultural or health fields
- Demonstrated skills in supporting cultural competence
- Evidence of skills in leadership/mentoring roles.
- Demonstrated ability to contribute to and deliver timely outputs
- Demonstrated ability to communicate effectively at all levels of within the organisation and with key stakeholders
- Medium level of computer literacy
- Established connections with Ngai Tahu, Māori, Pasifika and the wider community.
- Well-developed interpersonal skills
- Competent in Te Reo

**Desirable:**

- Knowledge of Health and Disability Sector Standards
- Trained in Clinical/Cultural Supervision for role development and support.

**PERSONAL ATTRIBUTES:**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership
- Genuine credibility when engaging and having conversations with clinical staff.
- Excellent people skills, i.e. displays diplomacy, tact, listening skills, is able to remain calm and diffuse and is well skilled in conflict resolution.
- Models and shares the vision, values and expectations with others.
- A strong customer/patient centred focus.
- Ability to foster co-operation, networking, and facilitation.
- Ability to work effectively with clinical, managerial and support service staff.
- Ability to analyse and present data that is easily understood by others utilising quality tools such as statistical process control charts.

**Mandatory:**

- ◆ Professional demeanour and high level of personal integrity
- ◆ Ability to manage stressful and unpredictable workload
- ◆ Self-motivated, independent and able high level of initiative

**Key Behaviours**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.

**Desirable:**

- Ability to provide inspirational and motivational leadership.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

### Appendix 3. Submission feedback themes:

A total of 62 submissions were received on the Te Korowai Atawhai discussion document.

The following themes emerged from the feedback:

- There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.
- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response
<b>Increase in FTE for Pukenga Atawhai roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	Agreed – see Proposal Document
<b>Reallocation Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaungatanga day</b>	<p>Strong support to review and/ or amend the format and /or frequency of Whanaungatanga day. This is seen as positive as it will allow the increase in Pukenga Atawhai availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other professional groups for supervision and development.</p> <p>Changes to the concept and format of Whanaungatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawhai operates. There is concern that losing this weekly day could leave Pukenga Atawhai culturally unsupported.</p> <p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement.</p>	<p>See Proposal Document for proposed plan to reduce frequency of the Whanaungatanga day whilst acknowledged the importance this day holds in providing supervision, support and unity for the Pukenga Atawhai.</p> <p>FTE currently allocated to Te Korowai (Whanaungatanga Day) will be reallocated to clinical teams based on demand.</p>

Feedback Theme	Feedback Summary	Response
	<p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaungatanga day is reviewed.</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaungatanga day</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained at weekly intervals, more structured day and shorter meetings less frequently.</p>	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in covering the needs of this consumer group within the current structure.	Agreed – it is proposed that dedicated Inpatient Pukenga Atawhai is a priority area
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	FTE may be realigned to meet demand in high priority areas. This will be determined in the next stage of service development.
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service, There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	Agreed that CR requires more FTE, this will be considered as part of the reallocation of available FTE.
<b>Review of out of hours call back roster</b>	This is supported. There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	Review of the on-call roster and how ensure the roster is sustainable is a priority and will require ongoing consideration and consultation.
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	It is acknowledged that some areas are over resourced. Reallocation of FTE will be considered for any future vacancies and existing roles will be considered on an



Feedback Theme	Feedback Summary	Response
		individual basis and in negotiation with individuals in those roles.
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	Agreed that CAF requires more FTE, this will be considered as part of the reallocation of FTE.
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai. This supports notes these roles need to reflect appropriate skill level and remuneration.	Service cluster leads are being considered. Pou Whirinaki is now appointed. The new role of Kaitiaki Mātauranga is proposed.
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified. There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	This day will continue, with input and development from the Kaitiaki Mātauranga.
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units.  Some submissions were not in support of reviewing the role of the Kaiarahi Matua role. Some submission noted this would be seen as a takahi to the mana of the position.  Some submitters felt unable to comment of leadership of Te Korowai	This role is discussed in the Proposal document
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	This role is recognised as a valuable role within SMHS. It has been vacant for some time due to a secondment.
<b>Whānau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	This role will continue to sit with the Family Advisors but remains strongly aligned with Te Korowai Atawhai.
<b>Training and support role for wider SMHS</b>	There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga	The role of Kaitiaki Mātauranga will pick up this piece of work – for further detail, see Proposal Document.

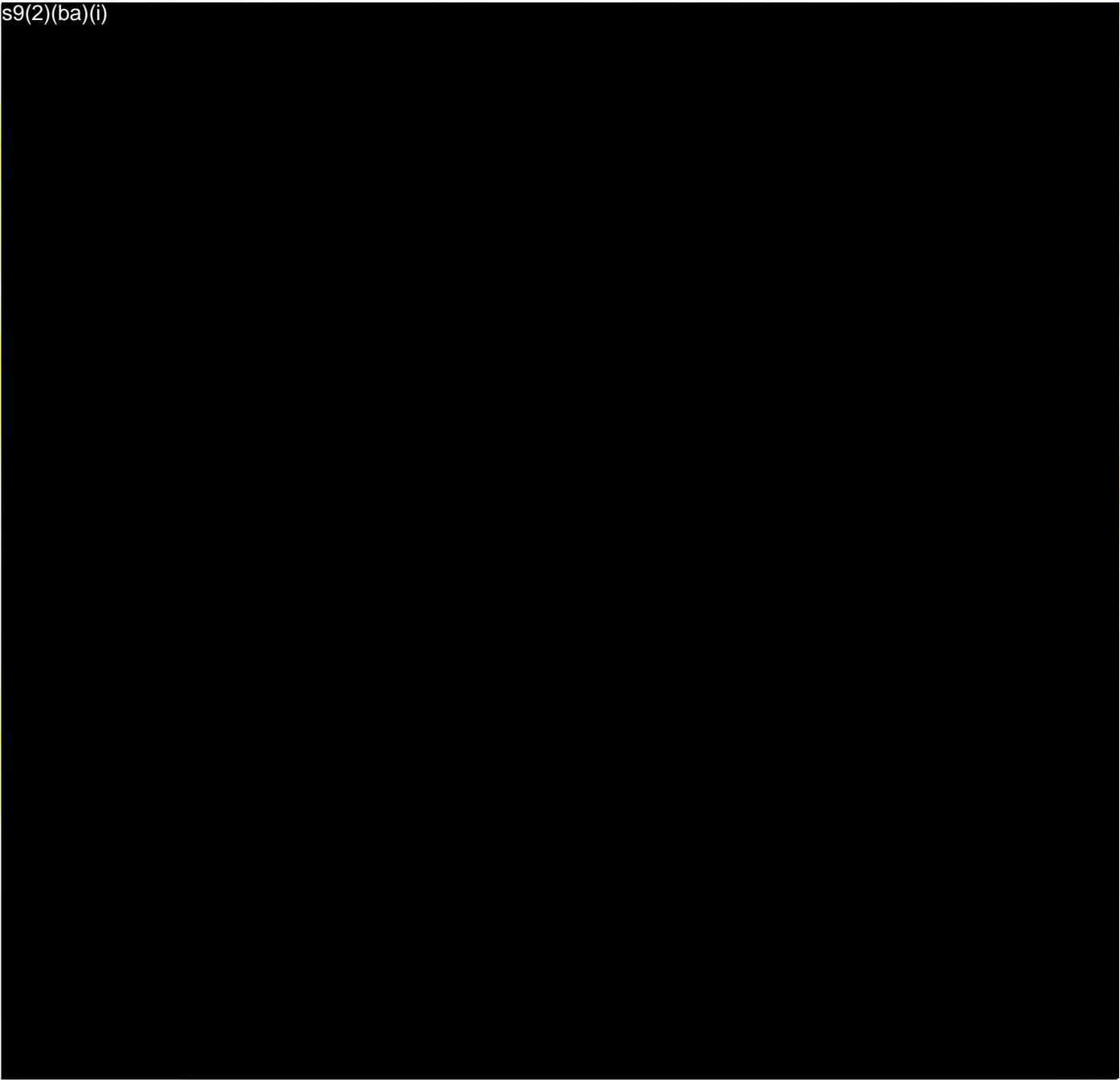
Feedback Theme	Feedback Summary	Response
	<p>Maori and would release valuable time for Pukenga Atawhai.</p> <p>There are also suggestions that this role could support Pukenga Atawhai professional and cultural development.</p>	
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of Whanaungatanga day changes.	Agreed – will be reviewed by Pou Whirinaki
<b>Overall comments</b>	<p>There were some submissions which identified that Pukenga Atawhai roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments that obligations under Te Tiriti o Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination.</p> <p>Some submissions identified that Te Korowai Atawhai should decide how the service is operated.</p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented.</p>	<p>Agreed – as part of the ongoing development of Te Korowai, the roles of the Pukenga Atawhai will be reviewed and Position Descriptions updated accordingly.</p> <p>The proposed changes are intended to support the service to meet its obligations under Te Tiriti o Waitangi.</p> <p>Staff have been offered the opportunity to provide one to one feedback through meetings with Pou Whirinaki.</p> <p>Noted</p>



**Sharryn Sunbeam**

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s9(2)(ba)(i)



**Sharryn Sunbeam**

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**From:** Megan McQuarrie  
**Sent:** Thursday, 22 November 2018 1:12 p.m.  
**To:** Ruru Harepeka Nako Hona; Toni Gutschlag  
**Cc:** Vicki Dent  
**Subject:** Te Korowai Atawhai proposal for change Updated Nov 18  
**Attachments:** Te Korowai Atawhai proposal for change Updated Nov 18.docx  
  
**Categories:** Restructure of Te Korowai Atawhai

Hi there,

Thanks to all the great work Ruru has done, I have tweaked the format a little to align with usual format but kept his knowledge and content. Hope the tracked changes aren't in here...my computer is not cooperating!!

It will need a bit more work dependant on our discussion this afternoon and some decisions that need to be made ie allocation of FTE, changes to positions ie disestablishment of Kaiarahi Matua.

May need to think if we need to add some more content to why the final decisions were made (can do this by reflecting on the submission feedback and adding some of those stats you have Ruru).

We also have some ideas about a possible activity programme that would connect with the OT work...need to discuss with you Toni to see if it fits with the scope of this or would come in further down the track.

Thanks,

Megan

## Sharryn Sunbeam

---

**From:** Rebecca Webster  
**Sent:** Monday, 5 November 2018 4:02 p.m.  
**To:** Toni Gutschlag  
**Subject:** FW: Te Korowai Atawhai proposal for change 05.11.2018  
**Attachments:** Te Korowai Atawhai proposal for change 05.11.2018.docx

**Categories:** Restructure of Te Korowai Atawhai

Apologies I should have cc'd you in too.  
 Bec

**From:** Rebecca Webster  
**Sent:** Monday, 5 November 2018 3:37 p.m.  
**To:** Sharryn Sunbeam  
**Cc:** Ruru Harepeka Nako Hona; Barbara Wilson  
**Subject:** Te Korowai Atawhai proposal for change 05.11.2018

Hi Sharryn,

As discussed can you please add the required formatting to the document.

We are still waiting on a few things to go in it:

- The summary of feedback with the response column completed (and the numbers for each theme removed) – sent to Toni last week
- Current FTE – total and allocated to each area – Kaye working on this
- We then need to make decisions around the proposed re allocation - Ruru
- Confirmation of the title of the cultural educator role - Ruru has emailed Hector
- Confirm the reporting lines – Rebecca-Ruru on Wednesday
- Draft PD completed for new role – Ruru working on this – once completed needs to go to Louis for comparison etc against kaiairahi matua role.

I'm back Wednesday.

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team  
 Specialist Mental Health Service  
 P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Henare Te Karu  
**Sent:** Monday, 1 October 2018 6:18 p.m.  
**To:** Kaye Johnston; Alfred Dell'ario; Tony Lockington; Paul Saunders; Maggie Orr; Louis Van Rensburg; Barbara Wilson; Ruru Harepeka Nako Hona; Toni Gutschlag  
**Cc:** 'Anthony Rimell'; 'Quentin@nupe.org.nz'  
**Subject:** RE: Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

**Categories:** Restructure of Te Korowai Atawhai

Tena koe Kaye

Thank you for your reply, which I very much appreciated.

If I have erred in some areas Kaye with my email, my apologies. I am only endeavouring to reflect the frustrations expressed by Pukenga Atawhai.

I don't believe I was entering into the proposal regards to Morgan because I made your views abundantly clear to the Pukenga Atawhai on the day that we could NOT discuss matters relating to Morgan because of the HR proceedings. The discussion was directed at the "ways and means" to cover East. Louis reports he is NOT aware that a decision has been made that the "back fill" of a Pukenga Atawhai cannot be carried out simultaneously – that is all I was going on.

Kaye, the Pou Whirinaki did state clearly to a Pukenga Atawhai that he would be asking questions of all Pukenga Atawhai about the Discussion Document, which I believe has nothing to do with his orietation. That's all I know.

Here's hoping then that you and Alfred might be able to spare us some time this Thursday and come over.

Nga mihinui kia koutou katoa  
 Ma te Atua e manaaki

Henare

**From:** Kaye Johnston  
**Sent:** Monday, 1 October 2018 10:15 a.m.  
**To:** Henare Te Karu <Henare.TeKaru@cdhb.health.nz>; Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Tony Lockington <Tony.Lockington@cdhb.health.nz>; Paul Saunders <Paul.Saunders@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Cc:** 'Anthony Rimell' <anthony.rimell@psa.org.nz>; 'Quentin@nupe.org.nz' <Quentin@nupe.org.nz>  
**Subject:** RE: Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

Kia ora Henare,

There are two separate matters here and they involve different parties.

It would have been helpful if you had called to discuss and clarify these in the first instance before sending a group email.

I need to make it very clear to you again that Alfred and I are not about to discuss individual situations of staff with all of Te Korowai Atawhai at your Thursday Whanaungatanga meeting. This would be entirely inappropriate and you are well aware of this as I made this clear at the last Te Kahui Pou meeting, at which you were present, two weeks ago.

1) Cover for East

I have already signed an ATA, clarifying that this is within our budgeted fte, to assist in the backfilling of East to cover Morgan's move to Te Awakura and this has been managed by Paul and Maggie directly. This was done a while ago and they are managing the replacement process with support from us.

There is agreement that Morgan needs to transfer and this is what needs to happen.

We do not hold up transfers of staff because we have to replace them. Many of the nursing and allied health vacancies in the division currently are due to staff changing positions within SMHS teams. If East has a temporary vacancy then it is over to Paul and Tony to manage the expectations of their teams whilst a replacement is found and they will do that just as we do when we have a shortage of case managers.

2) Alfred and I have not been involved in "singling out" individuals and asking questions about the Discussion Paper. I have updated Te Korowai Atawhai as a group when I have come in to your Thursday meeting and have held no other meetings with any staff.

I am aware that Ruru, as part of getting underway in his new role as Pou Whirinaki, has been meeting with a lot of SMHS staff including all the service leadership teams and NGO staff alike. This is his prerogative in his role in establishing a perspective on the work of the division and is part of an orientation process to the role. If you are concerned about his orientation process then you should discuss this directly with him in the first instance and Barbara Wilson who is currently covering as GM. Ruru does not report to Alfred and myself and is not answerable to us about his meetings.

I trust this clarifies these matters

Nga mihi kia koutou

Kaye

**From:** Henare Te Karu

**Sent:** Friday, 28 September 2018 4:27 p.m.

**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Alfred Dell'ario <[Alfred.Dell'ario@cdhb.health.nz](mailto:Alfred.Dell'ario@cdhb.health.nz)>; Tony Lockington <[Tony.Lockington@cdhb.health.nz](mailto:Tony.Lockington@cdhb.health.nz)>; Paul Saunders <[Paul.Saunders@cdhb.health.nz](mailto:Paul.Saunders@cdhb.health.nz)>; Maggie Orr <[Maggie.Orr@cdhb.health.nz](mailto:Maggie.Orr@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>

**Cc:** 'Anthony Rimell' <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>; 'Quentin@nupe.org.nz' <[Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)>

**Subject:** Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

Tena koutou katoa

Yesterday we discussed two main issues and because we are not in a position to offer up suggestions or solutions without your input, we wish to invite you all to attend and provide us with your Senior Leadership knowledge to Te Whanau o Te Korowai Atawhai on the following areas:-

1. Cover for East

How do you propose we cover the East Outpatient when the other 3 Sector Base's are already totally committed?

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2. Discussion Paper

We are wondering why Pukenga Atawhai are being singled out individually and being asking questions around the Discussion Paper when we have not had any official word back.  
We believe this action to be totally out of order and unprofessional.  
We look forward to your explanation next week please.

Our suggested time to arrive is 9.00 am if convenient. Please advise if this time is convenient.

Have a wonderful week-end

Nga mihi kia koutou

Henare

*Henare Te Karu*

Kaiarahi Matua – Cultural Manager

Te Korowai Atawhai

Cultural Specialist Mental Health Service

Building 4

Annex Road

Hilmorton Hospital

Canterbury DHB

[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)

Cell: 027.229.1149

## Sharryn Sunbeam

---

**From:** Anthony Rimell <anthony.rimell@psa.org.nz>  
**Sent:** Monday, 1 October 2018 1:06 p.m.  
**To:** Kaye Johnston; Henare Te Karu; Alfred Dell'ario; Tony Lockington; Paul Saunders; Maggie Orr; Louis Van Rensburg; Barbara Wilson; Ruru Harepeka Nako Hona; Toni Gutschlag  
**Cc:** 'Quentin@nupe.org.nz'  
**Subject:** RE: Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Restructure of Te Korowai Atawhai

I'll also be there just after 9am

**From:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Sent:** Monday, 1 October 2018 10:15 AM  
**To:** Henare Te Karu <Henare.TeKaru@cdhb.health.nz>; Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Tony Lockington <Tony.Lockington@cdhb.health.nz>; Paul Saunders <Paul.Saunders@cdhb.health.nz>; Maggie Orr <Maggie.Orr@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Cc:** Anthony Rimell <anthony.rimell@psa.org.nz>; 'Quentin@nupe.org.nz' <Quentin@nupe.org.nz>  
**Subject:** RE: Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

Kia ora Henare,

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### 2) Alfred and I have not been involved in "singling out" individuals and asking questions about the Discussion Paper. I have updated Te Korowai Atawhai as a group when I have come in to your Thursday meeting and have held no other meetings with any staff.



I am aware that Ruru, as part of getting underway in his new role as Pou Whirinaki, has been meeting with a lot of SMHS staff including all the service leadership teams and NGO staff alike. This is his prerogative in his role in establishing a perspective on the work of the division and is part of an orientation process to the role. If you are concerned about his orientation process then you should discuss this directly with him in the first instance and Barbara Wilson who is currently covering as GM. Ruru does not report to Alfred and myself and is not answerable to us about his meetings.

I trust this clarifies these matters  
Nga mihi kia koutou  
Kaye

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**Sent:** Friday, 28 September 2018 4:27 p.m.

**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Alfred Dell'ario <[Alfred.Dell'ario@cdhb.health.nz](mailto:Alfred.Dell'ario@cdhb.health.nz)>; Tony Lockington <[Tony.Lockington@cdhb.health.nz](mailto:Tony.Lockington@cdhb.health.nz)>; Paul Saunders <[Paul.Saunders@cdhb.health.nz](mailto:Paul.Saunders@cdhb.health.nz)>; Maggie Orr <[Maggie.Orr@cdhb.health.nz](mailto:Maggie.Orr@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>

**Cc:** 'Anthony Rimell' <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>; 'Quentin@nupe.org.nz' <[Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)>

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Nga mihi kia koutou  
Henare

*Henare Te Karu*

Kaiarahi Matua – Cultural Manager  
Te Korowai Atawhai  
Cultural Specialist Mental Health Service  
Building 4  
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Hilmorton Hospital  
Canterbury DHB  
[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)  
Cell: 027.229.1149

## Sharryn Sunbeam

---

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**Sent:** Monday, 1 October 2018 10:15 a.m.  
**To:** Henare Te Karu; Alfred Dell'ario; Tony Lockington; Paul Saunders; Maggie Orr; Louis Van Rensburg; Barbara Wilson; Ruru Harepeka Nako Hona; Toni Gutschlag  
**Cc:** 'Anthony Rimell'; 'Quentin@nupe.org.nz'  
**Subject:** RE: Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

**Categories:** Restructure of Te Korowai Atawhai

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Kaye

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**Sent:** Friday, 28 September 2018 4:27 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Tony Lockington <Tony.Lockington@cdhb.health.nz>; Paul Saunders <Paul.Saunders@cdhb.health.nz>;

Maggie Orr <Maggie.Orr@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Cc:** 'Anthony Rimell' <anthony.rimell@psa.org.nz>; 'Quentin@nupe.org.nz' <Quentin@nupe.org.nz>  
**Subject:** Invitation to Te Korowai Atawhai Whanaungatanga Day - Thursday 4th October.

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Henare

*Henare Te Karu*

Kaiahi Matua – Cultural Manager

Te Korowai Atawhai

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Canterbury DHB

[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)

Cell: 027.229.1149

## Sharryn Sunbeam

---

**From:** Rebecca Webster  
**Sent:** Wednesday, 18 July 2018 10:53 a.m.  
**To:** Barbara Wilson; Toni Gutschlag  
**Cc:** Sharryn Sunbeam  
**Subject:** TKA discussion document - Submission feedback v2  
**Attachments:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018; s9(2)(a) [Te Korowai Submission].pdf; Change of Contract; Submission feedback v2.docx

**Categories:** Restructure of Te Korowai Atawhai

Hi Barbara and Toni,

Please find attached the amended summary of submissions for the Te Korowai Atawhai document.

I have also attached here s9(2)(a) submission (no. 61) and the email from s9(2)(a) (no. 60) which was received prior to his submission. DLT members will need to see both - both are not shown on the submission packs you will have received.

Regards

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team  
 Specialist Mental Health Service  
 P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Sharryn Sunbeam

---

**From:** Kim Tanner <kim.tanner@psa.org.nz>  
**Sent:** Tuesday, 3 July 2018 1:02 p.m.  
**To:** Toni Gutschlag  
**Cc:** Anthony Rimell; Quentin Findlay  
**Subject:** Te Korowai Atawhai discussion document

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

I'm emailing on behalf of the PSA and NUPE in regards to the recent SMHS Update 29 June 2018 that was sent out by Barbara Wilson, Quality Manager. Within this communication is the below extract:

### ***Feedback on Te Korowai Atawhai discussion document***

*The Te Korowai Atawhai discussion document prompted a high level of engagement in the feedback process. Thank you all for your submissions. The original timeframe for consideration of feedback in the document was June 2018. Given the large volume of feedback received it has been necessary to extend the period of time required to consider the feedback.*

Neither the PSA, nor NUPE, have been informed in regards to extending the time period for consideration of feedback, nor have any of our members been informed of this other than if they read this Update. At the moment, we are still unaware of the new time frame for all feedback to be considered, and we would appreciate having the latest time frame confirmed.

It is disappointing that the Unions have not been kept up to date, nor have our members been considered during this period of potential significant change in relaying this information.

In future, can you please ensure that any communication in relation to this consultation process, is first provided to the Unions as it usually is, and an update or meeting to be arranged to advise the affected membership and staff.

Ngā mihi,

**Kim Tanner**  
 Union Organiser  
**NZ Public Service Association**  
 Te Pukenga Here Tikanga Mahi  
 Phone: 033455750  
 Mobile: 0274915124

DHB Admin staff  
 At the  of the  
 hospital



**Sharryn Sunbeam**

---

**From:** Rebecca Webster  
**Sent:** Thursday, 21 June 2018 9:25 a.m.  
**To:** Toni Gutschlag  
**Subject:** Fwd: Submission Discussion Document re: Te Korowai Atawhai April 2018  
**Categories:** Restructure of Te Korowai Atawhai

Hi,

I'm unclear what submission they are referencing as there is not one direct from s9(2)(a) or any on that date? How would you like me to proceed? I could email Kaye - just don't want to add fuel to any.

Bec

Sent from my Samsung Galaxy smartphone.

----- Original message -----

**From:** Monique Botha <Monique.Botha@cdhb.health.nz>  
**Date:** 21/06/2018 8:52 am (GMT+12:00)  
**To:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>  
**Subject:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018

FYI

**From:** s9(2)(a)  
**Sent:** Wednesday, 20 June 2018 6:01 p.m.  
**To:** Mere Hibbs; Te Pora Ehau  
**Cc:** Monique Botha  
**Subject:** Re: Submission Discussion Document re: Te Korowai Atawhai April 2018

Tena korua a Mere raua ko Te Pora  
Nga mihinui kia korua mo tou tautoko Te Whanau o Te Korowai Atawhai

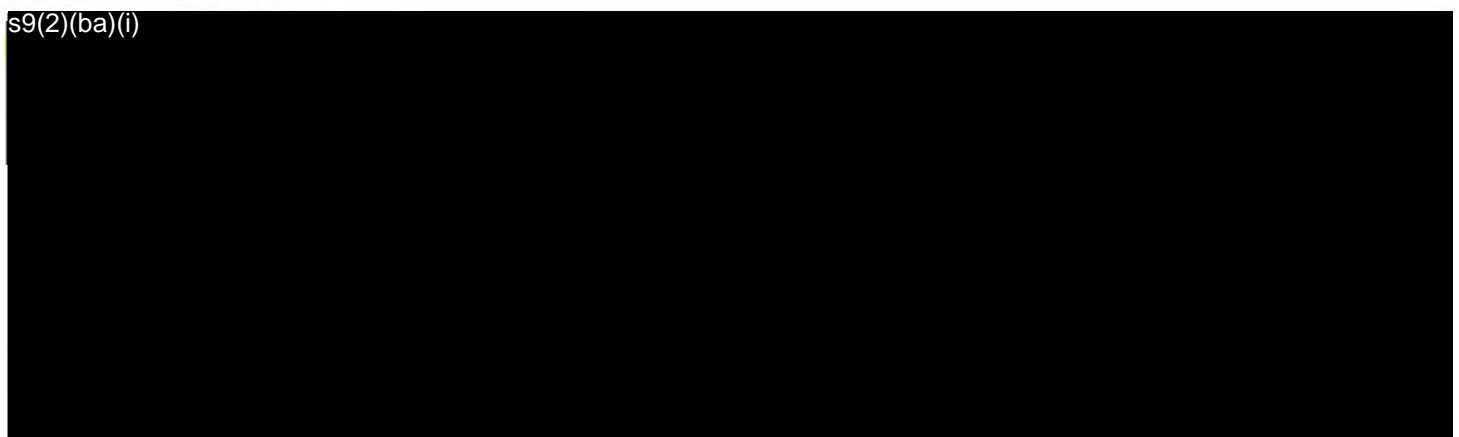
I have copied Monique Botha into this email also

Po Marie

s9(2)(a)

Sent from my Samsung Galaxy smartphone.

s9(2)(ba)(i)







## Sharryn Sunbeam

---

**From:** Karaitiana Tickell <Karaitiana@pw.maori.nz>  
**Sent:** Monday, 18 June 2018 7:13 p.m.  
**To:** Toni Gutschlag  
**Subject:** Re: curious

**Categories:** Restructure of Te Korowai Atawhai

Cheers, I look forward to hearing more in time.

Ngā mihi,

Karaitiana Tickell  
 Te Kaiwhakahaere - Chief Executive Officer  
 Purapura Whetu Trust  
 166 St Asaph Street,  
 City Central 8011  
 CHRISTCHURCH  
 Phone: 03 379 8001  
 Cell: 0275356708  
 Email: karaitiana@pw.maori.nz

---

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Sent:** Monday, June 18, 2018 7:08:31 PM  
**To:** Karaitiana Tickell  
**Subject:** Re: curious

Kia ora Karaitiana

It is an internally focussed document, it was promoted through my email but was open to anyone to provide feedback and we have received feedback from outside SMHS. It was open for consultation for 5-6 weeks I think.

Kind regards  
 Toni

Sent from my iPhone

On 18/06/2018, at 4:19 PM, Karaitiana Tickell <Karaitiana@pw.maori.nz> wrote:

Kia ora Toni,

I was trailing through your report that Jackie sends out through Navigate Waitaha and noted the discussion doc note below, I don't recall hearing about this, was it internal? Or did I miss something.

- **Te Korowai Atawhai discussion document - Submissions now closed**

Ngā mihi,  
 Karaitiana Tickell  
 Te Kaiwhakahaere - Chief Executive Officer  
 Purapura Whetu Trust  
166 St Asaph Street,  
City Central 8011  
 CHRISTCHURCH  
 Phone: 03 379 8001

Cell: 0275356708

Email: karaitiana@pw.maori.nz

## Sharryn Sunbeam

---

**From:** Karaitiana Tickell <Karaitiana@pw.maori.nz>  
**Sent:** Monday, 18 June 2018 4:19 p.m.  
**To:** Toni Gutschlag  
**Subject:** curious

**Categories:** Restructure of Te Korowai Atawhai

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Ngā mihi,

Karaitiana Tickell

Te Kaiwhakahaere - Chief Executive Officer

Purapura Whetu Trust

166 St Asaph Street,

City Central 8011

CHRISTCHURCH

Phone: 03 379 8001

Cell: 0275356708

Email: karaitiana@pw.maori.nz

## Sharryn Sunbeam

---

**From:** Barbara Wilson  
**Sent:** Tuesday, 12 June 2018 12:51 p.m.  
**To:** Toni Gutschlag  
**Subject:** FW: Stats for Te Korowai Atawhai submission

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni

Are you ok with this information being sent to Quentin ( PSA) via KJ?

Regards

Barbara

**From:** Chantelle Waters  
**Sent:** Tuesday, 12 June 2018 10:10 a.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** FW: Stats for Te Korowai Atawhai submission

Hi Barbara

Would you be happy for me to release the following:

### 1. Suicides

As I anticipated, accurate data on suicides was not easy to obtain. The figures shown in the table below are an estimate based on national data I was sent last year – I'm unsure whether the dataset was complete at that time.

#### Estimate of Suspected Suicides while under SMHS care or within 28 days of discharge (Jul 15 - Jun 17)

Financial Year & Primary Ethnicity	Gender		Grand Total
	Male	Female	
<b>FY 15/16</b>	<b>16</b>	<b>8</b>	<b>24</b>
Maori	1		<b>1</b>
Non-Maori	14	8	<b>22</b>
Not stated	1		<b>1</b>
<b>FY 16/17</b>	<b>16</b>	<b>6</b>	<b>22</b>
Maori	3		<b>3</b>
Non-Maori	12	5	<b>17</b>
Not stated	1	1	<b>2</b>
<b>Grand Total</b>	<b>32</b>	<b>14</b>	<b>46</b>

### 2. Inpatient Suicide Attempts

The table below shows the number of inpatient Safety 1<sup>st</sup> forms filled out by staff with a specific event type of 'suicide attempt.' This will be an underestimate as we are aware staff sometimes enter suicide attempts under the 'self-harm' and 'risk behaviour – risk to self' categories too. There is no way to count these ones without going through the narrative of every incident.

**SMHS Inpatient Safety 1st forms with a Specific Event Type of 'Suicide Attempt' Jun 15 to May 18 (3 years)**

Primary Ethnicity	Gender		Total
	Male	Female	
Maori	3	11	<b>14</b>
Non-Maori	30	158	<b>188</b>
<b>Total</b>	<b>33</b>	<b>169</b>	<b>202</b>

### 3. Case load figures

The tables below show the caseloads of nursing and allied health staff as at the date and time specified. We usually provide this monthly for the adult community teams, and I have added a few other teams below so you can see a range of services. Case Manager (CM) names have been removed and I have given them a number e.g. CM6 = Case Manager 6. I have also removed any caseloads of 5 or less as these are typically Crisis Resolution staff, students, doctors, etc.

Case managers displayed with lower numbers are likely to be working part-time, or managing groups in addition to their case management role. Those with the highest numbers in CORS are working with GP-shared care clients.

**Cases assigned by Team as of 09:00 on 07/06/2018**

East		North		South		West		Ashburton	
CM 1	9	CM 1	8	CM 1	7	CM 1	8	CM 1	11
CM 2	10	CM 2	8	CM 2	8	CM 2	10	CM 2	13
CM 3	11	CM 3	10	CM 3	10	CM 3	12	CM 3	13
CM 4	12	CM 4	10	CM 4	11	CM 4	12	CM 4	14
CM 5	15	CM 5	12	CM 5	12	CM 5	13	CM 5	14
CM 6	16	CM 6	17	CM 6	13	CM 6	14	CM 6	16
CM 7	16	CM 7	22	CM 7	13	CM 7	14	CM 7	17
CM 8	16	CM 8	22	CM 8	13	CM 8	15		
CM 9	17	CM 9	23	CM 9	17	CM 9	15		
CM 10	19	CM 10	23	CM 10	18	CM 10	16		
CM 11	19	CM 11	23	CM 11	18	CM 11	16		
CM 12	19	CM 12	24	CM 12	19	CM 12	18		
CM 13	20	CM 13	24	CM 13	20	CM 13	18		
CM 14	21	CM 14	26	CM 14	21	CM 14	19		
CM 15	23	CM 15	27	CM 15	22	CM 15	21		
CM 16	25	CM 16	27	CM 16	23	CM 16	22		
CM 17	25			CM 17	25	CM 17	22		
CM 18	28			CM 18	30	CM 18	23		
CM 19	31			CM 19	32	CM 19	23		
						CM 20	27		

**Cases assigned by team as at 16:26 on 11/6/18**

Anxiety Disorders		CADS		CORS		CAF North		CAF South		Fo Com
CM 1	6	CM 1	6	CM 1	18	CM 1	6	CM 1	6	CM 1
CM 2	8	CM 2	17	CM 2	18	CM 2	7	CM 2	8	CM 2
CM 3	8	CM 3	22	CM 3	21	CM 3	9	CM 3	11	CM 3
CM 4	8	CM 4	29	CM 4	26	CM 4	9	CM 4	11	
CM 5	9			CM 5	26	CM 5	10	CM 5	11	

CM 6	9
CM 7	10
CM 8	10
CM 9	10
CM 10	13
CM 11	14
CM 12	14
CM 13	15
CM 14	17

CM 6	28	CM 6	10	CM 6	12
CM 7	28	CM 7	12	CM 7	12
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CM 11	32	CM 11	22	CM 11	14
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CM 13	33	CM 13	23	CM 13	15
CM 14	33	CM 14	24	CM 14	17
CM 15	33	CM 15	24	CM 15	17
CM 16	35	CM 16	25	CM 16	19
CM 17	35	CM 17	26	CM 17	20
CM 18	36	CM 18	30	CM 18	21
CM 19	36			CM 19	25
CM 20	37			CM 20	31
CM 21	60			CM 21	33
CM 22	119				

#### 4. Maori Cases Opened

##### SMHS new case starts (includes phone contact only cases)

12 month period	Primary Ethnicity		Total
	Maori	Non-Maori	
1 Jun 15 to 30 May 16	3383	16641	<b>20024</b>
1 Jun 16 to 30 May 17	3713	17384	<b>21097</b>
1 Jun 17 to 30 May 18	4029	18314	<b>22343</b>
<b>Total</b>	<b>11125</b>	<b>52339</b>	<b>63464</b>

Kind Regards

#### Chantelle Waters

Health Informatics Officer/RSW | Quality and Patient Safety Team

Specialist Mental Health Service | Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch  
Ext 31875 | DDI (03) 339 2875 | E [chantelle.waters@cdhb.health.nz](mailto:chantelle.waters@cdhb.health.nz)

**From:** Kaye Johnston

**Sent:** Monday, 11 June 2018 11:23 a.m.

**To:** John Beveridge <[John.Beveridge@cdhb.health.nz](mailto:John.Beveridge@cdhb.health.nz)>; Chantelle Waters  
<[Chantelle.Waters@cdhb.health.nz](mailto:Chantelle.Waters@cdhb.health.nz)>

**Cc:** Alfred Dell'ario <[Alfred.Dell'ario@cdhb.health.nz](mailto:Alfred.Dell'ario@cdhb.health.nz)>; 'Kim Tanner' <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>; 'Quentin Findlay' <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; Henare Te Karu <[Henare.TeKaru@cdhb.health.nz](mailto:Henare.TeKaru@cdhb.health.nz)>

**Subject:** Stats for Te Korowai Atawhai submission

Hi John and Chantelle,

Te Korowai have asked for the following information to assist them in their submission response and consultation process related to the current Discussion Document.

Could you provide some assistance by extracting this information for them?



**Suicides**

Purpose: To highlight the need for more Pukenga Atawhai support and intervention

Request the total number of suicides for clients under the SMHS for the last 3 years, broken down as follows:

1. Total numbers divided into the 3 years
2. Age and Gender breakdown
3. Breakdown into Maori and non-Maori
4. How many Inpatient suicide attempts (these maybe recorded as a "serious event")
5. Breakdown into Maori and non-Maori
6. How many clients that died due to suicide, Maori and non-Maori

**Case Load**

Purpose: To highlight the inequality between Pukenga Atawhai and other disciplines

1. Request case load figures of Allied Health staff.
2. Request Maori cases opened.

Many thanks

Regards

Kaye

## Barbara Wilson

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 13 June 2018 4:33 p.m.  
**To:** Barbara Wilson  
**Subject:** RE: Stats for Te Korowai Atawhai submission

Hi Barbara  
 Sorry have only just seen this. Yes happy for it to be shared.

Regards  
 Toni

**From:** Barbara Wilson  
**Sent:** Tuesday, 12 June 2018 12:51 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** FW: Stats for Te Korowai Atawhai submission

Hi Toni  
 Are you ok with this information being sent to Quentin (PSA) via KJ?  
 Regards  
 Barbara

**From:** Chantelle Waters  
**Sent:** Tuesday, 12 June 2018 10:10 a.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** FW: Stats for Te Korowai Atawhai submission

Hi Barbara

Would you be happy for me to release the following:

### 1. Suicides

As I anticipated, accurate data on suicides was not easy to obtain. The figures shown in the table below are an estimate based on national data I was sent last year – I'm unsure whether the dataset was complete at that time.

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Ext 31875 | DDI (03) 339 2875 | E [chantelle.waters@cdhb.health.nz](mailto:chantelle.waters@cdhb.health.nz)

**From:** Kaye Johnston

**Sent:** Monday, 11 June 2018 11:23 a.m.

**To:** John Beveridge <[John.Beveridge@cdhb.health.nz](mailto:John.Beveridge@cdhb.health.nz)>; Chantelle Waters <[Chantelle.Waters@cdhb.health.nz](mailto:Chantelle.Waters@cdhb.health.nz)>

**Cc:** Alfred Dell'ario <[Alfred.Dell'ario@cdhb.health.nz](mailto:Alfred.Dell'ario@cdhb.health.nz)>; 'Kim Tanner' <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>; 'Quentin Findlay' <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; Henare Te Karu <[Henare.TeKaru@cdhb.health.nz](mailto:Henare.TeKaru@cdhb.health.nz)>

**Subject:** Stats for Te Korowai Atawhai submission

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### **Case Load**

Purpose: To highlight the inequality between Pukenga Atawhai and other disciplines

1. Request case load figures of Allied Health staff.
2. Request Maori cases opened.

Many thanks

Regards

Kaye

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Monday, 11 June 2018 12:14 p.m.  
**To:** Toni Gutschlag  
**Subject:** DECISION REQUIRED FW: Te Korowai Atawhai Discussion Document

**Importance:** High

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni  
 I am happy to give Kim until the end of tomorrow on this basis  
 Decision please  
 Thanks  
 KJ

**From:** Kim Tanner [mailto:kim.tanner@psa.org.nz]  
**Sent:** Monday, 11 June 2018 12:11 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** Te Korowai Atawhai Discussion Document  
**Importance:** High

Hi Kaye

I was on sick leave all last week, I am hopeful that you might be able to provide me an extension until tomorrow to write up the PSA Submission for the Te Korowai Atawhai Document please?

I realise you have already provided two extensions, however I would greatly appreciate an extra day.

I hope to hear from you soon, and thank you for your consideration.

Ngā mihi,

**Kim Tanner**  
 Union Organiser  
**NZ Public Service Association**  
 Te Pukenga Here Tikanga Mahi  
 Phone: 033455750  
 Mobile: 0274915124

DHB Admin staff  
 At the  of the  
 hospital



## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 2:21 p.m.  
**To:** Toni Gutschlag  
**Subject:** FW: Submission

**Categories:** Restructure of Te Korowai Atawhai

fyi

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 2:19 p.m.  
**To:** 'Quentin Findlay' <quentin@nupe.org.nz>  
**Cc:** Kim Tanner <kim.tanner@psa.org.nz>  
**Subject:** RE: Submission

Hi Quentin and Kim

The GM has agreed that an extension will be given until 11<sup>th</sup> June.

However she has also made it very clear that there is no requirement for all of the Te Korowai team to have to agree to a joint submission and this needs to be made very clear to them all.

We are aware of the current tensions in this group of staff and that there are differing views. Some of them have already expressed this directly to us.

Pressure must not be put on them to have to be part of a larger group.

On the basis that this is managed and respected, and communicated by yourselves, the extension is granted as above

Enjoy your long weekends

Regards

Kaye

**From:** Quentin Findlay [<mailto:quentin@nupe.org.nz>]  
**Sent:** Thursday, 31 May 2018 4:16 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Cc:** Kim Tanner <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>  
**Subject:** Submission

Hi Kaye

Both Kim Tanner and I met with Te Korowai Atawhai members today. It was decided that I would approach you to ask for a further extension on the first phase of the consultation process. There are several reasons for this request.

Firstly, they are still discussing the consultation document both individually and, more importantly as a team to ensure a collective response as well as individual ones. It was commented in today's that members of the team have been absent with the result that a full team discussion around the document has not been had since the proposal was first announced. People are adamant that there a number of issues that need to be discussed and this warrants the full discussion at a team meeting.



As you can appreciate neither NUPE or the PSA can proceed with their submissions until our members have come back to us with their thoughts/opinions and suggestions. We are anticipating that this will occur early next week.

As you are aware Queens Birthday intercedes next week which ensures a shorter week.

Equally, I am exhausted and, consequently, I will be away on Tuesday and will not be looking at undertaking any form of response until later in the week (Friday).

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph: 03 3773582**  
**Fax: 03 3774385**  
**Cell: 0272 276137**  
**Email: [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)**  
**Web: [www.nupe.org.nz](http://www.nupe.org.nz)**



Je suis marxiste de la tendance Groucho

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 2:14 p.m.  
**To:** Toni Gutschlag  
**Subject:** RE: DECISION REQUIRED ;FW: Submission

**Categories:** Restructure of Te Korowai Atawhai

Will do  
 Thanks

**From:** Toni Gutschlag  
**Sent:** Friday, 1 June 2018 2:02 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: DECISION REQUIRED ;FW: Submission

Hi Kaye

I'm concerned about one aspect of Quentin's email which is the requirement to agree a collective response. There is no requirement to agree this and given the level of concern being expressed by some staff in Te Korowai I am concerned that this may be putting undue pressure on some people. Can you please confirm this to him?

An extension until the 11<sup>th</sup> June is approved.

Regards  
 Toni

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 1:48 p.m.  
**To:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
**Subject:** DECISION REQUIRED ;FW: Submission

I am agreeable to give until 15<sup>th</sup> June  
 Barbara is away until 11<sup>th</sup> June anyway  
 Your approval sought please  
 KJ

**From:** Quentin Findlay [<mailto:quentin@nupe.org.nz>]  
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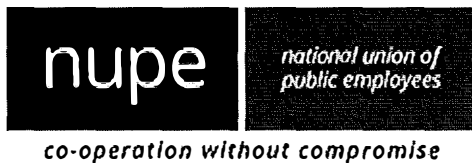
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Je suis marxiste de la tendance Groucho

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 1:48 p.m.  
**To:** Toni Gutschlag  
**Subject:** DECISION REQUIRED ;FW: Submission

**Categories:** Restructure of Te Korowai Atawhai

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## Sharryn Sunbeam

---

**From:** Barbara Wilson  
**Sent:** Friday, 25 May 2018 3:50 p.m.  
**Cc:** Mary Gordon; Stella Ward; Richard French (Anaesthesia SMO); Michael Frampton; Sandy Mclean; Evelyn Nelson; Monique Gale; Karalyn van Deursen; Mick O'Donnell  
**Subject:** SMHS update 25 May 2018  
**Categories:** Restructure of Te Korowai Atawhai

### SMHS Update 25 May 2018

- Lots of compliments directed at Child, Adolescent and Family services
- Retirement Celebrations – Corrie and Cheryl Tabak
- Retirement Celebrations – Helen Cole
- Compliment – Robin & Dean, SPoE
- Proposal for Change – SMHS Duty Nurse Manager
- Sandy Clemett appointed Director of Allied Health
- Kind gesture by Villa Services staff member
- Influenza Vaccination Programme – Catch up clinics
- REMINDER: Canterbury DHB Certification Audit: 18 to 22 June 2018
- REMINDER: Te Korowai Atawhai discussion document still open for submissions

### Lots of compliments directed at Child, Adolescent and Family services

In recent weeks we have seen a flurry of compliments about the great work that is done within CAF services.

The parents of a young person who was supported by CAF outpatient services late last year have been in touch to give an account of the amazing recovery and progress the young person has made. The email received is a glowing and heartfelt account of a young person's journey to high level of functioning and wellbeing. The young person is now actively engaging in activities and fully participating in school – even receiving a Principal's Award for one of the many activities he is engaging in. This is a completely different picture from how the young person presented only one year ago. The family view the efforts by CAF services as a key factor in this transformation for which they are extremely grateful.

The CAF inpatient unit have also received compliments from parents recently who wrote to express appreciation for the 'wonderful care' their daughter received while on the unit. The parents report that 'at all times she was treated with respect and consideration'. The process of admission to hospital was described by the parents as 'absolutely terrifying' and full of uncertainty. Their concerns were dealt with in 'a very wise and sympathetic manner' by nursing staff. The family make particular reference to nurse Angela Booth who they found to be 'incredibly caring' and who went the extra mile to make what was a harrowing experience much more bearable.

The parents say that at all times during the admission, communication was exceptional, the co-ordination of information and the organisation of leave was seamless. They really valued the non-judgemental and compassionate approach of the team whom they describe as 'truly wonderful, caring people'.

Another parent has taken the time to write to acknowledge the positive role of the inpatient unit in her daughter's recovery. They really appreciated the friendly and welcoming nature of staff. As with the previous compliment, they too express particular thanks to unit nurse Angela Booth, who they say has 'left a lasting and very positive impression'. They really valued Angela's honesty, knowledgeability and efforts to engage with their daughter and the family.

There has also been feedback from a CAF staff member who was keen to draw attention to the great teamwork within CAF Emergency during a period of increased resource pressure due clinical pressures and staff sickness. The team were able to work together, place client need at the centre, ensure clarity of roles and draw on support from the wider teams as required – particularly the inpatient team. The result was positive outcomes for family, youth and children accessing the service.

It is so great to receive and share this feedback and I, along with CAF service leadership would like to echo the sentiments expressed and thank you all for the tremendous work you do.

### **Retirement Celebrations – Corrie and Cheryl Tabak**

Last week we marked the retirement of two long-standing SMHS nurses - husband and wife Corrie and Cheryl Tabak. Corrie will be known to many of you as Duty Nurse Manager on night shift and Cheryl has been an RN in Kennedy. Corrie and Cheryl have always been highly respected across services with many years of loyal service to local mental health services.

Corrie started at Sunnyside Hospital as a student nurse in August 1969. After registering he went off to do his 'OE'; not returning until 1976. In 1977 he became a night shift supervisor. The name of this role has changed over the years from supervisor to duty co-ordinator and more recently Duty Nurse Manager.

During the very well attended gathering last week Corrie was complimented for his calm and steady demeanour and his ongoing hard work which often took place often behind the scenes. In the middle of the night with few resources around you problem solving can be particularly difficult and Corrie always rose to the challenge. Corrie has shown us throughout his long career in mental health that he is a loyal and trustworthy leader who cares for staff and is a strong advocate for care of consumers.

Corrie's wife Cheryl had a retirement celebration with colleagues in Kennedy but also attended the celebrations for Corrie. Cheryl was praised for her passion for excellent and holistic patient care and her ability to work alongside and advocate for consumers and their families to help them achieve improvements in their health and wellbeing. Cheryl has been very much valued as a member of the team at Kennedy and also within the wider Alcohol & Drug Service.

Cheryl started work in 1973. She commenced on the Community Nursing Programme at Burwood, completing registration as a Community Nurse in 1974, and going on to then complete her training as a Registered Psychiatric Nurse in 1978. In subsequent years, Cheryl worked in the Fergusson Clinic and on the 'Reserve Roster'. Following maternity leave, Cheryl returned in 1992 on the nursing pool before transferring to Kennedy in 1998 where she has continued until her retirement.

Both Corrie and Cheryl will be very much missed and I wish them both a long, happy, healthy and relaxing retirement.



Cheryl & Corrie Tabak sharing stories and anecdotes at the recent gathering to celebrate their retirement. Also in the picture are Joan Taylor, Nurse Consultant and Steve Hewitt, Duty Nurse Manager.



Just some of the friends and colleagues who gathered to mark Corrie and Cheryl's retirement.

### Retirement Celebrations – Helen Cole

We have also had a retirement celebration for Helen Cole; an exceptional nurse who has spent all of her 46 year career working as a nurse within Mental Health Services.

Helen trained at Sunnyside and graduated in 1973. Early in her career Helen worked as night nurse in Mothers & Babies/Eating Disorders service at Princess Margaret's Hospital. Helen was one of the first psychiatric trained staff to work in this field which was, at the time, the domain of general nurses.

After time off to have children Helen returned to work as a night pool nurse, working in all areas of the hospital and also in the hospital houses. She later worked night shifts in Ferguson 4. Helen reports that an ex-patient from Ferguson 4 still sends her Christmas cards to let her know how things are going. This patient felt Ferguson 4 was special ward and helpful in her recovery. When Ferguson clinic closed Helen began working in Te Awakura (Takahe Ward and subsequently East Inpatient) where she spent the last 17 years.

Thank you Helen for your long and dedicated service across our inpatient services. I wish you a long, happy and healthy retirement.



Helen Cole receiving gifts from Tanya Ewart at the recent gathering in Te Awakura to mark her retirement.





Helen pictured with Michelle Phelan (acting CNM, East Inpatient) and colleagues who gathered to mark her retirement.

### **Compliment – Robin & Dean, SPoE**

We have received some very positive feedback from a family member of a consumer who has had several contacts with SPOE over the last week. The family member mentioned Robin Smith and Dean McLaughlin in particular, stating that they had been 'absolutely brilliant; thoughtful, caring, informative and extremely helpful - a credit to your organisation'.

Dean and Robin's skilful and compassionate responses have greatly assisted this family – thank you to you both.

### **Proposal for Change – SMHS Duty Nurse Manager**

The SMHS Duty Nurse Manager Proposal for change document is now available and open for feedback. Details on how to submit your feedback is included in the document. The consultation period ends on Friday 8 June 2018.

[Click Here](#) to access the document.

### **Sandy Clemett appointed Director of Allied Health**

In case you missed the email from earlier in the week - we are delighted to announce that Sandy Clemett has been appointed as Director of Allied Health for Specialist Mental Health Services. Sandy has been in this role in an acting capacity for the last 18 months, she has proven to be an extremely capable leader, passionate about the Consumer and Family experience and a champion for Allied Health.

Please join us in congratulating Sandy on her appointment.



Sandy Clemett, recently appointed to the role of SMHS Director of Allied Health

#### **Kind gesture by Villa Services staff member**

Villa services staff member, Mel Nelmes has kindly created a beautiful blanket (pictured below) for a consumer who is leaving Te Whare Manaaki next week. Mel mentioned that she imagined the consumer had probably not received many gifts so felt it would be a nice thing to make him a blanket and give him a card to take with him. Mel dedicated many hours to create the blanket and the consumer was delighted to receive the gift.

The team at Te Whare Manaaki want to acknowledge and thank Mel for her compassion and generosity.



The beautiful blanket created by Mel from Villa Services, for a consumer who is due to leave Te Whare Manaaki

#### **Influenza Vaccination Programme – Catch up clinics**

In case you missed the recent series of influenza vaccination clinics, some catch up clinics have been schedules. See below for details:

- Wednesday 30<sup>th</sup> May - Clinical Services Unit. 2 pm - 3 pm
- Friday 1st June - Fergusson Building. 11 am - midday
- Wednesday 6<sup>th</sup> June - Heathcote Building, Level 1, TPMH. Midday - 3 p.m.

#### **REMINDER: Canterbury DHB Certification Audit: 18 to 22 June 2018**

Canterbury DHB services will undergo a certification audit against the Health and Disability Sector Standards during the week of **18 June 2018**. The process is a valuable opportunity to have our successes acknowledged and to have key improvement opportunities identified.

Certification is required under the Health and Disability Services (Safety) Act 2001. The main aims of the Act are to keep consumers in health and disability services safe, while encouraging providers to continuously improve their services.

Prior to, and during the audit, we need to provide evidence on activities, processes and outcomes against the standards, including how we monitor and evaluate improvement. SMHS preparation for this audit is underway and the Quality and Patient Safety Team are coordinating this process. Further updates will be provided over the coming weeks in the lead up to the audit.

For more information on Certification please visit the web pages [here](#) or contact Barbara Wilson on [Barbara.Wilson@cdhb.health.nz](mailto:Barbara.Wilson@cdhb.health.nz)

#### **REMINDER: Te Korowai Atawhai discussion document still open for submissions**

The feedback period for the recently released Te Korowai Atawhai discussion document has been extended until 7th June 2018. I know there is a lot of interest in this document across SMHS and I'm looking forward to reading your submissions. You are able to make submissions as an individual or group by submitting your feedback directly to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz).

As with all discussion or service change processes the submissions are kept confidential and are read only by the Quality Team members that write a summary of the feedback and some members of the Divisional Leadership Team including the Pou Whirinaki.

The document is available on our intranet pages - click [HERE](#) to view.

I hope you have a good weekend.

Kind regards

Barbara (on behalf of Toni Gutschlag, General Manager)

#### **Barbara Wilson**

Quality Manager | Specialist Mental Health Service

P 03 3377 969 ext 34194 | M 0274844753 | E [barbara.wilson@cdhb.health.nz](mailto:barbara.wilson@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

**Sharryn Sunbeam**

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**From:** Liam McKenny  
**Sent:** Friday, 18 May 2018 1:12 p.m.  
**To:** Toni Gutschlag  
**Subject:** SMHS Update 18 May 2018  
**Attachments:** GM Update 18 May 2018.docx

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni,

This week's draft update is attached. With regard to the Te Korowai feedback, KJ thought it may be necessary to be more explicit about the feedback process i.e. that feedback does not need to go to Te Korowai Atawhai first. I haven't been this explicit with the wording but made it clear that feedback can go directly to Monique. Feel free to edit as necessary.

Kind Regards

Liam

**Liam McKenny**

Nurse Coordinator – Quality & Patient Safety | Quality & Patient Safety Team

Specialist Mental Health Service

P 03 3377 969 ext 33517 | M 0275509162 | E [liam.mckenny@cdhb.health.nz](mailto:liam.mckenny@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Sharryn Sunbeam

---

**From:** Barbara Wilson  
**Sent:** Tuesday, 8 May 2018 10:51 a.m.  
**To:** Toni Gutschlag  
**Cc:** Louis Van Rensburg  
**Subject:** FW: Engagement meeting Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

Hi Toni  
 Are you ok with an extra two weeks?  
 If so I will arrange for the communication of this to SMHS, unions et al.  
 Regards  
 Barbara

**From:** Kaye Johnston  
**Sent:** Monday, 7 May 2018 4:07 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Cc:** Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Engagement meeting Te Korowai Atawhai

A fortnight would be fine  
 KJ

**From:** Toni Gutschlag  
**Sent:** Monday, 7 May 2018 4:06 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Cc:** Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Engagement meeting Te Korowai Atawhai

What period are you thinking Kaye?

**From:** Kaye Johnston  
**Sent:** Monday, 7 May 2018 2:25 p.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Cc:** Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Engagement meeting Te Korowai Atawhai

At our meeting today there was a request to have the consultation period extended for a further period. Of particular note in the request was the desire to allow the Pou Whirinaki time to be in their role and to have input in to the process of submissions.  
 As he will be on leave this is perceived as not possible

Alfred and I have no issue with an extension.  
 Regards  
 Kaye

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Monday, 7 May 2018 4:07 p.m.  
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**Cc:** Alfred Dell'ario; Louis Van Rensburg  
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**Sharryn Sunbeam**

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As he will be on leave this is perceived as not possible

Alfred and I have no issue with an extension.

Regards

Kaye



**Sharryn Sunbeam**

---

**From:** Barbara Wilson  
**Sent:** Friday, 4 May 2018 2:13 p.m.  
**To:** SMHS - All Staff  
**Subject:** Reminder: Te Korowai Atawhai - engagement sessions  
**Categories:** Restructure of Te Korowai Atawhai

A reminder

The engagement sessions relating to Te Korowai Atawhai discussion document are to be held on

- Monday 7 May 11:00 am in the Fountain Room at Admin Building 6, Hillmorton
- Thursday 10 May 3:00 pm in the Fountain Room at Admin Building 6, Hillmorton

Click [HERE](#) to view the discussion document.

Regards  
Barbara

**Barbara Wilson**

Quality Manager | Specialist Mental Health Service  
P 03 3377 969 ext 34194 | M 0274844753 | E [barbara.wilson@cdhb.health.nz](mailto:barbara.wilson@cdhb.health.nz)  
Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 4 May 2018 12:02 p.m.  
**To:** Toni Gutschlag  
**Subject:** RE: Discussion Document

**Categories:** Restructure of Te Korowai Atawhai

Yes  
 All sorted  
 I have emailed them

**From:** Toni Gutschlag  
**Sent:** Friday, 4 May 2018 12:01 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** Re: Discussion Document

Thanks will you let Les know?

Sent from my iPhone

On 4/05/2018, at 10:01 AM, Kaye Johnston <Kaye.Johnston@cdhb.health.nz> wrote:

Hi  
 Barbara has said that it was Quentin Findlay who was on the list  
 KJ

**From:** Toni Gutschlag  
**Sent:** Friday, 4 May 2018 9:57 a.m.  
**To:** Ross Nunan <Ross.Nunan@cdhb.health.nz>  
**Cc:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; Louis Van Rensburg  
 <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Fwd: Discussion Document

Hi Ross  
 Please see below. This was the document I asked you to send on to unions just prior to  
 Anzac Day. Was it sent out?  
 Thanks  
 Toni

Sent from my iPhone

Begin forwarded message:

**From:** Les Bryce <les@nupe.org.nz>  
**Date:** 4 May 2018 at 8:16:12 AM NZST  
**To:** "kaye.johnston@cdhb.health.nz" <kaye.johnston@cdhb.health.nz>  
**Cc:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>, Louis Van Rensburg  
 <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Discussion Document

Good morning Kaye

I am in receipt of a Discussion Document regarding Te Korowai Atawhai dated April 2018. Kaye, NUPE has had no notification of this document from CDHB. As a stakeholder we need to be kept informed so as to respond to our Members should and when the need arises. Can you please keep us informed as this progresses.

Regards

*Les Bryce*

Senior Organiser  
National Union of Public Employees  
Trade Union Centre  
68 Langdons Road, Papanui  
P O Box 13032  
CHRISTCHURCH 8053

**☎Phone:** 03 377-3582

**☎Fax:** 03 377-4385

**☎Mobile:** 0272 276-135

**E mail:** [les@nupe.org.nz](mailto:les@nupe.org.nz)

**Website:** [www.nupe.org.nz](http://www.nupe.org.nz)

**co-operation without compromise**

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 4 May 2018 10:01 a.m.  
**To:** Toni Gutschlag; Ross Nunan  
**Cc:** Louis Van Rensburg  
**Subject:** RE: Discussion Document

**Categories:** Restructure of Te Korowai Atawhai

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 Can you please keep us informed as this progresses.

Regards

*Les Bryce*

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☎ **Mobile:** 0272 276-135

**E mail:** [les@nupe.org.nz](mailto:les@nupe.org.nz)

**Website:** [www.nupe.org.nz](http://www.nupe.org.nz)

**co-operation without compromise**

**Sharryn Sunbeam**

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**From:** Barbara Wilson  
**Sent:** Thursday, 26 April 2018 11:44 a.m.  
**To:** SMHS - All Staff  
**Cc:** Hector Matthews; Mary Gordon  
**Subject:** Te Korowai Atawhai Discussion Document  
**Attachments:** TKA Discussion Document April 2018 Final version 19 April.pdf  
  
**Categories:** Restructure of Te Korowai Atawhai

Hello

Te Korowai Atawhai discussion document is attached.

Your feedback is welcome with the details on how to do this included in the document. The feedback period ends on 24 May 2018.

A link to the discussion document will be uploaded to the SMHS intranet site this afternoon and included in this week's GM update.

Regards  
Barbara

**Barbara Wilson**

Quality Manager | Specialist Mental Health Service  
P 03 3377 969 ext 34194 | M 0274844753 | E [barbara.wilson@cdhb.health.nz](mailto:barbara.wilson@cdhb.health.nz)  
Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Monday, 11 June 2018 10:11 a.m.  
**To:** Henare Te Karu  
**Cc:** 'Quentin@nupe.org.nz'; 'Kim Tanner'; Louis Van Rensburg; Toni Gutschlag  
**Subject:** RE: Discussion Document - Te Korowai Atawhai April 2018

**Categories:** Restructure of Te Korowai Atawhai

Kia ora Henare

The position is at the GM level and is non-negotiable.  
 It is not a position that is impacted by the Discussion Document.

If there is any confusion about the roles then that can be made as a statement in their response to the document.  
 They are welcome to ask for clarification about roles and don't need the Unions to do that on their behalf

Regards  
 Kaye

**From:** Henare Te Karu  
**Sent:** Wednesday, 6 June 2018 8:59 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** 'Quentin@nupe.org.nz' <Quentin@nupe.org.nz>; 'Kim Tanner' <kim.tanner@psa.org.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** Discussion Document - Te Korowai Atawhai April 2018

Tena koe Kaye

On behalf of the Pukenga Atawhai they are seeking clarification around the role between te Kaiarahi Matua and Te Pou Whirinaki as much confusion is being created through the Discussion Document, hence Ruru making the statement several times at Te Korowai Atawhai and at his Mihiwhakatau "I don't know what my role is"

Also they are wanting to know is the position of Pou Whirinaki being funded from Cost Centre 402 or from another Cost Centre? Should it be the latter then they want the funding to support the employment of another Pukenga Atawhai.

Can you also please advise whether these questions should be asked by the Unions rather than myself, even though the questions are directed at me during our korero on Thursdays. Just for future reference for me and to maintain the protocols of communication around this kaupapa.  
 I look forward to your reply on your return from Annual Leave.

Kia ora koe  
 Henare

*Henare Te Karu*



Kaiarahi Matua – Cultural Manager  
Te Korowai Atawhai  
Cultural Specialist Mental Health Service  
Building 4  
Annex Road  
Hilmorton Hospital  
Canterbury DHB  
[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)  
Cell: 027.229.1149

## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 11:42 a.m.  
**To:** Rebecca Webster  
**Cc:** Barbara Wilson; Toni Gutschlag; Louis Van Rensburg  
**Subject:** RE: Te Korowai Discussion document

**Categories:** Restructure of Te Korowai Atawhai

Thanks  
 That's fine  
 I'll just do a group email to say it is now mid week next week  
 There is an email from Louis suggesting best days for him  
 KJ

**From:** Rebecca Webster  
**Sent:** Friday, 16 March 2018 11:40 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** RE: Te Korowai Discussion document

Hi Kaye,

I have spoken with Toni this morning. She has asked that we hold this for the next couple of days until the Pou Whirinaki role is appointed to (which is likely to be imminent).

She will let us know when good to go.

The document will need populating with the dates/ times for the engagement meetings prior to distribution.

Regards

Rebecca

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 11:32 a.m.  
**To:** Barbara Wilson; Rebecca Webster  
**Subject:** Te Korowai Discussion document

Hi

I have now spoken with everyone and told them it will be released on Monday  
 Louis has indicated free mornings for consultation Rebecca so we should be set to go now  
 Thanks  
 KJ

## Sharryn Sunbeam

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**From:** Rebecca Webster  
**Sent:** Friday, 6 July 2018 11:35 a.m.  
**To:** Barbara Wilson  
**Cc:** Sharryn Sunbeam; Toni Gutschlag  
**Subject:** Te Korowai discussion document Submission feedback - for DLT  
**Attachments:** Submission feedback v1.docx

**Categories:** Restructure of Te Korowai Atawhai

Hi Barbara,

Please find attached the summary of submissions for the Te Korowai Atawhai discussion document.

I have summarised the 60 submissions that you have all received in your packs. For ease of collation I have done this against the options noted in the document. I have also met with Ruru and had some discussion with him around the themes.

My understanding is the next step would be for DLT to review the summary, make any required changes and develop a response to the items in the summary.

Please note also:

We have not received a submission from s9(2)(a)/s9(2)(ba)(i) in relation to this document. I have emailed and then spoken to him. He tells me he had sent it to the unions. They have not submitted one specifically for him and I have let him know this. On the 26<sup>th</sup> June I emailed suggesting he forward on the submission he sent to the union and that would be included. He has not sent anything through.

In relation to the email forwarded by s9(2)(a)/s9(2)(ba)(i) supporting his submission – I have not yet gone back to them to inform them that we do not have a submission from him, but can do this if you would like. At this stage their email has not been included in the submissions.

Regards

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## 1. Appendices

### Appendix 1

#### Feedback themes:

A total of 60 submissions were received on the Te Korowai Atawahi discussion document.

The following themes emerged from the feedback:

- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawahi time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.
- There is some confusion around the fundamental structure of Te Korowai Atawahi as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Increase in FTE for Pukenga Atawahi roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawahi roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	
<b>Reallocation of 3.6 Pukenga Atawahi FTE from Te Korowai cost centre</b>	The concept of reallocating the FTE to clinical cost centres is supported  The concept of reallocating the FTE to clinical cost centres is not supported	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawahi role within Te Awakura	

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	
<b>Adult general service includes CR</b>	<p>Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service,</p> <p>There are suggestions for a dedicated CR Pukenga role.</p>	
<b>Review of out of hours call back roster</b>	<p>This is supported.</p> <p>There are comments around the difficult 24hr day/ 7 day work of the Pukenga Atawhai currently.</p>	
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata Whaiora entering or in those services.	
<b>Increase in allocation for CAF</b>	This is supported.	
<b>Development of leadership roles</b>	<p>There is support for the development of leadership roles within Te Korowai Atawhai.</p> <p>This supports notes these roles need to reflect appropriate skill level and remuneration.</p>	
<b>Whanaugatanga day</b>	<p>There is support to review and/ or amend the format and /or frequency of Whanaugatanga day.</p> <p>Changes to the concept and format of Whanaugatanga Day are not supported.</p>	

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified. There are suggestions which include having Pukenga Atawahi rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role. Reviewing the role of the Kaiarahi Matua role is not supported as it is seen as a takahi to the mana of the position.	
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	
<b>Whanau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	
<b>Training and support role for wider SMHS</b>	There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawahi. There are also suggestions that this role could support Pukenga Atawahi professional and cultural development.	
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. Some submissions also detailed suggestions of the establishment of a Maori Service Manager role.	

Feedback Theme	Feedback Summary	Response/Changes implemented
Overall comments	<p>There were some general comments around obligations under the Treaty of Waitangi not being met.</p> <p>Some submissions noted that the consultation document and process was seen as similar to that of colonisation.</p> <p>Some submissions identified that Te Korowai Atawahi should decide how the service is operated.</p>	

**Sharryn Sunbeam**

---

**From:** Rebecca Webster  
**Sent:** Friday, 16 March 2018 11:40 a.m.  
**To:** Kaye Johnston  
**Cc:** Barbara Wilson; Toni Gutschlag; Louis Van Rensburg  
**Subject:** RE: Te Korowai Discussion document

**Categories:** Restructure of Te Korowai Atawhai

Hi Kaye,

I have spoken with Toni this morning. She has asked that we hold this for the next couple of days until the Pou Whirinaki role is appointed to (which is likely to be imminent).

She will let us know when good to go.

The document will need populating with the dates/ times for the engagement meetings prior to distribution.

Regards

Rebecca

**From:** Kaye Johnston  
**Sent:** Friday, 16 March 2018 11:32 a.m.  
**To:** Barbara Wilson; Rebecca Webster  
**Subject:** Te Korowai Discussion document

Hi

I have now spoken with everyone and told them it will be released on Monday  
Louis has indicated free mornings for consultation Rebecca so we should be set to go now  
Thanks  
KJ



**Sharryn Sunbeam**

---

**From:** Hector Matthews  
**Sent:** Sunday, 23 December 2018 9:10 a.m.  
**To:** Kaye Gray  
**Cc:** Ruru Harepeka Nako Hona; Toni Gutschlag  
**Subject:** Re: Meeting with Maurice

**Categories:** Restructure of Te Korowai Atawhai

Kia ora Kaye

Pai ana tēnā. Let's wait until after New Year.

We had been working on the feedback received from the Te Korowai Atawhai discussion document and put together a final proposal. However the timing just didn't work out. I was away at the Waitangi Tribunal last week and Ruru was keen to let Maurice know but by the time I'd returned from Wellington the timing just didn't allow.

It's too close to Christmas and New Year so we'll catch up early next year when it's less chaotic.

Ngā mihi nunui o te wā o Hine Raumati. Ka nui te aroha ki te whānau whānui.

Nāku nā

Hector

On 19/12/2018, at 16:46, Kaye Gray <[kaye@jadeassociates.co.nz](mailto:kaye@jadeassociates.co.nz)> wrote:

Kia ora Hector

Just sending a quick email to let you know that Ruru rang Maurice today to set up a hui for you and he to meet with Maurice tomorrow. Unfortunately I wasn't able to find any free time in Maurice's diary for the rest of the week. Maurice said to let him know if there was anything urgent you needed to talk with him about and he could talk on the phone.

Meri Kirihimete ki a koe me to whanau whanaui hoki.

Arohanui, Kaye

## Sharryn Sunbeam

---

**From:** Barbara Wilson  
**Sent:** Monday, 30 July 2018 9:53 a.m.  
**To:** Ruru Harepeka Nako Hona  
**Cc:** Toni Gutschlag  
**Subject:** FW: TKA - Submission feedback v3  
**Attachments:** Submission feedback v3.docx

**Categories:** Restructure of Te Korowai Atawhai

Morena Ruru

Te Korowai Atawhai discussion document summary of submissions is attached.

We are planning to discuss this at DLT tomorrow and given it is a Burwood day for you, it would be really helpful if you could provide any particular comment or concern that we should consider in our discussion tomorrow.

When you are at SMHS you may have further comment you want to provide. Also we will be able to discuss with you where our DLT discussion got to and the next steps. Thanks

Regards  
 Barbara

**From:** Rebecca Webster  
**Sent:** Wednesday, 25 July 2018 1:27 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** TKA - Submission feedback v3

Hi,

I have expanded the summary as requested.  
 Can you please let me know if it needs anything further.

Thanks

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



## 1. Appendices

### Appendix 1

#### Feedback themes:

A total of 62 submissions were received on the Te Korowai Atawahi discussion document.

The following themes emerged from the feedback:

- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawahi time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.
- There is some confusion around the fundamental structure of Te Korowai Atawahi as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Increase in FTE for Pukenga Atawahi roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawahi roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	
<b>Reallocation of 3.6 Pukenga Atawahi FTE from Te Korowai cost centre</b>	<p>Please see section Whanaugatanga Day as this section is related.</p> <p>The concept of reallocating the FTE to clinical cost centres is supported.</p> <p>The concept of reallocating the FTE to clinical cost centres is not supported.</p>	

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Dedicated role in Te Awakura</b>	The is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in covering the needs of this consumer group within the current structure.	
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service, There are suggestions for the establishment of a dedicated CR Pukenga role.	
<b>Review of out of hours call back roster</b>	This is supported. There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata Whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai.	

Feedback Theme	Feedback Summary	Response/Changes implemented
	This supports notes these roles need to reflect appropriate skill level and remuneration.	
<b>Whanaugatanga day</b>	<p>There is support to review and/ or amend the format and /or frequency of Whanaugatanga day. This is seen as positive as it will allow the increase in Pukenga availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other professional groups for supervision and development.</p> <p>Changes to the concept and format of Whanaugatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawahi operates. There is concern that losing this weekly days could leave Pukenga culturally unsupported.</p> <p>Some suggestions included maintaining the status quo, shorter days but maintained at weekly intervals, more structured days, shorter meetings less frequently.</p>	
<b>Manuhiri Day</b>	<p>Continuation of Manuhiri day is supported. Many benefits identified.</p> <p>There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.</p>	

Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Kaiarahi Matua role</b>	<p>There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units.</p> <p>Reviewing the role of the Kaiarahi Matua role is not supported as it is seen as a takahi to the mana of the position.</p>	
<b>Te Kaihapai role</b>	<p>There is recognition of the value of this position and agreement in the need to review the role.</p>	
<b>Whanau Kaitautoko role</b>	<p>There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.</p>	
<b>Training and support role for wider SMHS</b>	<p>There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawahi.</p> <p>There are also suggestions that this role could support Pukenga Atawahi professional and cultural development.</p>	
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	<p>There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of whanaugatangta day changes.</p>	

Feedback Theme	Feedback Summary	Response/Changes implemented
	Some submissions also detailed suggestions of the establishment of a Maori Service Manager role.	
<b>Overall comments</b>	<p>There were some comments which identified that Pukenga roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments around obligations under the Treaty of Waitangi not being met.</p> <p>Some submissions noted that the consultation document and process was seen as similar to that of colonisation.</p> <p>Some submissions identified that Te Korowai Atawahi should decide how the service is operated.</p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented. Some submissions suggested that if it had this would have addressed some of the current issues.</p>	

## Sharryn Sunbeam

---

**From:** Barbara Wilson  
**Sent:** Monday, 30 July 2018 9:40 a.m.  
**To:** Peri Renison; Joan Taylor; Sandy Clemett; Sandy Mclean; Anna Combrink; Louis Van Rensburg; Sharryn Sunbeam  
**Cc:** Toni Gutschlag; Rebecca Webster  
**Subject:** TKA - Submission feedback v3  
**Attachments:** Submission feedback v3.docx

**Categories:** Restructure of Te Korowai Atawhai

Hello

The Te Korowai Atawhai discussion document summary of submissions is attached. If you have comments it would be helpful if you could email them to Rebecca.

Sharryn could you please put this on tomorrows DLT agenda for discussion? Thanks

Regards  
 Barbara

**From:** Rebecca Webster  
**Sent:** Wednesday, 25 July 2018 1:27 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** TKA - Submission feedback v3

Hi,

I have expanded the summary as requested.  
 Can you please let me know if it needs anything further.

Thanks

Bec

### Rebecca Webster

Nurse Co-ordinator | Quality and Patient Safety Team  
 Specialist Mental Health Service  
 P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)





## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Friday, 15 June 2018 10:37 a.m.  
**To:** 'Quentin Findlay'; 'Kim Tanner'  
**Cc:** Rebecca Webster; Toni Gutschlag  
**Subject:** RE: Submissions

**Categories:** Restructure of Te Korowai Atawhai

Thanks for that Quentin  
 Regards  
 Kaye

**From:** Quentin Findlay [mailto:quentin@nupe.org.nz]  
**Sent:** Friday, 15 June 2018 10:36 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; 'Kim Tanner' <kim.tanner@psa.org.nz>  
**Cc:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Submissions

Hi Kaye

As far as I am aware that is the case. I am not aware of any other response from NUPE members.

I forgot to mention as well that in addition to consulting with members we are provided with legal authority to represent them and advocate for them (which includes preparing and writing submissions) under the relevant provisions of the ERA.

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph: 03 3773582**  
**Fax: 03 3774385**  
**Cell: 0272 276137**  
**Email: [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)**  
**Web: [www.nupe.org.nz](http://www.nupe.org.nz)**



Je suis marxiste de la tendance Groucho

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Friday, June 15, 2018 10:32 AM  
**To:** Quentin Findlay <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>; 'Kim Tanner' <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>  
**Cc:** Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)>; Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
**Subject:** RE: Submissions

Thanks Quentin for clarifying.

So we can conclude that there is no other collective submission coming that we are unaware of as the submission date has closed now

Regards

Kaye

**From:** Quentin Findlay [<mailto:quentin@nupe.org.nz>]  
**Sent:** Friday, 15 June 2018 10:30 a.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; 'Kim Tanner' <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>  
**Subject:** RE: Submissions

Hi Kaye

Submissions are written only after consultation and feedback from members. I know that the PSA operates in the same manner.

Kim and I were very clear that we would not write submissions unless we received feedback from members.

The Te Korowai Atawhai submissions were written after receiving advice guidance, advice and feedback from our respective membership. The reports are provided to members for their opinions prior to them being presented.

I have never asked members to sign a report written on behalf of them and, as far as I am aware the CDHB has never asked NUPE is to do so due to the fact that it was acknowledged that reports reflect members opinions and views.

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph: 03 3773582**  
**Fax: 03 3774385**  
**Cell: 0272 276137**  
**Email: [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)**  
**Web: [www.nupe.org.nz](http://www.nupe.org.nz)**



Je suis marxiste de la tendance Groucho

**From:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Sent:** Friday, June 15, 2018 10:20 AM  
**To:** 'Kim Tanner' <kim.tanner@psa.org.nz>; Quentin Findlay <quentin@nupe.org.nz>  
**Subject:** Submissions

Kia ora Kim and Quentin

Thanks for your support in ensuring submissions were made for the Te Korowai Atawhai Discussion document.

Was there a reason that members did not sign them?

We need to have an indication of the support of the respective submissions – signatures or numbers of members for your respective groups?

Thanks  
 Kaye

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## Sharryn Sunbeam

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**From:** Kaye Johnston  
**Sent:** Friday, 15 June 2018 10:35 a.m.  
**To:** 'Kim Tanner'; 'Quentin Findlay'  
**Cc:** Rebecca Webster; Toni Gutschlag  
**Subject:** RE: Submissions

**Categories:** Restructure of Te Korowai Atawhai

Thanks for clarifying that Kim  
 Regards  
 Kaye

**From:** Kim Tanner [mailto:kim.tanner@psa.org.nz]  
**Sent:** Friday, 15 June 2018 10:35 a.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>; 'Quentin Findlay' <quentin@nupe.org.nz>  
**Cc:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Submissions

Hi Kaye

I agree with Quentin. We advised members we would only write a submission based on feedback we received, which we have done so. The feedback I used was from a group session rather than individual submissions sent to me.

I have also never asked members to sign, and the CDHB has not asked me previously to do so.

I can advise that there is no other collective submission coming from PSA, or a joint PSA/NUPE submission.

Ngā mihi,

**Kim Tanner**  
 Union Organiser  
**NZ Public Service Association**  
 Te Pukenga Here Tikanga Mahi  
 Phone: 033455750  
 Mobile: 0274915124

DHB Admin staff  
 At the  of the  
 hospital



**From:** Kaye Johnston [mailto:Kaye.Johnston@cdhb.health.nz]  
**Sent:** Friday, 15 June 2018 10:32 AM  
**To:** 'Quentin Findlay' <quentin@nupe.org.nz>; Kim Tanner <kim.tanner@psa.org.nz>

**Cc:** Rebecca Webster <[Rebecca.Webster@cdhb.health.nz](mailto:Rebecca.Webster@cdhb.health.nz)>; Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>

**Subject:** RE: Submissions

Thanks Quentin for clarifying.

So we can conclude that there is no other collective submission coming that we are unaware of as the submission date has closed now

Regards

Kaye

**From:** Quentin Findlay [<mailto:quentin@nupe.org.nz>]

**Sent:** Friday, 15 June 2018 10:30 a.m.

**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; 'Kim Tanner' <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>

**Subject:** RE: Submissions

Hi Kaye

Submissions are written only after consultation and feedback from members. I know that the PSA operates in the same manner.

Kim and I were very clear that we would not write submissions unless we received feedback from members.

The Te Korowai Atawhai submissions were written after receiving advice guidance, advice and feedback from our respective membership. The reports are provided to members for their opinions prior to them being presented.

I have never asked members to sign a report written on behalf of them and, as far as I am aware the CDHB has never asked NUPE is to do so due to the fact that it was acknowledged that reports reflect members opinions and views.

Thanks

**Quentin Findlay**

**Organiser**

**National Union of Public Employees**

**Ph:** 03 3773582

**Fax:** 03 3774385

**Cell:** 0272 276137

**Email:** [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)

**Web:** [www.nupe.org.nz](http://www.nupe.org.nz)



*co-operation without compromise*

Je suis marxiste de la tendance Groucho

**From:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Sent:** Friday, June 15, 2018 10:20 AM  
**To:** 'Kim Tanner' <kim.tanner@psa.org.nz>; Quentin Findlay <quentin@nupe.org.nz>  
**Subject:** Submissions

Kia ora Kim and Quentin

Thanks for your support in ensuring submissions were made for the Te Korowai Atawhai Discussion document.

Was there a reason that members did not sign them?

We need to have an indication of the support of the respective submissions – signatures or numbers of members for your respective groups?

Thanks  
 Kaye

\*\*\*\*\*  
 \*\*\*\*\*

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## Sharryn Sunbeam

---

**From:** Kaye Johnston  
**Sent:** Thursday, 10 May 2018 11:01 a.m.  
**To:** Henare Te Karu  
**Cc:** Brian Dolan; Barbara Wilson; Toni Gutschlag; Ruru Hona; Hector Matthews  
**Subject:** RE: Discussion Facilitator

**Categories:** Restructure of Te Korowai Atawhai

Kia ora Henare

Thanks for informing me of the discussion from Te Korowai Atawhai.

I'm sorry but this process is a formal People and Capability process which follows a standard protocol and has set stages and timelines.

DLT is not agreeable to engaging a facilitator and requires us to follow the process as outlined in the formal Discussion Document.

The timeframe has been extended already by two weeks at Te Korowai's request.

There is assistance available if you need that to help put together your submission(s) in writing.

You can ask for that by contacting Barbara Wilson, Quality Manager, directly.

As I emailed earlier your regular weekly, all day Thursday meetings together should provide enough time for your submission(s) to be completed.

I would remind you also that this is only the first stage of discussions

This is still only a Discussion Document – it is not a Proposal for Change which is drafted after all feedback on the Discussion Document is received and analysed.

There are further opportunities for feedback at that point as well.

Regards

Kaye

**From:** Henare Te Karu  
**Sent:** Wednesday, 9 May 2018 5:18 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Brian Dolan <Brian.Dolan@cdhb.health.nz>  
**Subject:** Discussion Facilitator

Tena koe Kaye

The Whanau discussed engaging a "facilitator" to assist Te Korowai Atawhai to navigate through the document and Brian Dolan – Director of Service Improvements, has accepted the invitation but he wanted to ensure that you and the GM are also informed as a matter of courtesy.

The only day he is available is either Monday or Wednesday of next week and he is then away for 6 weeks. This being the case, it is not enough time for Pukenga Atawhai to gather information to discuss.

Therefore we want a time extension of a minimum period of 9 weeks. We look forward to your favourable reply.

For and on Behalf of nga Pukenga Atawhai:

***Henare Te Karu***

Kaiarahi Matua – Cultural Manager  
Te Korowai Atawhai  
Cultural Specialist Mental Health Service  
Building 4  
Annex Road  
Hilmorton Hospital  
Canterbury DHB  
[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)  
Cell: 027.229.1149



## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Monday, 11 March 2019 9:49 a.m.  
**To:** Monique Botha  
**Subject:** FW: Proposal for Change, Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

**From:** Aaron Everton  
**Sent:** Monday, 11 March 2019 9:06 a.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** RE: Proposal for Change, Te Korowai Atawhai

Tena Koe,

Thank you for forwarding this to me.

Nga Mihi,

Aaron

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:12 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 6 March 2019 8:36 a.m.  
**To:** s9(2)(a)  
**Cc:** Monique Botha  
**Subject:** Re: Proposal for Change, Te Korowai Atawhai

**Categories:** Restructure of Te Korowai Atawhai

Morena s9(2)(a)  
 Please send it to Monique Botha.  
 Nga mihi  
 Toni

Sent from my iPhone

On 6/03/2019, at 8:17 AM, s9(2)(a)@cdhb.health.nz wrote:

Morena Toni, who do we send our feedback to please?

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
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Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

<image002.png>

**Sharryn Sunbeam**

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**From:** Toni Gutschlag  
**Sent:** Wednesday, 6 March 2019 7:14 a.m.  
**To:** Peri Renison; Louis Van Rensburg; Joan Taylor; Barbara Wilson; Sandy Clemett; Ruru Harepeka Nako Hona  
**Subject:** Fwd: Proposal for Change, Te Korowai Atawhai  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf; ATT00001.htm  
  
**Categories:** Restructure of Te Korowai Atawhai

Sent from my iPhone

Begin forwarded message:

**From:** Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>  
**Date:** 5 March 2019 at 9:17:31 PM NZDT  
**To:** Wendy Dallas-Katoa <[dallaskatoa@gmail.com](mailto:dallaskatoa@gmail.com)>, Kaye Gray <[mauritukaha@icloud.com](mailto:mauritukaha@icloud.com)>, "mauritukaha@me.com" <[mauritukaha@me.com](mailto:mauritukaha@me.com)>  
**Subject:** Proposal for Change, Te Korowai Atawhai

Kia ora kōrua

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Specialist Mental Health Services Divisional Leadership Team and I met with Te Korowai staff to present the document. It was presented to Te Korowai Atawhai staff first as the staff most affected by this. Two PSA (union) organisers were also present.

A number of questions were asked and robust discussion followed before we had kai.

This proposal builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services (SMHS). The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

The main driver for change is the increasing (over many years) growth in demand by tāngata whaiora and their whānau. The increased demand has seen a commensurate growth in the number of Māori tāngata whaiora (and their whānau) not able to be seen by pūkenga atawhai because there has not been the same growth in pūkenga atawhai.

Given the cash-strapped nature of DHBs and our own SMHS, this proposal has looked for ways to grow the pūkenga atawhai resources within the SMHS budget to improve access for Māori tāngata whaiora, reduce the stress on pūkenga atawhai and spread the load for on-call rosters.

As with all such proposals for change, there are gains and losses and this proposal attempts to focus the gains to support tāngata whaiora.

This document proposes that the Te Korowai Atawhai whanaungatanga day go from weekly to monthly to

effectively gain three extra days per month for each pūkenga atawhai to support tāngata whaiora.

The document also proposes four extra pūkenga atawhai from within existing budgets.

The document also proposes the disestablishment of one FTE and the establishment of another FTE along with a change of reporting lines for pūkenga atawhai teams, as well of changes to on-call rostering.

The deadline for feedback on the proposal 15 April.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process. Happy to kōrero at our next hui or sooner if you prefer.

Ngā mihi.

Nāku nā

Hector

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Monday, 4 March 2019 5:25 p.m.  
**To:** Ruru Harepeka Nako Hona; Peri Renison  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Categories:** Restructure of Te Korowai Atawhai

**From:** Kaye Johnston  
**Sent:** Monday, 4 March 2019 1:13 p.m.  
**To:** Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Alfred Dell'ario <Alfred.Dell'ario@cdhb.health.nz>  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Fyi

I have organised for morning tea so we will need to factor this in to the time available in everyone's schedulers.

PS I have to leave at 10am as I am facilitating a meeting and had to move it to fit this in  
 KJ

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Monday, 4 March 2019 12:35 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Hi Kaye

What I mean is , what would a consultative process look like if it were underpinned by Te Tiriti principles? It might look exactly the same, or there might be key differences. I don't know, hence why I asked our Runanga to comment.

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Monday, 4 March 2019 12:01 PM  
**To:** Anthony Rimell <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>  
**Cc:** Hector Matthews <[Hector.Matthews@cdhb.health.nz](mailto:Hector.Matthews@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Anthony  
 I'd be grateful if you could please clarify what you are indicating around process please?

We are now rescheduled for the release of the document to te korowai Atawhai tomorrow at Te korowai Atawhai

Thanks

kaye

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Friday, 1 March 2019 3:48 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Kaye

Again, can I note that I have sent a copy of the report to our PSA Runanga (they are PSA staff, covered by the confidentiality process), around comment on both content and process.

Regards

-----Original Appointment-----

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Friday, 1 March 2019 1:50 PM  
**To:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg  
**Cc:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon; Daryl Beattie  
**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage  
**When:** Tuesday, 5 March 2019 9:00 AM-10:30 AM (UTC+12:00) Auckland, Wellington.  
**Where:** Te KOROWAI ATAWHAI  
**Importance:** High

Kia ora koutou, Te Korowai Atawhai

We have needed to change the meeting time again to ensure all parties are able to be present. You will need to inform your Clinical Managers that you need to be released from your service area in order to attend this meeting now confirmed for Tuesday 5<sup>th</sup> March at 9am. I have already informed your Service Managers of this and the importance of your attendance and I will advise them again of this change of date.

The purpose of this meeting is to present the Proposal for Change document which has resulted from the feedback on the earlier Discussion Document.

This meeting is not a consultation meeting in itself – it is for purposes of distribution of the document to Te Korowai Atawhai before it is released to the wider SMHS.

At the meeting we will outline what the consultation process should entail and when meetings specifically for your group can be held.

We will then schedule in those meetings by electronic invitation.

The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensburg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave. Thanks for giving this priority

Ngâ mihi  
 Kaye and Alfred



## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Monday, 4 March 2019 11:20 a.m.  
**To:** Kaye Johnston; Hector Matthews; Louis Van Rensburg  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Categories:** Restructure of Te Korowai Atawhai

Thanks Kaye,  
 Can you please follow up with Anthony regarding his comment about process? I'd like to have a sense of what he is indicating please/

**From:** Kaye Johnston  
**Sent:** Friday, 1 March 2019 3:52 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Fyi

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Friday, 1 March 2019 3:48 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Kaye

Again, can I note that I have sent a copy of the report to our PSA Runanga (they are PSA staff, covered by the confidentiality process), around comment on both content and process.

Regards

-----Original Appointment-----

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Friday, 1 March 2019 1:50 PM  
**To:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg  
**Cc:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon; Daryl Beattie  
**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage  
**When:** Tuesday, 5 March 2019 9:00 AM-10:30 AM (UTC+12:00) Auckland, Wellington.  
**Where:** Te KOROWAI ATAWHAI  
**Importance:** High

Kia ora koutou, Te Korowai Atawhai

We have needed to change the meeting time again to ensure all parties are able to be present. You will need to inform your Clinical Managers that you need to be released from your service area in order to attend this meeting now confirmed for Tuesday 5<sup>th</sup> March at 9am.



I have already informed your Service Managers of this and the importance of your attendance and I will advise them again of this change of date.

The purpose of this meeting is to present the Proposal for Change document which has resulted from the feedback on the earlier Discussion Document.

This meeting is not a consultation meeting in itself – it is for purposes of distribution of the document to Te Korowai Atawhai before it is released to the wider SMHS.

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We will then schedule in those meetings by electronic invitation.

The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensberg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave.  
Thanks for giving this priority

Ngā mihi

Kaye and Alfred

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*  
\*\*\*\*\*

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Friday, 1 March 2019 4:02 p.m.  
**To:** Ruru Harepeka Nako Hona; Peri Renison  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

**Categories:** Restructure of Te Korowai Atawhai

fyi

**From:** Kaye Johnston  
**Sent:** Friday, 1 March 2019 3:52 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Hector Matthews <Hector.Matthews@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>  
**Subject:** FW: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Fyi

**From:** Anthony Rimell [<mailto:anthony.rimell@psa.org.nz>]  
**Sent:** Friday, 1 March 2019 3:48 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - Feedback and plan for next stage

Thanks Kaye

Again, can I note that I have sent a copy of the report to our PSA Runanga (they are PSA staff, covered by the confidentiality process), around comment on both content and process.

Regards

-----Original Appointment-----

**From:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Sent:** Friday, 1 March 2019 1:50 PM  
**To:** Te Korowai Atawhai; Toni Gutschlag; Hector Matthews; Sharryn Sunbeam; Ruru Harepeka Nako Hona; Peri Renison; Sandy Clemett; Alfred Dell'ario; Barbara Wilson; Louis Van Rensburg  
**Cc:** Henare Te Karu; Lee Meikle; Ruahine Carlson; Dean Rangihuna; Quentin Findlay; 'Les Bryce'; Vi Anderson; Holly McLaren; Maria Rusbridge; Tania Noa; Zohnia Reweti; Dianne Patuwai; Wikitoria Crofts; Donna Roberts; Ellise Smith; Nepia Reweti; Justine Riwai; Anthony Rimell; Lesley Dixon; Daryl Beattie  
**Subject:** Te Korowai Atawhai Discussion Document - Feedback and plan for next stage  
**When:** Tuesday, 5 March 2019 9:00 AM-10:30 AM (UTC+12:00) Auckland, Wellington.  
**Where:** Te KOROWAI ATAWHAI  
**Importance:** High

Kia ora koutou, Te Korowai Atawhai

We have needed to change the meeting time again to ensure all parties are able to be present.

You will need to inform your Clinical Managers that you need to be released from your service area in order to attend this meeting now confirmed for Tuesday 5<sup>th</sup> March at 9am.

I have already informed your Service Managers of this and the importance of your attendance and I will advise them again of this change of date.

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The meeting will be attended by Toni Gutschlag (General Manager), Dr Peri Renison (Chief of Psychiatry), Hector Matthews (Director of Māori Health), Ruru Hona (Te Pou Whirinaki), Louis Van Rensberg (P & C Advisor) together with Alfred and myself as Clinical Director and Service Manager for Te Korowai Atawhai.

Can you please confirm your attendance so I am able to track attendees and those who will be on leave.  
Thanks for giving this priority

Ngâ mihi

Kaye and Alfred

\*\*\*\*\*  
\*\*\*\*\*

This email may contain privileged and confidential information, including health information protected by the Health Information Privacy Code and the Privacy Act. It is intended solely for the intended recipient(s). Any unauthorized use, redistribution, disclosure, or reproduction of this email and/or its attachments is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender immediately and delete the original message, including attachments, from your system. Any views or opinions expressed in this email are those of the individual sender, and do not necessarily reflect those of the Canterbury District Health Board unless otherwise stated.

\*\*\*\*\*  
\*\*\*\*\*

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 3 July 2018 2:35 p.m.  
**To:** Barbara Wilson  
**Subject:** Fwd: Te Korowai Atawhai discussion document  
**Attachments:** image001.png

**Categories:** Restructure of Te Korowai Atawhai

Sent from my iPhone

Begin forwarded message:

**From:** Kim Tanner <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>  
**Date:** 3 July 2018 at 11:02:05 AM AEST  
**To:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
**Cc:** Anthony Rimell <[anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz)>, Quentin Findlay <[quentin@nupe.org.nz](mailto:quentin@nupe.org.nz)>  
**Subject:** Te Korowai Atawhai discussion document

Hi Toni

I'm emailing on behalf of the PSA and NUPE in regards to the recent SMHS Update 29 June 2018 that was sent out by Barbara Wilson, Quality Manager. Within this communication is the below extract:

***Feedback on Te Korowai Atawhai discussion document***

*The Te Korowai Atawhai discussion document prompted a high level of engagement in the feedback process. Thank you all for your submissions. The original timeframe for consideration of feedback in the document was June 2018. Given the large volume of feedback received it has been necessary to extend the period of time required to consider the feedback.*

Neither the PSA, nor NUPE, have been informed in regards to extending the time period for consideration of feedback, nor have any of our members been informed of this other than if they read this Update. At the moment, we are still unaware of the new time frame for all feedback to be considered, and we would appreciate having the latest time frame confirmed.

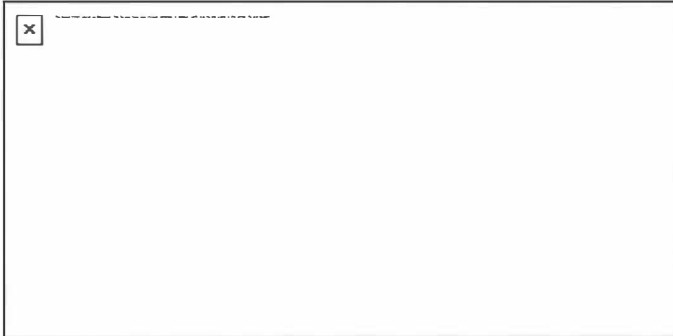
It is disappointing that the Unions have not been kept up to date, nor have our members been considered during this period of potential significant change in relaying this information.

In future, can you please ensure that any communication in relation to this consultation process, is first provided to the Unions as it usually is, and an update or meeting to be arranged to advise the affected membership and staff.

Ngā mihi,

**Kim Tanner**

Union Organiser  
**NZ Public Service Association**  
Te Pukenga Here Tikanga Mahi  
Phone: 033455750  
Mobile: 0274915124



**Sharryn Sunbeam**

---

**From:** Toni Gutschlag  
**Sent:** Thursday, 21 June 2018 10:07 a.m.  
**To:** Rebecca Webster  
**Subject:** RE: Submission Discussion Document re: Te Korowai Atawhai April 2018  
  
**Categories:** Restructure of Te Korowai Atawhai

Can you approach s9(2)(a) directly please? Taking the naïve enquirer approach

**From:** Rebecca Webster  
**Sent:** Thursday, 21 June 2018 9:25 a.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** Fwd: Submission Discussion Document re: Te Korowai Atawhai April 2018

Hi,  
I'm unclear what submission they are referencing as there is not one direct from s9(2)(a) or any on that date? How would you like me to proceed? I could email Kaye - just don't want to add fuel to any.  
Bec

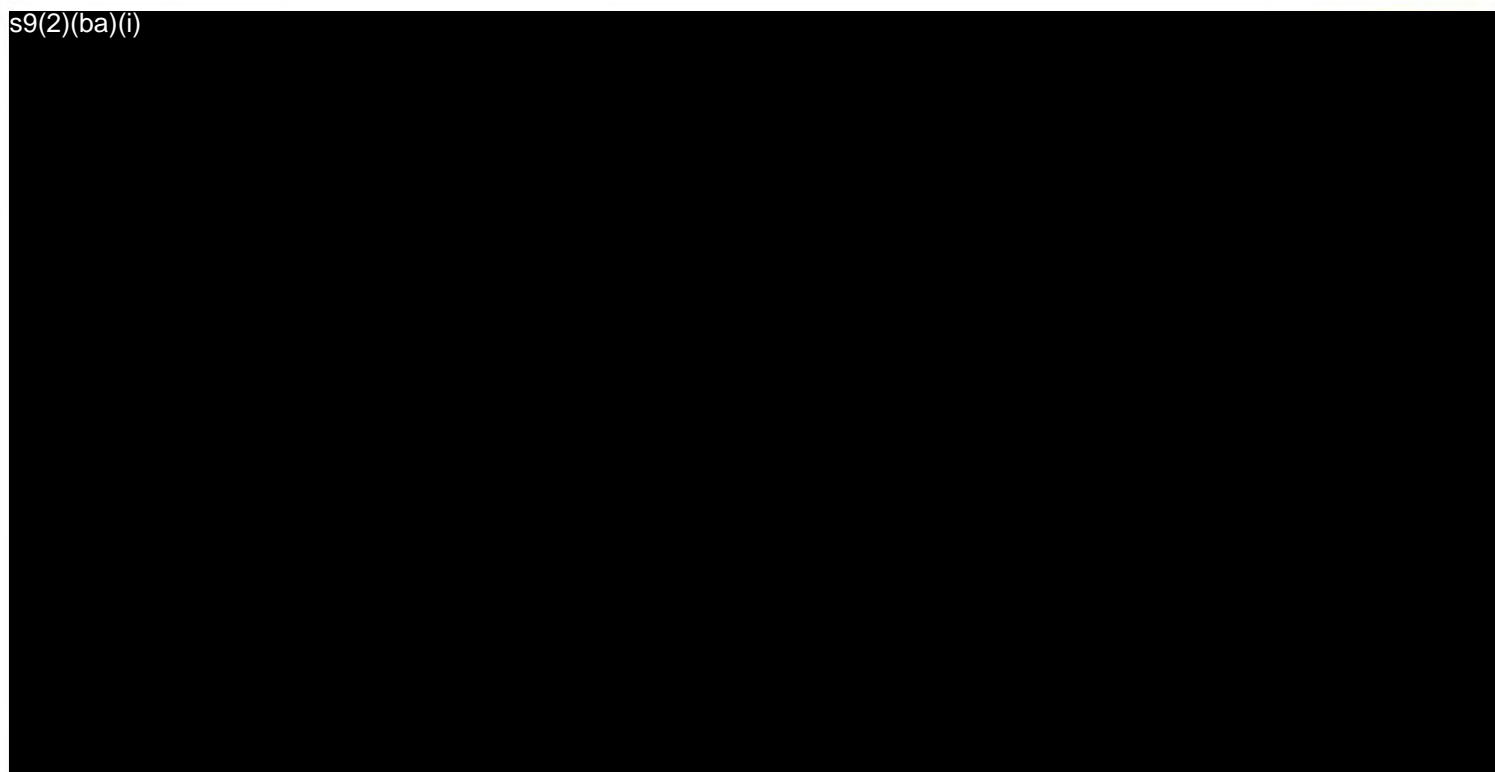
Sent from my Samsung Galaxy smartphone.

----- Original message -----

**From:** Monique Botha <Monique.Botha@cdhb.health.nz>  
**Date:** 21/06/2018 8:52 am (GMT+12:00)  
**To:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>  
**Subject:** FW: Submission Discussion Document re: Te Korowai Atawhai April 2018

FYI

s9(2)(ba)(i)





## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Friday, 15 June 2018 6:30 p.m.  
**Cc:** Mary Gordon; Michael Frampton; Stella Ward; Sue Nightingale; Mick O'Donnell; Sandy Mclean; Evelyn Nelson; Monique Gale; 'Jacqueline Moore'  
**Subject:** SMHS Update 15 June 2018  
**Categories:** Restructure of Te Korowai Atawhai

- **Canterbury DHB Certification Audit: NEXT WEEK**
- **Announcement of two new Nurse Consultants**
- **SMHS submission for the national mental health enquiry**
- **Farewell Dr. Caroline Bell**
- **Te Awakura: Working to address issues of concern – staff forums**
- **Compliment for Dr. Elwin Upton**
- **Reminders from the SMHS Health & Safety Committee**
- **Te Korowai Atawhai discussion document - Submissions now closed**
- **Hopewalk NZ (Suicide Prevention Movement), Saturday 23<sup>rd</sup> June, Christchurch**
- **REMINDER: Tired of printed payslips? – View your payslips online**
- **REMINDER: Men's Health Month June 2018**
- **REMINDER: Are your contact details up-to-date in the CDHB phonebook?**
- **REMINDER: Make the most of your 'Out-of-office' email alerts**

### **Canterbury DHB Certification Audit: NEXT WEEK**

Canterbury DHB services will undergo a certification audit against the Health and Disability Sector Standards beginning next Monday 18 June.

Prior to, and during the audit, we need to provide evidence on activities, processes and outcomes against the standards, including how we monitor and evaluate improvement. SMHS preparation for this audit has been underway for several weeks and the Quality and Patient Safety Team have been coordinating this process.

The auditors will use a 'Tracer Methodology' approach which means they follow the journey of a chosen consumer and audit this against the standards. Three wards (Child and Family Inpatient Unit, West Inpatient Unit and Te Whare Mauriora) have been identified to have a tracer audit occur. Any members of the audit team may undertake additional sampling, document review and verification of the CDHBs self-assessment in **any inpatient ward at Hillmorton or TPMH**.

All wards should expect a visit from the auditors as some auditors will be auditing against both clinical and non-clinical standards (i.e. environmental aspects e.g. cleaning, fire and security). The auditors may also ask to meet with staff, consumers and family/whanau.

Summation of the audit will be held at the Rolleston Lecture Theatre on Friday 22 June 2018 from 3:30 to 4:00pm. It will also be accessible via VC, in the Fountain Room, Avon admin Building. You are welcome to attend the summation.

For more information on Certification please visit the web pages [here](#) or contact Barbara Wilson on [Barbara.Wilson@cdhb.health.nz](mailto:Barbara.Wilson@cdhb.health.nz)

### **Announcement of two new Nurse Consultants**



It is with pleasure I announce the appointments of two Nurse Consultants. These vacancies occurred with Paul Saunders moving into the Service Manager's position and Joan Taylor moving into Acting Director of Nursing.

Anna Mahuika will be working within the South East Adult cluster of SMHS commencing on 2 July 2018 through to the end of April 2019. Anna is the Clinical Manager of Hereford Centre, and has helped steer that team through significant change which has focused on delivery of assertive outreach to people with serious mental health problems complicated by multiple and complex needs. She has worked in a variety of settings but primarily forensic inpatients and adult general community psychiatry.

Jo Barry will be working within the North West Adult cluster of SMHS commencing 2 July 2018 through to the end of May 2019. She has worked in a number of clinical and management roles including Unit Manager, Hospital Co-ordinator, CNS, and across settings including AOD, Acute inpatient wards, rehabilitation setting, and most recently crisis resolution. She participated in the Direction of Change Crisis Resolution working party and the implementation of the changes that occurred in the development of crisis resolution.

Congratulations Anna and Jo, I'm looking forward to working with you both.

### **SMHS Submission for the national mental health enquiry**

SMHS has prepared and entered our submission to inform the government inquiry into mental health and addiction. The purpose of the enquiry is to identify unmet needs and develop recommendations for a better mental health and addiction system for Aotearoa New Zealand. The SMHS submission is on the intranet and you can access it via this [Link](#).

### **Farewell Dr. Caroline Bell**

This week, colleagues and friends gathered to say farewell to Dr Caroline Bell. Caroline has had a dual role with both the University of Otago and SMHS. She started with SMHS in February 2002, and first worked in South Sector. She commenced with Anxiety Disorders Service in 2007 as Clinical Head and has been described as a most supportive leader of her clinical team through her respectful, calm, sensible and wise approach to her role.

Caroline will be remembered within SMHS and the wider community for her quiet, compassionate and unassuming manner, but also her vast academic knowledge, capacity and expertise in reassuring and guiding a shocked and devastated community. We have been privileged to have Caroline as a colleague in SMHS and, although we are sad to say farewell we know that Caroline will continue to make a major contribution to our service developments and the best possible care in her role with the university.



Dr Caroline Bell pictured at her farewell gathering this week.

### **Te Awakura: Working to address issues of concern – staff forums**

As featured in last week's update, a programme of work to address issues of concern in Te Awakura has been drafted. This is a joint initiative between SMHS and the New Zealand Nurse's Organisation. A steering group has been formed to oversee a plan to systematically explore and address a range of pressing issues e.g. assaults on staff.

Engagement sessions commence next week and there will be plenty of opportunities for all concerned to contribute to the discussions and outcomes. Details of these sessions can be found below.

Date	Time	Venue
Monday 18th June	1430hrs – 1500hrs	Te Awakura Training Room
Tuesday 19th June	1430hrs – 1500hrs	Te Awakura Training Room
Thursday 21st June	0730hrs – 0800hrs	Te Awakura Training Room
Thursday 21st June	1430hrs – 1500hrs	Te Awakura Training Room

### **Compliment for Dr. Elwin Upton**

We have received a heartfelt letter from a consumer expressing their 'absolute gratitude' for the help they received from SMHS psychiatrist Elwin Upton of the Adult Community Service. The person particularly valued Elwin's thoroughness in collecting 'medical, mental and family history'. They also greatly valued Elwin taking the time to discuss treatment options and explaining how medications work. The consumer states in their letter that their 'life has changed incredibly for the better' and they see the support received from Elwin as being central to their recovery.

Thank you Elwin for the great work you do.

### **Reminders from the SMHS Health & Safety Committee**

#### Cars speeding on Hillmorton site

Despite speed bumps and clear signage of the speed limit (15kph) a number of people including some staff, continue to significantly exceed the limit and increase the risk of harm to others. This is a frequent topic of

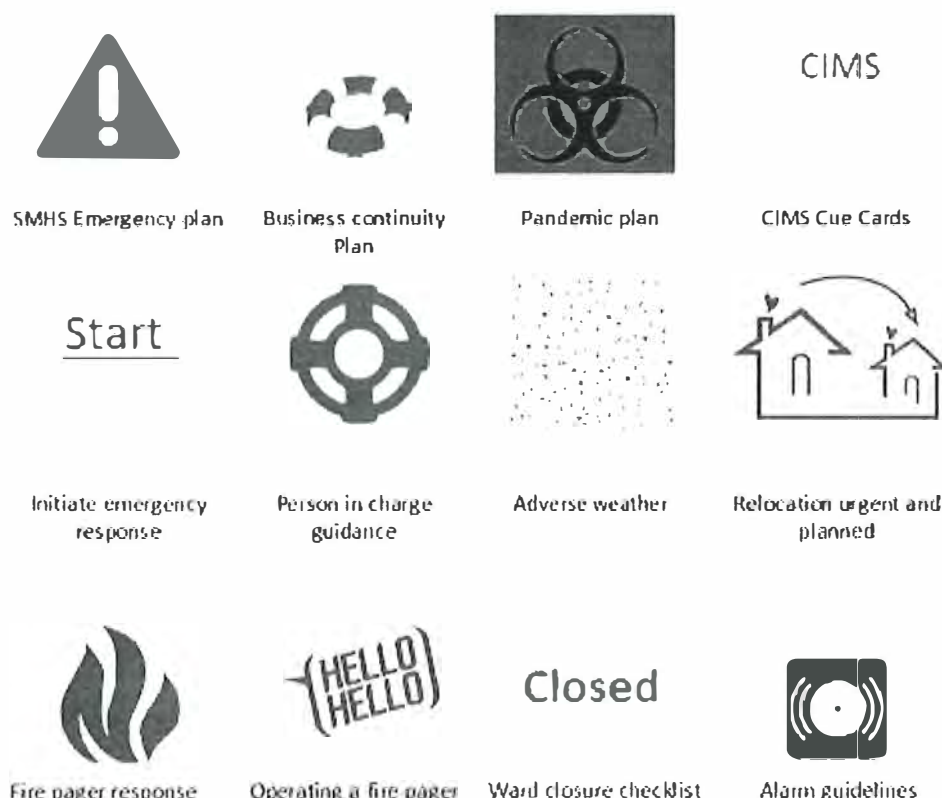
concern at the SMHS Health & Safety meeting and reps have been asked to speak to their work teams regarding this. Please make an effort to keep within the limit on site.

#### Wet weather parking – a reminder

With the recent high rainfall and high ground moisture level, please ensure you do not park on grassed areas and this both compresses and damages the turf but also creates uneven surfaces which increases the risk of slips and trips by people walking in the area.

#### SMHS Emergency planning: Check out the intranet site

In October 2017 a new intranet site was developed to bring together the various SMHS Emergency plans. The page provides orientation, guidance, information and resources for business continuity and an effective emergency response. SMHS emergency response plans are constantly reviewed and adjusted to keep pace with knowledge of likely events and this intranet page will provide a single source of this type of information. [Here is the link.](#)



Emergency plans available in the SMHS intranet page

#### **Te Korowai Atawhai discussion document - Submissions now closed**

The period for submissions on the recent [Te Korowai Atawhai Discussion Document](#) has now ended. Thank you to all those who have taken the time to enter your submissions. The process of collating and theming the submissions is now underway.

#### **Hopewalk NZ (Suicide Prevention Movement), Saturday 23<sup>rd</sup> June, Christchurch**

'HopeWalk' is a movement which aims to bring greater awareness around the issue of suicide and promote suicide prevention. This year's Christchurch 'HOPEWALK' event will take place next Saturday 23<sup>rd</sup> June from 12 to 4 pm. Those wishing to participate should meet at the Peacock Fountain at the Botanic Gardens. The finishing point will be Rauora Park which is at the intersections of Manchester Street and Hereford and Worcester Streets where there will be entertainment, food stalls and speakers.

Please check the [HopeWalk Facebook page](#) for details.



**REMINDER: Tired of printed payslips? – View your payslips online**

Do you know that it is no longer necessary to receive printed pay slips? You can now access your payslips them online via the People and Capability 'Max' online portal. Simply go to the [CDHB Intranet page](#) and click on the 'Max – People and Capability Portal' – this can be found under 'Workday Essentials'.

On your personal homepage you will see a button to view your payslips. If you wish to cancel your paper payslips, select the 'Click here to send us a question' button and submit a request to stop your printed payslips.

**REMINDER: Men's Health Month June 2018**

June is Men's Health Month in New Zealand and serves as a great reminder for all those 'she'll be right' men out there to think about their health and how important it is. It's also about how men's health has a flow-on effect on those around them, security and peace of mind for their families and whānau, and about setting an example to their kids – half of whom will be men someday.

Throughout June, men are being encouraged to open up and start talking about their health with mates, families and doctors, and to do something for themselves to be just a little bit healthier. One small thing men can do that could make a huge difference is simply to make an appointment for a check-up with their General Practice team.

[Watch this video](#) for inspiration, it has some people you may recognise championing a powerful message about men's health. You can find more information, resources and lots more videos here:

<http://menshealthnz.org.nz/mens-health-month/>

**REMINDER: Are your contact details up-to-date in the CDHB phonebook?**

The electronic CDHB phonebook (accessible from the [CDHB intranet home page](#)) is the most commonly used point for staff to access the contact details of colleagues and teams across the organization. It is therefore essential that this is accurate. It is the responsibility of individual staff and teams to ensure that their entries in the phonebook are correct and up to date. Please take the time to check your own entry in the phonebook...particularly if you have changed team, role or location recently. Updating your details is simple.

- Click on 'CDHB Phonebook' under 'Workday Essentials' on the CDHB homepage.
- Click on the 'Update my Details' button and log in with your usual CDHB log in
- Make any necessary changes and click 'Update'

**REMINDER: Make the most of your 'Out-of-office' email alerts**

Many of you will be familiar with the using the Out-Of-Office automatic email replies in Microsoft Outlook for when you are away from work. This is an excellent tool for giving rapid notification to anyone trying to contact you by email that you are not available. Please remember when setting up your alerts to include your return date and the contact details of anyone who may be acting for you while you are away. If you have a CDHB smartphone and you are away from your computer or off sick, you can set up out of office alerts in the email app on your device. This can be done in the 'settings menu' under 'accounts'.

Kind regards

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board

Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |

| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)





## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Monday, 11 June 2018 12:32 p.m.  
**To:** Kaye Johnston  
**Subject:** RE: DECISION REQUIRED FW: Te Korowai Atawhai Discussion Document

**Categories:** Restructure of Te Korowai Atawhai

Hi Kaye  
 Fine with this

**From:** Kaye Johnston  
**Sent:** Monday, 11 June 2018 12:14 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** DECISION REQUIRED FW: Te Korowai Atawhai Discussion Document  
**Importance:** High

Hi Toni  
 I am happy to give Kim until the end of tomorrow on this basis  
 Decision please  
 Thanks  
 KJ

**From:** Kim Tanner [<mailto:kim.tanner@psa.org.nz>]  
**Sent:** Monday, 11 June 2018 12:11 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Subject:** Te Korowai Atawhai Discussion Document  
**Importance:** High

Hi Kaye

I was on sick leave all last week, I am hopeful that you might be able to provide me an extension until tomorrow to write up the PSA Submission for the Te Korowai Atawhai Document please?

I realise you have already provided two extensions, however I would greatly appreciate an extra day.

I hope to hear from you soon, and thank you for your consideration.

Ngā mihi,

**Kim Tanner**  
 Union Organiser  
**NZ Public Service Association**  
 Te Pukenga Here Tikanga Mahi  
 Phone: 033455750  
 Mobile: 0274915124

## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Friday, 1 June 2018 5:55 p.m.  
**Cc:** Mary Gordon; Sue Nightingale; Stella Ward; Michael Frampton; Sandy Mclean; Monique Gale; Evelyn Nelson; Mick O'Donnell; Jendy Harper; Jacqueline Moore; Rachel Cadle  
**Subject:** SMHS Update 1 June 2018  
**Categories:** Restructure of Te Korowai Atawhai

- **Update on Police/SMHS Interface**
- **New Physiotherapy staff in SMHS**
- **Hillmorton Hospital Pharmacy – Information for the long weekend**
- **Information about '13 Reasons Why' – Netflix TV Series**
- **Kath brings a welcome hint of spring to the Avon Café**
- **'World Smoke free Day' quiz for staff - be in to win double pass movie tickets**
- **Craig Jamieson, South ACS, features in recent Surf Lifesaving Awards**
- **REMINDER: Proposal for Change – SMHS Duty Nurse Manager**
- **REMINDER: Influenza Vaccination Programme – Catch up clinic**
- **REMINDER: Canterbury DHB Certification Audit: 18 to 22 June 2018**
- **REMINDER: Te Korowai Atawhai discussion document still open for submissions**

### Update on Police/SMHS Interface

Recently I met with District Commander John Price and Inspector Craig McKay to discuss the concerns and confusion that have arisen over recent months regarding the SMHS/Police interface. The confusion seems to stem from requests to Police for assistance with health interventions, which is outside of scope for Police. There is some work underway within the Nurse Director and Service Manager group to clarify the escalation pathway and process for requesting assistance from Police for planned, potentially high risk situations, these requests will be able to made directly to Police and not via the 111 line. DC Price was very clear that SMHS should continue to use the 111 number for emergency situations.

Given the complex nature of mental health and Police work, and the size of our respective organisations, it is likely that from time to time there will be challenges for us to work through. We agreed the relationship between Police and SMHS remains strong as does our commitment to working together.

I'll provide a further update when the escalation pathway is completed.

Patrick McAllister, Acting Nurse Director for Adult Inpatient Group, currently holds the Police liaison portfolio for SMHS.

### New Physiotherapy staff in SMHS

We are delighted to welcome new Physiotherapy staff to SMHS - bringing our physiotherapy team to full establishment with 4.0 FTE registered, and 0.5 FTE physiotherapy assistant. Although new to work in Mental Health, together the team now encapsulates 107 years of physiotherapy practice experience across a wide range of clinical areas and several countries.

International experts continue to support the importance of working with the body in the treatment of trauma, as well as benefits of specific types of physical activity for psychiatric conditions and wellbeing. A recent international study has shown that people who engage in high levels of physical activity are 15% less likely to develop depression. (Click [HERE](#) for research article)

Exercise is medicine. Simple generic guidelines for physical activity are:

- some movement is better than none
- find an activity you enjoy,
- 10 -15 minutes for mood
- 5000-15000 steps result in some health benefits.

For best therapeutic effect, as with any medicine, individual assessment and (physiotherapy) prescription is needed, particularly if people are unable or reluctant to engage in physical activity: this usually indicates underlying body-based dysfunctions.



SMHS physiotherapy team: from L (front) Nancy Christian, Dee Johnson, Olivia Stone, Jo Baird; (rear) Mahesh Paramasivan, Ruth Troughton

### Hillmorton Hospital Pharmacy – Information for the long weekend

Hillmorton Hospital Pharmacy will be closed on Monday 4<sup>th</sup> of June. Christchurch Hospital Pharmacy will be open on the times below for urgent items:

Date	Pharmacy Hours
Saturday 2th June	9 am-12 noon
Sunday 3rd June	Closed
Monday 4th June (Queen's Birthday)	9 am-12 noon

An On-Call pharmacist service operates during the hours Pharmacy is closed and can be accessed through the Duty Nurse Manager.

The MedChart team will be available on 80999 for any MedChart queries.

To align with current practice within the rest of the CDHB access to emergency drug cupboard is via the Duty Nurse Managers or their equivalent at their site out of pharmacy opening hours.

The current Hillmorton Hospital emergency drug cupboard located next to AIS is now only accessible via the Duty Nurse Managers only after the Hillmorton Pharmacy has closed.



## Information about '13 Reasons Why' – Netflix TV Series

'13 Reasons Why' is a popular teen drama series which deals with the subject of teen suicide and its aftermath. Season 2 of the show has recently started streaming on Netflix and the Mental Health Foundation have circulated some information directed at parents, guardians, whānau and other support people. This is in response to the possibility that some viewers may be distressed while or after viewing it.

The show is about a 17-year-old girl, Hannah Baker, who dies by suicide. Season 1 explored the 'reasons' why Hannah felt she had to kill herself and Season 2 features a trial between her parents and her school trying to decide who's to blame.

The show features graphic scenes of suicide, rape, assault and bullying. **The chief censor has rated it RP18.**

In partnership with other organisations, the MHF has developed an **information hub** for viewers of the show and their support people that includes:

- **Tips for supporting viewers**
- **Answers to frequently asked questions about the show**
- **Information, helplines and resources for some of the specific issues covered in the show** (such as having suicidal thoughts, rape and unhealthy relationships)
- **A series overview**
- **Episode recaps**
- **A discussion guide**

While we know most young people will not be distressed after watching the show, the issues it explores do affect young New Zealanders. Statistics show 20% of viewers will have experienced a mental health problem in the last year, 1/3 female viewers and 1/5 male viewers will have been sexually assaulted and many will have been bereaved by suicide. For these people, viewing '13 Reasons Why' may be a deeply distressing or traumatising experience.

For others, *13 Reasons Why* presents us with an opportunity to join the conversations young people are already having about these subjects and provide guidance, advice and support.

## Kath brings a welcome hint of spring to the Avon Café

Avon Café assistant Kath Low continues to work her magic by brightening up the café tables with beautiful displays of cut flowers. Anyone visiting the café this week will no doubt have noticed the gorgeous daffodils adorning the table which have brought a hint of spring to these cold, gloomy autumn days.

Thank you Kath for going the extra mile to make the café a pleasant space for us all.



Just one of Kath Low's floral displays adorning the tables in the Avon Café this week. Photo courtesy of Warren Campbell-Trotter.

#### **'World Smoke free Day' quiz for staff - be in to win double pass movie tickets**

Thursday 31st May was World Smoke free Day and Community & Public Health are marking the occasion with a quiz for healthcare staff. How well do you know your Smoking Cessation ABC and NRT? Why not test your knowledge by taking the quiz – see attached.

All completed entries received will go into a draw for a double pass movie ticket. Completed entries can be returned via internal mail to:

Smokefree team,  
C/- CRISS,  
5th floor,  
Riverside,  
Christchurch Hospital.

Entries to be received by 11 June, 2018

**Website:** <https://www.stopsmokingcanterbury.org.nz/>

**What are you doing  
to be smokefree?**

31 May

**WORLD SMOKEFREE DAY**



### **Craig Jamieson, South ACS, features highly in recent Surf Lifesaving Awards**

A familiar face could be seen on the front page of the 'Bay Harbour News' last week. Many of you will know that Craig Jamieson, Case Manager with South ACS leads a double life as a senior lifeguard with Taylor's Mistake Surf Lifesaving Club. The club scooped several awards at the recent Canterbury-Tasman Surf Life Saving Awards with Craig receiving the Volunteer of the Year awards 17/18. Craig also accepted the January 'BP Rescue of the Month' on behalf of the club – pictured below.

Congratulations Craig!



Craig Jamieson and member of the Taylor's Mistake Surf Lifesaving Club which featured highly in the recent Canterbury Tasman Surf Lifesaving Awards for Excellence.

### **REMINDER: Proposal for Change – SMHS Duty Nurse Manager**

The SMHS Duty Nurse Manager Proposal for change document is available and open for feedback. Details on how to submit your feedback is included in the document. The consultation period ends on Friday 8 June 2018.

[Click Here](#) to access the document.



## REMINDER: Influenza Vaccination Programme – Final catch up clinic

In case you missed the recent series of influenza vaccination clinics, the final catch up clinics is scheduled for:

- Wednesday 6<sup>th</sup> June - Heathcote Building, Level 1, TPMH. Midday - 3 p.m.

## REMINDER: Canterbury DHB Certification Audit: 18 to 22 June 2018

Canterbury DHB services will undergo a certification audit against the Health and Disability Sector Standards during the week of **18 June 2018**. The process is a valuable opportunity to have our successes acknowledged and to have key improvement opportunities identified.

Certification is required under the Health and Disability Services (Safety) Act 2001. The main aims of the Act are to keep consumers in health and disability services safe, while encouraging providers to continuously improve their services.

Prior to, and during the audit, we need to provide evidence on activities, processes and outcomes against the standards, including how we monitor and evaluate improvement. SMHS preparation for this audit is underway and the Quality and Patient Safety Team are coordinating this process. Further updates will be provided over the coming weeks in the lead up to the audit.

For more information on Certification please visit the web pages [here](#) or contact Barbara Wilson on [Barbara.Wilson@cdhb.health.nz](mailto:Barbara.Wilson@cdhb.health.nz)

## REMINDER: Te Korowai Atawhai discussion document still open for submissions

The feedback period for the recently released Te Korowai Atawhai discussion document has been extended until 11th June 2018. I know there is a lot of interest in this document across SMHS and I'm looking forward to reading your submissions. You are able to make submissions as an individual or group by submitting your feedback directly to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz).

As with all discussion or service change processes the submissions are kept confidential and are read only by the Quality Team members that write a summary of the feedback and some members of the Divisional Leadership Team including the Pou Whirinaki.

The document is available on our intranet pages - click [HERE](#) to view.

For those of you not working, enjoy the long weekend.

Kind regards

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board  
Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Friday, 1 June 2018 2:02 p.m.  
**To:** Kaye Johnston  
**Cc:** Louis Van Rensburg  
**Subject:** RE: DECISION REQUIRED ;FW: Submission

**Categories:** Restructure of Te Korowai Atawhai

Hi Kaye

I'm concerned about one aspect of Quentin's email which is the requirement to agree a collective response. There is no requirement to agree this and given the level of concern being expressed by some staff in Te Korowai I am concerned that this may be putting undue pressure on some people. Can you please confirm this to him?

An extension until the 11<sup>th</sup> June is approved.

Regards  
 Toni

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 1:48 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** DECISION REQUIRED ;FW: Submission

I am agreeable to give until 15<sup>th</sup> June  
 Barbara is away until 11<sup>th</sup> June anyway  
 Your approval sought please  
 KJ

**From:** Quentin Findlay [<mailto:quentin@nupe.org.nz>]  
**Sent:** Thursday, 31 May 2018 4:16 p.m.  
**To:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>  
**Cc:** Kim Tanner <[kim.tanner@psa.org.nz](mailto:kim.tanner@psa.org.nz)>  
**Subject:** Submission

Hi Kaye

Both Kim Tanner and I met with Te Korowai Atawhai members today. It was decided that I would approach you to ask for a further extension on the first phase of the consultation process. There are several reasons for this request.

Firstly, they are still discussing the consultation document both individually and, more importantly as a team to ensure a collective response as well as individual ones. It was commented in today's that members of the team have been absent with the result that a full team discussion around the document has not been had since the proposal was first announced. People are adamant that there a number of issues that need to be discussed and this warrants the full discussion at a team meeting.

As you can appreciate neither NUPE or the PSA can proceed with their submissions until our members have come back to us with their thoughts/opinions and suggestions. We are anticipating that this will occur early next week.

As you are aware Queens Birthday intercedes next week which ensures a shorter week.

Equally, I am exhausted and, consequently, I will be away on Tuesday and will not be looking at undertaking any form of response until later in the week (Friday).

Thanks

**Quentin Findlay**  
**Organiser**  
**National Union of Public Employees**  
**Ph: 03 3773582**  
**Fax: 03 3774385**  
**Cell: 0272 276137**  
**Email: [Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz)**  
**Web: [www.nupe.org.nz](http://www.nupe.org.nz)**



Je suis marxiste de la tendance Groucho

## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Friday, 18 May 2018 6:50 p.m.  
**Cc:** Mary Gordon; Stella Ward; Richard French (Anaesthesia SMO); Michael Frampton; Sandy Mclean; Evelyn Nelson; Monique Gale; Mick O'Donnell; Karalyn van Deursen; Jacqueline Moore  
**Subject:** SMHS update 18 May 2018  
**Categories:** Restructure of Te Korowai Atawhai

- **Happy Nurse's Day!**
- **Ruru Hona welcomed as SMHS Pou Whirinaki**
- **Canterbury DHB Certification Audit: 18 to 22 June 2018**
- **Retirement celebrations: Corrie and Cheryl Tabak, Helen Cole**
- **Welcome Megan McQuarrie, Nurse Coordinator, Quality & Patient Safety**
- **Te Korowai Atawhai discussion document timeframe extended**
- **Compliments for CAF Inpatient staff**
- **Another successful influenza vaccination programme**
- **Farewell to Carol Weir, SMHS Cashier**
- **Appreciation for Ron Hanton, Gardener**
- **Why there is variation in the taste and smell of Christchurch water? CCC Information**
- **REMINDER: Te Korowai Atawhai discussion document still open for submissions**

### Happy Nurse's Day!

The week we have been celebrating international nurses day and would like to acknowledge the importance and value of the work nurses do across our health system.

It was great to see that so many nursing staff took up the opportunity to '*reboot and recharge*' by attending one of the Sankalpa sessions that were available this week. Sankalpa is a practical, innovative, science-based and non-religious guided meditation based on wellness and compassion.

There have also been lots of impressive cakes appearing during the week for the celebrations and one cake in particular caught my eye. Forensic Community Team tucked into an incredible cake made by The Great Pastry Shop; a business run by the wife of FCT nurse Bill McCulloch. Amazing!

Happy nurses day to you all!



### **Ruru Hona welcomed as SMHS Pou Whirinaki**

You may be aware that Ruru Hona has recently been appointed to the newly created position of Pou Whirinaki, a senior leadership position shared by Older Persons Health and Rehabilitation Services (0.2) and Specialist Mental Health Services (0.5). Ruru is well known within the mental health sector and across the community. In the role, Ruru will be the cultural advisor to the General Managers of these services and will provide cultural guidance, advice and expertise to ensure appropriate planning and delivery of services to Maori and their whanau.

Ruru is of Ngāpuhi descent and Te Reo is his first language, he brings extensive community relationships and a great depth of expertise, experience, knowledge and wisdom to the Pou Whirinaki role.

This week, Te Korowai Atawhai hosted a mihi whakatau to celebrate Ruru's appointment and welcome him to the role. Ruru would like to thank everyone who attended the Mihi and for all the good wishes he has received.





Ruru Hona, recently appointed to the role of Pou Whirinaki for SMHS and OPH

### **Canterbury DHB Certification Audit: 18 to 22 June 2018**

Canterbury DHB services will undergo a certification audit against the Health and Disability Sector Standards during the week of **18 June 2018**. The process is a valuable opportunity to have our successes acknowledged and to have key improvement opportunities identified.

Certification is required under the Health and Disability Services (Safety) Act 2001. The main aims of the Act are to keep consumers in health and disability services safe, while encouraging providers to continuously improve their services.

Prior to, and during the audit, we need to provide evidence on activities, processes and outcomes against the standards, including how we monitor and evaluate improvement. SMHS preparation for this audit is underway and the Quality and Patient Safety Team are coordinating this process. Further updates will be provided over the coming weeks in the lead up to the audit.

For more information on Certification please visit the web pages [here](#) or contact Barbara Wilson on [Barbara.Wilson@cdhb.health.nz](mailto:Barbara.Wilson@cdhb.health.nz)

### **Retirement celebrations: Corrie Tabak, Cheryl Tabak and Helen Cole**

This week we marked the retirement of three long standing SMHS nurses; husband and wife Corrie and Cheryl Tabak and Helen Cole. Corrie will be known to many of you as Duty Nurse Manager on night shift, Cheryl has been an RN in Kennedy and Helen has been an RN in Te Awakura. All 3 staff members are highly respected across services with many years of loyal service to local mental health services. I will include more details on these celebrations in next week's update but in the meantime I would like to thank Corrie, Cheryl and Helen for their dedicated service and I wish each of you a long, happy and health retirement.

## Welcome Megan McQuarrie, Nurse Coordinator, Quality & Patient Safety

I am delighted to welcome Megan McQuarrie to the position of Nurse Co-ordinator – Quality & Patient Safety. Megan started this week having come to us from Nelson Marlborough DHB. Megan has relocated to Christchurch and brings with her many years of experience working in mental health including leadership, quality and service improvement roles.

A warm welcome to SMHS Megan.



Megan McQuarrie. Newly appointed Nurse Coordinator with the Quality and Patient Safety Team.

## Te Korowai Atawhai discussion document timeframe extended

The feedback period for the recently released Te Korowai Atawhai discussion document has been extended until 7th June 2018. I know there is a lot of interest in this document across SMHS and I'm looking forward to reading your submissions. You are able to make submissions as an individual or group by submitting your feedback directly to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz). As with all discussion or service change processes the submissions are kept confidential and are read only by the Quality Team members that write a summary of the feedback and some members of the Divisional Leadership Team including the Pou Whirinaki.

The document is available on our intranet pages - click [HERE](#) to view.

## Compliments for CAF Inpatient staff

Compliments have been received for Dr Lisa O' Connell from CAF North about the nursing team in CAF inpatient service on 10<sup>th</sup> May and the manner in which they managed a difficult situation. Lisa acknowledged Warrick and the team for the extremely skilled way in which they de-escalated the situation and their kind, compassionate and calming manner throughout. Lisa was also complimentary about Matt the CTC who coordinated everything very calmly, smoothly and with attention to detail. All of which resulted in the situation being managed in the least restrictive manner possible.

Lisa states that she was impressed (but not surprised) by the skilled psychiatric nursing in evidence. Thanks team!

## Another successful influenza vaccination programme

This year's influenza vaccination programme has thus far seen an impressive 614 people vaccinated at the various SMHS clinics in recent weeks. This is an improvement on last year's numbers. The scheduled clinics have now ended but I am informed that 'catch-up' clinics will be scheduled the week after next so watch this space. Further information on influenza and the CDHB vaccination programme can be found [HERE](#).

### **Farewell to Carol Weir, SMHS Cashier**

Carol Weir, our trusted SMHS cashier is transferring from Hillmorton to a full time role at Corporate. Carol has been a very friendly and familiar face over the years, and we will miss her.

Taking over the cashier duties from Carol will be Marna Phillipson, which some of you have come to know over the past few months in her role as Senior Accounts Assistant.

The change will be effective Monday 21 May 2018. There will be no change to Cashier times or days.

### **Appreciation for Ron Hanton, Gardener**

We have received a message of gratitude via Pam Dimond, Clinical Manager CADS/CORS directed to our gardener Ron Hanton. Excess leaves have caused the area outside CADS/CORS to become very slippery when wet and the team are very grateful for Ron's ongoing efforts to keep the area clear and free of leaves.

Many thanks Ron for all your efforts on the Hillmorton grounds.

### **Why there is variation in the taste and smell of Christchurch water? CCC Information**

No doubt many staff and consumers have noticed variation in the taste and smell of the water across the city during the temporary chlorination. The council have packaged some information about this in question and answer format. This is being published on [Newsline](#).

Kind regards

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board  
Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

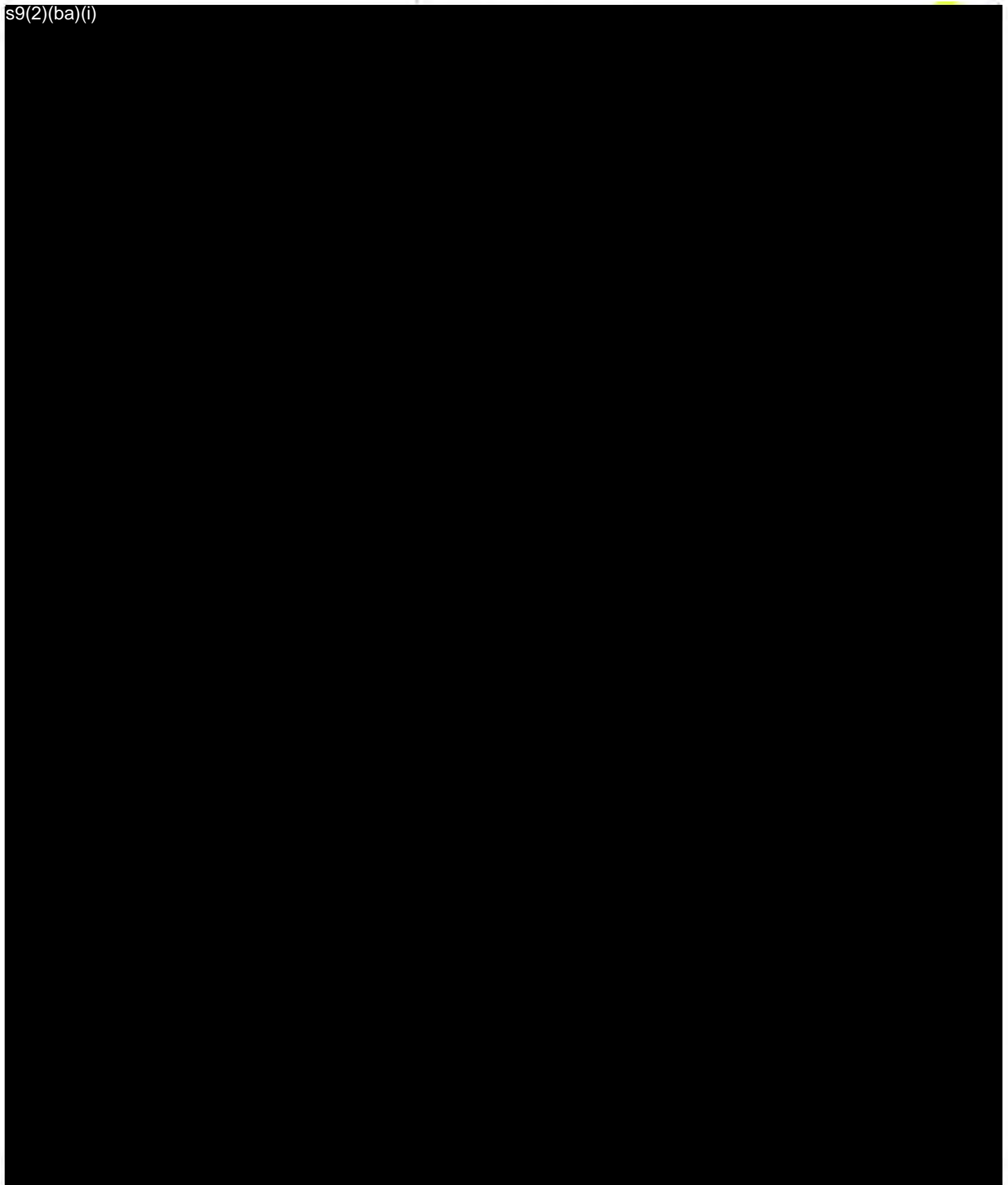
 our health system

**Sharryn Sunbeam**

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**From:** Toni Gutschlag  
**Sent:** Monday, 14 May 2018 1:29 p.m.  
**To:** Kaye Johnston  
**Subject:** RE: Discussion Document Te Korowai Atawhai released 26th April  
  
**Categories:** Restructure of Te Korowai Atawhai

s9(2)(ba)(i)





**From:** Kaye Johnston  
**Sent:** Thursday, 10 May 2018 2:38 p.m.  
**To:** Henare Te Karu  
**Cc:** Alfred Dell'ario; Harith Swadi; Deborah Selwood; Paul Kelly; Tony Lockington; Paul Saunders; Patrick Mcallister; Barbara Wilson; Louis Van Rensburg; Hector Matthews  
**Subject:** FW: Discussion Document Te Korowai Atawhai released 26th April  
**Importance:** High

Kia ora Henare

As the Kaiarahi Matua forwarding a letter on behalf of a number of Te korowai Atawhai staff at the Engagement meeting on May 7<sup>th</sup>, I am replying to you directly on their behalf – particularly because some of the signatures do not clearly identify the respective staff member. I trust that this will be shared with those who signed the letter.

I have noted the content of the letter and have forwarded this to be filed, with my response, as part of the formal consultation process.

This is a formal People and Capability process and as such all correspondence is logged as part of the feedback process.

As has already been confirmed to all SMHS staff by global email, the deadline for submissions and comments has been extended for a further two weeks at the request of Te Korowai Atawhai.

I expect that this will provide Te Korowai staff with enough time at their regular Thursday meetings to put together initial feedback from your perspective.

You'll note at the end of the Discussion Document that Rebecca Webster is available to assist anyone wanting assistance with submitting feedback.

I am expecting that Pukenga Atawhai will also have the opportunity to be a part of discussions and submissions from their respective service areas/ clinical teams. This means there are several ways, including your own individual submissions, in which your views can be submitted.

I have clarified this at the Service Managers' Meeting and we are therefore not expecting that there will be any requests by Pukenga Atawhai for additional time to be taken away from their clinical areas for this purpose.

In response to your comments about 'consultation meetings and not being treated equal to other areas' I am clarifying the following:

- The current paper is a first **DISCUSSION DOCUMENT** which outlines the issues needing to be addressed.

It's important to remember that this is a beginning point of discussion and is only one part of a longer process – it is NOT the point of final submissions.

- This Is the point at which ideas and responses are collected. They are all acknowledged and each matter or theme that is raised from everyone's feedback across the division is addressed in the Feedback Summary – and all staff will be able to see this.
- After the Discussion Document and this feedback analysis, if it is appropriate, then the next document that comes out is a more detailed **PROPOSAL FOR CHANGE** which also requires consultation with everyone. So there are further opportunities for discussions and consultation meetings at that stage.
- The final document composed at the end of this comes out as the **DIRECTION FOR CHANGE** which describes the decisions that have been made after taking into account all of the above.

So the current Discussion Document is the beginning of a process and it is the best time to put forward all of your thoughts on the best way forward. As stated already there is assistance available to help you put this in to a submission format if that is needed.

I trust this clarifies the process and we look forward to receiving your ideas as part of the discussion process

Kind regards

Kaye Johnston

Service Manager  
Specialty & Addictions and Te Korowai Atawhai  
SMHS



## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Wednesday, 9 May 2018 6:04 p.m.  
**To:** Kaye Johnston; Barbara Wilson  
**Cc:** Ruru Hona; Hector Matthews  
**Subject:** RE: Discussion Facilitator

**Categories:** Restructure of Te Korowai Atawhai

Thanks Kaye

No we won't be engaging a facilitator for this process, we will follow the P&C process outlined in the document which has been approved by me, DLT and the Pou Whirinaki. Discussion forums have been built into the feedback process and the timeframe has been extended by two weeks at Te Korowai's request.

Regards  
 Toni

**From:** Kaye Johnston  
**Sent:** Wednesday, 9 May 2018 5:22 p.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** FW: Discussion Facilitator

This is a DLT decision.

I think this is far and beyond what is being called for at this first stage of discussions

KJ

**From:** Henare Te Karu  
**Sent:** Wednesday, 9 May 2018 5:18 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Cc:** Brian Dolan <Brian.Dolan@cdhb.health.nz>  
**Subject:** Discussion Facilitator

Tena koe Kaye

The Whanau discussed engaging a "facilitator" to assist Te Korowai Atawhai to navigate through the document and Brian Dolan – Director of Service Improvements, has accepted the invitation but he wanted to ensure that you and the GM are also informed as a matter of courtesy.

The only day he is available is either Monday or Wednesday of next week and he is then away for 6 weeks. This being the case, it is not enough time for Pukenga Atawhai to gather information to discuss.

Therefore we want a time extension of a minimum period of 9 weeks. We look forward to your favourable reply.

For and on Behalf of nga Pukenga Atawhai:

*Henare Te Karu*

Kaiarahi Matua – Cultural Manager  
 Te Korowai Atawhai

Cultural Specialist Mental Health Service  
Building 4  
Annex Road  
Hilmorton Hospital  
Canterbury DHB  
[Henare.tekaru@cdhb.health.nz](mailto:Henare.tekaru@cdhb.health.nz)  
Cell: 027.229.1149

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 8 May 2018 12:43 p.m.  
**To:** Kaye Johnston  
**Subject:** FW: Te Korowai Atawhai Discussion Document - period of engagement extended to 7 June 2018

**Categories:** Restructure of Te Korowai Atawhai

Out of scope of request

**From:** s9(2)(a)  
**Sent:** Tuesday, 8 May 2018 12:41 p.m.  
**To:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>; SMHS - All Staff <SMHS-AllStaff@cdhb.health.nz>  
**Cc:** Mary Gordon <Mary.Gordon@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>  
**Subject:** RE: Te Korowai Atawhai Discussion Document - period of engagement extended to 7 June 2018

s9(2)(ba)(i)

**From:** Barbara Wilson  
**Sent:** Tuesday, 8 May 2018 11:41 a.m.  
**To:** SMHS - All Staff <SMHS-AllStaff@cdhb.health.nz>  
**Cc:** Mary Gordon <Mary.Gordon@cdhb.health.nz>; Michael Frampton <Michael.Frampton@cdhb.health.nz>  
**Subject:** Te Korowai Atawhai Discussion Document - period of engagement extended to 7 June 2018

Hello

The period of engagement for the Te Korowai Atawhai discussion document has been extended by two weeks and now ends on 7 June 2018.

Your feedback is welcome and should be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz)

A link to the discussion document is available on the SMHS intranet site.

Regards  
 Barbara

### Barbara Wilson

Quality Manager | Specialist Mental Health Service  
 P 03 3377 969 ext 34194 | M 0274844753 | E [barbara.wilson@cdhb.health.nz](mailto:barbara.wilson@cdhb.health.nz)  
 Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Friday, 4 May 2018 12:01 p.m.  
**To:** Kaye Johnston  
**Subject:** Re: Discussion Document

**Categories:** Restructure of Te Korowai Atawhai

Thanks will you let Les know?

Sent from my iPhone

On 4/05/2018, at 10:01 AM, Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)> wrote:

Hi  
 Barbara has said that it was Quentin Findlay who was on the list  
 KJ

**From:** Toni Gutschlag  
**Sent:** Friday, 4 May 2018 9:57 a.m.  
**To:** Ross Nunan <[Ross.Nunan@cdhb.health.nz](mailto:Ross.Nunan@cdhb.health.nz)>  
**Cc:** Kaye Johnston <[Kaye.Johnston@cdhb.health.nz](mailto:Kaye.Johnston@cdhb.health.nz)>; Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** Fwd: Discussion Document

Hi Ross  
 Please see below. This was the document I asked you to send on to unions just prior to Anzac Day. Was it sent out?  
 Thanks  
 Toni

Sent from my iPhone

Begin forwarded message:

**From:** Les Bryce <[les@nupe.org.nz](mailto:les@nupe.org.nz)>  
**Date:** 4 May 2018 at 8:16:12 AM NZST  
**To:** "kaye.johnston@cdhb.health.nz" <[kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)>  
**Cc:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>, Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** Discussion Document

Good morning Kaye

I am in receipt of a Discussion Document regarding Te Korowai Atawhai dated April 2018. Kaye, NUPE has had no notification of this document from CDHB. As a stakeholder we need to be kept informed so as to respond to our Members should and when the need arises. Can you please keep us informed as this progresses.

Regards

***Les Bryce***

Senior Organiser  
National Union of Public Employees  
Trade Union Centre  
68 Langdons Road, Papanui  
P O Box 13032  
CHRISTCHURCH 8053

**☎Phone:** 03 377-3582

**☎Fax:** 03 377-4385

**☎Mobile:** 0272 276-135

**E mail:** [les@nupe.org.nz](mailto:les@nupe.org.nz)

**Website:** [www.nupe.org.nz](http://www.nupe.org.nz)

**co-operation without compromise**

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Friday, 4 May 2018 9:57 a.m.  
**To:** Ross Nunan  
**Cc:** Kaye Johnston; Louis Van Rensburg  
**Subject:** Fwd: Discussion Document

**Categories:** Restructure of Te Korowai Atawhai

Hi Ross

Please see below. This was the document I asked you to send on to unions just prior to Anzac Day. Was it sent out?

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Sent from my iPhone

Begin forwarded message:

**From:** Les Bryce <[les@nupe.org.nz](mailto:les@nupe.org.nz)>  
**Date:** 4 May 2018 at 8:16:12 AM NZST  
**To:** "[kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)" <[kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)>  
**Cc:** Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>, Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>  
**Subject:** Discussion Document

Good morning Kaye

I am in receipt of a Discussion Document regarding Te Korowai Atawhai dated April 2018. Kaye, NUPE has had no notification of this document from CDHB. As a stakeholder we need to be kept informed so as to respond to our Members should and when the need arises. Can you please keep us informed as this progresses.

Regards

***Les Bryce***

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 ☎ **Mobile:** 0272 276-135  
**E mail:** [les@nupe.org.nz](mailto:les@nupe.org.nz)  
**Website:** [www.nupe.org.nz](http://www.nupe.org.nz)  
 co-operation without compromise

## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Friday, 27 April 2018 5:43 p.m.  
**Cc:** Mary Gordon; Stella Ward; Michael Frampton; Sandy Mclean; Evelyn Nelson; Moira Mallon; Monique Gale; Karalyn van Deursen; Mick O'Donnell; Jacqueline Moore  
**Subject:** SMHS Update 27 April 2018  
**Attachments:** Pathways Planned Respite.pdf; New to HealthLearn.pdf; Already on HealthLearn.pdf

**Categories:** Restructure of Te Korowai Atawhai

- **Te Korowai Atawhai Discussion Document**
- **Changes to Pathways respite service at 37 Hillier Place**
- **Compliment from Emerge Aotearoa – Allan McBeath, Hereford Centre**
- **Unauthorised access to the Heathcote Building – Please be vigilant**
- **Pharmacy Services Computer System Migration – Monday 30th April**
- **St Luke's Centre – Request for volunteers**
- **April Falls Awareness Campaign in SMHS**
- **REMINDER: Supporting Parents Healthy Children Initiative – Training and Support**
- **REMINDER: Influenza vaccination programme underway**
- **REMINDER: HealthLearn – Getting started and FAQs**
- **REMINDER: Applications for Nursing Postgraduate and Graduate Funding 2018 Semester 2 now open**

### Te Korowai Atawhai Discussion Document

The Te Korowai Atawhai discussion document was released yesterday. Some of the graphs in the previously circulated version did not display correctly. This has now been rectified and the document has been loaded to the SMHS intranet site. Click [HERE](#) to view.

Your feedback is welcome and details on how to do this are included in the document. The feedback period ends on 24 May 2018.

### Changes to Pathways respite service at 37 Hillier Place

We have received information from Pathways about some changes to the respite service at 37 Hillier Place effective from 14<sup>th</sup> May 2018.

For more information on these changes and to find out what this means for SMHS clinicians, please see attached communication.

### Compliment from Emerge Aotearoa – Allan McBeath, Hereford Centre

A message of appreciation has been received from Emerge Aotearoa in relation to outstanding training and support provided by Hereford Case Manager Allan McBeath.

Allan provided a session for Emerge staff at Housing and Recovery which was so well received they have asked him come back and deliver more targeted training. Allan has since met with senior staff at Emerge and planned a series of sessions that he will deliver to the team. The sessions will look to address the challenges Emerge staff are experiencing in working with some clients with complex needs.

Emerge have been particularly complimentary of Allan methods in delivering sessions where he 'utilises the staff's experiences during real situations to support the training he is delivering'.



This is a great example of collaborative working between SMHS and our NGO partners to support shared clients to receive the best possible care and support in the community.

Great work Allan!

### **Unauthorised access to the Heathcote Building – Please be vigilant**

This is an important reminder for all staff who are either based in, or visit the Heathcote Building, TPMH.

The Heathcote Building is permanently locked, requiring swipe card access but there have been instances of unauthorised individuals gaining access to the building. Please remain vigilant when entering or exiting the Heathcote Building for people who may be coming in behind you. If someone does enter the building after you have entered or are leaving, and you do not know them, please ask to see their ID or identify who they are.

If you are unable to establish their identity please contact **Security on 027 406 7366**.

### **Pharmacy Services Computer System Migration - Monday 30th April**

Hillmorton Pharmacy will be one of the CDHB hospital pharmacies that will be migrating their operational software (ePharmacy) to a new version/database during the afternoon and evening of Monday 30<sup>th</sup> April.

All dispensing and stock transactions in the current system must cease from 3pm Monday through to 8am Tuesday. Affected pharmacies will remain physically open for emergency service, but most staff will be engaged on the data migration as a priority. The upgraded system will be regionally capable and also able to integrate with Medchart, through a shared drug library (NZULM).

Please note, wards and departments are asked to ensure that all requests for stock replenishment and inpatient dispensing (including patients leave medication requests) are made as early in the day as possible and preferably not during the afternoon.

Thank-you for your consideration during this event.

There is also an open invite to attend the St Luke's Annual General Meeting at the Christchurch Bowling Club, 237 Worcester Street, Christchurch at 12.00 noon on Friday 18th May 2018. The guest speaker is Stan Darling at 12.30pm, to be followed with a light lunch.

### **April Falls Awareness Campaign in SMHS**

The Health Quality & Safety Commission theme for this year's April Falls Awareness Campaign is "Live Stronger for Longer." SMHS is applying this theme in the context of reducing falls risk through the active promotion of healthy physical activity on mental health units. This is also in keeping with the "Be Active" action point from the Mental Health Foundation's '5 Ways to Wellbeing'.

Structured physical activity which focuses on fitness and exercise can support bone density, strengthen the central core and developing sensorimotor integration – all of which contribute to reducing people's risk of falls.

SMHS Occupational Therapist Lilian Margetts is a passionate advocate for falls prevention. In promoting the April falls message among SMHS colleagues, Lilian has been highlighting the importance of optimising opportunities for planned physical activity in mental health units and engaging consumers both on a one-to-one basis and during therapeutic activities and groups.

Lilian believes that all disciplines in mental health settings have an important role to play in promoting healthy physical activity and optimising physical and mental wellbeing. SMHS units routinely offer a range of planned therapeutic groups and individual treatment sessions which include various sports and exercise groups; games such as indoor bowls and gentler activities such as daily walks and gardening as well as providing access to exercise equipment.

### **St Luke's Centre – Request for volunteers**

St Luke's Centre is a social club with 95 members (referred by Mental Health Services or General Practice) who enjoy passive recreation (board games, card games) art group, (painting drawing, craft), music and bowls. St. Luke's members appreciate the refreshments provided and enjoy chats with volunteers and other members in the accepting, friendly atmosphere of this safe social setting. About thirty members attend each day.

To maintain this service of care and understanding, volunteers are needed to participate in running the sessions. If you are a friendly person who enjoys the company of others; if you can listen to a member's story while enjoying a cup of coffee with them, then you are the person needed. It is a bonus if you can play scrabble or pool and would like to join in picnics, BBQ's and celebrations.

Volunteers would need to be able to give a 3.5 hour commitment once a week. In a recent communication, St Luke's Chairperson Brian Mariner states that 'your presence and involvement will be appreciated by members and co-volunteers and will probably give you the chance to mentor a student'.

Sessions are from 12.00pm to 3.00pm, Mondays to Thursdays, 237 Worcester Street, (venue, Christchurch Bowling Club), Christchurch.

Please phone 03 3795218 or call in to a session and speak to the session co-ordinator who will give you a Volunteer information pack.

Kind regards

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board

Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |

| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)



## **REMINDER: Supporting Parents Healthy Children Initiative – Training and Support**

Some excellent training and support opportunities have now been made available to SMHS staff as part of the Supporting Parents Healthy Children (SPHC) initiative.

Two one-day training sessions will be provided on 29th and 30th May on the Hillmorton campus for clinical leads from nursing, social work and occupational therapy and identified SPHC family champions within adult SMHS. CAF services will have the training rolled out at a later date.

Priority for enrolling on the training will be given to clinical leads to ensure that the family champions are well supported in their role and to promote and embed SPHC initiatives in respective teams. There are 50 spaces available over the two days and once the clinical leads have enrolled, the other spaces will be filled on a first-in-first-serve basis for family champions. All relevant staff will receive an email outlining the course code for enrolment and a time frame in which to do this. Completion of a questionnaire is required prior to completing enrolment.

For staff unable to enrol for one of these training days (mandatory for above mentioned clinical leads):

- Online training is available (8 hours) [HERE](#). Support will be available from the clinical leads in your team to enhance this learning.
- One hour forums are planned for 12<sup>th</sup> June, (2pm in the Te Awakura training room) and 14<sup>th</sup> June (12:30pm in Meeting room 3, Fergusson Building).

The one-hour forums will be open to all of the above staff. The forums will include an overview of SPHC along with SPHC resource kits, information on the use of T codes, how to use the new family care plan, a run through of the SPHC family champion job description and the new SPHC intranet page.

Staff will be able to ask questions at the end of the forum too.

Rationale and guidelines for this training are available [HERE](#).

Any questions, please contact either [Joan Taylor](#) or [Kirstin Woodlock](#) via CDHB email.

#### **REMINDER: Influenza vaccination programme underway**

A big thank you to all staff who have supported the 2018 Influenza Vaccination Programme thus far. In the first few weeks have seen an excellent turn out of a wide variety of clinical and non-clinical staff.

Last year 64% of CDHB staff got their flu vaccination through the staff vaccination programme. The CDHB goal for 2018 is to achieve an 80% update by staff.

Details of the programme and vaccination clinic times can be found [HERE](#)

#### **REMINDER: HealthLearn – Getting started and FAQs**

The [HealthLearn web portal](#) is now the central point for booking yourself on mandatory and non-mandatory training courses run through the training unit. The training unit have developed two very useful tips and FAQ sheets entitled 'New to healthLearn' and 'Already on healthLearn' to help you find your way around with system – see attached. These have been developed based on the most common questions received by the training unit from SMHS staff.

The 'New to healthLearn' sheet is intended for those of you who may be new or not yet created a healthLearn account. The "Already on healthLearn" sheet is for those already using healthLearn but may still have questions around booking courses, cancelling bookings, viewing training records, booking onto Fire training etc. Please note that similar resources are currently being developed for managers and these will be available soon.

If you are still having difficulty with HealthLearn, please contact Jos in the training unit:

[Jocelyn.Krijgsman@cdhb.health.nz](mailto:Jocelyn.Krijgsman@cdhb.health.nz)

Ph: (03) 3354017 or ext 34017

#### **REMINDER: Applications for Nursing Postgraduate and Graduate Funding 2018 Semester 2 now open**

Applications for Nursing Postgraduate (Level 8) Semester 2 HWNZ Funding are now open - the link to the application form is available now on the Postgraduate Nursing Website: [Postgraduate-Nursing-Education](#) or click here [Semester 2 CDHB HWNZ Postgraduate Application Form](#)

Applications for Ara Graduate (Level 7) Semester 2 Funding are now open - the link to the application form is now available on the CDHB Intranet Ara Graduate Nursing Study Website: [Ara Graduate Nursing](#) or click here [Semester 2 Ara Graduate Application Form](#)

Please note applications will close on April 27<sup>th</sup> at 3pm (no late applications will be accepted).

Please discuss your plans for undertaking post-graduate study with your professional lead before applying.

SMHS provides some funding for staff to undertake education that cannot be funded through other streams for defined areas of expertise. Read the SMHS [Tertiary study funding guide](#) on the SMHS intranet for more information.

**Sharryn Sunbeam**

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**From:** Toni Gutschlag  
**Sent:** Thursday, 16 November 2017 8:09 a.m.  
**To:** Kaye Johnston  
**Subject:** RE: Leave cover 16th Nov today

**Categories:** Restructure of Te Korowai Atawhai

Thanks Kaye  
You too.

**From:** Kaye Johnston  
**Sent:** Thursday, 16 November 2017 7:53 a.m.  
**To:** Toni Gutschlag  
**Cc:** Sharryn Sunbeam; Barbara Wilson  
**Subject:** Leave cover 16th Nov today

Hi Toni and Sharryn  
I am on leave today.  
Pam Dimond is covering as SM for our services.

I will have both my Discussion Document for Te Korowai Atawhai and my update for Facilities for Specialty Teams through to Barbara this morning

The Discussion document will go on the agenda for DLT next week.  
Have a nice long weekend everyone

Regards  
KJ

## Sharryn Sunbeam

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**From:** Toni Gutschlag  
**Sent:** Friday, 11 May 2018 5:40 p.m.  
**Subject:** SMHS Update 11 May 2018  
**Attachments:** Staff Safety Information CDHB.DOCX

**Categories:** Restructure of Te Korowai Atawhai, SMHS Update

- **'Hillmorton – the other side of the story' – CEO Update**
- **Feedback from the Director of Mental Health at the Ministry of Health**
- **NZ Mental Health Helplines - Comprehensive information sheet**
- **General security advice – Hillmorton & TPMH security contact details**
- **Safety 1<sup>st</sup> – Tips for entering location of events**
- **Close calls from bikes on footpaths**
- **REMINDER: Consultation Document "Adult In-Reach Models, SMHS"**
- **REMINDER: Te Korowai Atawhai Discussion Document and Engagement Sessions**
- **REMINDER: Influenza vaccination programme underway**

### **'Hillmorton – the other side of the story' – CEO Update**

You may have seen the article published in this week's CEO Update in response to the weekend press coverage about buildings and facilities issues at Hillmorton. The article gives an overview of the challenges we are currently facing and the strategies and plans that are in place to address the various issues in the short and long term. The article also contains some great photos depicting the amazing efforts by staff and consumers to improve the current physical environment. Click [HERE](#) to view.

### **Feedback from the Director of Mental Health at the Ministry of Health**

I recently received a letter from Dr John Crawshaw, Director of Mental Health and Addiction Services, acknowledging the additional challenges in Canterbury due to increased demand, workforce challenges and sub-optimal hospital facilities. He asked that I pass on his personal thanks to the doctors, nurses, allied and support staff of Canterbury mental health services who in the face of daily challenges, continue to do a remarkable job.

His letter was a lovely surprise and I greatly appreciate him taking the time to acknowledge the great work that occurs down here.

### **Updated NZ Mental Health Helplines – Comprehensive Information Sheet**

The Ministry of Health and Mental Health Foundation have updated all information on the various mental health helplines and contact details for local mental health services across New Zealand.

This is an excellent and comprehensive resource which can be found via the following [LINK](#).

### **General security advice**

Last week we circulated some information provided by CDHB security for staff about keeping themselves safe – particularly after dark or when travelling alone to and from work. The contact numbers included on the poster circulated last week were central contacts for CDHB security. Please note that for staff on the Hillmorton and TPMH sites, security can be directly accessed via the following numbers:

Hillmorton: 027 495 9113  
 TPMH: 027 406 7366



Please save these numbers to your mobile. The attached poster has been amended to include these numbers.

### **Safety 1<sup>st</sup> – Tips for entering location of events**

Some staff have reported that they sometimes have difficulty entering location information on Safety 1<sup>st</sup> forms, particularly when the event occurs off the unit or off site, e.g. at a consumers home.

The initial location questions on Safety 1<sup>st</sup> forms are designed to identify the service that is clinically responsible for the patient or is the home base of the employee – this information is used to trigger which manager the form goes to for investigation. So, for example, if an incident occurred in the home of a community patient of East ACS – the correct response to this section would be:

CDHB → Hillmorton Hospital → East ACS → SMHS → Adult Service South/East

The latter questions in this section are designed to capture the specific location of the event. So, for the above example, the correct response to this section would be:

Home → Community → Home patient/family

Please also be aware that the Safety 1<sup>st</sup> form is only meant to capture the basic details of an incident – detailed descriptions should be in the clinical record.

### **Close calls from bikes on footpaths**

The Health & Safety Committee have alerted us to the fact that there have been a couple of close calls recently involving cycling in footpaths on the Hillmorton Site. There is signage on footpaths outside the Fergusson Building (Building 15) advising that cycling is not permitted on footpaths. Cyclists please remember to ride on the road way and keep to the 15km speed limit within the hospital grounds.

### **REMINDER: Consultation Document “Adult In-Reach Models, SMHS”**

The Adult In-Reach Models Consultation document was released on Monday 30<sup>th</sup> April. The document has been loaded to the SMHS intranet site. [Click HERE to view](#)

Your feedback is welcome with the details on how to do this included in the document. The consultation period ends on Monday 14 May 2018.

### **REMINDER: Te Korowai Atawhai Discussion Document and Engagement Sessions**

The Te Korowai Atawhai discussion document has been loaded to the SMHS intranet site. Click [HERE](#) to view. Engagement sessions are available for staff and representatives to attend and will be held on Monday 7<sup>th</sup> May 11am and Thursday 10<sup>th</sup> May 3pm in the Fountain Room, Admin Building 6, Hillmorton.

Your feedback is welcome and details on how to do this are included in the document. The feedback period for this document has been extended by two weeks and will end 7th June 2018.

### **REMINDER: Influenza vaccination programme underway**

A big thank you to all staff who have supported the 2018 Influenza Vaccination Programme thus far. In the first few weeks have seen an excellent turn out of a wide variety of clinical and non-clinical staff.

Last year 64% of CDHB staff got their flu vaccination through the staff vaccination programme. The CDHB goal for 2018 is to achieve an 80% update by staff.

Details of the programme and vaccination clinic times can be found [HERE](#)

Kind regards

Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board

Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |

| m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)





**Sharryn Sunbeam**

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 24 April 2018 1:09 p.m.  
**To:** Sharryn Sunbeam  
**Subject:** TKA Discussion Document April 2018 Final version 19 April  
**Attachments:** TKA Discussion Document April 2018 Final version 19 April.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Restructure of Te Korowai Atawhai

Can you please pdf this document?

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Thursday, 5 April 2018 2:18 p.m.  
**To:** Sharryn Sunbeam  
**Subject:** FW: Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018  
**Attachments:** TKA Discussion Document March 2018 - FINALISED 21.03.2018.docx  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Categories:** Restructure of Te Korowai Atawhai

Please print attachment in colour for 4pm meeting

-----Original Message-----

**From:** Ruru Hona  
**Sent:** Thursday, 5 April 2018 10:23 a.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** Emailing: TKA Discussion Document March 2018 - FINALISED 21.03.2018

My apology for the delay.  
 See you at 4pm

Arohanui  
 Ruru

Your message is ready to be sent with the following file or link attachments:

TKA Discussion Document March 2018 - FINALISED 21.03.2018

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Tuesday, 5 March 2019 5:13 p.m.  
**Subject:** Proposal for Change, Te Korowai Atawhai  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf

**Categories:** Restructure of Te Korowai Atawhai, Discussion Documents

Tena koe,

Please find attached a proposal document relating to Te Korowai Atawhai.

This morning members of the Divisional Leadership Team with the Executive Director of Maori and Pacific Health met with Te Korowai staff to present the document.

It builds on the 2018 discussion document and the 60+ submissions received in response to that, and outlines a number of proposed changes for Te Korowai Atawhai and Specialist Mental Health Services. The intention is to enable increased responsiveness to tangata whaiora and a more sustainable workload for Pukenga Atawhai.

We would appreciate you taking the time to consider the proposal and encourage you to engage in the consultation process.

Nga mihi,

Toni

Toni Gutschlag  
 General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

 our health system

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 20 February 2019 10:40 a.m.  
**To:** Sharryn Sunbeam  
**Subject:** Re: Meeting re Te Korowai  
  
**Categories:** Restructure of Te Korowai Atawhai, Appointments

Actually no Ruru doesn't work Friday

Sent from my iPhone

On 20/02/2019, at 10:30 AM, Sharryn Sunbeam <[Sharryn.Sunbeam@cdhb.health.nz](mailto:Sharryn.Sunbeam@cdhb.health.nz)> wrote:

Hi Toni

Kaye has been in touch to reset the meeting re Te Korowai with all their staff to Friday, March 1<sup>st</sup> at 1:30 – 3:00 PM

I was going to have Peri as your +1 DLT but she has Chiefs & Chairs.  
Sandy is my next option as available as Joan has another appointment at that time.

The meeting will take place at Te Korowai Atawhai and Kaye will arrange for the staff to attend.

Are you happy with this that I can now confirm and send out the appointment.

Kind regards

*Sharryn*

**Sharryn Sunbeam**

Personal Assistant to: Toni Gutschlag, General Manager , Mental Health  
 SMHS | Administration, Building 6, Annex Road, Hillmorton Hospital | Private Bag 4733 Christchurch | DDI:  
 +64 3 339 1133 | M: 027 244 2417  
 Email:[sharryn.sunbeam@cdhb.health.nz](mailto:sharryn.sunbeam@cdhb.health.nz)

## Sharryn Sunbeam

---

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**Sent:** Wednesday, 20 February 2019 10:40 a.m.  
**To:** Sharryn Sunbeam  
**Subject:** Re: Meeting re Te Korowai  
  
**Categories:** Restructure of Te Korowai Atawhai, Appointments

Yes thanks

Sent from my iPhone

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Kind regards

*Sharryn*

**Sharryn Sunbeam**

Personal Assistant to: Toni Gutschlag, General Manager , Mental Health  
 SMHS | Administration, Building 6, Annex Road, Hillmorton Hospital | Private Bag 4733 Christchurch | DDI:  
 +64 3 339 1133 | M: 027 244 2417  
 Email:[sharryn.sunbeam@cdhb.health.nz](mailto:sharryn.sunbeam@cdhb.health.nz)

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Thursday, 7 February 2019 5:43 p.m.  
**To:** Kaye Johnston  
**Cc:** Sharryn Sunbeam  
**Subject:** In confidence  
**Attachments:** Te Karu s9(2)(a) proposal letter.docx; FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change.docx

**Importance:** High

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Restructure of Te Korowai Atawhai, Appointments

Hi Kaye

Documents attached for discussion 9.30 tomorrow.

Kind regards  
 Toni

**From:** Megan McQuarrie  
**Sent:** Monday, 4 February 2019 2:10 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Cc:** Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** Changed Document

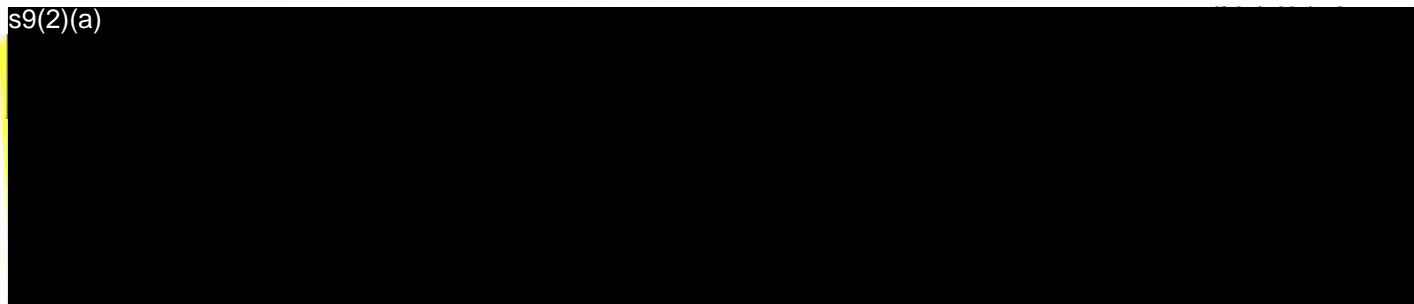
Hi there,

Please see attached, the updated document.

I have incorporated changes that made sense to us but have not accepted the suggested headings due to our shared concerns that these may be seen as somewhat patronising. They have been left the same as they have been for all our other consultation/discussion documents.

We still need to add dates into the timeframes – I am not sure if you wanted to put suggested meeting times/dates for individual meetings/team meetings now or leave that to be determined once the document has been released and simply write it as “Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback”?

s9(2)(a)



Just my thoughts,

Thanks,

Megan

---

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715



**Specialist Mental Health Service**

**Te Korowai Atawhai**  
**Proposal Document**

February 2019

Positon	Name
General Manager	Toni Gutschlag
Pou Whirinaki	Ruru Hona

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E ngā lwi, e ngā mana, e ngā reo, e ngā karangatanga maha  
Tēnā rā koutou katoa,  
E mihi māhana tēnei ki ā koutou katoa,

Ngā mihi tuatahi kī ngā Atua, me ngā wairuatapu na rātou i hangatia i runga i ā mātou.  
Ngā mihi, ngā mihi ngā mihi

Ki te mana ō tēnei whenua, kia Ngai Tuahuriri, te hapū, Maahunui Tuarua, te marae,  
Ngai Tahu te lwi  
Tēnā koe, tēnā koutou, tēnā rā koutou katoa

Ngā mihi māhana tēnei ki ngā hau e whā ō te motu,  
E ngā lwi, e ngā mana, e ngā reo  
Tēnā rā tātou katoa

E mihi tēnei ki ā koutou, i roto ōu whakaaro ka whakatūtia Te Korowai Atawhai, mō te tiaki mai ngā  
whaiora me ōu rātou whānau hoki. Ī roto te aroha, te tūmanako, te whakapono me tē oranga. Hē  
whakamoemiti tēnei ki ā koutou katoa.

**Ahakoā te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.**

**“In spite of its diminutive size, this seed will grow to become the god of the forest”**

## **1. Acknowledgement**

The Divisional Leadership Team wish to formally acknowledge the widespread interest in the Te Korowai Atawhai Discussion Document across Specialist Mental Health Services (SMHS) and thank everyone for their feedback and submissions.

## **2. Context and Introduction**

The purpose of this document is to outline a Proposal for Change that builds on the Discussion Document (April 2018) and considers the submissions received during the feedback process.

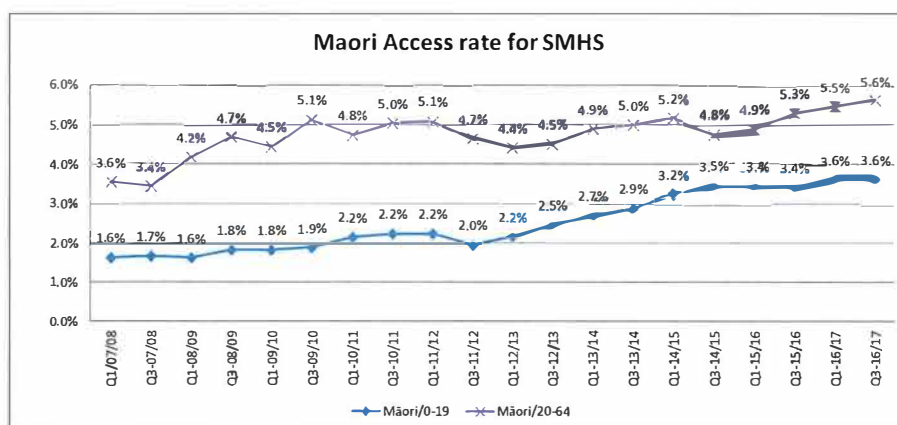
## **3. Background**

The Discussion Document outlined a range of potential changes that could improve our responsiveness to Tangata whaiora, and be of benefit to the service, ngā whaiora, ou rātou whānau me ngā Pukenga Atawhai, Te Korowai Atawhai, and all staff engaged with Tangata whaiora.

**3.1 Access rates:** Within the SMHS the number of Māori presenting to services has significantly increased therefore increasing demand on services. In the period of April 2011 to March 2012 1350 Māori<sup>1</sup> accessed the SMHS, this figure has increased to 2392 in the 2017/2018 period.

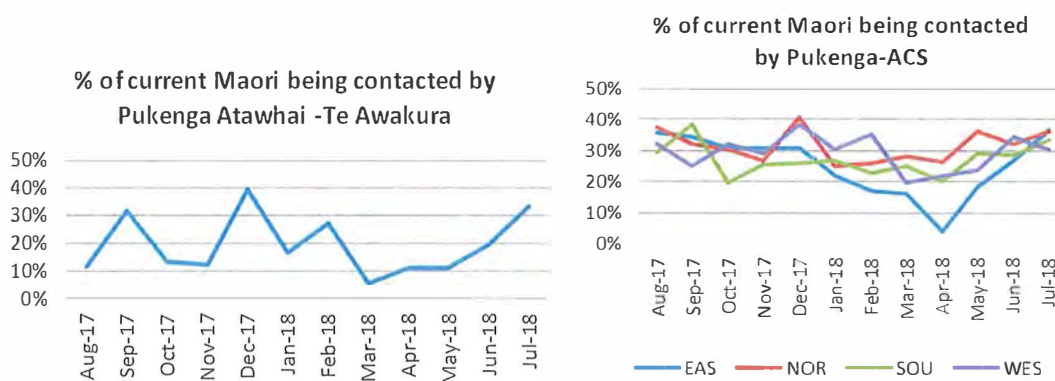
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<sup>1</sup> SMHS Contact Figures, Māori aged 0 to 64 years of age accessing SMHS.



This is positive news and confirms that Māori are accessing essential health services, it is important however, that we recognise that increased demand is putting significant additional pressure on all of our staff, and the increased access by Māori is having a significant impact on Pukenga Atawhai, and requires us to ensure all services and workforce groups are culturally responsive. This increase in Tangata whaiora and their whānau accessing the SMHS may well continue to increase therefore creating more cultural demand and greater expectations of the Pukenga Atawhai.

The Te Korowai Activity Dashboard (Appendix 1.) shows the number of Māori under the care of SMHS that are being contacted by Pukenga Atawhai. As demonstrated by the two graphs below, the Pukenga Atawhai working in the General Adult Service Cluster are typically seeing less than 40% of those who identify as Māori who are accessing either Adult Community or Adult Inpatient services. Ideally this percentage would be much higher, with all clients who identify as Māori having the opportunity to meet face to face with Pukenga Atawhai to discuss the opportunity to work together.



The contact figures reinforce the need to increase face to face access time for Pukenga Atawhai, especially in areas where demand is far from being met such as Te Awakura, Crisis Resolution and Child, Adolescent & Family.

**3.2 Pukenga Atawhai:** Pukenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for Tangata whaiora and their whānau, and assist clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan.

Due to the increasing numbers of Tangata whaiora and their whānau accessing the SMHS, the role of the Pukenga Atawhai has become more in demand.

Pukenga Atawhai have the following expectations as part of their current role:

- To meet identify the cultural concerns of Tangata whaiora and their whānau during their assessment and treatment.
- To engage and support Tangata whaiora through any mental health concerns and to inform the whānau of the processes and responsibilities of mental health services.
- To support and follow up to Tangata whaiora and their whānau in the community.
- Culturally to support Tangata whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- Responsibility for the ongoing cultural follow up, engagement and support to Tangata whaiora and their whānau in the community.
- Participation in an on call roster to provide input as needed over a 24 hour period.

**3.3 Te Korowai Atawhai:** Te Korowai Atawhai is the Māori Mental Health Service for the SMHS and is responsible for the ongoing development of the cultural practices of Hauora Māori within the various clinical services.

Since its inception in 1995 Te Korowai Atawhai has been the provider of Māori mental health care, support and expertise within the SMHS. It has been responsible for addressing the cultural disparities in Māori with mental health concerns. Te Korowai Atawhai provides specialist advice and support to ensure the SMHS has the capability and confidence to provide culturally appropriate engagement, follow up and support for Tangata whaiora and their whānau.

Te Korowai Atawhai was known as being the “Cloak of Loving Care” which supported Tangata whaiora and their whānau as they entered the service. Through the Pukenga Atawhai they would be welcomed by powhiri and through whakawhanaungatanga, and are accompanied through services with clinical and cultural support working in partnership to promote recovery.

Te Korowai Atawhai, “The Cloak of Loving Care” will continues to support Tangata whaiora and their whānau through their journey in the Specialist Mental Health Service, the ongoing implementation of cultural practices will enhance cultural growth, wellness and development of Tangata whaiora and their whānau. Te Korowai Atawhai are equal partners in health with the Specialist Mental Health Service.

Initial concerns were raised that the Pukenga Atawhai may find it hard to integrate into clinical teams and the roles could become isolated however over time it has become evident that the Pukenga Atawhai are integral and valued members of the Multi-Disciplinary-Teams throughout the service. Key to supporting these roles, a regular day was set aside for Pukenga Atawhai to gather together as whānau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. To this end, Whanaungatanga day was established and occurred each Thursday. One of the purposes of the Discussion Document was to explore the efficacy and value of this day as it currently stands.

**3.4 Whanaungatanga day** focused on peer and group supervision including in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility for organising the programme and facilitating the day. The information presented was wide and varied and included such topics as tapu, noa and makutu, karakia, the necessity of whanaungatanga when engaging with Tangata whaiora, making Tangata whaiora feel comfortable, valued and important. Te

Whare Tapa Wha (The four cornerstones of Iwi Health -Wairua, Hinengaro, Tinana and Whānau) was central to the day, which also included powhiri, mihimihi and poroporoake.

**3.5 Manuhiri Day** has also been hosted by Te Korowai Atawhai. This day is currently being offered as a means of assisting the SMHS with the cultural competency of engaging confidently with Tangata whaiora and their whānau, including the orientation of new and existing staff. Manuhiri Day has now progressed into a half day of cultural education for staff wanting more understanding around working with Tangata whaiora and their whānau.

#### **4. Summary of Feedback from Discussion Document**

Sixty two submissions from groups and individuals were received on the Te Korowai Atawhai Discussion Document. A detailed summary of those submissions and the themes that emerged is attached (Appendix 2).

There was clear agreement around the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata whaiora and whānau entering services. This was reflected in the feedback which strongly agreed that the current structure and allocation of Pukenga Atawhai is not meeting the demands of service, and that some clinical areas need increased input to ensure Tangata whaiora and their whānau are not missing out.

There were differing understandings reflected around the fundamental structure and purpose of Te Korowai Atawhai with regard to whether it is a Kaupapa Māori Service and therefore self-determining, or a service provided as part of the wider SMHS.

Many submissions saw value in a Whanaungatanga Day however feedback regarding the frequency of this day, and the value it added in its current format was varied.

Following the feedback period Pou Whirinaki has met extensively with Pukenga Atawhai. This has allowed a greater individual feedback process with those most directly affected by the discussion document. The process was by invitation and was voluntary. Feedback from those interviewed has contributed to this proposal document.

#### **5. Proposed Changes**

Following consideration of the feedback on the Discussion Document the following changes are proposed:

##### **5.1 The Proposed Continuation of Te Korowai Atawhai:**

It is proposed that Te Korowai would continue to be the guiding mantle under which Pukenga Atawhai operate. Feedback demonstrated the importance of having a central point of connectivity whilst also acknowledging the need for cultural services to be embedded within the clinical service areas to enhance opportunities to work in partnership with clinicians.

Te Korowai Atawhai is an essential service delivered as part of the SMHS. The ability to provide cultural support to Tangata whaiora entering services is imperative to ensure best outcomes for them. It is proposed that Te Korowai Atawhai would continue to offer Pukenga Atawhai support directly into clinical teams to work alongside and in partnership with clinical colleagues whilst providing the over-arching cultural support to the SMHS.



## 5.2 Proposed Increase of Pukenga Atawhai FTE to Clinical teams:

To be able to offer a responsive service to support Tangata whaiora and whānau entering services, the Pukenga Atawhai FTE allocated to clinical teams has been carefully reviewed. Scrutiny of the current budget has enabled the proposal for four additional Pukenga Atawhai roles to be added in addition to the existing positions. This suggested increase in FTE, alongside other realignment of existing FTE, would hugely positively impact the number of face to face hours Pukenga Atawhai could be available within clinical teams.

In addition, to support the increase of face to face access to Pukenga Atawhai for Tangata whaiora and whānau, it is proposed that the number of Whanaungatanga Days be reduced to one day a month as explained further below. This would reduce the number of non-contact days from four (for one FTE) to one per month creating greater opportunity for more client contact.

Many submissions emphasised the important role this day has in providing collegiality and connectivity for Pukenga Atawhai. It is believed that by strengthening the structure and format of this day it would add greater value to those who attend. It is proposed that this day continues to run monthly with an emphasis on support and supervision.

Current FTE is fragmented, with a portion of each person's position being allocated to each clinical area and 0.2 of each FTE being allocated to Te Korowai Atawhai. This FTE is proposed to be realigned to sit in clinical area budgets making positions and who is in them, easier to track.

It is proposed that the FTE would be allocated to the clinical areas which most need them. The proposed reduction in the number of Whanaungatanga Days from once a week to once a month would result in a significant increase in face to face availability of Pukenga Atawhai who could then be distributed amongst the services who most need them.

It is acknowledged that feedback strongly supports the allocation of dedicated Pukenga Atawhai into Te Awakura, Crisis Resolution and CAF, these would be areas of priority when reallocation is considered should the proposed changes go ahead.

## 5.3 Proposed Establishment of Kaitiaki Mātauranga (Cultural Educator) role:

It is proposed that a new 1.0 FTE role of Kaitiaki Mātauranga be established.

Submission feedback supports the establishment of an educator role that would act as a resource for all of the Specialist Mental Health Service and beyond. This is seen as a key development in terms of building cultural competence, capability, knowledge and confidence of all staff. This position would be both strategic and hands on.

It is proposed the key responsibilities for the Kaitiaki Mātauranga role would be to provide cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice. The position would oversee Whanaungatanga Day and the Manuhiri forum amongst other education opportunities, freeing Pukenga Atawhai to spend more time in their clinical areas doing face to face work, something strongly supported by the submission feedback.

It is also anticipated this role would have responsibility for developing programmes that would work in partnership with other key pieces of work, for example Equally Well or the Wellbeing Programme. It would be expected the programmes would support the vocational, educational and recreational goals of Tangata whaiora under the Te Whare Tapu Wha model and support them to look after themselves holistically and to create a sense of purpose and belonging.



This role is proposed to be integrated into the Training Unit and be responsible for developing training/course content, facilitating and coordinating cultural training programmes as well as supporting the Pukenga Atawhai. The proposed position would also have role in developing Tangata whaiora and whānau training.

The role, if established, would report to the Nurse Manager of the Training Unit and be under the cultural guidance of Pou Whirinaki. A draft position description for the role is attached in Appendix 3.

#### **5.4 Proposed Disestablishment of Kaiārahi Matua**

The need to increase the number of roles which are able to offer client contact was strongly supported in the feedback. There were a range of views about the need for dedicated management and leadership to be embedded in Te Korowai Atawhai in the context of the proposed changes and it was acknowledged that should the format of the Whanaungatanga and Manuhiri Days change considerably, the administrative and operational functions of this role will be greatly diminished.

Should the proposed changes go ahead with Pukenga Atawhai FTE no longer aligned to the Te Korowai Atawhai budget, there would be no FTE reporting to this position. The operational reporting lines for Pukenga Atawhai would remain with the respective Clinical Managers in each area. Cultural leadership and support for Pukenga Atawhai is proposed to come from Pou Whirinaki and Kaitiaki Mātauranga.

Increasing the number of front line cultural staff who have clinical contact is a priority as outlined in feedback. It is proposed that current role of Kaiārahi Matua be disestablished. Additional Pukenga Atawhai roles to support increasing the access to cultural services for Tangata Whaiora and whānau would be a direct outcome of the proposed changes.

#### **5.5 Proposed Leadership**

It is proposed the existing Clinical Director and Service Manager would continue to have a functional portfolio management role and would work in partnership with Pou Whirinaki for cultural guidance and strategic matters.

The cultural leadership of Te Korowai Atawhai is proposed to be provided by the Pou Whirinaki and the Pukenga Atawhai would report directly to the Line Manager of the clinical team within which they are based.

It is proposed that Kaitiaki Mātauranga would report on a daily basis to the Nurse Manager of the Training Unit however would fall under the Pou Whirinaki for cultural leadership.

Consideration would need to be given to how best to provide cultural leadership to each service cluster. Pukenga Atawhai leadership roles within each cluster are under consideration. This is out of scope of this current proposal but will be given further consideration.

#### **5.6 Ongoing Cultural Development**

##### Whanaungatanga Day

It is proposed that Whanaungatanga Day be reduced to one day per month as mentioned above. Submissions provided mixed feedback as to the efficacy of the current Whanaungatanga Day with a number questioning the frequency of the existing days and the impact this has in clinical areas. A move to make this day run monthly instead of weekly would allow for greater alignment with other professional groups whilst acknowledging the strong desire for continued supervision and collegial support amongst the cultural team. It would also create increased opportunities for face to face contact in clinical areas by Pukenga Atawhai.

It is proposed to structure Whanaungatanga Day as a cultural, clinical and educational learning forum that is future focused. It is proposed that this be a tutorial setting where education on the in-depth cultural aspects of the Māori Mental Health, that are continually changing, are addressed by an experienced tutor. It is proposed that Pukenga Atawhai show support by their attendance, their contribution and by supporting any kaupapa presented on any one day.

It is proposed that facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

#### Manuhiri forum

It is proposed that Manuhiri forum occur for a half day once per month.

The purpose of Manuhiri forum is for ongoing training and orientation relating to the cultural aspects of wellness within the whaiora and whānau.

The proposed session would also provide the opportunity to experience knowledge from the Pukenga Atawhai working closely with the Tangata whaiora and whānau in the community and in the inpatient settings.

It is proposed that facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

## **6. The Potential Benefits**

The potential benefits of these proposals include:

- Improved responsiveness to Tangata whaiora and their whānau accessing services, through an increase in FTE allocation to clinical areas allowing more face to face time with not only the whaiora and whānau but also the clinicians.
- An additional 4FTE Pukenga Atawhai to be added to existing Pukenga Atawhai FTE.
- Opportunity for Pukenga Atawhai to be engaged in initiatives such as Equally Well, The Wellbeing Programme and cultural programmes for Tangata whaiora due to less time being committed to Whanaungatanga Day.
- Greater sense of belonging in clinical areas due to being embedded directly into teams whilst still maintaining the strong connection with colleagues through Te Korowai Atawhai.
- Reduction in the loss of non-contact time for Pukenga Atawhai leading to increased access to cultural support for all (Tangata whaiora, whānau and staff).
- Clearer reporting lines for Pukenga Atawhai.
- Improved professional development opportunities for Pukenga Atawhai.
- Enhanced opportunities for, and a strengthened programme of cultural education for all staff.
- A more responsive, visible Te Korowai Atawhai service which not only supports its own whānau (Pukenga Atawhai) but also works in partnership with the wider service including those who access care and those who deliver it.

## **7. Impact of Proposal**

We are mindful of the impact these proposed changes may have on the people who work in Te Korowai Atawhai, specifically those who work in roles we are proposing to change or disestablish.

We therefore want to ensure that everyone has the chance to understand how this proposal could potentially affect them and what may be involved if all or some of the proposed changes go ahead.

Proposed changes to individual positions are summarised below:

Role proposed to be affected	Impact if proposed change/s go ahead
Pukenga Atawhai	<p>Line Management would be the clinical manager of the respective clinical team, with a cultural reporting process through the Pou Whirinaki.</p> <p>Increase in time spent in allocated clinical area.</p> <p>Reduction in non-contact days to one Whanaungatanga Day per month plus an additional half day at the Manuhiri forum if required.</p> <p>Potential reallocation of existing FTE to clinical areas in most need through a consultative, collaborative process.</p> <p>Potential reallocation of FTE into clinical areas needing additional resource in the event of a future vacancy/vacancies.</p> <p>On-call roster would continue at this time.</p> <p>Additional Pukenga FTE to increase Pukenga Atawhai workforce and add to the on-call roster pool.</p> <p>Job description would be adjusted to reflect these changes.</p>
Kaiārahi Matua	<p>That this position is proposed to be disestablished.</p> <p>That we would work with the affected staff member, in line with his employment agreement.</p>

## 8. Consultation

Consultation is the formal process that happens in situations where change is proposed. It's a chance to provide feedback on the ideas that have been put forward.

We encourage you to send written feedback to [monique.botha@cdhb.health.nz](mailto:monique.botha@cdhb.health.nz). Your feedback will be collated and incorporated into a summary of themes that have come through the submission process.

There will be opportunities for those directly affected by this proposal to meet either individually, in a group or both as required.

We look forward to receiving your feedback on this proposal.

## 9. Timeline

A summary of the intended implementation timeline is detailed below:

Activity	Date
Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback.	Click here to enter a date.

Activity	Date
Consultation period ends.	
Feedback considered.	Click here to enter a date.
Final decision communicated to key stakeholders then wider service.	Click here to enter a date.

## 10. Getting Support: Who can help?

### Support Services

We have a number of independent support people available to staff, these include:

- EAP Services (Employee Assistance Programme) on 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)
- Workplace Support 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

### Union Support

For those who are members of a union, this paper has been given to the following union partners:

- PSA Organiser – Anthony Rimell, 0508 367 772 ([anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz))
- NZNO Organiser – John Miller, 03 366 0186 ([JohnDM@nzno.org.nz](mailto:JohnDM@nzno.org.nz))
- NUPE Organiser – Quentin Findlay, 03 377 3582 ([Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz))
- ASMS Organiser – Dianne Vogel, 04 499 1271 ([dv@asms.nz](mailto:dv@asms.nz))
- APEX - Omar Hamed, 09 526 0280 ([omar@cns.org.nz](mailto:omar@cns.org.nz))
- NZRDA – Deborah Powell, 09 526 028 ([ask@nZRda.org.nz](mailto:ask@nZRda.org.nz))

### **People and Capability (HR)**

Your P&C contacts are:

- Louis van Rensburg, People and Capability Advisor - 03 339 1129 | [Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)

Thank you for taking the time to look through this paper and we look forward to hearing your thoughts on the proposal.

## 11. Appendices

### Appendix 1. Te Korowai Atawhai Performance Dashboard



Te Korowai Atawhai  
Performance Dashboard

### Appendix 2. Feedback Themes



Submission Feedback  
Te Korowai Atawhai.p

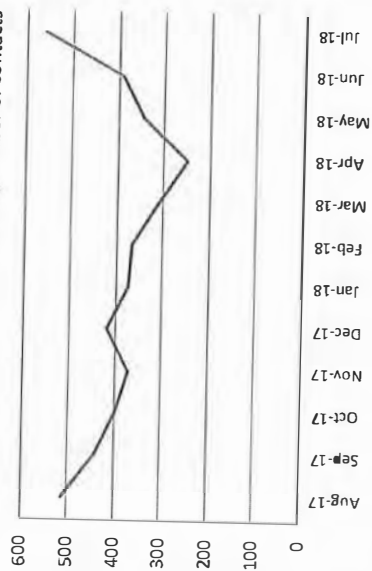
### Appendix 3. Proposed position description – Kaitiaki Matauranga



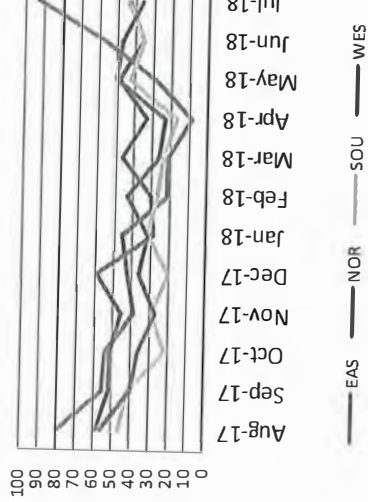
Position Description  
DRAFT Kaitiaki Mataur

## Te Korowai Atawhai Performance Dashboard

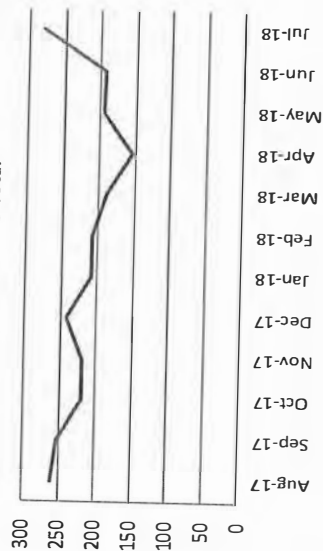
SMHS Pukenga Atawhai: total number of contacts



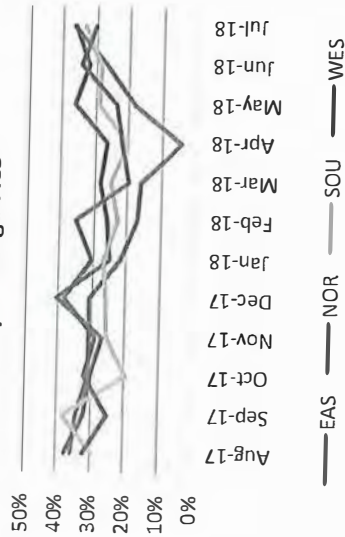
SMHS Pukenga Atawhai Contacts - ACS



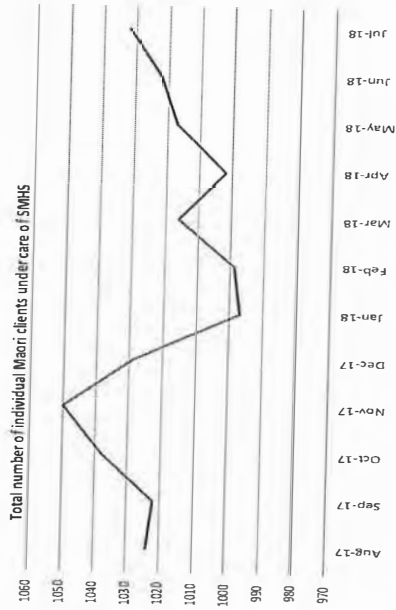
No. of unique individuals contacted by Pukenga Atawhai-SMHS Total



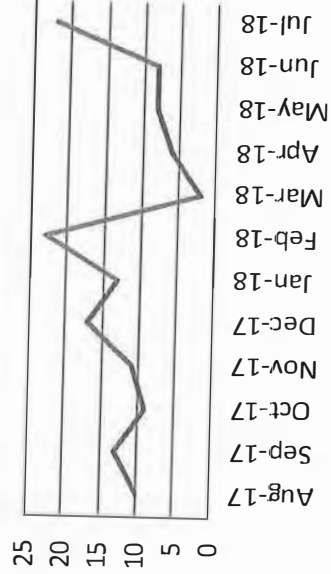
% of current Maori being contacted by Pukenga-ACS



Total number of individual Maori clients under care of SMHS

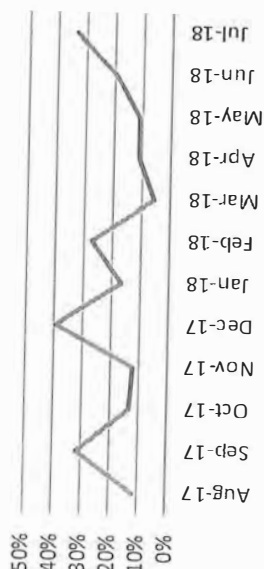


SMHS Pukenga Atawhai Contacts - Te Awakura

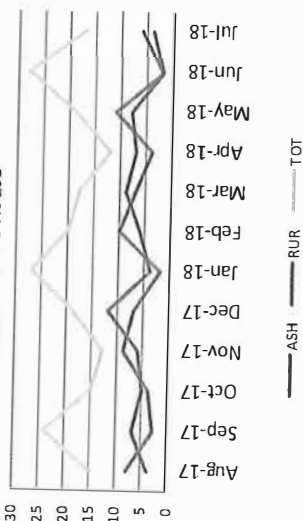




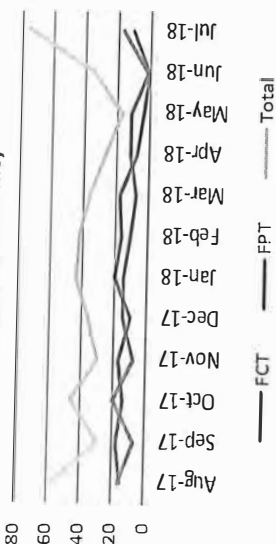
% of current Maori being contacted by  
Pukenga Atawhai - Te Awakura



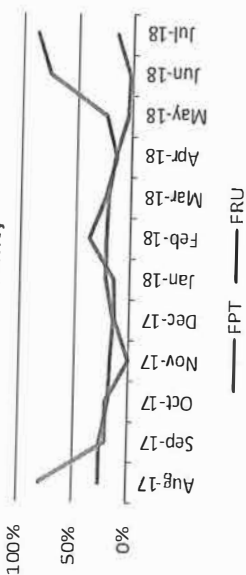
SMHS Pukenga Atawhai Contacts - Ashburton,  
Rural & Totara House



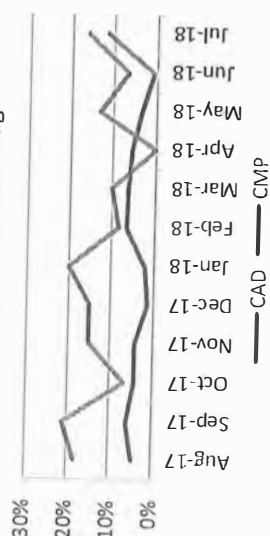
SMHS Pukenga Atawhai Contacts -  
Forensic Community



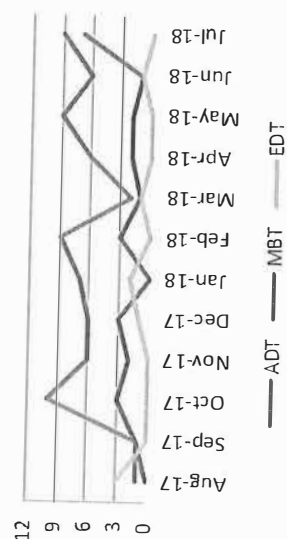
% of current Maori being contacted by  
Pukenga Atawhai - Forensic  
Community



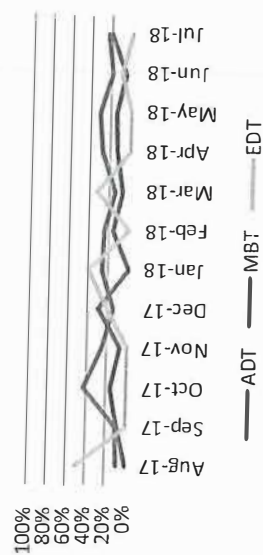
% of current Maori being contacted  
by Pukenga-Alcohol & Drug



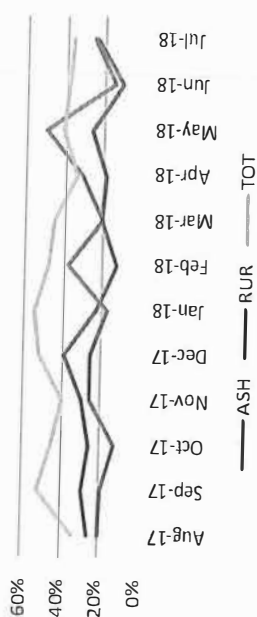
SMHS Pukenga Atawhai Contacts -  
ADU, MBT & EDT



% of current Maori being contacted  
- ADU, MBT & EDT

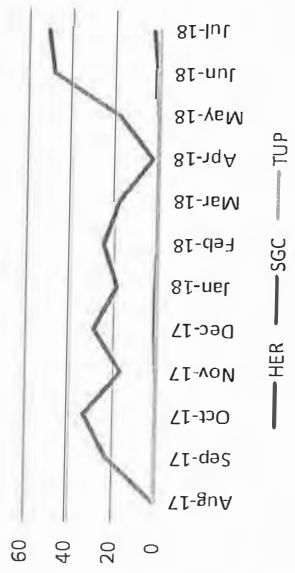


% of current Maori being contacted by  
Pukenga - Ashburton, Rural & Totara  
House

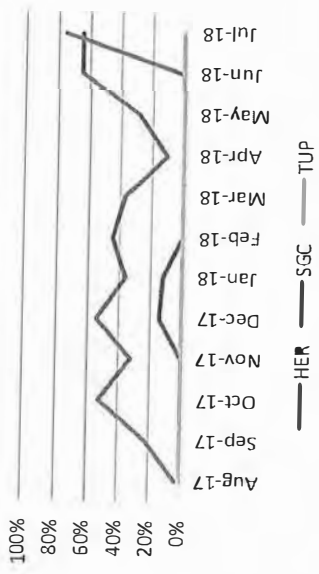




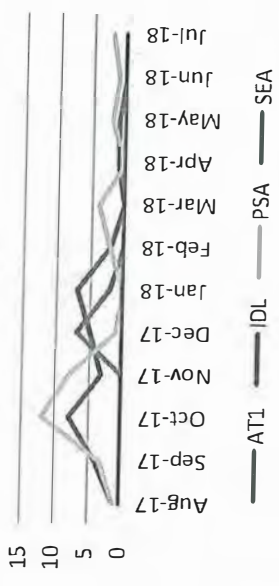
SMHS Pukenga Atawhai Contacts - Seager, Tupuna and Hereford



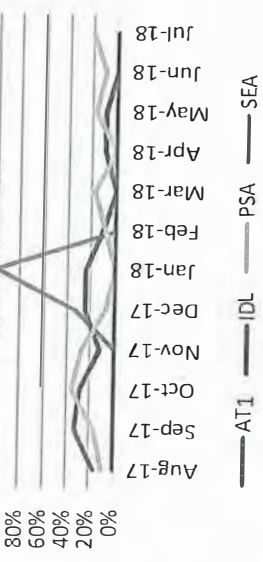
% of Current Maori being contacted by Pukenga Atawhai - HER, SGC & TUP



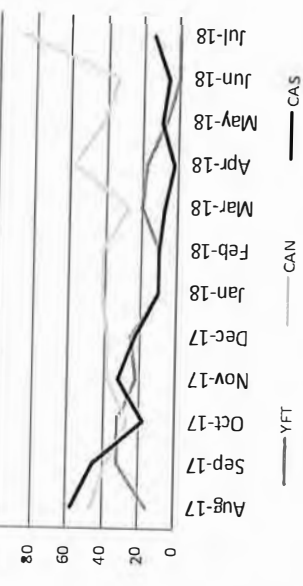
SHMS Pukenga Atawhai Contacts - Intellectual Disabilities



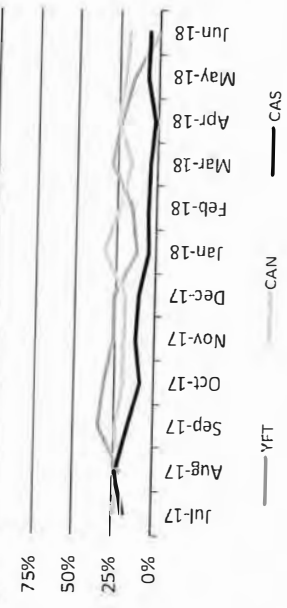
% of current Maori being contacted by Pukenga Atawhai - ID



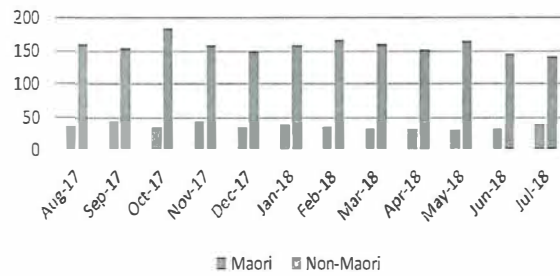
SMHS Pukenga Atawhai Contacts - CAF



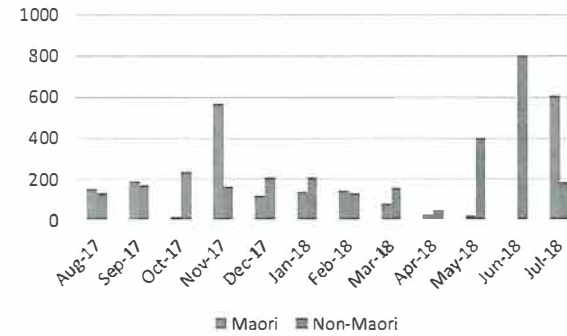
% of current Maori being contacted by Pukenga Atawhai-CAF



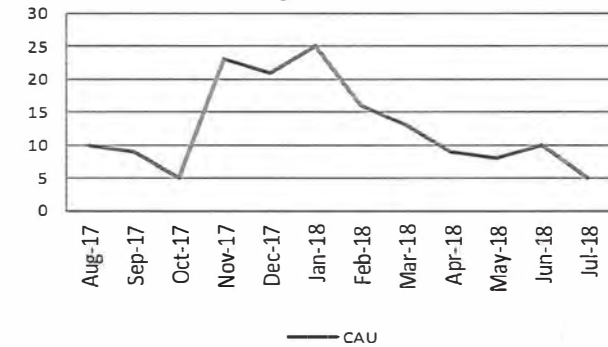
SMHS Inpatient Admissions (cases) by Primary Ethnicity



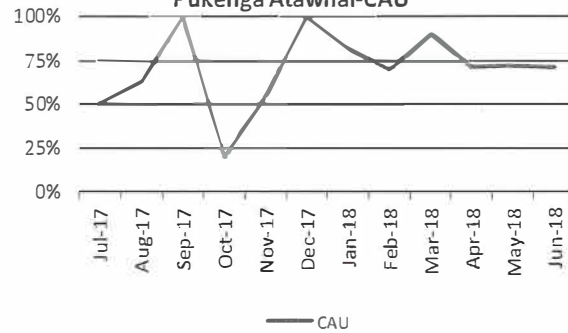
SMHS Seclusion Hours by Primary Ethnicity



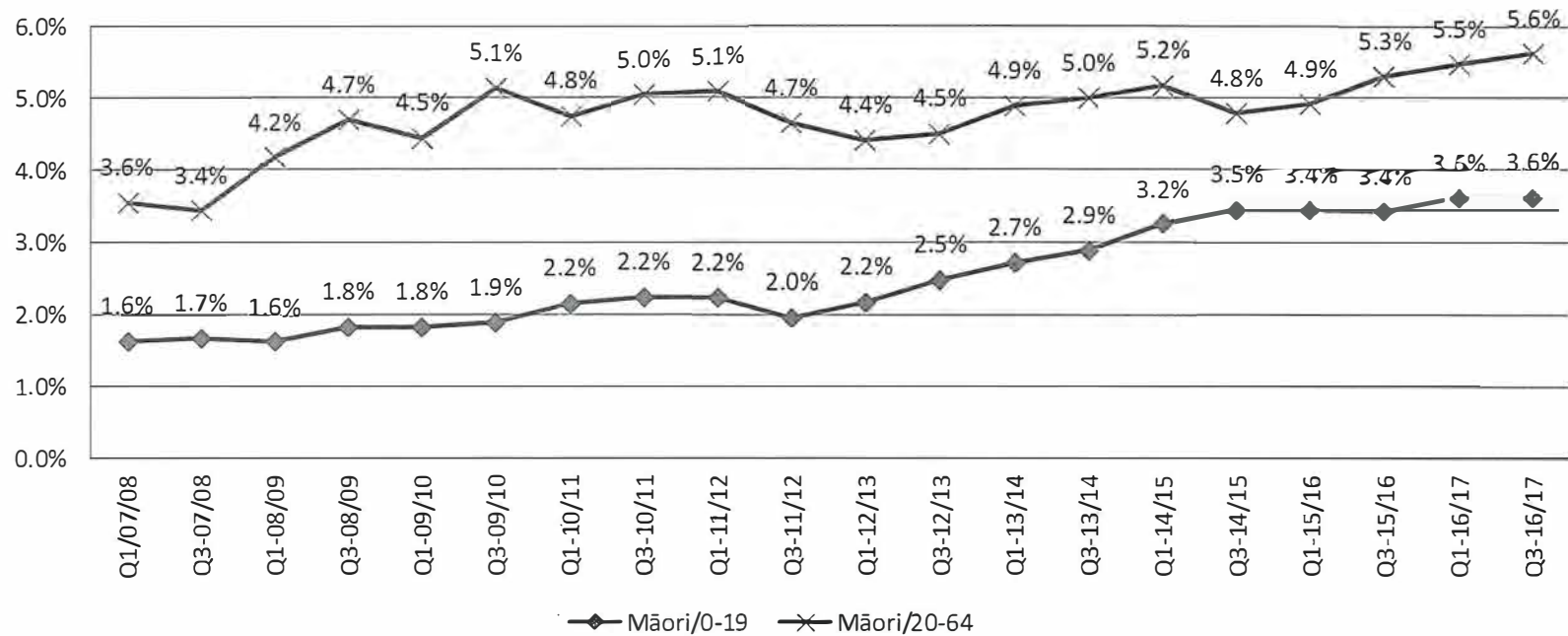
SMHS Pukenga Atawhai Contacts -CAU



% of current Maori being contacted by Pukenga Atawhai-CAU



### Maori Access rate for SMHS



### Appendix 3. Submission feedback themes Te Korowai Atawhai

A total of 62 submissions were received on the Te Korowai Atawhai discussion document.

The following themes emerged from the feedback:

- There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.
- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response
<b>Increase in FTE for Pukenga Atawhai roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	Agreed – see Proposal Document
<b>Reallocation Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaungatanga day</b>	<p>Strong support to review and/ or amend the format and /or frequency of Whanaungatanga day. This is seen as positive as it will allow the increase in Pukenga Atawhai availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other professional groups for supervision and development.</p> <p>Changes to the concept and format of Whanaungatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawhai operates. There is concern that losing this weekly day could leave Pukenga Atawhai culturally unsupported.</p> <p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement.</p>	<p>See Proposal Document for proposed plan to reduce frequency of the Whanaungatanga day whilst acknowledged the importance this day holds in providing supervision, support and unity for the Pukenga Atawhai.</p> <p>It is proposed FTE currently allocated to Te Korowai (Whanaungatanga Day) will be reallocated to clinical teams based on demand.</p>

Feedback Theme	Feedback Summary	Response
	<p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaungatanga day is reviewed.</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaungatanga day</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained at weekly intervals, more structured day and shorter meetings less frequently.</p>	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in covering the needs of this consumer group within the current structure.	Agreed – it is proposed that dedicated Inpatient Pukenga Atawhai is a priority area
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	FTE may be realigned to meet demand in high priority areas. This will be determined in the next stage of service development.
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service, There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	Agreed that CR requires more FTE, this will be considered as part of the reallocation of available FTE.
<b>Review of out of hours call back roster</b>	This is supported. There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	Review of the on-call roster and how ensure the roster is sustainable is a priority and will require ongoing consideration and consultation.
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	It is acknowledged that some areas are over resourced. Reallocation of FTE will be considered for any future vacancies and existing roles will be considered on an

Feedback Theme	Feedback Summary	Response
		individual basis and in negotiation with individuals in those roles.
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	Agreed that CAF requires more FTE, this will be considered as part of the reallocation of FTE.
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai. This supports notes these roles need to reflect appropriate skill level and remuneration.	Service cluster leads are being considered. Pou Whirinaki is now appointed. The new role of Kaitiaki Mātauranga is proposed.
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified. There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	It is proposed that this day will continue, with input and development from the Kaitiaki Mātauranga.
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units.  Some submissions were not in support of reviewing the role of the Kaiarahi Matua role. Some submission noted this would be seen as a takahi to the mana of the position.  Some submitters felt unable to comment of leadership of Te Korowai	This role is discussed in the Proposal document
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	This role is recognised as a valuable role within SMHS. This role will be reviewed in the future to ensure it remains aligned with the vision and values held by Te Korowai Atawhai following the implementation of any potential future changes to the service.
<b>Whānau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	This role is recognised as a valuable role within SMHS. This role will be reviewed in the future to ensure it remains aligned with the vision and values held by Te

Feedback Theme	Feedback Summary	Response
		Korowai Atawhai following the implementation of any potential future changes to the service.
<b>Training and support role for wider SMHS</b>	<p>There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawhai.</p> <p>There are also suggestions that this role could support Pukenga Atawhai professional and cultural development.</p>	It is proposed that the role of Kaitiaki Mātauranga will pick up this piece of work – for further detail, see Proposal Document.
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of Whanaungatanga day changes.	Agreed – will be reviewed by Pou Whirinaki
<b>Overall comments</b>	<p>There were some submissions which identified that Pukenga Atawhai roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments that obligations under Te Tiriti o Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination.</p> <p>Some submissions identified that Te Korowai Atawhai should decide how the service is operated.</p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented.</p>	<p>Agreed – as part of the ongoing development of Te Korowai, the roles of the Pukenga Atawhai will be reviewed and Position Descriptions updated accordingly.</p> <p>The proposed changes are intended to support the service to meet its obligations under Te Tiriti o Waitangi.</p> <p>Staff have been offered the opportunity to provide one to one feedback through meetings with Pou Whirinaki.</p> <p>Noted</p>



## **POSITION DESCRIPTION**

# **Canterbury**

District Health Board

Te Poari Hauora ō Waitaha

November 2018

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Te Tiriti o Waitangi and the overarching objectives of the New Zealand health and disability strategies.

### **Organisational Vision**

The Canterbury District Health Board's vision is to promote, enhance and facilitate the health and well-being of the people of the Canterbury District.

### **Organisational Values**

The Canterbury DHB is committed to being an excellent and caring funder / provider of health and hospital services. Integral to the achieving our vision, goals and objectives of the DHB are the values of the organisation:

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

### **POSITION TITLE:**

Kaitiaki Mātauranga: Cultural Educator - SMHS

### **REPORTS TO:**

Nurse Manager, Training Unit - SMHS

### **PRINCIPAL OBJECTIVES:**

In collaboration with the Pou Whirinaki & Nurse Manager, Training Unit the Kaitiaki Mātauranga will provide to provide cultural knowledge, guidance and direction within the objectives and values of SMHS. Programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora centred practice.

The key deliverables are –

- To support an organisational culture of continuing cultural improvement.
- Ensure effective and efficient delivery of cultural programmes to Pukenga Atawhai and to all staff within the SMHS.
- To provide effective cultural leadership and consultancy in the delivery of programmes of engagement with Tangata whaiora and their whānau.
- To promote Pukenga Atawhai, SMHS as a career option.
- Strong networking skills within the CDHB, the NGO services, Ngai Tahu, the Māori, Pasifika and the wider community.
- To ensure training programmes and projects are robust and based on best practice, expertise and evidence.
- To provide expertise in the application of cultural responsiveness by engagement, follow up and treatment.
- To provide expertise in cultural responsiveness and Tangata whaiora, whānau, centred practice.

### **FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

#### **INTERNALLY:**

1	Clinical, Non-clinical Leaders
2	Learning and Development
3	Consumer and Family Advisors

4	Clinical Educators and Clinical specialists
5	Organisational Development
6	Quality and patient Safety team

**EXTERNALLY:**

1	Non-Governmental Organisation (NGO's)
2	Health, Quality and Safety Commission

**KEY PERFORMANCE OBJECTIVES:**

<b>Task</b>	<b>Preparation and presentation of cultural training programmes</b>
Expected Result	<ul style="list-style-type: none"> <li>Responsible for identifying and researching the relevant information of programme content.</li> <li>Developing the programme content for presentation.</li> <li>Ensuring that the programme content is accurate and is evidence based.</li> <li>Guidance is provided for audit and feedback mechanisms.</li> <li>Contributes to the development of Tangata whaiora by engaging with clinicians, managers and Pukenga Atawhai in service/areas of responsibility.</li> <li>Promotes effective teamwork, communication and shared learning as key components of a culture of quality and patient safety.</li> <li>Facilitates training for staff on, Tangata whaiora engagement and cultural responsiveness in relation to health improvement for Māori.</li> </ul>
<b>Task</b>	<b>Identifying the clinical and cultural pathways of engagement</b>
Expected Result	<ul style="list-style-type: none"> <li>Tangata whaiora centred practice and whānau participation is evident in the development, implementation and evaluation of the programmes.</li> <li>Programmes and initiatives are based on best practice and are evidence based.</li> <li>Effectively utilise a range of improvement methodologies and tools.</li> <li>Forms collaborative working relationships with key stakeholders to facilitate staff involvement and commitment to the cultural quality within the service and the organisation as a whole.</li> <li>Develop a culture that is focused on learning, and is characterised by respect, inclusion, empathy, collaboration and safety.</li> <li>Pukenga Atawhai and SMHS staff should be culturally inclusive of all cultures and look for ways, to celebrate and acknowledge the SMHS, commitment to Te Tiriti o Waitangi.</li> </ul>
<b>Task</b>	<b>Availability to Pukenga Atawhai for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>One on one cultural supervision.</li> <li>Peer supervision.</li> <li>Community presentations on mental health.</li> <li>Tangata whaiora, whānau training. Hospitalisation, treatment and management.</li> </ul>
<b>Task</b>	<b>Availability to all SMHS staff for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>DAO training.</li> <li>Cultural supervision for clinical, non-clinical staff</li> <li>Ongoing one on one training</li> <li>In-service training</li> </ul>

**HEALTH & SAFETY:**

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

**QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

**QUALIFICATIONS & EXPERIENCE:****Essential:**

- Extensive knowledge and experience of the mental health sector
- Recognised Clinical/Cultural Leader
- Postgraduate qualification in a relevant area ie. Adult Education, Mental Health, Vulnerable Populations
- Training or experience in delivering education programmes to adults
- Demonstrated skills in supporting cultural competence
- Evidence of skills in leadership/mentoring roles
- Demonstrated ability to contribute to and deliver timely outputs
- Demonstrated ability to communicate effectively at all levels of within the organisation and with key stakeholders
- Medium level of computer literacy
- Established connections with Ngai Tahu, Māori, Pasifika and the wider community.
- Well-developed interpersonal skills
- Competent in Te Reo

**Desirable:**

- Knowledge of Health and Disability Sector Standards
- Trained in Clinical/Cultural Supervision for role development and support
- Registered Health Professional with experience of the mental health sector

**PERSONAL ATTRIBUTES:**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership.
- Genuine credibility when engaging and having conversations with clinical staff.
- Excellent people skills, i.e. displays diplomacy, tact, listening skills, is able to remain calm and diffuse and is well skilled in conflict resolution.
- Models and shares the vision, values and expectations with others.
- A strong customer/patient centred focus.
- Ability to foster co-operation, networking, and facilitation.
- Ability to work effectively with clinical, managerial and support service staff.
- Ability to analyse and present data that is easily understood by others utilising quality tools such as statistical process control charts.

**Mandatory:**

- ◆ Professional demeanour and high level of personal integrity
- ◆ Ability to manage stressful and unpredictable workload
- ◆ Self-motivated, independent and able high level of initiative

**Key Behaviours**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.

**Desirable:**

- Ability to provide inspirational and motivational leadership.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

## Sharryn Sunbeam

---

**From:** Toni Gutschlag  
**Sent:** Friday, 25 January 2019 3:41 p.m.  
**To:** Susan Fitzmaurice  
**Cc:** Ruru Harepeka Nako Hona; Mary Gordon (Executive Director of Nursing); Hector Matthews; Becky Hickmott; Sharryn Sunbeam  
**Subject:** EMT Briefing Note Te Korowai Atawhai Jan 2019  
**Attachments:** January 2019 Te Korowai Atawhai proposal for change.docx; EMT Briefing Note Te Korowai Atawhai Jan 2019.doc  
  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
  
**Categories:** Restructure of Te Korowai Atawhai, Appointments

Hi Susan

Please find attached a paper and briefing note for next weeks EMT meeting please. It is supported jointly by Mary (I know she is on AL but supports the paper and has briefed Becky) and Hector.

Ruru and I are available to attend the meeting if required.

Kind regards  
Toni

Toni Gutschlag  
General Manager - Mental Health

Canterbury District Health Board  
 Hillmorton Hospital, Private Bag 4733, Christchurch 8140 |  
 | m 027 212 7305 | t (03) 339 1133 | f (03) 339 1111 | internal ext 33917 | e: [toni.gutschlag@cdhb.health.nz](mailto:toni.gutschlag@cdhb.health.nz)

 our health system

Barbara Wilson

---

**From:** Kaye Johnston  
**Sent:** Friday, 1 June 2018 2:22 p.m.  
**To:** Monique Botha  
**Cc:** Barbara Wilson  
**Subject:** Extension for Submission by Te Korowai Atawhai

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Hi Monique

The GM has granted an extension of time for Te Korowai to put in their submission  
They have a new deadline of 11<sup>th</sup> June

Regards  
Kaye

**Barbara Wilson**

---

**Subject:** Catch up re Te Korowai  
**Location:** I can come to you if that suits  
  
**Start:** Tue 27/11/2018 10:00 a.m.  
**End:** Tue 27/11/2018 11:00 a.m.  
**Show Time As:** Tentative  
  
**Recurrence:** (none)  
  
**Meeting Status:** Not yet responded  
  
**Organizer:** Megan McQuarrie  
**Required Attendees:** Kaye Johnston

Thanks Kaye...where do I find you?



**Barbara Wilson**

---

**Subject:** Catch up re Te Korowai  
**Location:** The Nest  
  
**Start:** Tue 27/11/2018 1:00 p.m.  
**End:** Tue 27/11/2018 2:00 p.m.  
**Show Time As:** Tentative  
  
**Recurrence:** (none)  
  
**Meeting Status:** Not yet responded  
  
**Organizer:** Megan McQuarrie  
**Required Attendees:** Kaye Johnston

Hi Kaye...

Sorry to change at last minute...

Rebecca has been working on FTE so would like to come to our catch up...would this time suit you for today?  
Otherwise do you have any time Thursday...we are both pretty flexible between 10 and 2:30.

Thanks

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Wednesday, 27 February 2019 10:58 a.m.  
**To:** Ruru Harepeka Nako Hona; Toni Gutschlag; Kaye Johnston; Louis Van Rensburg  
**Cc:** Sharryn Sunbeam  
**Subject:** Document for release  
**Attachments:** FOR RELEASE SMHS Te Korowai Atawhai Proposal for Change Feb 2019.pdf

Hi there,

Please find attached the **release version** of the Te Korowai Atawhai document inclusive of dates.

Please delete any previous copies you may have to avoid the wrong document being circulated at any point.

Huge thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

**Barbara Wilson**

---

**From:** Rebecca Webster  
**Sent:** Tuesday, 20 November 2018 9:44 a.m.  
**To:** Megan McQuarrie  
**Subject:** Emailing: Te Korowai Atawhai proposal for change 09 11 2018, TKA FTE SMHS, Kaitiaki Matauranga Position description 09.11.2018  
**Attachments:** Te Korowai Atawhai proposal for change 09 11 2018.docx; TKA FTE SMHS.xlsx; Kaitiaki Matauranga Position description 09.11.2018.doc

Your message is ready to be sent with the following file or link attachments:

Te Korowai Atawhai proposal for change 09 11 2018 TKA FTE SMHS Kaitiaki Matauranga Position description 09.11.2018

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

**Barbara Wilson**

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**From:** Megan McQuarrie  
**Sent:** Thursday, 29 November 2018 11:53 a.m.  
**To:** Ruru Harepeka Nako Hona  
**Subject:** Feedback Themes  
**Attachments:** Feedback Themes.docx

Feedback Theme	Feedback Summary	
<b>Increase in FTE for Pukenga Atawhai roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	Agreed – see Proposal Document
<b>Reallocation Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaungatanga day</b>	<p>Strong support to review and/ or amend the format and /or frequency of Whanaungatanga day. This is seen as positive as it will allow the increase in Pukenga Atawhai availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other professional groups for supervision and development.</p> <p>Changes to the concept and format of Whanaungatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawhai operates. There is concern that losing this weekly day could leave Pukenga Atawhai culturally unsupported.</p> <p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement.</p> <p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaungatanga day is reviewed.</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaungatanga day</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained</p>	See Proposal Document for proposed plan to reduce frequency of the Whanaungatanga day whilst acknowledged the importance this day holds in providing supervision, support and unity for the Pukenga Atawhai.

Feedback Theme	Feedback Summary	
	at weekly intervals, more structured day and shorter meetings less frequently.	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in covering the needs of this consumer group within the current structure.	Agreed – it is proposed that dedicated Inpatient Pukenga Atawhai is a priority area
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	Current FTE will remain in place however in areas where demand is not being met, consideration may be given to realign FTE. This will be considered for each vacancy.
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service, There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	Agreed that CR requires more FTE, this will be considered as part of the reallocation of vacant positions.
<b>Review of out of hours call back roster</b>	This is supported. There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	Review of the on-call roster and how ensure the roster is sustainable is a priority and will require ongoing consideration and consultation.
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	It is acknowledged that some areas are over resourced. Reallocation of FTE will be considered for any future vacancies and existing roles will be considered on an individual basis and in negotiation with individuals in those roles.
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	Agreed that CAF requires more FTE, this will be considered as part of the reallocation of vacant positions.
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai. This supports notes these roles need to reflect appropriate skill level and remuneration.	Service cluster leads are being considered. Pou Whirinaki is now appointed. The new role of Kaitiaki Mātauranga is proposed.
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified.	This day will continue, with input and development from the Kaitiaki Mātauranga.

Feedback Theme	Feedback Summary	
	There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	
<b>Kaiarahi Matua role</b>	<p>There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units.</p> <p>Some submissions were not in support of reviewing the role of the Kaiarahi Matua role. Some submission noted this would be seen as a takahi to the mana of the position.</p> <p>Some submitters felt unable to comment of leadership of Te Korowai</p>	This role is discussed in the Proposal document
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	
<b>Whānau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	
<b>Training and support role for wider SMHS</b>	<p>There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawahi.</p> <p>There are also suggestions that this role could support Pukenga Atawhai professional and cultural development.</p>	The role of Kaitiaki Mātauranga will pick up this piece of work – for further detail, see Proposal Document.
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of Whanaungatanga day changes.	Agreed – will be reviewed by Pou Whirinaki




Feedback Theme	Feedback Summary	
Overall comments	<p>There were some submissions which identified that Pukenga Atawahi roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments that obligations under the Treaty of Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination. s9(2)(ba)(i)</p> <p>Some submissions identified that Te Korowai Atawahi should decide how the service is operated. s9(2)(ba)(i)</p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented. s9(2)(ba)(i)</p>	<p>Agreed – as part of the ongoing development of Te Korowai, the roles of the Pukenga Atawahi will be reviewed and Position Descriptions updated accordingly.</p> <p>The proposed changes are intended to support the service to meet its obligations under the Treaty of Waitangi.</p> <p>Staff have been offered the opportunity to provide done to one feedback through meetings with Pou Whirinaki</p> <p>Noted</p>

**Commented [RW1]:** awaiting email from Anna to confirm if PA FTE was allocation to Ashburton was missing from the original document.

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 9:29 a.m.  
**To:** Louis Van Rensburg  
**Cc:** Toni Gutschlag  
**Subject:** Final letter  
**Attachments:** s9(2)(a) 

Hi Louis,

Just so you can compare the two letters. The first has the tracked changes visible, the second is the final draft with tracked changes (plus a couple of grammatical tweaks).

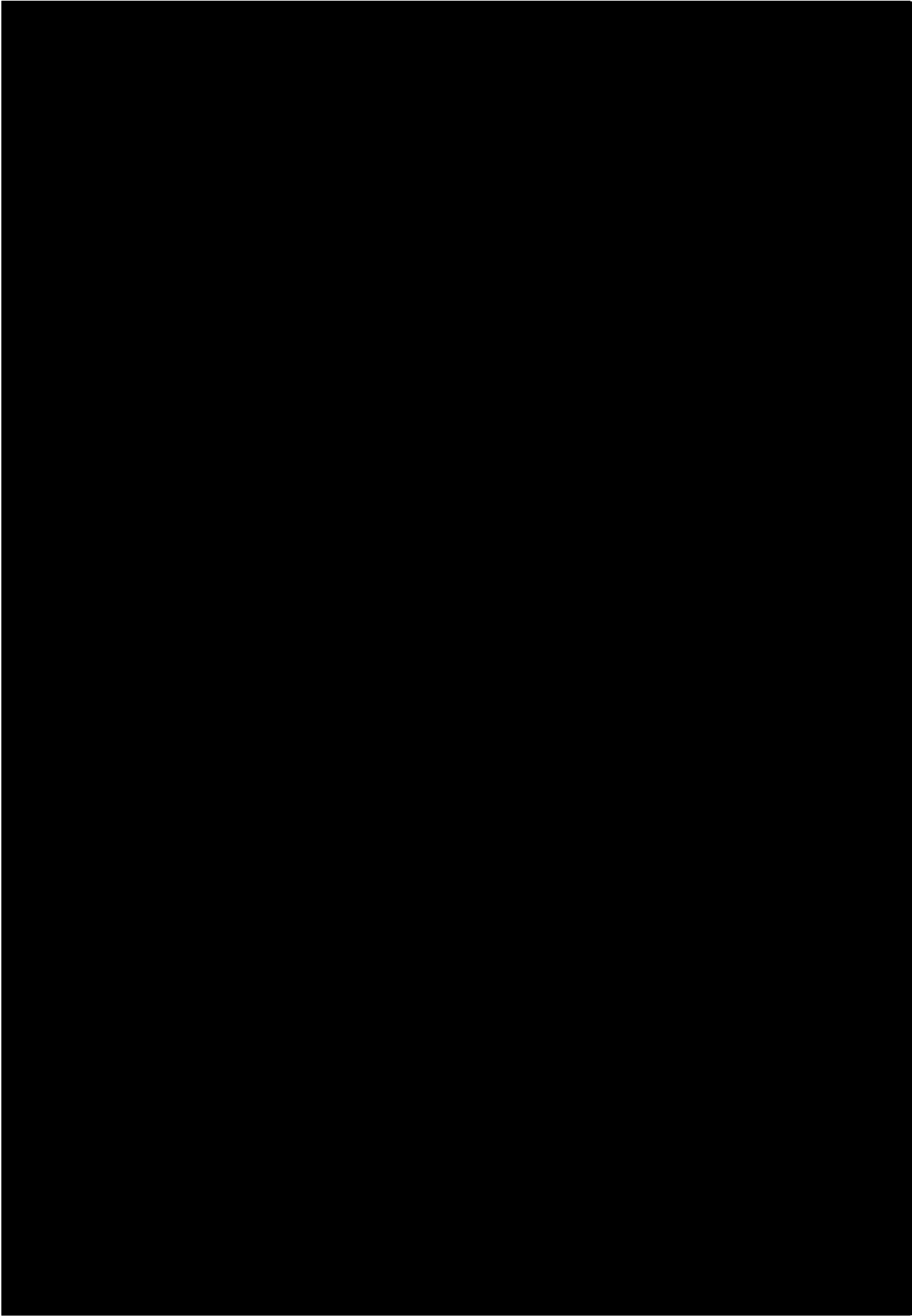
Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715



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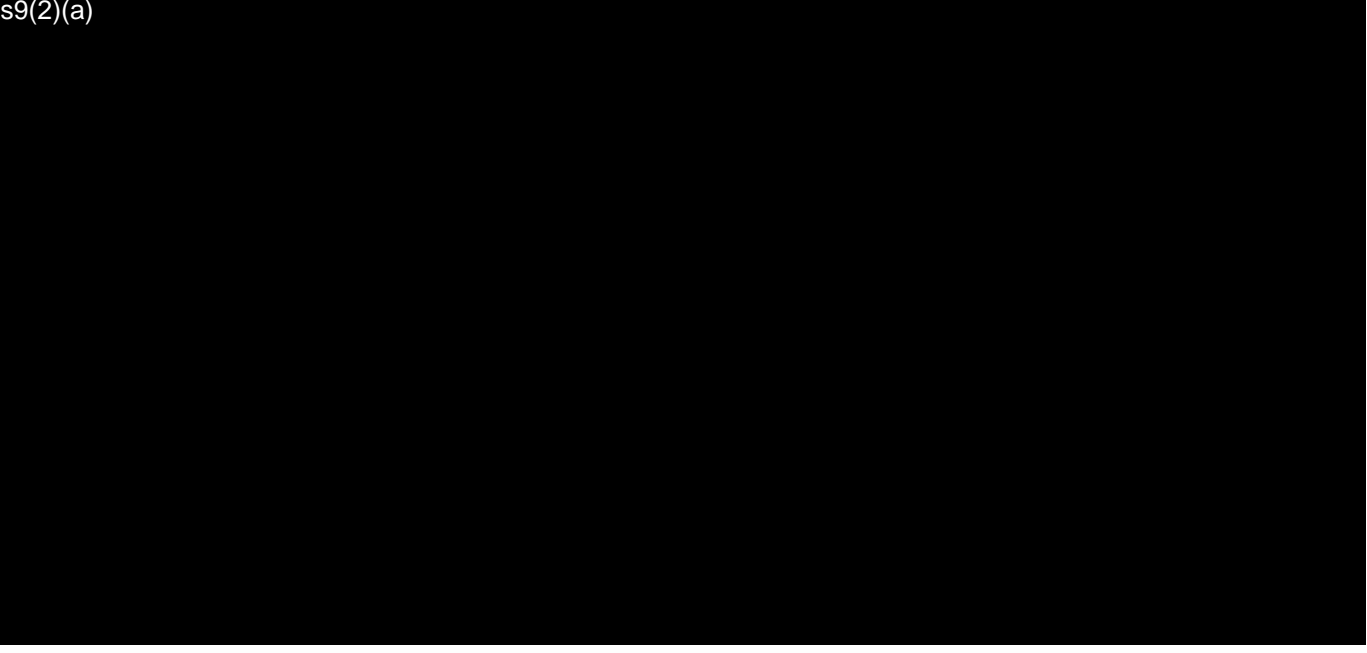
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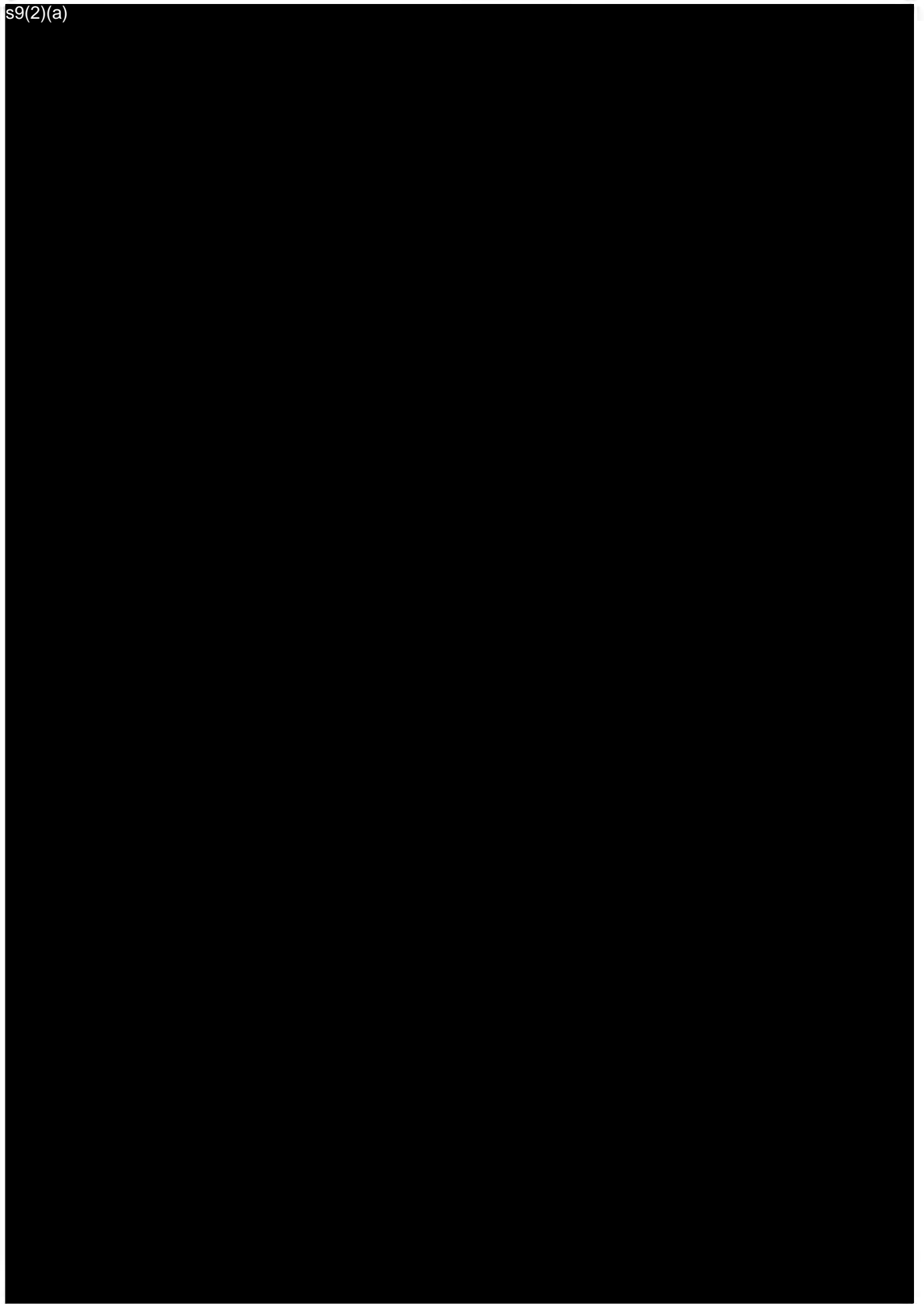
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s9(2)(a)



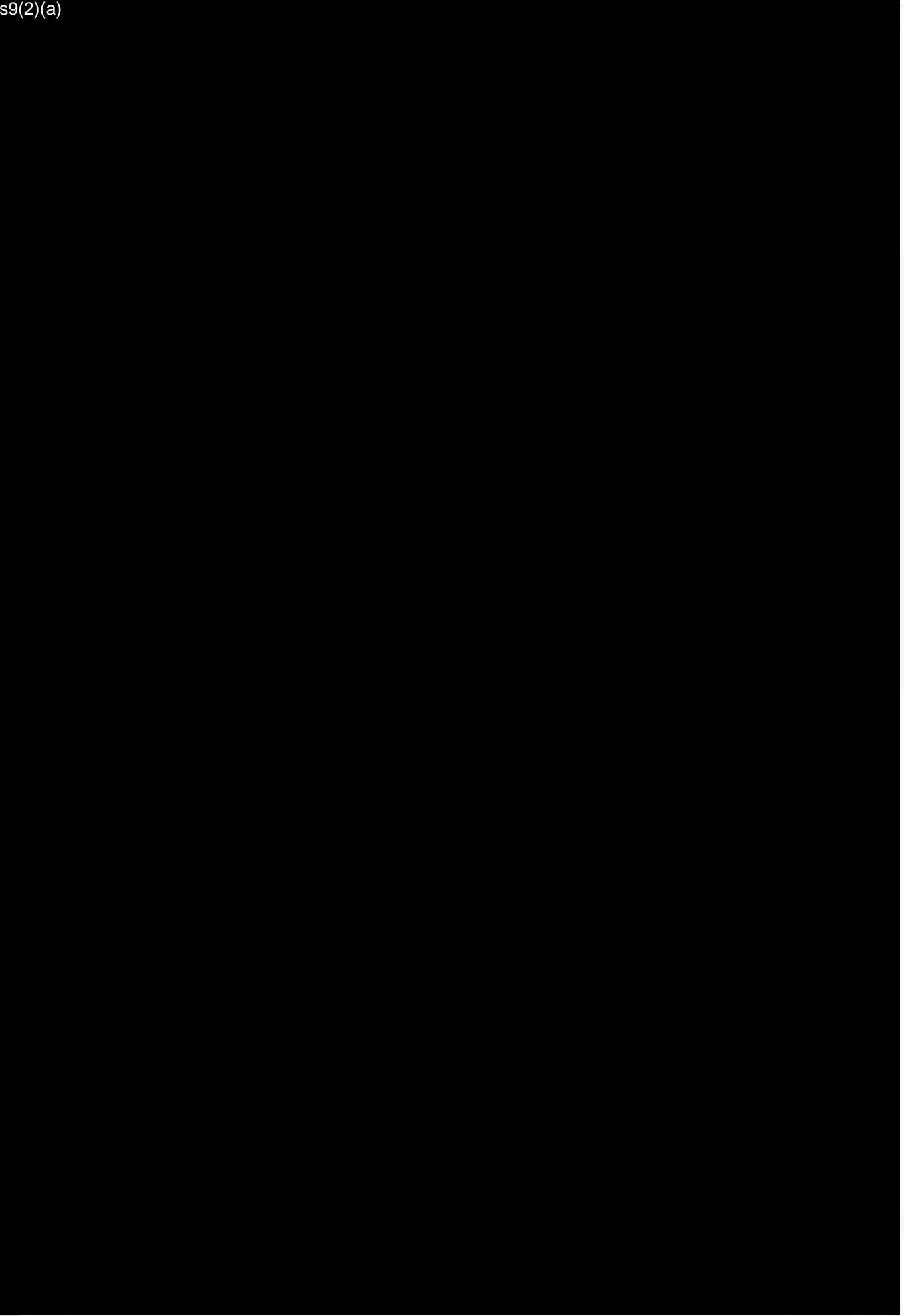
s9(2)(a)



s9(2)(a)

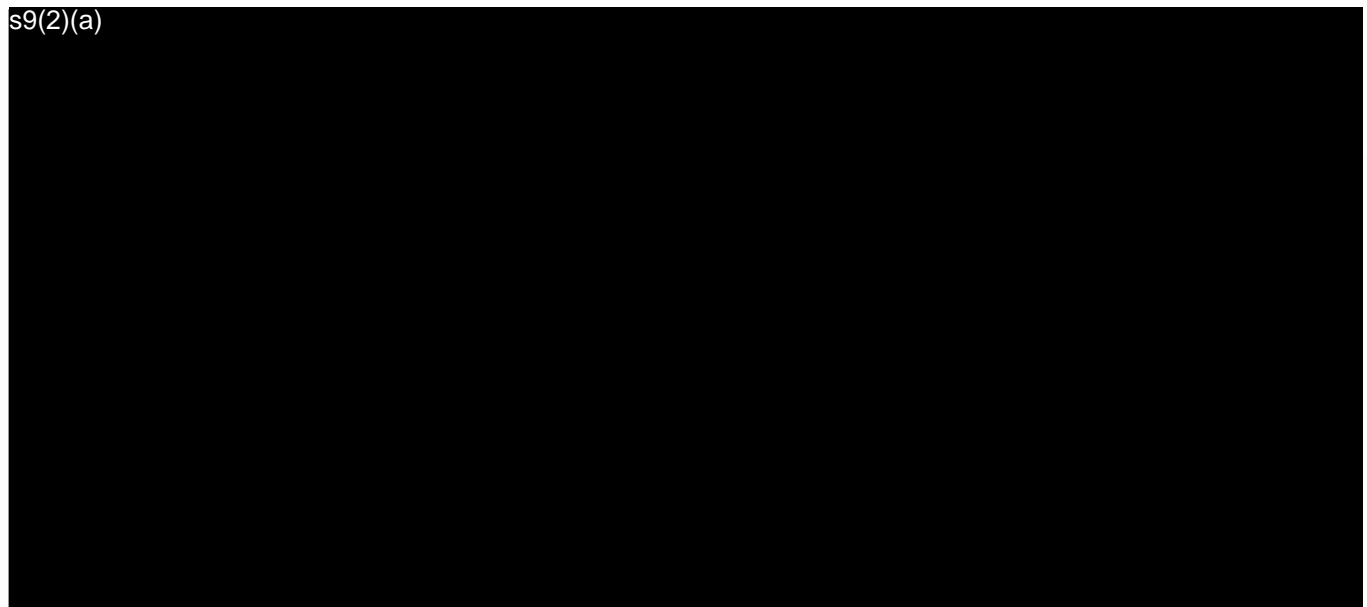


s9(2)(a)





s9(2)(a)



## Barbara Wilson

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**From:** Megan McQuarrie  
**Sent:** Tuesday, 18 December 2018 11:32 a.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona  
**Subject:** FINAL VERSION Te Korowai Atawhai proposal for change  
**Attachments:** FINAL VERSION Te Korowai Atawhai proposal for change.docx

Hi there,

Please see attached updated version including your suggested changes Toni plus some access numbers.  
 I have also added a short paragraph re the operational component of the Kaitiaki Mātauranga role and made a small change to the DRAFT JD to reflect this.


The 4 FTE mentioned Toni is current vacant FTE (small pieces of FTE which add up to 4).  
 This does not include the Kairahi Matua role as the assumption is that this FTE will be used for the Kaitiaki Mātauranga role.

Therefore in reality...

3 x FTE additional Pukenga Atawhai (to be recruited in to or current employees hours increase)  
 1 x FTE if current Kairahi Matua possibly choses to map to role as Pukenga Atawhai (so 4 additional Pukenga Atawhai)

1 x Current Kairahi Matua money then funds Kaitiaki Mātauranga (1 role conversion)

s9(2)(a)



So yes, 4 additional Pukenga Atawhai plus the conversion of Manager FTE to Educator FTE is proposed.

Clear as mud??

Timeline details will need to be added in and it saved as PDF before circulation.

Thanks,

Megan

**Barbara Wilson**

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**From:** Toni Gutschlag  
**Sent:** Monday, 25 February 2019 12:56 p.m.  
**To:** Megan McQuarrie  
**Subject:** FW: FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change (003SJS)  
**Attachments:** FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change (003SJS).docx

Please proof read (yet again) and finalise. Can you send a pdf version to Louis, KJ, Ruru and myself, and a word version to Sharryn and I?

Thanks Megan

---

**From:** Sharryn Sunbeam  
**Sent:** Friday, 8 February 2019 3:41 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** FINAL VERSION Feb 2019 Te Korowai Atawhai proposal for change (003SJS)



**Specialist Mental Health Service**

# **Te Korowai Atawhai**

## **Proposal Document**

**February 2019**

Positon	Name
General Manager	Toni Gutschlag
Pou Whirinaki	Ruru Hona

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E ngā lwi, e ngā mana, e ngā reo, e ngā karangatanga maha  
Tēnā rā koutou katoa,  
E mihi māhāna tēnei ki ā koutou katoa,

Ngā mihi tuatahi ki ngā Atua, me ngā wairuatapu na rātou i hangatia i runga i ā mātou.  
Ngā mihi, ngā mihi ngā mihi

Ki te mana ō tēnei whenua, kia Ngai Tuahuriri, te hapū, Maahunui Tuarua, te marae,  
Ngai Tahu te lwi  
Tēnā koe, tēnā koutou, tēnā rā koutou katoa

Ngā mihi māhāna tēnei ki ngā hau e whā ō te motu,  
E ngā lwi, e ngā mana, e ngā reo  
Tēnā rā tātou katoa

E mihi tēnei ki ā koutou, i roto ōu whakaaro ka whakatūtia Te Korowai Atawhai, mō te tiaki mai ngā  
whāiora me ōu rātou whānau hoki. I roto te aroha, te tūmanako, te whakapono me tē oranga. Hē  
whakamoemiti tēnei ki ā koutou katoa.

**Ahakoia te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.**

**“In spite of its diminutive size, this seed will grow to become the god of the forest”**

### **1. Acknowledgement**

The Divisional Leadership Team wish to formally acknowledge the widespread interest in the Te Korowai Atawhai Discussion Document across Specialist Mental Health Services (SMHS) and thank everyone for their feedback and submissions.

### **2. Context and Introduction**

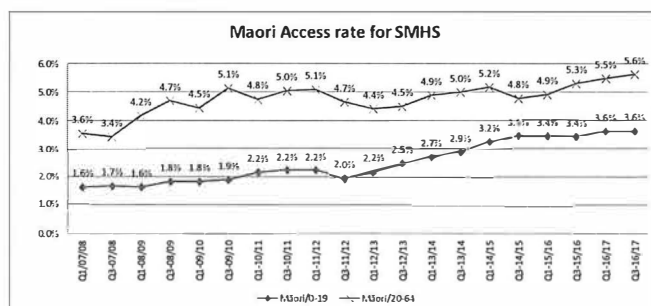
The purpose of this document is to outline a Proposal for Change that builds on the Discussion Document (April 2018) and considers the submissions received during the feedback process.

### **3. Background**

The Discussion Document outlined a range of potential changes that could improve our responsiveness to Tangata whāiora, and be of benefit to the service, ngā whāiora, ou rātou whānau me ngā Pukenga Atawhai, Te Korowai Atawhai, and all staff engaged with Tangata whāiora.

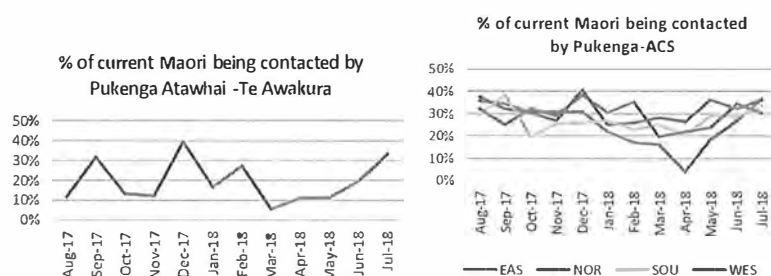
**3.1 Access rates:** Within the SMHS the number of Māori presenting to services has significantly increased therefore increasing demand on services. In the period of April 2011 to March 2012 1350 Māori<sup>1</sup> accessed the SMHS, this figure has increased to 2392 in the 2017/2018 period.

<sup>1</sup> SMHS Contact Figures, Māori aged 0 to 64 years of age accessing SMHS.



This is positive news and confirms that Māori are accessing essential health services, it is important however, that we recognise that increased demand is putting significant additional pressure on all of our staff, and the increased access by Māori is having a significant impact on Pukenga Atawhai, and requires us to ensure all services and workforce groups are culturally responsive. This increase in Tangata whaiora and their whānau accessing the SMHS may well continue to increase therefore creating more cultural demand and greater expectations of the Pukenga Atawhai.

The Te Korowai Activity Dashboard (Appendix 1.) shows the number of Māori under the care of SMHS ~~that who~~ are being contacted by Pukenga Atawhai. As demonstrated by the two graphs below, the Pukenga Atawhai working in the General Adult Service Cluster are typically seeing less than 40% of those who identify as Māori ~~who and~~ are accessing either Adult Community or Adult Inpatient services. Ideally this percentage would be much higher, with all clients who identify as Māori having the opportunity to meet face to face with Pukenga Atawhai to discuss the opportunity to work together.



The contact figures reinforce the need to increase face to face access time for Pukenga Atawhai, especially in areas where demand is far from being met such as Te Awakura, Crisis Resolution and Child, Adolescent & Family Services.

**3.2 Pukenga Atawhai:** Pukenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for Tangata whaiora and their whānau, and assist clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan.

Due to the increasing numbers of Tangata whaiora and their whānau accessing the SMHS, the role of the Pukenga Atawhai has become ~~more~~ in greater demand.

Pukenga Atawhai have the following expectations as part of their current role:

- To meet identify the cultural concerns of Tangata whaiora and their whānau during their assessment and treatment.
- To engage and support Tangata whaiora through any mental health concerns and to inform their whānau of the processes and responsibilities of mental health services.
- To support and follow up te-Tangata whaiora and their whānau in the community.
- To Culturally to support Tangata whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- To take rResponsibility for the ongoing cultural follow up, engagement and support to Tangata whaiora and their whānau in the community.
- To pParticipate in an on call roster to provide input as needed over a 24 hour period.

**3.3 Te Korowai Atawhai:** Te Korowai Atawhai is the Māori Mental Health Service for the SMHS and is responsible for the ongoing development of the cultural practices of Hauora Māori within the various clinical services.

Since its inception in 1995 Te Korowai Atawhai has been the provider of Māori mental health care, support and expertise within the SMHS. It has been responsible for addressing the cultural disparities in Māori with mental health concerns. Te Korowai Atawhai provides specialist advice and support to ensure the SMHS has the capability and confidence to provide culturally appropriate engagement, follow up and support for Tangata whaiora and their whānau.

Te Korowai Atawhai was historically, at the outset, known as being the “Cloak of Loving Care” which supported Tangata whaiora and their whānau as they entered the service. Through the Pukenga Atawhai they would be welcomed by powhiri and through whakawhanaungatanga, and are accompanied through services with clinical and cultural support working in partnership to promote recovery.

Te Korowai Atawhai, “The Cloak of Loving Care” will continues to support Tangata whaiora and their whānau through their journey in the Specialist Mental Health Service. The ongoing implementation of cultural practices will enhance cultural growth, wellness and development of Tangata whaiora and their whānau. ~~Te Korowai Atawhai are equal partners in health with the Specialist Mental Health Service.~~

~~Initial~~ Historically concerns were raised that the Pukenga Atawhai may find it hard to integrate into clinical teams and their roles could become isolated. ~~however~~ However, over time it has become evident that the Pukenga Atawhai are integral and valued members of the Multi-Disciplinary-Teams throughout the service division. Key to supporting these roles, a regular day was set aside for Pukenga Atawhai to gather together as whānau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. To this end, Whanaungatanga day was established and occurred each Thursday. One of the purposes of the Discussion Document was to explore the efficacy and value of this day as it currently stands.

**3.4 Whanaungatanga day** focused on peer and group supervision including in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility for organising the programme and facilitating the day. The information presented was wide and varied



and included such topics as tapu, noa and makutu, karakia, the necessity of whanaungatanga when engaging with Tangata whaiora, making Tangata whaiora feel comfortable, valued and important. Te Whare Tapa Wha (The four cornerstones of Iwi Health -Wairua, Hinengaro, Tinana and Whānau) was central to the day, which also included powhiri, mihimihi and poroporoake.

3.5 Manuhiri Day has also been hosted by Te Korowai Atawhai. This day is currently being offered as a means of assisting the SMHS with the cultural competency of engaging confidently with Tangata whaiora and their whānau, including the orientation of new and existing staff. Manuhiri Day has now progressed into a half day of cultural education for staff wanting more understanding around working with Tangata whaiora and their whānau.

#### 4. Summary of Feedback from Discussion Document

Sixty two submissions from groups and individuals were received on the Te Korowai Atawhai Discussion Document. A detailed summary of those submissions and the themes that emerged is attached (Appendix 2).

There was clear agreement around the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata whaiora and whānau entering services. This was reflected in the feedback which strongly agreed that the current structure and allocation of Pukenga Atawhai is not meeting the demands of service, and that some clinical areas need increased input to ensure Tangata whaiora and their whānau are not missing out.

There were differing understandings reflected around the fundamental structure and purpose of Te Korowai Atawhai with regard to whether it is a Kaupapa Māori Service and therefore self-determining, or a service provided as part of the wider SMHS.

Many submissions saw value in a Whanaungatanga Day however feedback regarding the frequency of this day, and the value it added in its current format was varied.

Following the feedback period Pou Whirinaki has met extensively with Pukenga Atawhai. This has allowed a greater individual feedback process with those most directly affected by the discussion document. The process was by invitation and was voluntary. Feedback from those interviewed has contributed to this proposal document.

#### 5. Proposed Changes

Following consideration of the feedback on the Discussion Document the following changes are proposed:

##### 5.1 The Proposed Continuation of Te Korowai Atawhai:

It is proposed that Te Korowai would continue to be the guiding mantle under which Pukenga Atawhai operate. Feedback demonstrated the importance of having a central point of connectivity whilst also acknowledging the need for cultural services to be embedded within the clinical service areas to enhance opportunities to work in partnership with clinicians.

Te Korowai Atawhai is an essential service delivered as part of the SMHS. The ability to provide cultural support to Tangata whaiora entering services is imperative to ensure best outcomes for them. It is proposed that Te Korowai Atawhai would continue to offer  
The revised function of Te Korowai Atawhai will be to focus on support of Pukenga Atawhai in their roles as integrated members of the multi-disciplinary teams. Pukenga Atawhai support directly into will continue to work directly within clinical

teams to work alongside and in partnership with clinical colleagues of the MDT whilst providing the over-arching cultural support to the SMHS.

## 5.2 Proposed Increase of Pukenga Atawhai FTE to Clinical teams:

To be able to offer a responsive service to support Tangata whaiora and whānau entering services, the Pukenga Atawhai FTE allocated to clinical teams has been carefully reviewed. Scrutiny of the current budget has enabled the proposal for four additional Pukenga Atawhai roles to be added in addition to the existing positions. This suggested increase in FTE, alongside other realignment of existing FTE, would hugely positively impact the number of face to face hours Pukenga Atawhai could be available within clinical teams.

In addition, to support the increase of face to face access to Pukenga Atawhai for Tangata whaiora and whānau, it is proposed that the number of Whanaungatanga Days be reduced to one day a month as explained further below. This would reduce the number of non-contact days from four (for one FTE) to one per month creating greater opportunity for more client contact.

Many submissions emphasised the important role this day has in providing collegiality and connectivity for Pukenga Atawhai. It is believed that by strengthening the structure and format of this day it would add greater value to those who attend. It is proposed that this day continues to run monthly with an emphasis on support and supervision.

Current FTE is fragmented, with a portion of each person's position being allocated to each clinical area and 0.2 of each FTE being allocated to Te Korowai Atawhai. This FTE is proposed to be realigned to sit in clinical area budgets making positions and who is in them, easier to track.

It is proposed that the FTE would be allocated to the clinical areas which ~~most need them~~ have greatest service demand. The proposed reduction in the number of Whanaungatanga Days from once a week to once a month would result in a significant increase in face to face availability of Pukenga Atawhai who could then be ~~distributed~~ deployed amongst the services ~~who most need them on this basis~~.

It is acknowledged that feedback strongly supports the allocation of dedicated Pukenga Atawhai into Te Awakura, Crisis Resolution and Child, Adolescent & Family Service, these would be areas of priority when reallocation is considered should the proposed changes go ahead.

## 5.3 Proposed Establishment of Kaitiaki Mātauranga (Cultural Educator) role:

It is proposed that a new 1.0 FTE role of Kaitiaki Mātauranga be established.

Submission feedback supports the establishment of an educator role that would act as a resource for all of the Specialist Mental Health Service and beyond. This is seen as a key development in terms of building cultural competence, capability, knowledge and confidence of all staff. This position would be both strategic and hands on.

It is proposed the key responsibilities ~~for of~~ the Kaitiaki Mātauranga role would be ~~to provide the~~ provision of cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, ~~of~~ cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice. The position would oversee Whanaungatanga Day and the Manuhiri forum amongst other education ~~of~~ opportunities, freeing Pukenga Atawhai to spend more time in their clinical areas doing face to face work, something strongly supported by the submission feedback.

It is also anticipated this role would have responsibility for developing programmes that would work in partnership with other key ~~pieces of work~~ initiatives, for example Equally Well or the Wellbeing Programme. It would be expected the programmes would support the vocational, educational and recreational goals of Tangata whaiora under the Te Whare Tapu Wha model and support them to look after themselves holistically and to create a sense of purpose and belonging.

This role is proposed to be integrated into the Training Unit and be responsible for developing training/course content, facilitating and coordinating cultural training programmes as well as supporting the Pukenga Atawhai. The proposed position would also have role in developing Tangata whaiora and whānau training.

The role, if established, would report to the Nurse Manager of the Training Unit and be under the cultural guidance of Pou Whirinaki. A draft position description for the role is attached in Appendix 3.

#### 5.4 Proposed Disestablishment of Kaiārahi Matua

The need to increase the number of roles which are able to offer client contact was strongly supported in the feedback. There were a range of views about the need for dedicated management and leadership to be embedded in Te Korowai Atawhai in the context of the proposed changes and it was acknowledged that should the format of the Whanaungatanga and Manuhiri Days change considerably, the administrative and operational functions of this role will be greatly diminished.

It is proposed that the coordination of the on-call roster would transfer to the rosters office and the current system of after-hours allocation of Pukenga Atawhai will be reviewed.

Should the proposed changes go ahead with Pukenga Atawhai FTE no longer aligned to the Te Korowai Atawhai budget, there would be no FTE reporting to this position. The operational reporting lines for Pukenga Atawhai would remain with the respective Clinical Managers in each area. The cCultural leadership and support required for Pukenga Atawhai is proposed to come from Pou Whirinaki and Kaitiaki Mātauranga.

Increasing the number of front line cultural staff who have clinical contact is a priority as outlined in feedback. It is proposed that current role of Kaiarahi Matua be disestablished.

Additional Pukenga Atawhai roles to support increasing the access to cultural services for Tangata Whaiora and whānau would be a direct outcome of the proposed changes.

#### 5.5 Proposed Leadership

It is proposed that the existing Clinical Director and Service Manager would continue to have a functional portfolio management role and would work in partnership with Pou Whirinaki for cultural guidance and strategic matters.

The cultural leadership of Te Korowai Atawhai is proposed to be provided by the Pou Whirinaki and the Pukenga Atawhai would report directly to the Line Manager of the clinical team within which they are based as integral members of the MDTs.

It is proposed that Kaitiaki Mātauranga would report on a daily basis to the Nurse Manager of the Training Unit however would fall under the Pou Whirinaki for cultural leadership and portfolio e.g. Te Kahui Pou.

Consideration would need to be given as to how best to provide cultural leadership to within each service cluster. Pukenga Atawhai leadership roles within each cluster are under consideration. This is out of scope of this current proposal but will be given further consideration.

Commented [SS1]: There is a word after portfolio I cannot read

## 5.6 Ongoing Cultural Development

### Whanaungatanga Day

It is proposed that Whanaungatanga Day be reduced to one day per month as mentioned above. Submissions provided mixed feedback as to the efficacy of the current Whanaungatanga Day with a number questioning the frequency of the existing days and the impact this has in clinical areas. A move decision to hold to make this day run monthly instead of weekly would allow for greater alignment with other professional groups whilst acknowledging the strong desire for continued supervision and collegial support amongst the cultural team. It would also create increased opportunities for face to face contact in clinical areas by Pukenga Atawhai.

It is proposed to structure Whanaungatanga Day as a cultural, clinical and educational learning forum ~~that which~~ is future focused. It is proposed that this be a tutorial setting where education on the in-depth cultural aspects of the Māori Mental Health, that are continually changing, are addressed by an experienced tutor. It is proposed that Pukenga Atawhai show support by their attendance, their contribution and by supporting any kaupapa presented on any one day.

It is proposed that facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

### Manuhiri forum

It is proposed that Manuhiri forum occur for a half day once per month.

The purpose of Manuhiri forum is for ongoing training and orientation relating to the cultural aspects of wellness within the whaiora and whānau.

The proposed session would also provide the opportunity to experience knowledge from the Pukenga Atawhai working closely with the Tangata whaiora and whānau in the community and in the inpatient settings.

It is proposed that facilitation and programme development would be led by the Kaitiaki Mātauranga role via the Training Unit.

### Te Kauī Pou

Te Kahui Pou will provide a coordinating function similar to directorate, with a focus on divisional and service development. Membership is proposed to include Clinical Director, Service Manager, Pou Whirinaki, Matauranga, Whanau Taitoku, and Te Kahapai.

## 6. The Potential Benefits

The potential benefits of these proposals include:

- Improved responsiveness to Tangata whaiora and their whānau accessing services, through an increase in FTE allocation to clinical areas allowing more face to face time with not only the whaiora and whānau but also the clinicians.
- ~~An~~ additional 4FTE Pukenga Atawhai ~~to be~~ added to existing Pukenga Atawhai FTE.
- Opportunity for Pukenga Atawhai to be engaged in initiatives such as Equally Well, The Wellbeing Programme and cultural programmes for Tangata whaiora due to less time being committed to Whanaungatanga Day.
- Greater sense of belonging in clinical areas ~~due to~~ ~~through~~ being embedded directly into teams whilst still maintaining the strong connection with colleagues through Te Korowai Atawhai.

- Reduction in the loss of non-contact time for Pukenga Atawhai leading to increased access to cultural support for all (Tangata whaiora, whānau and staff).
- Clearer reporting lines for Pukenga Atawhai.
- Improved professional development opportunities for Pukenga Atawhai.
- Enhanced opportunities for, and a strengthened programme of cultural education for all staff.
- A more responsive, visible Te Korowai Atawhai service which not only supports its own whānau (Pukenga Atawhai) but also works in partnership with the wider service including those who access care and those who deliver it.

## 7. Impact of Proposal

We are mindful of the impact these proposed changes may have on the people who work in Te Korowai Atawhai, specifically those who work in roles we are proposing to change or disestablish.

We therefore want to ensure that everyone has the chance to understand how this proposal could potentially affect them and what may be involved if all or some of the proposed changes go ahead.

Proposed changes to individual positions are summarised below:

Role proposed to be affected	Impact if proposed change/s go ahead
Pukenga Atawhai	<p>Line Management would be the clinical manager of the respective clinical team, with a cultural reporting process through the Pou Whirinaki.</p> <p>Increase in time spent in allocated clinical area.</p> <p>Reduction in non-contact days to one Whanaungatanga Day per month plus an additional half day at the Manuhiri forum if required.</p> <p>Potential reallocation of existing FTE to clinical areas in most need through a consultative, collaborative process.</p> <p>Potential reallocation of FTE into clinical areas needing additional resource in the event of a future vacancy/vacancies.</p> <p><del>On-call roster would continue at this time</del> <u>rostering will continue..</u></p> <p>Additional Pukenga FTE to increase Pukenga Atawhai workforce and add to the on-call roster pool.</p> <p>Job descriptions would be adjusted to reflect these changes.</p>
Kaiārahi Matua	<p>That this position is proposed to be disestablished.</p> <p>That we would work with the affected staff member, in line with his employment agreement.</p>

## 8. Consultation

Consultation is the formal process that happens which occurs in situations where change is proposed. It's a chance to provide an opportunity to provide feedback on the ideas that have been put forward.

We encourage you to send written feedback to [monique.botha@cdhb.health.nz](mailto:monique.botha@cdhb.health.nz). Your feedback will be collated and incorporated into a summary of themes that have come through the submission process.

There will be opportunities for those directly affected by this proposal to meet either individually, in a group or both as required.

We look forward to receiving your feedback on this proposal.

## 9. Timeline

A summary of the intended implementation timeline is detailed below:

Activity	Date
Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback.	Click here to enter a date.
Consultation period ends.	
Feedback considered.	Click here to enter a date.
Final decision communicated to key stakeholders then wider service.	Click here to enter a date.

## 10. Getting Support: Who can help?

### Support Services

We have a number of independent support people available to staff, these include:

- EAP Services (Employee Assistance Programme) on 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)
- Workplace Support 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

### Union Support

For those who are members of a union, this paper has been given to the following union partners:

- PSA Organiser – Anthony Rimell, 0508 367 772 ([anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz))
- NZNO Organiser – John Miller, 03 366 0186 ([JohnDM@nzno.org.nz](mailto:JohnDM@nzno.org.nz))
- NUPE Organiser – Quentin Findlay, 03 377 3582 ([Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz))
- ASMS Organiser – Dianne Vogel, 04 499 1271 ([dv@asms.nz](mailto:dv@asms.nz))
- APEX - Omar Hamed, 09 526 0280 ([omar@cns.org.nz](mailto:omar@cns.org.nz))
- NZRDA – Deborah Powell, 09 526 028 ([ask@nzrda.org.nz](mailto:ask@nzrda.org.nz))

People and Capability (HR)

Your P&C contacts are:

- Louis van Rensburg, People and Capability Advisor - 03 339 1129 | [Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)

Thank you for taking the time to look through this paper and we look forward to hearing your thoughts on the proposal.

## 11. Appendices

### Appendix 1. Te Korowai Atawhai Performance Dashboard



Te Korowai Atawhai  
Performance Dashboard

### Appendix 2. Feedback Themes



Submission Feedback  
Te Korowai Atawhai.p

### Appendix 3. Proposed position description – Kaitiaki Matauranga



Position Description  
DRAFT Kaitiaki Matauranga

**Barbara Wilson**

---

**From:** Toni Gutschlag  
**Sent:** Monday, 4 February 2019 11:13 a.m.  
**To:** Megan McQuarrie  
**Subject:** FW: Henare Te Karu  
**Attachments:** Te Karu Henare proposal.docx

**From:** Louis Van Rensburg  
**Sent:** Friday, 1 February 2019 2:15 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** Henare Te Karu

Hi Toni

Draft letter attached

Regards  
Louis



## Barbara Wilson

---

**From:** Ruru Harepeka Nako Hona  
**Sent:** Monday, 17 December 2018 8:45 a.m.  
**To:** Megan McQuarrie  
**Subject:** FW: Position/Job Description  
**Attachments:** Cultural Worker job description.doc; Cultural Worker RYFS job description (2).doc

**From:** Patrick Mendes (ADHB) [mailto:PMendes@adhb.govt.nz]  
**Sent:** Friday, 14 December 2018 9:12 a.m.  
**To:** Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>  
**Subject:** RE: Position/Job Description

Morena Ruru,  
 Anei ta matou JD.

Naku Noa

Patrick Mendes

---

**From:** Ruru Harepeka Nako Hona [mailto:Ruru.Hona@cdhb.health.nz]  
**Sent:** Wednesday, 07 November 2018 12:26 p.m.  
**To:** Patrick Mendes (ADHB)  
**Subject:** Position/Job Description

*Ngā mihi māhara ki ā koe.  
 Tēnā koe e te whanaunga,*

*I am writing a Position/Job description for a Kaitiaki Mātauranga (Cultural Educator).  
 Do you have any old JD/PD up there that cover these type of roles.  
 Ngā mihi māhara hoki ki ākoe*

*Heoi Ano,  
 Ruru Hona,  
 Pou Whirinaki.  
 Specialist Mental Health Service.  
 Admin Building  
 Hillmorton Hospital  
 Ph 033377969 xt 33998  
 Older Persons Health and Rehabilitation.  
 Ter Whare Toa Takitini  
 Burwood Hospital  
 Mob: 0272900810  
Ruru.Hona@cdhb.health.nz.*

*“E ngā rau Rangatira o Ngā Puhi, hakarongō mai.  
 Kauā e uhiā te Tiriti O Waitangi ki te kākāhū o Ingarangi.  
 Engari me uhi anō ki tōu kākāhū o tēnei motu”  
 Aperahama Taonui*



\*\*\*\*\*  
\*\*\*\*\*

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# AUCKLAND DISTRICT HEALTH BOARD

## Te Toka Oranga O Tamaki Makau Rau

### POSITION DESCRIPTION

#### Position Details:

Title: **Pacific Island/Maori Cultural Worker**

Department: **Mental Health**

Reports to: **Team Leader**

Location: **Kari Centre**

Employee's Name:

Date:

#### Purpose of Position:

1. To provide safe access to mainstream mental health services through the culturally competent delivery of support services for Maori or Pacific Island communities.

#### Key Accountabilities:

##### Clinical:

1. To ensure the provision of cultural support to Maori/Pacific Island clients accessing Kari Centre.
2. To attend weekly allocation and review meetings.
3. To work in a partnership with clinicians to ensure the cultural support and safety of all clients.
4. To provide cultural assessment as part of multidisciplinary team assessment for Maori/Pacific Island clients.

##### Professional:

1. Actively promote the Auckland Healthcare's bi-cultural policy.
2. Remain informed about clinical issues pertinent to work with children, adolescents and their families/whanau.
3. Undertake further training as required and negotiated.
4. Undertake regular supervision.

### Teaching, Training & Research:

1. To contribute to the workforce development of mental health clinicians by supporting cultural understanding.
2. To promote the mental health of children and adolescents by providing opportunities for education and training to Kari centre staff, and other agencies as required.
3. To pro-actively pursue and support research opportunities as negotiated.

### Service Development & Delivery:

1. To actively contribute to the strategic development of the service.
2. To ensure that Quality of Service requirements and expectations are maintained.
3. To promote a commitment to a consumer focus and family/whanau participation in the service.

### Authorities:

This position has the delegated authorities as detailed in the Delegation of Authorities Policy.

### Relationships:

External	Internal	Committees/Groups
Te Runanga O Ngati Whatua	Multi-disciplinary team members	Kari centre multi-disciplinary teams
Orakei Marae Social Services	He Kamaka Oranga	Clinical review/allocation meeting
Te Puni Kokiri	Culturally specific services	Quality of Service
Clients of Kari Centre	Service Manager & Clinical Director	Other groups as negotiated/delegated by Service Manager/Clinical Director/He Kamaka Waioira
Child & Adolescent Services - community and hospital based	Administration staff	
Child health services	Consumer Representative	
General Practitioners	Clinical Supervisor	
Education based systems, e.g. schools, Special Education Service	Professional Advisors	
Cultural groups providing services	General Manager - Mental Health	
Children, Young Persons & Their Families Service	Other Mental Health Services	
Ministry of Health		
Mental Health Commission		

### Person Specification:

	Essential	Preferred
Education/Achievements		Tertiary qualification in social science

Experience/Knowledge	Treaty of Waitangi Tikanga ( Māori) Pacifica Cultures (	Understanding of mental health issues
Specific Competencies	Communication skills in consultation, networking and liaison  Ability to work in a multi-cultural team  Commitment to biculturalism and cross cultural clinical practice  Ability to establish therapeutic relationships with clients and their families/whanau  Drivers Licence	
Personal Qualities	Respect for consumers  Respect for other multi-disciplinary team members and their occupational perspective  Vision  Initiative  Innovation  Team player	Organisational and time management skills  Ability to work under pressure

**Prepared by:**

**Authorised by:**

**Date:**

# AUCKLAND DISTRICT HEALTH BOARD

## Te Toka Oranga O Tamaki Makau Rau

### POSITION DESCRIPTION

#### Position Details:

Title: **Pacific Island/Maori Cultural Worker**

Department: Regional Youth Forensic Service **Mental Health**

Reports to: **Team Leader**

Location: **Kari Centre**

Employee's Name:

Date:

#### Purpose of Position:

1. To provide safe access to services through the Regional Youth Forensic Service through culturally competent delivery of support services for Maori or Pacific Island communities.

#### Key Accountabilities:

##### Clinical:

1. To ensure the provision of cultural support to Maori/Pacific Island clients accessing Taiohi Tu Taiohi Ora and those being seen through the youth justice system.
2. To attend weekly allocation and review meetings.
3. To work in a partnership with clinicians to ensure the cultural support and safety of all clients.
4. To provide cultural assessment as part of multidisciplinary team assessment for Maori/Pacific Island clients.
5. To contribute to court ordered reports through delivery of a cultural assessment report.

##### Professional:

1. Actively promote the Auckland Healthcare's bi-cultural policy.
2. Remain informed about clinical issues pertinent to work with children, adolescents and their families/whanau.
3. Undertake further training as required and negotiated.
4. Undertake regular supervision cultural and clinical supervision.

### Teaching, Training & Research:

1. To contribute to the workforce development of mental health clinicians by supporting cultural understanding.
2. To promote the mental health of children and adolescents by providing opportunities for education and training to Kari centre staff, and other agencies as required.
3. To pro-actively pursue and support research opportunities as negotiated.
4. To assist with training external agencies in regards to mental health and cultural perspective of this.

### Service Development & Delivery:

1. To actively contribute to the strategic development of the service.
2. To ensure that Quality of Service requirements and expectations are maintained.
3. To promote a commitment to a consumer focus and family/whanau participation in the service.

### Authorities:

This position has the delegated authorities as detailed in the Delegation of Authorities Policy.

### Relationships:

External	Internal	Committees/Groups
Te Runanga O Ngati Whatua	Multi-disciplinary team members	Kari centre multi-disciplinary teams
Orakei Marae Social Services	He Kamaka Oranga	Clinical review/allocation meeting
Te Puni Kokiri	Culturally specific services	Quality of Service
Clients of Kari Centre	Service Manager & Clinical Director	Other groups as negotiated/delegated by Service Manager/Clinical Director/He Kamaka Oranga
Child & Adolescent Services - community and hospital based	Administration staff	
Child health services	Consumer Representative	
General Practitioners	Clinical Supervisor	
Education based systems, e.g. schools, Special Education Service	Professional Advisors	
Cultural groups providing services	General Manager - Mental Health	
Children, Young Persons & Their Families Service	Other Mental Health Services	
Ministry of Health		
Mental Health Commission		
NGO's e.g. Mahi Tahi trust, Raukura Hauora O Tainui.		

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Police Youth Aid

Iwi Liaison Officers

Lay advocates

Victim Support

---

**Person Specification:**

	<b>Essential</b>	<b>Preferred</b>
Education/Achievements		Tertiary qualification in social science
Experience/Knowledge	Treaty of Waitangi  Tikanga ( Māori) Pacifica Cultures	Understanding of mental health issues
Specific Competencies	Communication skills in consultation, networking and liaison  Ability to work in a multi-cultural team  Commitment to biculturalism and cross cultural clinical practice  Ability to establish therapeutic relationships with clients and their families/whanau  Full Drivers Licence	
Personal Qualities	Respect for consumers  Respect for other multi-disciplinary team members and their occupational perspective  Vision  Initiative  Innovation  Team player  Ability to work under pressure and complete work to deadlines  Organisational and time management skills	

---

**Prepared by:**

**Purpose of Position:**



1. To provide safe access to mainstream mental health services through the culturally competent delivery of support services for Maori or Pacific Island communities.

**Key Accountabilities:**

**Clinical:**

1. To ensure the provision of cultural support to Maori/Pacific Island clients accessing Kari Centre.
2. To attend weekly allocation and review meetings.
3. To work in a partnership with clinicians to ensure the cultural support and safety of all clients.
4. To provide cultural assessment as part of multidisciplinary team assessment for Maori/Pacific Island clients.

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**Professional:**

1. Actively promote the Auckland Healthcare's bi-cultural policy.
2. Remain informed about clinical issues pertinent to work with children, adolescents and their families/whanau.
3. Undertake further training as required and negotiated.
4. Undertake regular supervision.

### Teaching, Training & Research:

1. To contribute to the workforce development of mental health clinicians by supporting cultural understanding.
2. To promote the mental health of children and adolescents by providing opportunities for education and training to Kari centre staff, and other agencies as required.
3. To pro-actively pursue and support research opportunities as negotiated.

### Service Development & Delivery:

1. To actively contribute to the strategic development of the service.
2. To ensure that Quality of Service requirements and expectations are maintained.
3. To promote a commitment to a consumer focus and family/whanau participation in the service.

Regarding the Cultural Assessment template.

### Relationships:

External	Internal	Committees/Groups
Te Runanga O Ngati Whatua	Multi-disciplinary team members	Kari centre multi-disciplinary teams
Orakei Marae Social Services	He Kamaka Waiora	Clinical review/allocation meeting
Te Puni Kokiri	Culturally specific services Such as Manawanui Oranga	Quality of Service
Clients of Kari Centre	Hinengaro Maori Mental Health in Pt Chevalier	Other groups as negotiated/delegated by Service Manager/Clinical Director/He Kamaka Waiora
Child & Adolescent Services - community and hospital based	Service Manager & Clinical Director	
Child health services	Administration staff	
General Practitioners	Consumer Representative	
Education based systems, e.g. schools, Special Education Service	Clinical Supervisor	
Cultural groups providing services	Professional Advisors	
Children, Young Persons & Their Families Service	General Manager - Mental Health	
Werry Centre Maori Advisory Group	Other Mental Health Services	
Ministry of Health		
Mental Health Commission		
NGO's e.g. Mahi Tahi trust (Nga Potiki-ADHB Child and Adolescent contract), Raukura Hauora O Tainui, Connect, Affinity Framework Trust, Affinity Services Charitable Trust,		

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**Authorised by:**

**Date:**

## Barbara Wilson

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**From:** Rebecca Webster  
**Sent:** Tuesday, 20 November 2018 10:22 a.m.  
**To:** Megan McQuarrie  
**Subject:** FW: Pukenga Atawhai FTE Budget  
**Attachments:** F18.19 FTE Reporting Pivots.xlsx

**From:** Anna Combrink  
**Sent:** Thursday, 18 October 2018 12:23 p.m.  
**To:** Rebecca Webster  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** RE: Pukenga Atawhai FTE Budget

Here you go...

Hope this is what you wanted?

Cheers  
 Anna

**From:** Rebecca Webster  
**Sent:** Thursday, 18 October 2018 12:22 p.m.  
**To:** Anna Combrink  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** RE: Pukenga Atawhai FTE Budget

Thanks  
 Any chance you could send the cc sheets also – or the names of those in the positions?  
 It's the name with the fte we need. 😊 Sorry should have said that.

Thanks  
 Bec

**From:** Anna Combrink  
**Sent:** Thursday, 18 October 2018 12:20 p.m.  
**To:** Rebecca Webster  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** RE: Pukenga Atawhai FTE Budget

Hi

Please see attached – slightly different look...

Happy to answer any questions.

Kind Regards  
 Anna

**From:** Rebecca Webster  
**Sent:** Thursday, 18 October 2018 11:21 a.m.

**To:** Anna Combrink  
**Cc:** Ruru Harepeka Nako Hona  
**Subject:** Pukenga Atawhai FTE Budget

Hi Anna,

Are you please able to send Ruru an updated version of the attached.

Many thanks

Bec

**Rebecca Webster**

Nurse Co-ordinator | Quality and Patient Safety Team

Specialist Mental Health Service

P ext 33973 M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)

**Barbara Wilson**

---

**From:** Toni Gutschlag  
**Sent:** Monday, 25 February 2019 12:52 p.m.  
**To:** Megan McQuarrie  
**Subject:** FW: [REDACTED] proposal letter  
**Attachments:** [REDACTED] proposal letter.docx

Please finalise and email to me, KJ and Louis

s9(2)(h)



## Barbara Wilson

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 30 January 2019 11:45 a.m.  
**To:** Megan McQuarrie  
**Subject:** FW: Te Korowai Atawhai proposal document

Hi Megan,  
 Can you please forward a word version to Michelle, cc to me?  
 thanks

**From:** Michelle Cox  
**Sent:** Wednesday, 30 January 2019 11:37 a.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Subject:** FW: Te Korowai Atawhai proposal document

Hi Toni

Are you able to provide a Word version of the Te Korowai Atawhai proposal document please?

Regards

**Michelle Cox**

Executive Assistant to Michael Frampton – Chief People Officer | Canterbury and West Coast District Health Boards

T: 03 364 4138 Ext 62138 | M: 021 190 2037 | E: [michelle.cox@cdhb.health.nz](mailto:michelle.cox@cdhb.health.nz)  
 Level 1, 32 Oxford Terrace | PO Box 8011 | Christchurch | New Zealand  
[www.cdhb.health.nz](http://www.cdhb.health.nz)

**Values – Ā Mātou Uara**

Care and respect for others - Manaaki me te whakaute i te tangata | Integrity in all we do - Hāpai i ā mātou mahi katoa i runga i te pono |  
 Responsibility for outcomes - Te Takohanga i ngā hua..

**Canterbury**

District Health Board  
 Te Pōwhiri Hauora o Wairarapa



**From:** Stephanie Manning  
**Sent:** Wednesday, January 30, 2019 11:35 AM  
**To:** Michelle Cox <[Michelle.Cox@cdhb.health.nz](mailto:Michelle.Cox@cdhb.health.nz)>  
**Subject:** RE: Te Korowai Atawhai proposal document

Hi Michelle – can you please get a word version from Toni and send that through then I can track in any changes.

Thanks  
 Steph

**Barbara Wilson**

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**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 12:59 p.m.  
**To:** Kaye Johnston  
**Cc:** Toni Gutschlag  
**Subject:** FW: Word Version of the Te Korowai Document  
**Attachments:** SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL VERSION.docx

Hi Kaye,

Please see the Word version which I understand you are going to add dates to.

Please delete all other copies as this is our final version.

Thanks,

Megan

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 12:15 p.m.  
**To:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>; Sharryn Sunbeam <Sharryn.Sunbeam@cdhb.health.nz>  
**Subject:** Word Version of the Te Korowai Document

Hi there,

Please see attached the Word version of the Te Korowai Document for your records.

Thanks,

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715



**Barbara Wilson**

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**From:** Ruru Harepeka Nako Hona  
**Sent:** Monday, 17 December 2018 7:35 p.m.  
**To:** Megan McQuarrie  
**Subject:** Fwd: proposal for change  
**Attachments:** FINAL DRAFT Te Korowai Atawhai proposal for change 17122018.docx  
  
**Importance:** High

Nga mihi mahana ki a koe,  
 Tena koe,  
 Heoi ano,  
 Ruru Hona,  
 Pou Whirinaki  
 Specialist Mental Health Service  
 Hillmorton Hospital.  
 Ph 033377969 xt 33998  
 Older Persons Health and Rehabilitation  
 The Whare Toa Takitini  
 Burwood Hospital  
 Mob: 0272900810.  
[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)

----- Original message -----

From: Toni Gutschlag <[Toni.Gutschlag@cdhb.health.nz](mailto:Toni.Gutschlag@cdhb.health.nz)>  
 Date: 17/12/18 7:00 PM (GMT+12:00)  
 To: Anna Combrink <[Anna.Combrink@cdhb.health.nz](mailto:Anna.Combrink@cdhb.health.nz)>, Peri Renison <[Peri.Renison@cdhb.health.nz](mailto:Peri.Renison@cdhb.health.nz)>, Joan Taylor <[Joan.Taylor@cdhb.health.nz](mailto:Joan.Taylor@cdhb.health.nz)>, Sandy Clemett <[Sandy.Clemett@cdhb.health.nz](mailto:Sandy.Clemett@cdhb.health.nz)>, Sandy Mclean <[Sandy.Mclean@cdhb.health.nz](mailto:Sandy.Mclean@cdhb.health.nz)>, Louis Van Rensburg <[Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)>, Moira Mallon <[Moira.Mallon@cdhb.health.nz](mailto:Moira.Mallon@cdhb.health.nz)>, Ruru Harepeka Nako Hona <[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz)>, Barbara Wilson <[Barbara.Wilson@cdhb.health.nz](mailto:Barbara.Wilson@cdhb.health.nz)>  
 Cc: Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)>  
 Subject: proposal for change

Me again,

TKA proposal attached.

There are still some final edits required for this document however I think it is ready to be received by DLT and a decision made about whether to release prior to Christmas. My sense is yes but that is conditional on us being able to line a few things up this week.

Interested in your thoughts and our discussion tomorrow.

Kind regards  
 Toni

**From:** Toni Gutschlag

**Sent:** Monday, 17 December 2018 6:42 p.m.

**To:** Anna Combrink <Anna.Combrink@cdhb.health.nz>; Peri Renison <Peri.Renison@cdhb.health.nz>; Joan Taylor <Joan.Taylor@cdhb.health.nz>; Sandy Clemett <Sandy.Clemett@cdhb.health.nz>; Sandy Mclean <Sandy.Mclean@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Moira Mallon <Moira.Mallon@cdhb.health.nz>; Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>

**Subject:** decision document

Hi team

For review at our shortened DLT meeting tomorrow. I know you've seen this before but I've edited it a bit.

I've also sent to Sharryn to tidy up formatting wise.

Our discussion will focus on content and timeframe.

Apologies but another paper coming later tonight too.

See you tomorrow.

Toni

**Barbara Wilson**

---

**From:** Toni Gutschlag  
**Sent:** Thursday, 31 January 2019 4:57 p.m.  
**To:** Megan McQuarrie; Ruru Harepeka Nako Hona  
**Cc:** Peri Renison; Barbara Wilson; Joan Taylor; Sandy Clemett  
**Subject:** Fwd: Te Korowai Atawhai - Proposal for Change Document - ER Review  
**Attachments:** January 2019 Te Korowai Atawhai proposal for change - ER.docx; ATT00001.htm; QAs.pdf; ATT00002.htm; Personalised letter for affected individual when giving heads up about consultation paper.docx; ATT00003.htm; Frequently Asked Questions.docx; ATT00004.htm

Hi Megan and Ruru,  
Please see below. Megan are you able to make a start on developing these please?  
Thanks  
Toni

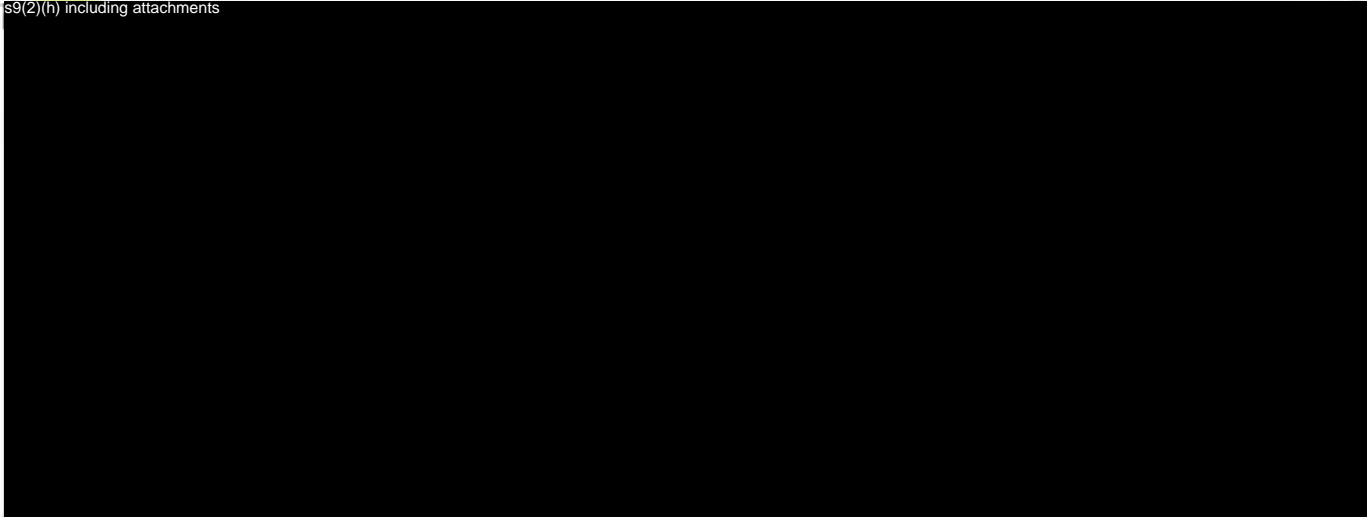
Sent from my iPhone

Begin forwarded message:

s9(2)(h) including attachments

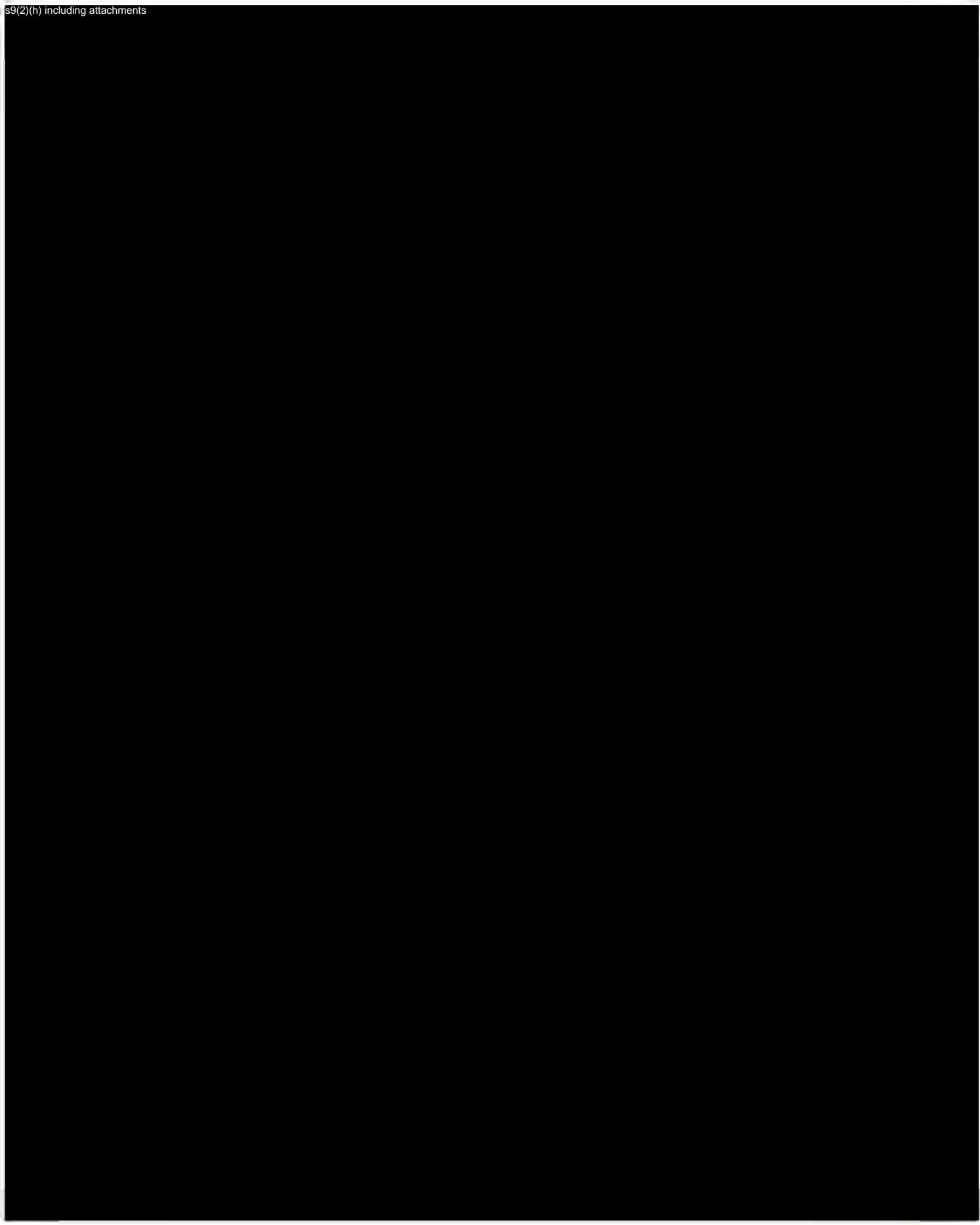


s9(2)(h) including attachments

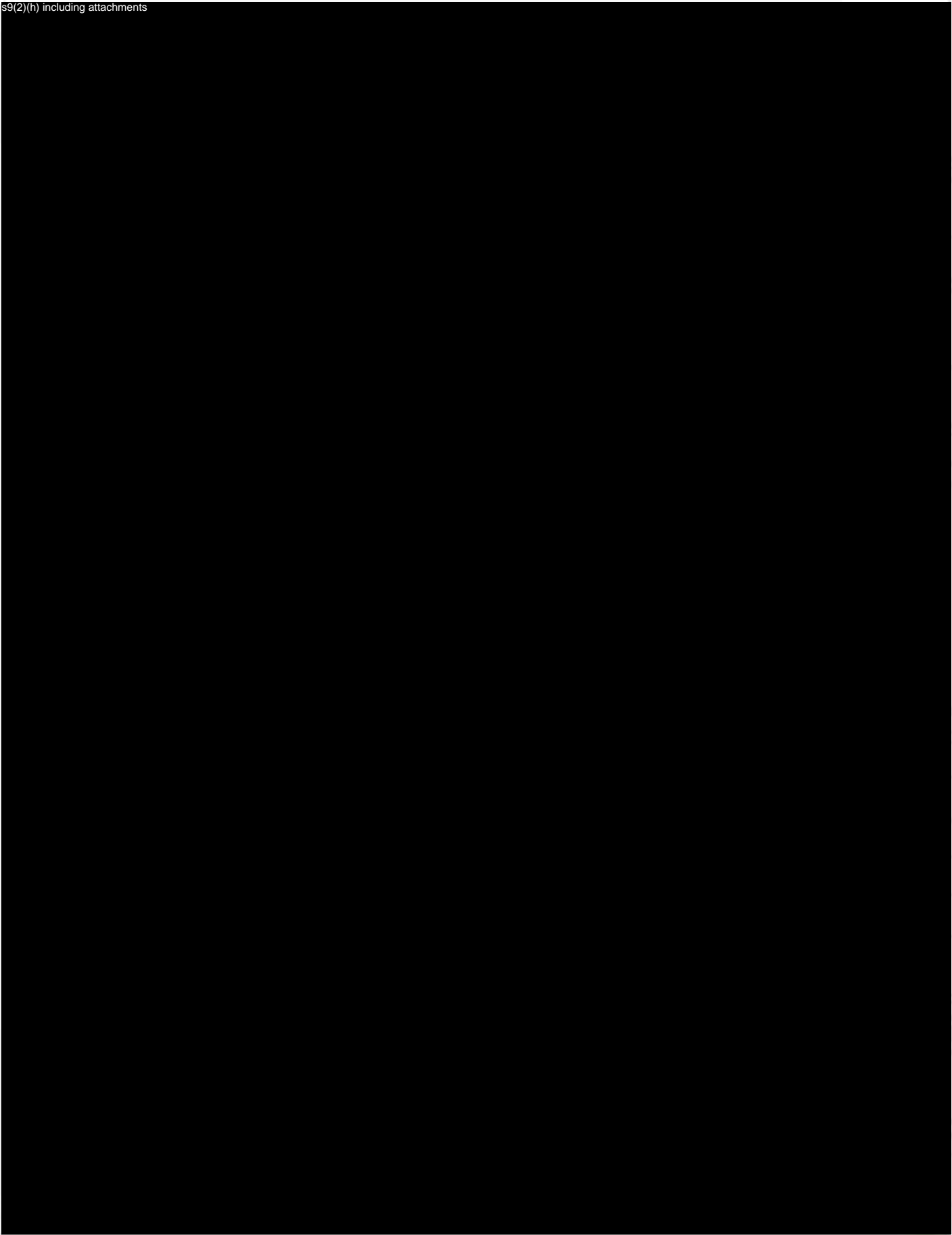




s9(2)(h) including attachments



s9(2)(h) including attachments



s9(2)(h) including attachments

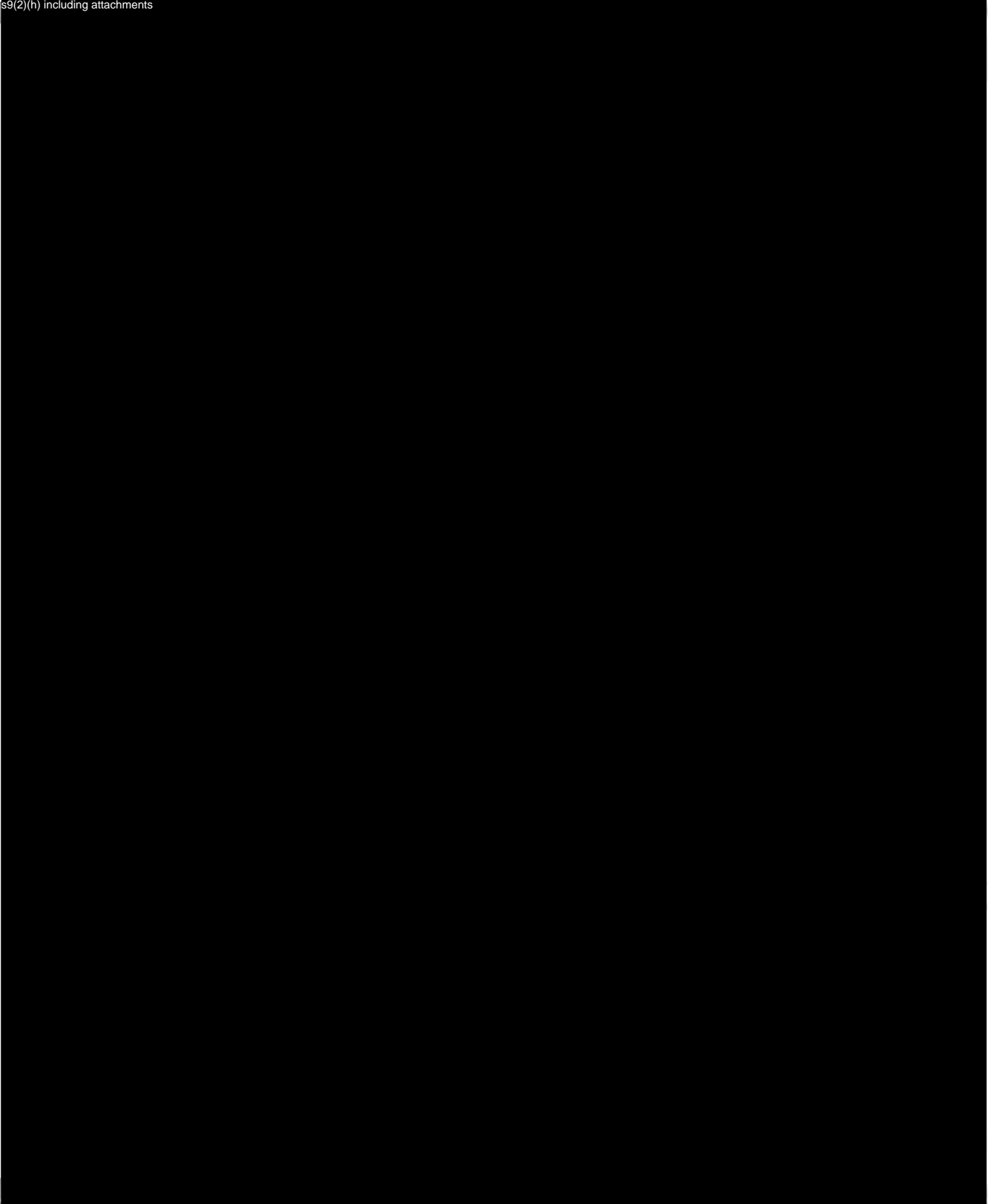




s9(2)(h) including attachments



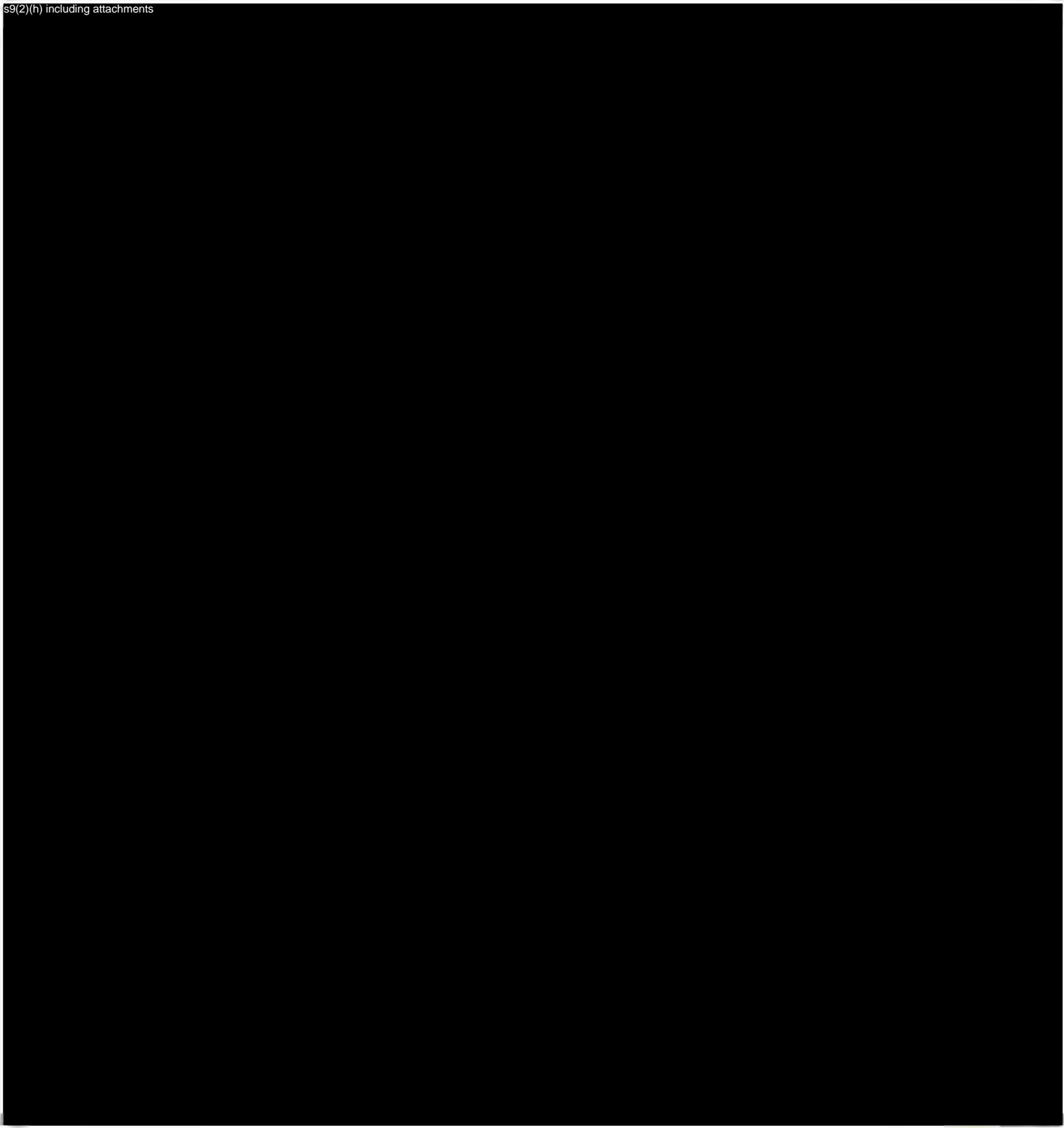
s9(2)(h) including attachments



b9(2)(h) including attachments



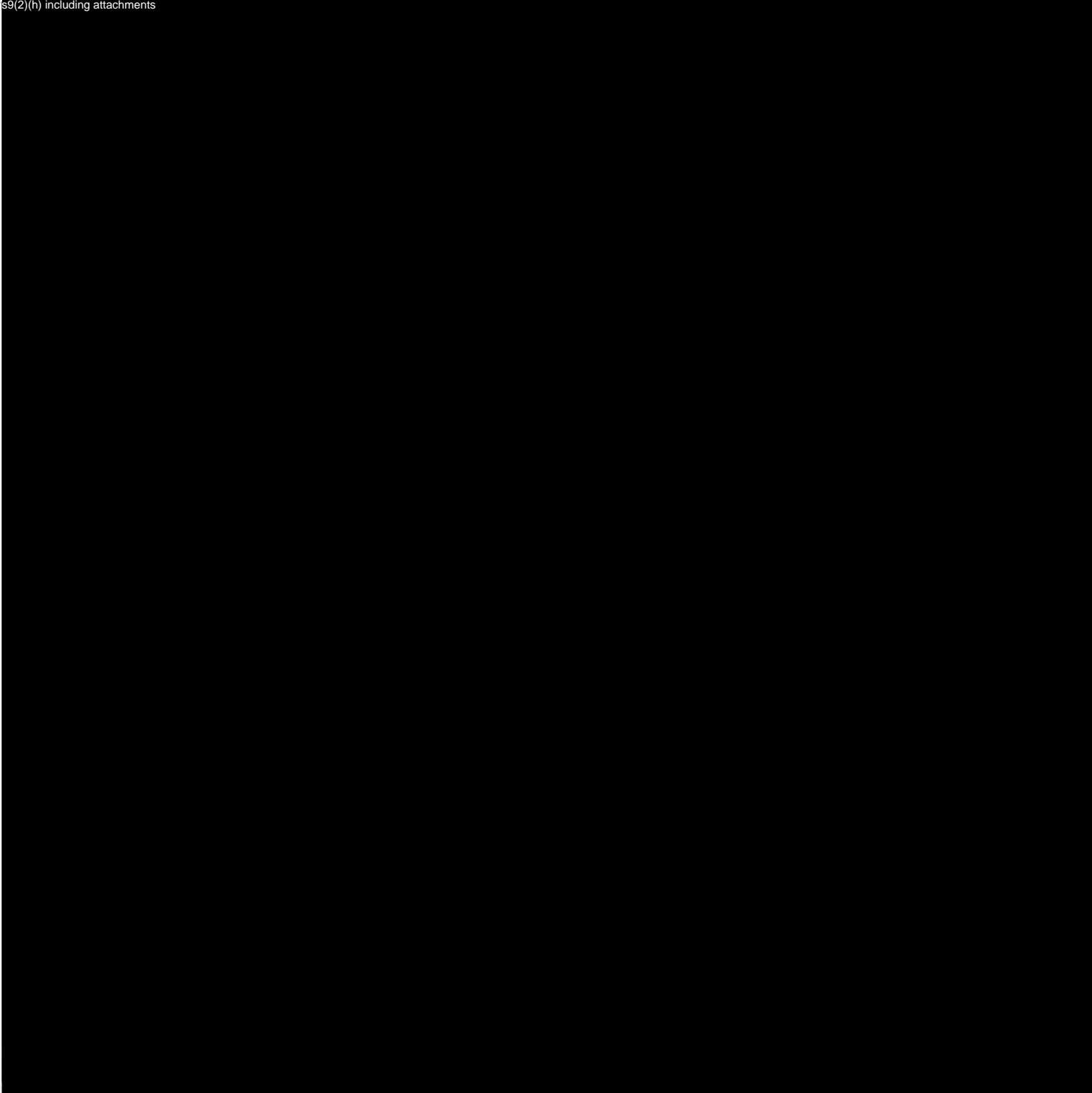
s9(2)(h) including attachments



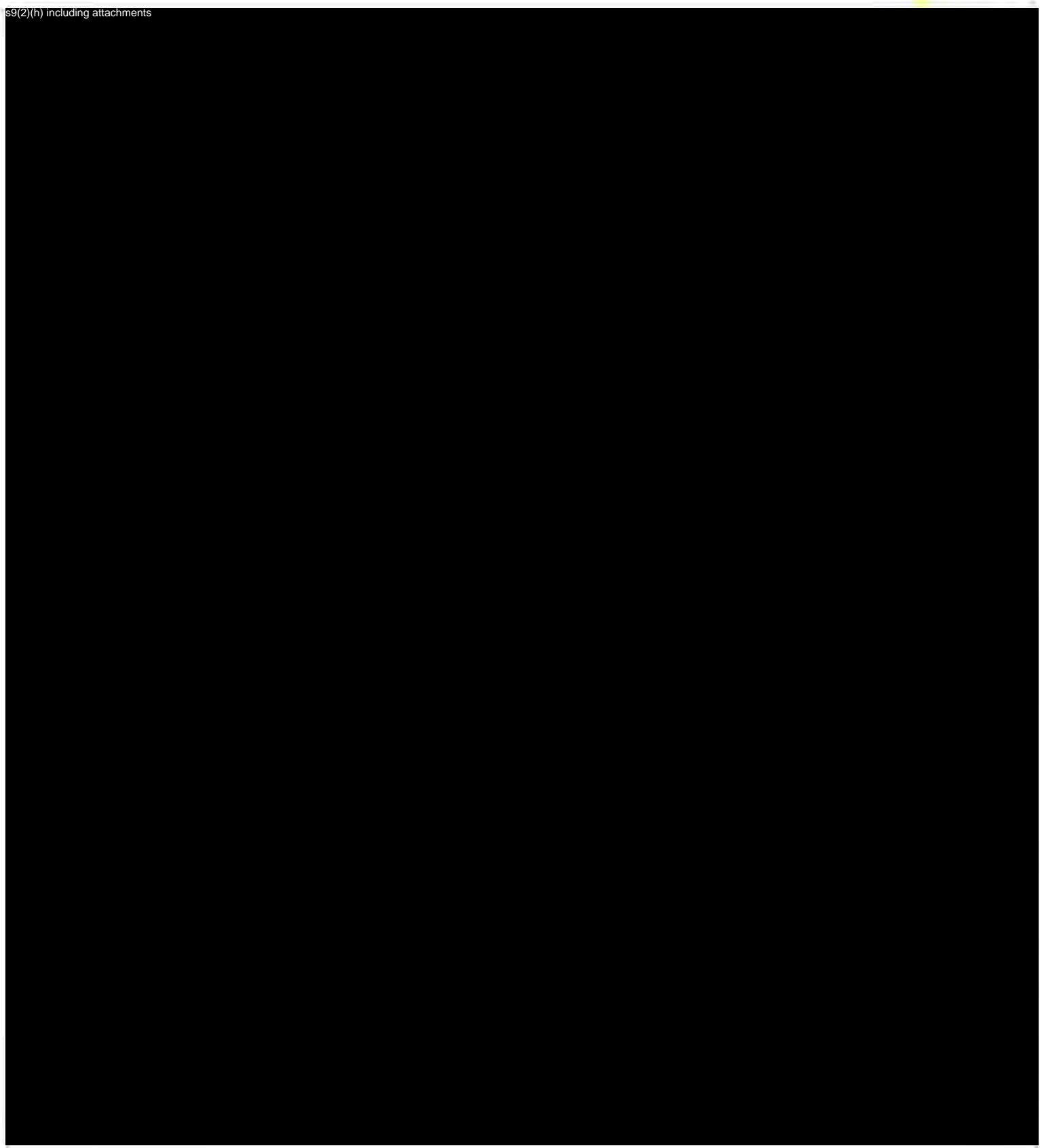
s9(2)(h) including attachments



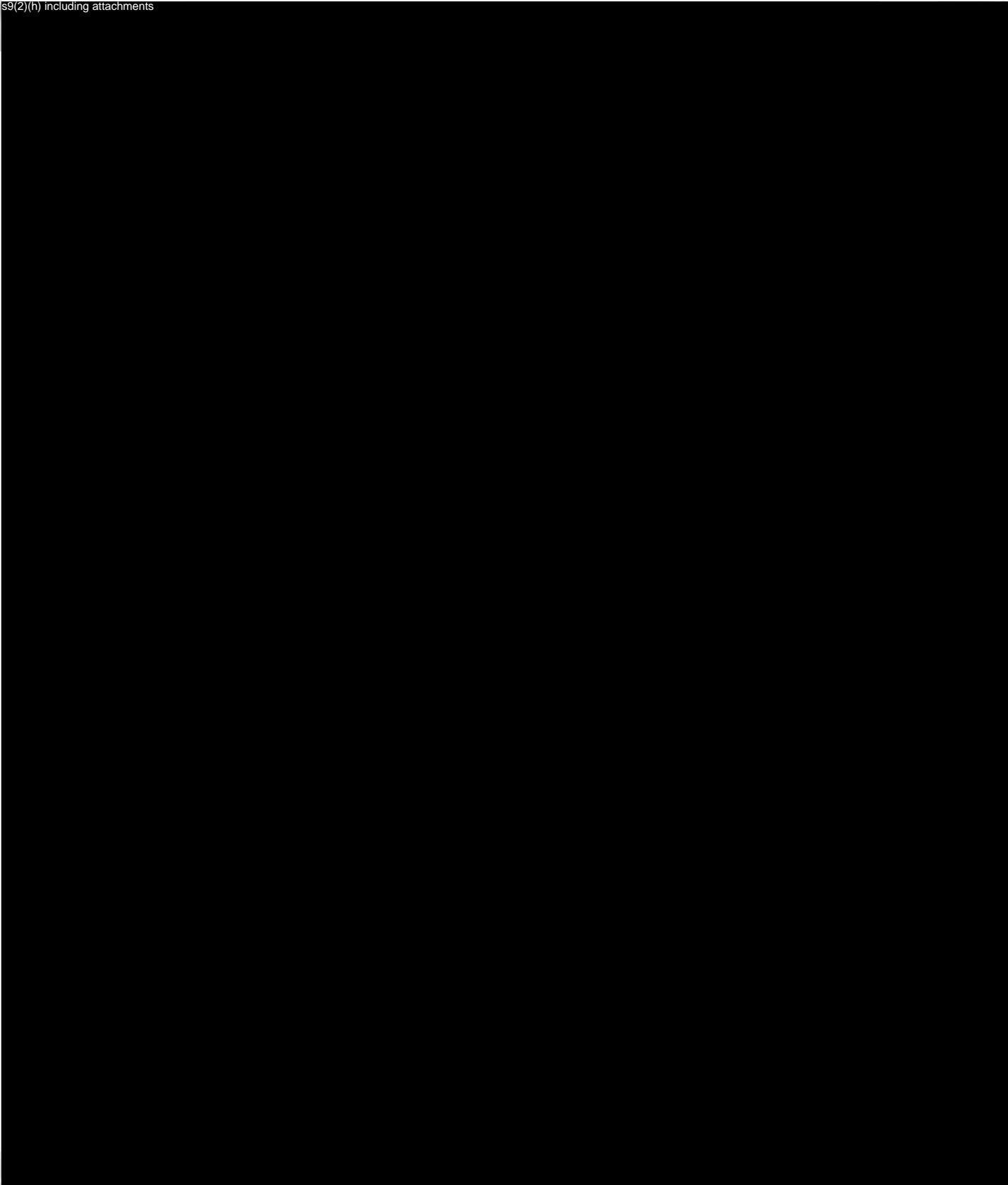
s9(2)(h) including attachments



s9(2)(h) including attachments



s9(2)(h) including attachments

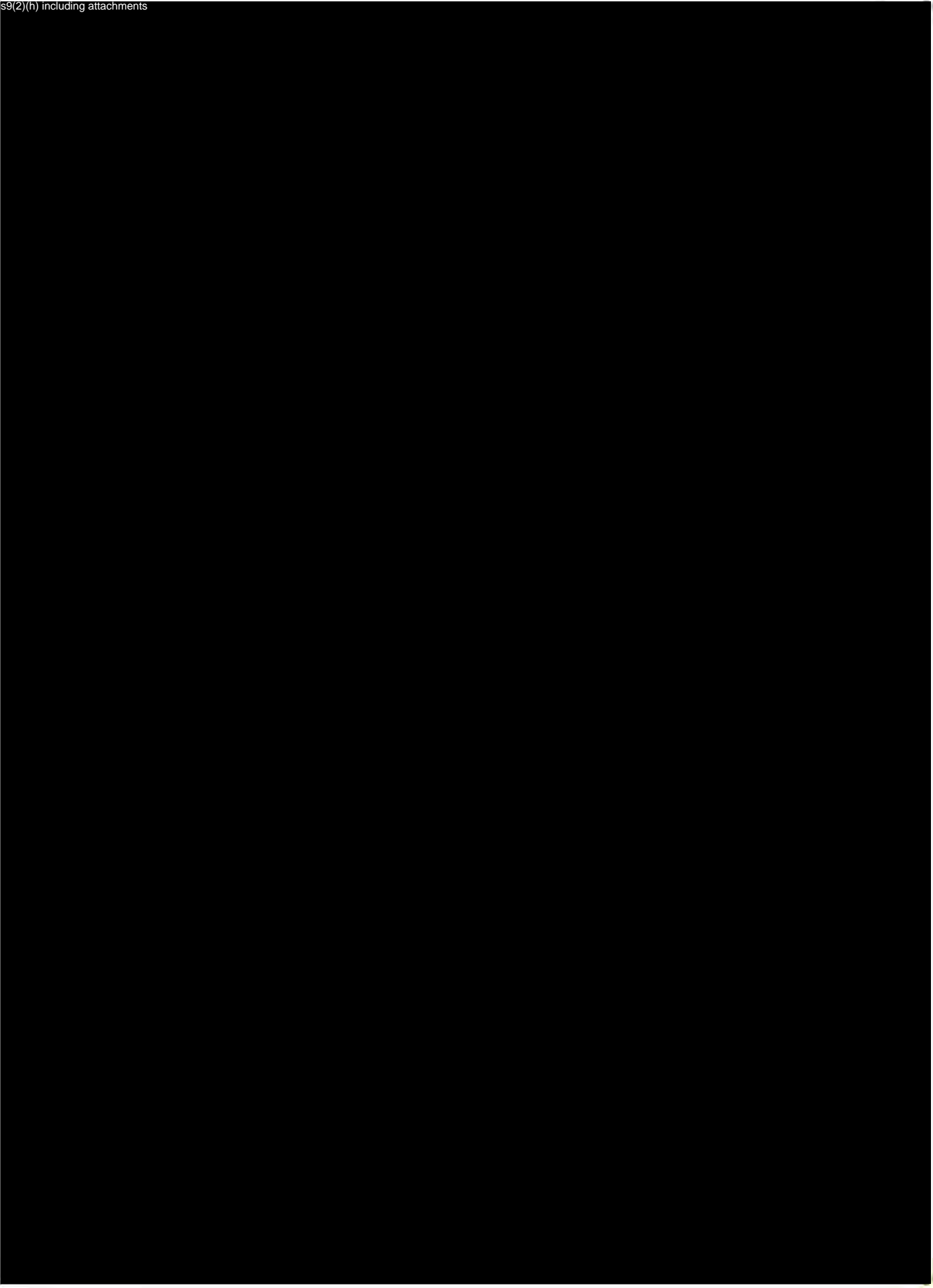




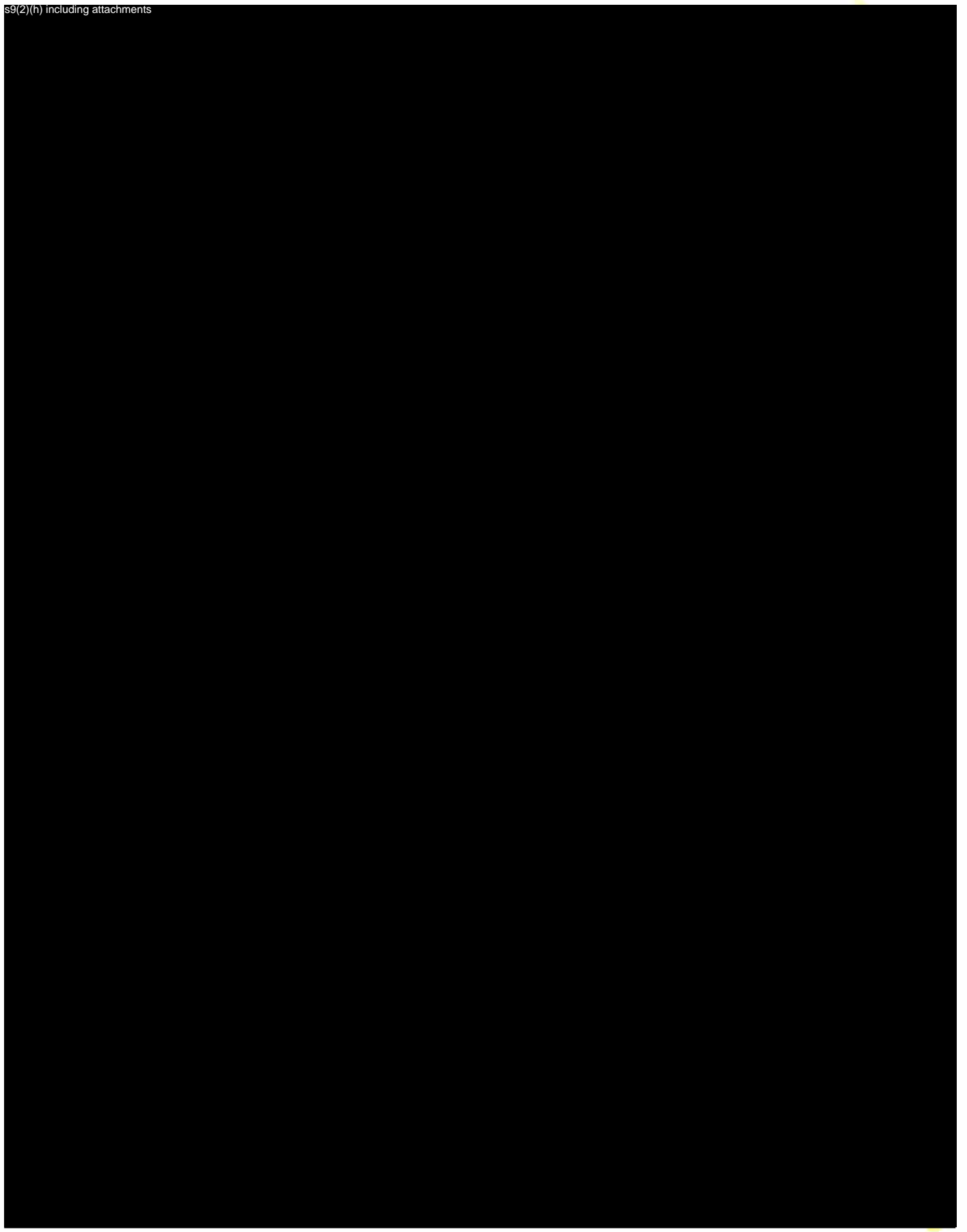
s9(2)(h) including attachments



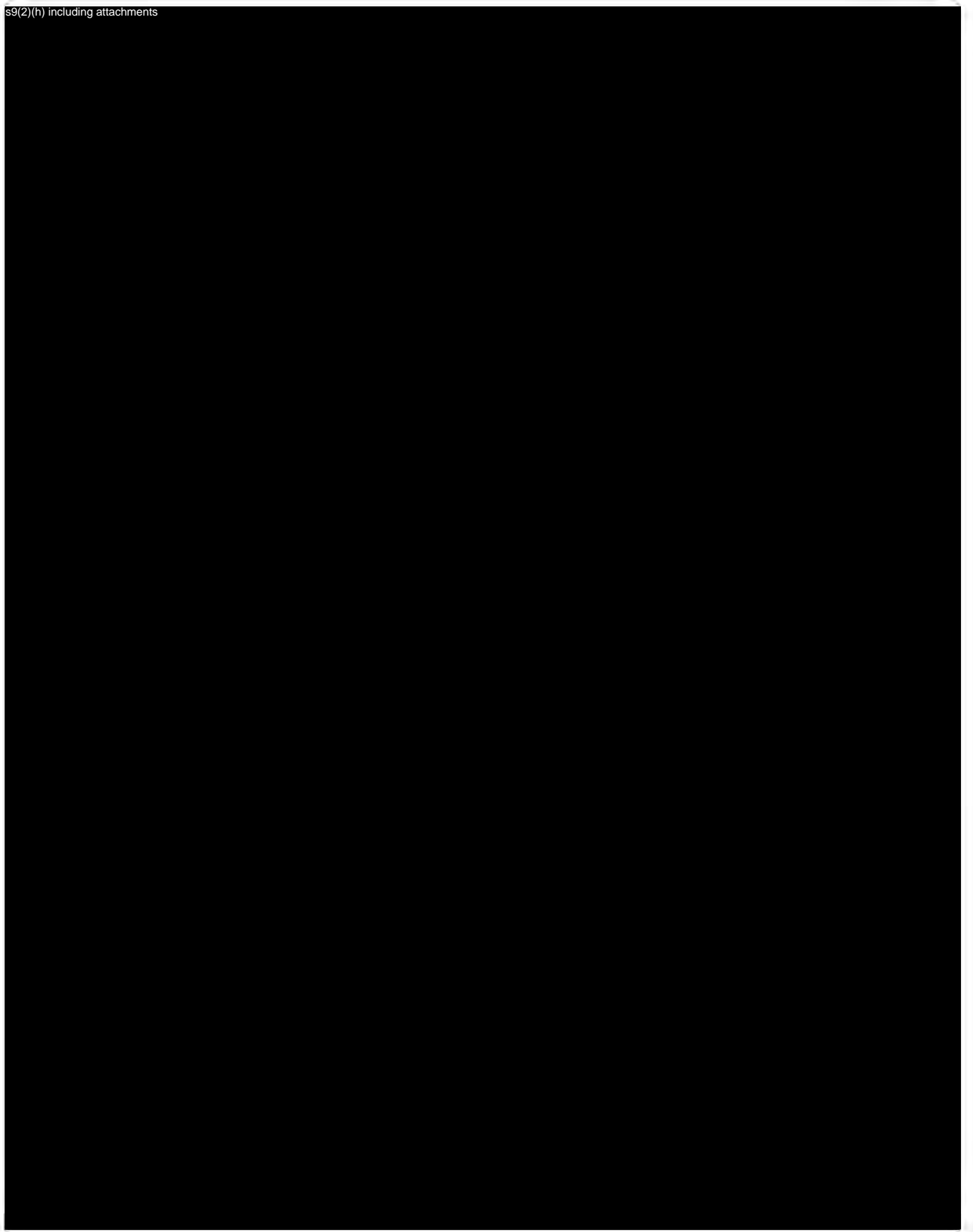
s9(2)(h) including attachments



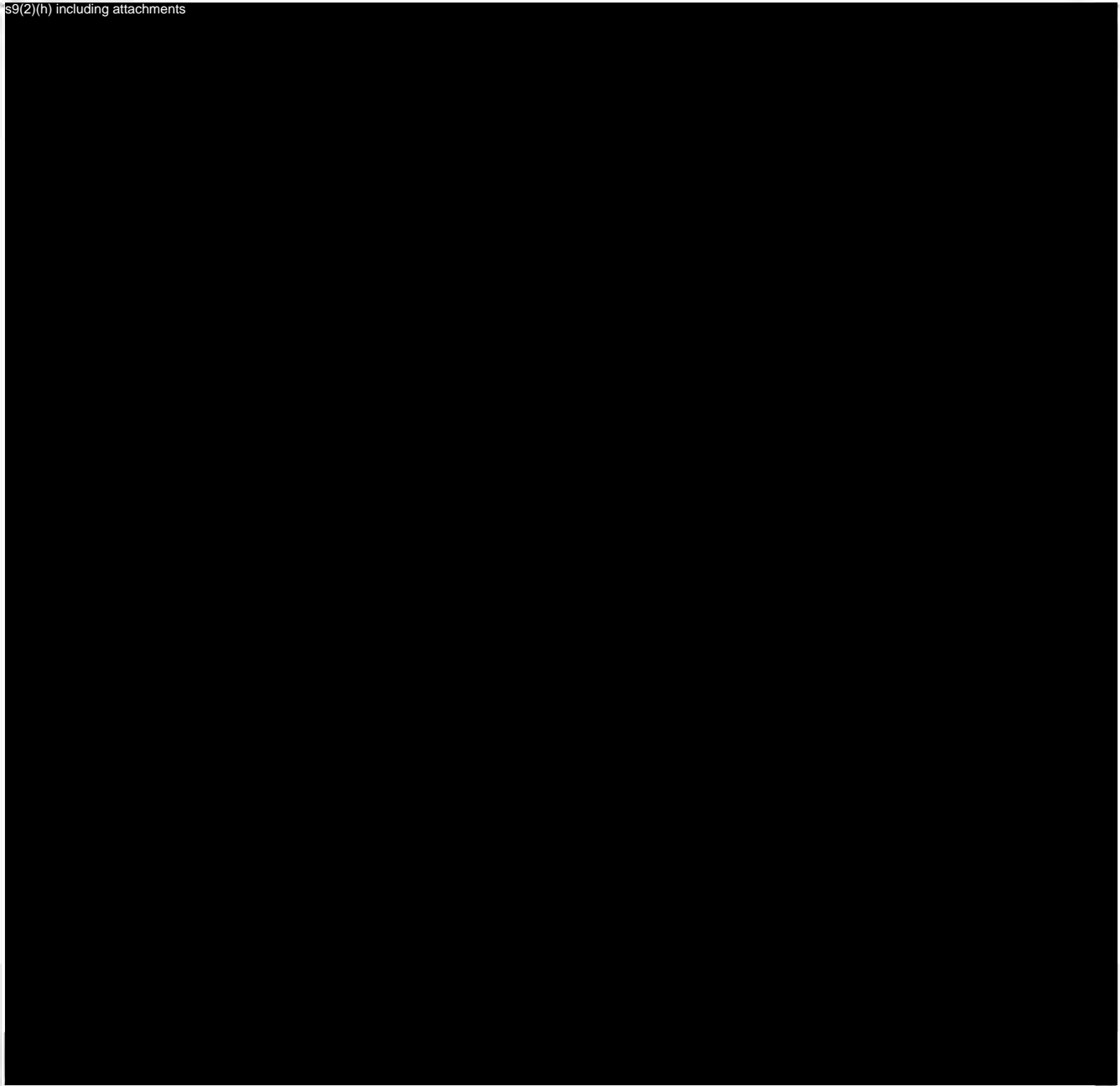
s9(2)(h) including attachments



s9(2)(h) including attachments



s9(2)(h) including attachments



**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Monday, 3 December 2018 4:04 p.m.  
**To:** Ruru Harepeka Nako Hona  
**Subject:** Megan Te Korowai Atawhai proposal for change Updated Nov 18 Working version  
**Attachments:** Megan Te Korowai Atawhai proposal for change Updated Nov 18 Working version.docx

Hi Ruru...

This is the latest version...there are a couple of highlighted yellow bits you may want to check and see if you are ok with them.

Once you ok with this version we probably need to run it past Kaye/Alfred?? Or Toni next?

We can decide tomorrow ☺

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Thursday, 22 November 2018 9:03 a.m.  
**To:** Louis Van Rensburg  
**Subject:** Position Description

Hi Louis,

Are you able to forward me to position description for the Pukenga Atawhai ( I am working on the Te Korowai Proposal for change).

Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

## Barbara Wilson

---

**From:** Toni Gutschlag  
**Sent:** Monday, 17 December 2018 7:00 p.m.  
**To:** Anna Combrink; Peri Renison; Joan Taylor; Sandy Clemett; Sandy Mclean; Louis Van Rensburg; Moira Mallon; Ruru Harepeka Nako Hona; Barbara Wilson  
**Cc:** Megan McQuarrie  
**Subject:** proposal for change  
**Attachments:** FINAL DRAFT Te Korowai Atawhai proposal for change 17122018.docx  
  
**Importance:** High

Me again,

TKA proposal attached.

There are still some final edits required for this document however I think it is ready to be received by DLT and a decision made about whether to release prior to Christmas. My sense is yes but that is conditional on us being able to line a few things up this week.

Interested in your thoughts and our discussion tomorrow.

Kind regards  
Toni

**From:** Toni Gutschlag  
**Sent:** Monday, 17 December 2018 6:42 p.m.  
**To:** Anna Combrink <Anna.Combrink@cdhb.health.nz>; Peri Renison <Peri.Renison@cdhb.health.nz>; Joan Taylor <Joan.Taylor@cdhb.health.nz>; Sandy Clemett <Sandy.Clemett@cdhb.health.nz>; Sandy Mclean <Sandy.Mclean@cdhb.health.nz>; Louis Van Rensburg <Louis.VanRensburg@cdhb.health.nz>; Moira Mallon <Moira.Mallon@cdhb.health.nz>; Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>; Barbara Wilson <Barbara.Wilson@cdhb.health.nz>  
**Subject:** decision document

Hi team

For review at our shortened DLT meeting tomorrow. I know you've seen this before but I've edited it a bit.

I've also sent to Sharryn to tidy up formatting wise.

Our discussion will focus on content and timeframe.

Apologies but another paper coming later tonight too.

See you tomorrow.

Toni



**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 9:56 a.m.  
**To:** Kaye Johnston  
**Subject:** RE: Catch up re Te Korowai

Sorry Kaye...Bec only works til 2:30 and would like to be there...do you have any time on Thursday?

-----Original Appointment-----

**From:** Kaye Johnston  
**Sent:** Tuesday, 27 November 2018 9:47 a.m.  
**To:** Megan McQuarrie  
**Subject:** Declined: Catch up re Te Korowai  
**When:** Tuesday, 27 November 2018 1:00 p.m.-2:00 p.m. (UTC+12:00) Auckland, Wellington.  
**Where:** The Nest

Hi  
I have another meeting at that time  
Could do later this afternoon?  
KJ

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 11:17 a.m.  
**To:** Kaye Johnston  
**Subject:** RE: Catch up re Te Korowai

Thanks Kaye...really appreciate this...we can meet you wherever best works for you. Have sent an invite

---

**From:** Kaye Johnston  
**Sent:** Tuesday, 27 November 2018 10:52 a.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Catch up re Te Korowai

I could only do 12.30 for half an hour

-----Original Appointment-----

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 9:41 a.m.  
**To:** Kaye Johnston  
**Subject:** Catch up re Te Korowai  
**When:** Tuesday, 27 November 2018 1:00 p.m.-2:00 p.m. (UTC+12:00) Auckland, Wellington.  
**Where:** The Nest

Hi Kaye...

Sorry to change at last minute...

Rebecca has been working on FTE so would like to come to our catch up...would this time suit you for today? Otherwise do you have any time Thursday...we are both pretty flexible between 10 and 2:30.

Thanks

## Barbara Wilson

---

**From:** Patrick Mcallister  
**Sent:** Thursday, 29 November 2018 4:53 p.m.  
**To:** Megan McQuarrie  
**Subject:** RE: Confidential : Te Korowai Atawhai

Hi Meagan,

Yes it could fit within the rosters group. There are other roster groups in there like the Te Awakura admin staff, Watchhouse and so on, so that could work.

Regards,  
**Patrick**

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 2:33 p.m.  
**To:** Patrick Mcallister <Patrick.Mcallister@cdhb.health.nz>  
**Subject:** Confidential : Te Korowai Atawhai  
**Importance:** High

Hi Patrick,

I am putting together the proposal document for Te Korowai Atawhai...

One of the things I was pondering with Toni was who might take over the centralised rostering for the Oncall Pukenga Atawhai should the Pukenga all be basically realigned under the different services (so the operational function of Te Korowai would essentially be dissolved).

Is this something you could imagine may fit in the Roster Office?

This is only a question for you...not to cause alarm to the person who manages the roster office...but as the Manager...as an idea, do you imagine this might fit there?

Thanks,

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715

## Barbara Wilson

---

**From:** Toni Gutschlag  
**Sent:** Wednesday, 27 February 2019 9:30 a.m.  
**To:** Megan McQuarrie  
**Subject:** Re: Let me know if this doesn't work!

Ok

Sent from my iPhone

On 27/02/2019, at 8:28 AM, Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)> wrote:

Hi Toni...just checked, consultation period is 6 weeks (1<sup>st</sup> March til 12<sup>th</sup> April) ...should I leave it as is but extend the decision making period for two weeks??

Is that OK?

**From:** Toni Gutschlag  
**Sent:** Tuesday, 26 February 2019 4:57 p.m.  
**To:** Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)>  
**Subject:** Re: Let me know if this doesn't work!

Thanks Megan I think we need to extend the consideration period to 4 weeks given the number of submissions received previously then add another two weeks for final decision to be communicated to include EMT time.

Sent from my iPhone

On 26/02/2019, at 4:14 PM, Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)> wrote:

Activity	Date
Release of proposal paper and consultation period begins including opportunity for individual and team meetings and written feedback.	Friday, 1 March 2019
Consultation meetings -  The Princess Margaret Hospital – Riley Day Lounge  Hillmorton  Hospital – Fountain Rm, Administration Building	8.30 am Thursday 28 <sup>th</sup> March 2019  3.30pm Thursday 28 <sup>th</sup> March 2019
Consultation period ends.	5pm Friday 12 <sup>th</sup> April 2019
Feedback considered.	Monday 15 <sup>th</sup> April - Tuesday 30 <sup>th</sup> April 2019

Activity	Date
Final decision communicated to key stakeholders then wider service.	Wednesday, 1 May 2019

**From:** Toni Gutschlag  
**Sent:** Tuesday, 26 February 2019 4:14 p.m.  
**To:** Megan McQuarrie <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)>  
**Subject:** Re: To Korowai document with dates added

Hi Megan

I'm unable to open in my phone due to size, can you please copy and paste timetable into an email?

Sent from my iPhone

On 26/02/2019, at 3:58 PM, Megan McQuarrie  
 <[Megan.McQuarrie@cdhb.health.nz](mailto:Megan.McQuarrie@cdhb.health.nz)> wrote:

Hi Toni,

Please see the document with the dates Kaye has provided and advise of any changes to these dates asap.

If these are ok, please let me know and I will convert this to a PDF and ask yourself, Ruru, KJ and Louis to delete all previous copies then it is good to go!!

Thanks,

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715

<SMHS Te Korowai Atawhai Proposal for Change Feb 2019  
 FINAL VERSION incl dates.docx>

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 8 January 2019 1:27 p.m.  
**To:** Tony Farrow  
**Subject:** RE: Pay Scale

Thanks Tony, that works with what we are thinking.

**From:** Tony Farrow  
**Sent:** Tuesday, 8 January 2019 1:26 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Pay Scale

Yes it is

**From:** Megan McQuarrie  
**Sent:** Tuesday, 8 January 2019 1:22 p.m.  
**To:** Tony Farrow <Tony.Farrow@cdhb.health.nz>  
**Subject:** RE: Pay Scale

OK...perfect thanks...so in your opinion aligning this position with Grade 3 would be a good fit?

**From:** Tony Farrow  
**Sent:** Tuesday, 8 January 2019 1:21 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Pay Scale

Hi Megan

Nurse educators are generally on senior nurse grade 3

Grade 4 is generally for coordinators

**From:** Megan McQuarrie  
**Sent:** Tuesday, 8 January 2019 1:12 p.m.  
**To:** Tony Farrow <Tony.Farrow@cdhb.health.nz>  
**Subject:** Pay Scale

Hi Tony,

Just speaking with Ruru re the Cultural Educator...I recall we had a wee conversation around this position aligning with your other educator positions regarding pay.

Can I just double check...was it Grade 3 or Grade 4 on the Senior Nurses scale (if an RN)? We are hoping this position will be filled by someone with a clinical background though this is not an absolute requirement (could be degree in Education/Cultural leadership etc) Just trying to get all ducks in a row for this position should the proposal go ahead.

Many thanks,

Megan

Megan McQuarrie

## Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

---

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 12:08 p.m.  
**To:** Kaye Johnston  
**Subject:** RE: Quick catch up re Te Korowai

Perfect...will do. Thanks heaps ☺

---

**From:** Kaye Johnston  
**Sent:** Tuesday, 27 November 2018 11:19 a.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Quick catch up re Te Korowai

If you could come here that would be great as I am back to back with meetings and performance reviews  
Thanks  
KJ

-----Original Appointment-----

**From:** Megan McQuarrie  
**Sent:** Tuesday, 27 November 2018 11:17 a.m.  
**To:** Kaye Johnston; Rebecca Webster  
**Subject:** Quick catch up re Te Korowai  
**When:** Thursday, 29 November 2018 12:30 p.m.-1:00 p.m. (UTC+12:00) Auckland, Wellington.  
**Where:** The Nest or wherever works best for Kaye

Thanks Kaye...we will take the half hour you have, does coming to you suit you or we could meet you where it best suits you...many thanks ☺



## Barbara Wilson

---

**From:** Megan McQuarrie  
**Sent:** Wednesday, 28 November 2018 10:47 a.m.  
**To:** Kaye Johnston  
**Subject:** RE: Quick catch up re Te Korowai

Hi Kaye...sorry, have been bombarding you with email invites...yes, we will defiantly come to you...Ruru will be joining us as well. See you tomorrow. Thanks

---

**From:** Kaye Johnston  
**Sent:** Wednesday, 28 November 2018 10:03 a.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Quick catch up re Te Korowai

If you could come over here that would be great as I have back to back appointments over here  
 Thanks  
 KJ

-----Original Appointment-----

**From:** Megan McQuarrie  
**Sent:** Wednesday, 28 November 2018 10:01 a.m.  
**To:** Kaye Johnston; Rebecca Webster; Ruru Harepeka Nako Hona  
**Subject:** Quick catch up re Te Korowai  
**When:** Thursday, 29 November 2018 12:30 p.m.-1:00 p.m. (UTC+12:00) Auckland, Wellington.  
**Where:** The Nest or wherever works best for Kaye

Thanks Kaye...we will take the half hour you have, does coming to you suit you or we could meet you where it best suits you...many thanks ☺

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 3:55 p.m.  
**To:** Kaye Johnston  
**Subject:** RE: SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL VERSION

Thanks Kaye...awesome.

I will forward on to Toni (I have just tweaked the formatting bit).

If all OK I will convert to a PDF then send the FINAL version to you, Ruru etc so you can all delete any older version you may have floating about.

Thanks,

Megan

**From:** Kaye Johnston  
**Sent:** Tuesday, 26 February 2019 3:25 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** SMHS Te Korowai Atawhai Proposal for Change Feb 2019 FINAL VERSION  
**Importance:** High

Hi Megan

I have now updated the time frames

For final check by Toni then it can go to the Unions from her/Louis

Please let me know if any of the consultation times are changed as they are in the schedulers of key people

Thanks

KJ

**Barbara Wilson**

---

**From:** Megan McQuarrie  
**Sent:** Friday, 1 February 2019 9:10 a.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona  
**Cc:** Peri Renison; Barbara Wilson; Joan Taylor; Sandy Clemett  
**Subject:** Re: Te Korowai Atawhai - Proposal for Change Document - ER Review

Hi Toni...sure, will make a start on Monday.

Sent from my Samsung Galaxy smartphone.

----- Original message -----

**From:** Toni Gutschlag <Toni.Gutschlag@cdhb.health.nz>  
**Date:** 31/01/2019 4:56 pm (GMT+12:00)  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>, Ruru Harepeka Nako Hona <Ruru.Hona@cdhb.health.nz>  
**Cc:** Peri Renison <Peri.Renison@cdhb.health.nz>, Barbara Wilson <Barbara.Wilson@cdhb.health.nz>, Joan Taylor <Joan.Taylor@cdhb.health.nz>, Sandy Clemett <Sandy.Clemett@cdhb.health.nz>  
**Subject:** Fwd: Te Korowai Atawhai - Proposal for Change Document - ER Review

Hi Megan and Ruru,  
Please see below. Megan are you able to make a start on developing these please?  
Thanks  
Toni

Sent from my iPhone

Begin forwarded message:

s9(2)(h) including attachments





## Barbara Wilson

---

**From:** Megan McQuarrie  
**Sent:** Monday, 26 November 2018 4:13 p.m.  
**To:** Kaye Johnston  
**Subject:** RE: Te Korowai Atawhai

Awesome, thanks...see you there😊

**From:** Kaye Johnston  
**Sent:** Monday, 26 November 2018 4:07 p.m.  
**To:** Megan McQuarrie <Megan.McQuarrie@cdhb.health.nz>  
**Subject:** RE: Te Korowai Atawhai

Sure  
 Send me an invite for tomorrow morning after 9.30am  
 thx

**From:** Megan McQuarrie  
**Sent:** Monday, 26 November 2018 4:03 p.m.  
**To:** Kaye Johnston <Kaye.Johnston@cdhb.health.nz>  
**Subject:** Te Korowai Atawhai

Hi Kaye...

I am helping Ruru with his proposal document ...it's almost there though I caught up with Toni today as I had a few questions about some operational functions...and she suggested I catch up with you and pick your brains!!

Would you have any time over the next couple of days?

Many thanks,

Megan

Megan McQuarrie  
 Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
 Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
 Phone: Ext 33515 Cell: 021564715

## Barbara Wilson

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**From:** Ruru s9(2)(a)  
**Sent:** Friday, 23 November 2018 1:05 a.m.  
**To:** Megan McQuarrie  
**Subject:** Te Korowai Atawhai Proposal Document  
**Attachments:** Te Korowai Atawhai proposal for change Updated Nov 18.docx

*Nga mihi māhara ki a koe.*

*Tena koe Megan,*

*Have looked through the document, Megan, it has been well done so far.*

*We can complete the rest of the document on Tuesday, however, if you need to, text me Monday, and I'll arrange something with Burwood Hospital.*

*I've proof read it all and made the appropriate changes with the spelling and macrons.*

*Once again thanks heaps Megan, you and Rebecca have made me look good. Have the best weekend.*

*Heoi ano,*

*Ruru Hona JP*

*Cultural:*

*-Advisor*

*-Supervisor*

*-Consultant*

*Celebrant:*

*Kaumatua:*

*-Canterbury Youth Workers Collective*

*-Youth and Cultural Development.*

*Chair:*

*-Tangata Whenua Kaitohutohu. (Tangata Whenua Advisory Group)*

*Contact:*

*-Hm s9(2)(a)*

*-Mob s9(2)(a)*



## Barbara Wilson

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**From:** Ruru Harepeka Nako Hona  
**Sent:** Thursday, 29 November 2018 8:32 a.m.  
**To:** Megan McQuarrie  
**Subject:** Te Korowai Atawhai  
**Attachments:** Nāu te rourou.docx

*Ngā mihi māhara ki ā koe.  
 Tēnā koe,  
 More stuff*

*Heoi Ano,  
 Ruru Hona,  
 Pou Whirinaki.  
 Specialist Mental Health Service.  
 Admin Building  
 Hillmorton Hospital  
 Ph 033377969 xt 33998  
 Older Persons Health and Rehabilitation.  
 Ter Whare Toa Takitini  
 Burwood Hospital  
 Mob: 0272900810  
[Ruru.Hona@cdhb.health.nz](mailto:Ruru.Hona@cdhb.health.nz).*

*“E ngā rau Rangatira o Ngā Puhi, hakarongō mai.  
 Kauā e uhiā te Tiriti O Waitangi ki te kākāhū o Ingarangi.  
 Engari me uhi anō ki tōu kākāhū o tēnei motu”  
 Aperahama Taonui*



E ngā lwi, e ngā mana, e ngā reo, e ngā karangatanga maha

Tēnā rā koutou katoa,

E mihi māhana tēnei ki ā koutou katoa,

Ngā mihi tuatahi kī ngā Atua, me ngā wairuatapu na rātou i hangatia i runga i ā mātou.

Ngā mihi, ngā mihi ngā mihi

Ki te mana ō tēnei whenua, kia Ngai Tuahuriri, te hapū, Maahunui Tuarua, te marae, Ngai Tahu te lwi

Tēnā koe, tēnā koutou, tēnā rā koutou katoa

Ngā mihi māhana tēnei ki ngā hau e whā ō te motu,

E ngā lwi, e ngā mana, e ngā reo

Tēnā rā tātou katoa

E mihi tēnei ki ā koutou, i roto ōu whakaaro ka whakatūtia Te Korowai Atawhai, mō te tiaki mai ngā whaiora me ōu rātou whānau hoki. Ī roto te aroha, te tumanako, te whakapono me tē oranga. E whakamoemiti tēnei ki ā koutou katoa.

## **Te Korowai Atawhai**

**Ahakoia te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.**

“In spite of its diminutive size, this seed, will grow to become the god of the forest”

Te Korowai Atawhai is the Māori Mental Health Service for the Specialist Mental Health Service, Canterbury District Health Board, and is responsible for the ongoing development of the cultural practices of Hauora Māori within the various clinical Services.

Pukenga Atawhai are the cultural response to addressing Māori Mental Health issues, within the practice of Hauora Māori and the dual accountabilities of Clinical and Cultural safety, and are maintained by regular clinical and cultural supervision.

Mental health professionals saw Te Korowai Atawhai as the “Cloak of Loving Care” which supported Tangata whaiora and their whānau as they entered the service, through the Pukenga Atawhai they would be welcomed, by powhiri and through whakawhanaungatanga, is accompanied through the mental health service, to receive clinical and cultural treatment.

Te Korowai Atawhai, “The Cloak of Loving Care” will continue to support Tangata whaiora and their whānau through their journey in the Specialist Mental Health Service, the ongoing implementation of cultural practices, will enhance, cultural growth, wellness and development of Tangata whaiora and their whānau. Te Korowai Atawhai are equal partners in health with, Specialist Mental Health Service, Canterbury District Health Board.



**Barbara Wilson**

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**From:** Megan McQuarrie  
**Sent:** Tuesday, 26 February 2019 2:51 p.m.  
**To:** Toni Gutschlag; Ruru Harepeka Nako Hona  
**Subject:** Te Korowai Briefing notes  
**Attachments:** Briefing notes Te Korowai Atawhai.docx

Hi there,

I have done you up some briefing notes for Friday.

Happy to change the format or add more detail if you think you will want it. Just let me know.

Ruru, I left in your intro just in case you wanted to share this with the Pukenga. I think your saying is very relevant and beautiful!

Ahakoā te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.

“In spite of its diminutive size, this seed will grow to become the god of the forest”

Thanks,

Megan

Megan McQuarrie  
Nurse Coordinator – Quality and Patient Safety

Specialist Mental Health Service,  
Canterbury District Health Board

Email : [megan.mcquarrie@cdhb.health.nz](mailto:megan.mcquarrie@cdhb.health.nz)  
Phone: Ext 33515 Cell: 021564715

## Briefing notes Te Korowai Atawhai

### Ruru:

E ngā lwi, e ngā mana, e ngā reo, e ngā karangatanga maha

Tēnā rā koutou katoa,

E mihi māhana tēnei ki ā koutou katoa,

Ngā mihi tuatahi ki ngā Atua, me ngā wairuatapu na rātou i hangatia i runga i ā mātou.

Ngā mihi, ngā mihi ngā mihi

Ki te mana ō tēnei whenua, kia Ngai Tuahuriri, te hapū, Maahunui Tuarua, te marae,

Ngai Tahu te lwi

Tēnā koe, tēnā koutou, tēnā rā koutou katoa

Ngā mihi māhana tēnei ki ngā hau e whā ō te motu,

E ngā lwi, e ngā mana, e ngā reo

Tēnā rā tātou katoa

E mihi tēnei ki ā koutou, i roto ōu whakaaro ka whakatūtia Te Korowai Atawhai, mō te tiaki mai ngā whaiora me ōu rātou whānau hoki. I roto te aroha, te tūmanako, te whakaponono me tē oranga. Hē whakamoemiti tēnei ki ā koutou katoa.

**Ahakoa te tino iti hoki o te kakano, kā tupu ake nei hē rākau rangatira.**

**“In spite of its diminutive size, this seed will grow to become the god of the forest”**

### Background:

Discussion Document released in [April 2018](#). Aim to look at how we can be more responsive to Tangata whaiora, whanau, staff and the community.

There has been a significant increase in Māori presenting to services.

It is positive more people are seeking our support but this is placing significant additional pressure on all staff, including Pukenga Atawhai, who are not currently meeting demand.

**Example:** *Pukenga Atawhai working in the General Adult Service Cluster are typically seeing less than 40% of those who identify as Māori and are accessing either Adult Community or Adult Inpatient services. (Te Korowai Activity Dashboard Aug 17 – July 18).*

62 submissions were received. Feedback was wide and varied and the service is appreciative of the time and detail people put into their submissions. It is obvious that Te Korowai Atawhai holds a special place in people's hearts and is a cornerstone of the SMHS.

The following themes emerged from the feedback:

- There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.
- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.

This feedback, plus Ruru speaking individually with Te Korowai staff helped shape this proposal.

## Proposed Changes:

### 1. The Proposed Continuation of Te Korowai Atawhai:

It is proposed that Te Korowai would continue to be the guiding mantle under which Pukenga Atawhai operate.

- Provides a central point of connectivity
- Will support Pukenga Atawhai in their roles as integrated members of the clinical teams

### 2. Proposed Increase of Pukenga Atawhai FTE to Clinical teams:

Scrutiny of the budget has enabled the proposal for four additional Pukenga Atawhai roles to be added in addition to the existing positions.

Additional FTE will be allocated to areas most in need ie Te Awakura, CR and CAF

Current allocation of FTE will be looked at and we may need to redistribute positions to ensure there is good access to Pukenga Atawhai for all areas of the SMHS. This would be a collaborative, consultative process, working alongside existing staff.

The on-call roster will be reviewed and the addition of these four FTE will lessen the number of on-calls everyone has to do. It is proposed that coordination of the on-call roster would be transferred to the Rosters Office.

Line Management for Pukenga Atawhai would be the clinical manager of the team the Pukenga works in, with a cultural reporting process through the Pou Whirinaki.

To further increase opportunities for face to face work with Tangata whaiora and their whānau Whanaungatanga Day will reduce to once a month – this also aligns with other professional groups whilst still recognizing the importance of cultural support for one another and how important this is for Pukenga Atawhai.

### 3. Proposed Establishment of Kaitiaki Mātauranga (Cultural Educator) role:

A new 1 FTE Kaitiaki Mātauranga (Cultural Educator) role will be employed

This would be a strategic and hands on educator position that would act as a resource for all of the SMHS and beyond.

Key responsibilities of the role would be:

- provision of cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice.
- Over seeing Whanaungatanga Day and the Manuhiri forum and developing other education opportunities/programmes

Will be based in the Training Unit with strong connection to Pou Whirinaki.

A position description is available in the Proposal Document.

#### 4. Proposed Disestablishment of Kaiārahi Matua:

It is proposed that current role of Kaiarahi Matua be disestablished.

The operational/strategic components of this role will no longer be required due to:

- Pukenga Atawhai FTE will be realigned to all sit in allocated clinical areas so there will be no FTE reporting to this position.
- The Educator role will take on the running/development of the Whanaungatanga Day and Manuhiri Forum.

#### 5. Proposed Leadership

Kaye and Alfred will continue in their Service Manager and CD roles and will work in partnership with Ruru in his role as Pou Whirinaki.

Cultural leadership will be provided by Ruru (Pou Whirinaki)

Pukenga Atawhai will report to the Line Manager of the clinical team they are part of.

Pukenga Atawhai leadership roles within services clusters are under consideration. This idea will be further developed following a decision on this proposal.

#### 6. Ongoing Cultural Development

Whanaungatanga Day: Will reduce from weekly to monthly.

Content and structure will be reviewed as part of the Educator role. It is proposed to structure Whanaungatanga Day as a cultural, clinical and educational learning forum which is future focused.

Manuhiri forum: It is proposed that Manuhiri forum occur for a half day once per month.

The purpose of Manuhiri forum is for ongoing training and orientation for all staff relating to the cultural aspects of wellness within the whaiora and whānau.

The proposed session would provide the opportunity for staff to experience knowledge & insight from the Pukenga Atawhai who work across the SMHS.

Te Kahui Pou

Te Kahui Pou will provide a coordinating function similar to directorate, with a focus on divisional and service development.

Membership is proposed to include Clinical Director, Service Manager, Pou Whirinaki, Matauranga, Whanau Taitoku, and Te Kahapai.

#### What are the potential benefits to these changes?

- Improved responsiveness to Tangata whaiora and their whānau and more opportunities for face to face work.
- An additional 4FTE Pukenga Atawhai

- Opportunity for Pukenga Atawhai to be engaged in initiatives such as Equally Well, The Wellbeing Programme and cultural programmes for Tangata whaiora due to less time being committed to Whanaungatanga Day.
- Reduction in the loss of non-contact time for Pukenga Atawhai leading to increased access to cultural support for all (Tangata whaiora, whānau and staff).
- Clearer reporting lines for Pukenga Atawhai.
- Improved professional development opportunities for Pukenga Atawhai.
- Enhanced opportunities for, and a strengthened programme of cultural education for all staff.
- A more responsive, visible Te Korowai Atawhai service which not only supports its own whānau (Pukenga Atawhai) but also works in partnership with the wider service including those who access care and those who deliver it.

## Feedback

Once you have had a chance to read and understand the proposal, we welcome your feedback.

Email to [monique.botha@cdhb.health.nz](mailto:monique.botha@cdhb.health.nz).

Feedback needs to be in by ????

There will be opportunities for those directly affected by this proposal to meet either individually, in a group or both as required.

There is a full range of supports available to you, listed in the Proposal Document.

Your feedback will help determine the final decision, as it did in developing this proposal.

## **Discussion Document**

### **Te Korowai Atawhai**

**April 2018**

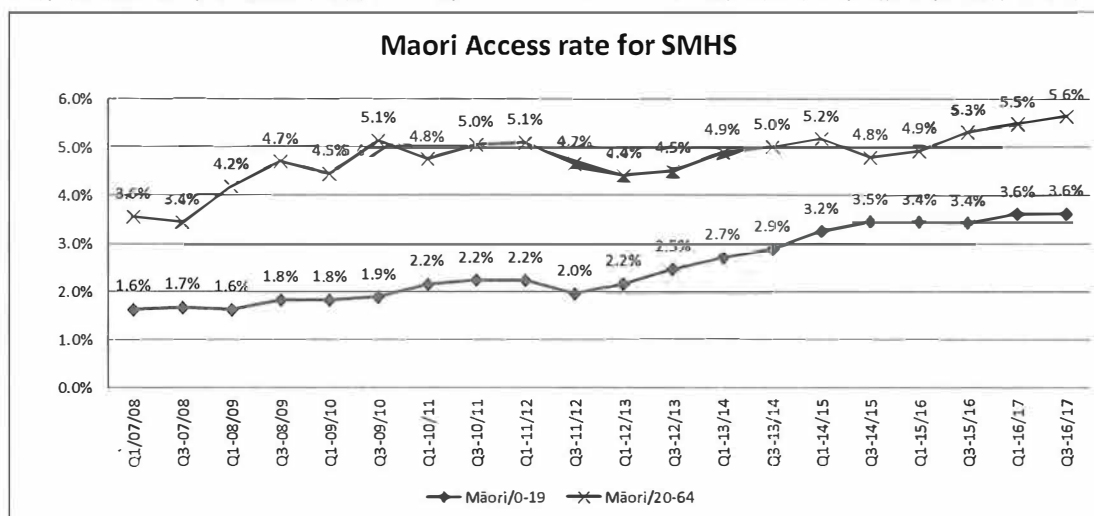
**For information on this paper, please contact:**

Kaye Johnston, Service Manager

Email: [kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)

## Context and Introduction

1. Te Korowai Atawhai provides the Māori cultural component of the Specialist Mental Health Service (SMHS), Canterbury District Health Board. Pūkenga Atawhai are the specialist cultural practitioners (Māori Mental Health Workers) who work within the multidisciplinary teams of most service areas within the SMHS. Their primary role is to provide Te Arotakenga (cultural assessment) and cultural assistance for tangata whaiora and their whanau, assisting clinical teams to ensure that the cultural aspects of care form part of the overall clinical treatment plan. Since its inception in 1995, Te Korowai Atawhai has changed significantly.
2. Within SMHS the Māori access rate and demand for service continues to increase.



3. Due to the increasing numbers of Tangata Whaiora and their whanau accessing the range of Specialist Mental Health Services, the role of the Pūkenga Atawhai has become more in demand:
  - I. To meet identify the cultural concerns of the Tangata Whaiora and their whanau during their assessment and treatment
  - II. To provide support for Tangata Whaiora and whanau in the community.
  - III. To support Tangata Whaiora and their whanau to access appropriate culturally based organisations for follow up support within the community.
4. In the early stages of development there was some concern that embedding individual Pūkenga Atawhai in clinical teams could lead to isolation. Key to supporting these roles a regular day was set aside for Pūkenga Atawhai to gather together as whanau at Te Korowai Atawhai for the purposes of both mutual support and training to develop their knowledge of all aspects of working within a specialist mental health service. To this end, Whanaungatanga Day was established and occurred each Thursday.
5. This day offered the opportunity for intensive training about clinical diagnosis and treatment options in mental health where different Consultants would be invited to present a range of topics to the team.. Others invited to present have come from across various community based organisations also involved in providing support services. Part of the day focused on group supervision, discussing the cultural aspects of clinical cases. The teaching and supervisory aspect of these days was prioritised and highly valued. These training days have not been offered in this same format for some time.



6. Manuhiri Day has continued to be offered monthly as a means of assisting the Division to provide the wider cultural component of orientation for all new staff and refresher opportunities for existing multi-disciplinary staff.
7. Key frameworks such as Pae Ora<sup>1</sup> (Ministry of Health) and the CDHB Māori Health Action plan note the context in which services should be delivered to facilitate the reduction in Māori health inequalities and improve access and outcomes. Pae Ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high quality and effective services. The CDHB Maori Health Action Plan sets out annual objectives to achieve improved prevention of illness and access/approaches to treatment and patient care.
8. Over time Te Korowai Atawhai has become more broadly involved in meeting the wider cultural development needs of SMHS, and at times the wider CDHB, by providing powhiri, blessings and training but without additional resources to do so. Developing individual and team cultural competency through training in this wider sense has lessened the time available for Pūkenga Atawhai in their work with tangata whaiora within their clinical teams.

## Issues for discussion

9. The current allocation of Pūkenga Atawhai FTE to clinical teams does not meet the demand for the increasing numbers of tangata whaiora accessing Specialist Mental Health Services. The following table demonstrates the current allocation of FTE per unit/cluster. Note: some roles work across units either within the same cluster or across different services
10. In the current configuration the Pūkenga Atawhai roles based within the Adult Community Service work into Te Awakura (Acute Adult Inpatient Service)

Pūkenga Atawhai roles		FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
	<b>SPECIALTY Cluster</b>	<b>1.2</b>	<b>15.6%</b>	<b>176</b>
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS/Kennedy	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.6</b>	<b>15.8%</b>	<b>315</b>
385	Hereford	0.50		
414	Totorā	0.40		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		

<sup>1</sup> Pae ora is a holistic concept, encompassing three different elements, each interconnected and mutually reinforcing:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.



			% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
<b>Pūkenga Atawhai roles</b>		<b>FTE</b>		
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>	<b>24%</b>	<b>30</b>
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>	<b>23.6%</b>	<b>271</b>
411	CAF Inpatient Unit	0.40		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>	<b>39.2%</b>	<b>69</b>
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>	<b>13.3%</b>	<b>22</b>
460	PSAID Outpatients	0.30		
402	<b>Te Korowai Atawhai</b> *0.4 FTE have an historic occupation description Maori Mental Health Worker	<b>3.60*</b>		
<b>TOTAL FTE</b>		<b>16.50</b>		

11. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and as part of the wider mental health system of care with key NGO partners.
12. The current split of Pūkenga Atawhai allocation of their FTE in both their clinical team and Te Korowai Atawhai (by cost code and manager) leads to confusion as to whose role is responsible for day to day line management and performance review/ professional development.
13. It is recognised that to maintain a strong, professional and responsive presence within the SMHS Te Korowai Atawhai's Pūkenga Atawhai require ongoing professional development opportunities (as do all disciplines) but it is questioned as to whether continuing Whanaungatanga Day in its current format is the best means of achieving this given the limited Pūkenga Atawhai resource available to clinical teams.
14. The Taua role has been reviewed and has been replaced by a new Pou Whirinaki role with the announcement of the appointee imminent.

## Options for consideration

15. The Divisional Leadership Team gives consideration to the need to work with the CDHB Executive Management Team to potentially increase the resourced fte level funded for Pūkenga Atawhai roles. There has been no increase in staffing since the inception of these roles in spite of increased service funding., However within the current constrained health environment this may not be feasible hence the following options are proposed for

consideration: (See Appendix 1 – for a more detailed breakdown of Primary ethnicity- NZ Maori by service cluster)

16. Reallocation of the 3.6 FTE Pūkenga Atawhai time currently allocated to the Te Korowai Atawhai cost centre for Thursday Whanaungatanga Day) to clinical teams to increase frontline responsiveness to Tangata Whaiora and their whanau. This would also assist with clarifying the direct reporting lines. Determination of any reallocation would be based on the need to meet demand for services. Prioritised allocation of Pūkenga Atawhai could include:
  - I. Dedicated Pūkenga Atawhai role within Te Awakura Inpatient Service
  - II. Seagar/Tupuna Pūkenga Atawhai role is moved to the Adult General cluster and Seagar/Tupuna is covered by allocation from that cluster.
  - III. Adult General Services include allocation to the Crisis Resolution teams/rosters.
  - IV. The current out of hours Te Korowai Atawhai Call Back roster is reviewed.
  - V. Services with low Māori ethnicity do not have an allocated Pūkenga Atawhai role but do have access through cluster allocation.
  - VI. Child, Adolescent and Family Service has increased allocation in line with increasing demand on the service
17. Pūkenga Atawahi leadership roles are developed as part of workforce development initiatives to complement those of other disciplines for example, Clinical Social Work Specialists and Clinical Nurse Specialists.
18. Whanaungatanga Day be reviewed and restructured to support these changes. This could mean, for example, a change from the current expectation of Pūkenga Atawhai attending each week to a more structured monthly, morning only timetable.
19. Manuhiri Day would continue as a monthly morning event
20. The title and allocation of time of the Kaiarahi Matua (Cultural Leader) role would be reviewed in line in with suggested changes to leadership roles and the appointment of the new Pou Whirinaki role. This could include a split allocation of time to include a part Pūkenga allocation to a service area
21. The roles of the Te Kaihapai (Consumer Advisor) and Whanau Kaitautoko (Family Advisor) be reviewed.
22. Consideration is given to Te Korowai Atawhai providing an identified and dedicated training and support role for the wider SMHS
23. The terms of reference and function of Te Kahui Pou Hauora Maori (Senior Leadership meeting for Te Korowai Atawhai which includes the Service Manager and Clinical Director) be reviewed to include any newly established Pūkenga Atawhai leadership roles.

## Consultation and Next Steps

24. This is a discussion document and no decisions have been made. We would appreciate you taking the time to give us your thoughts and feedback on our initial ideas, as you will be able to add meaningful insights as to the direction to be taken. We plan to engage with staff and their representatives.
25. A summary of the consultation timeline is detailed below:

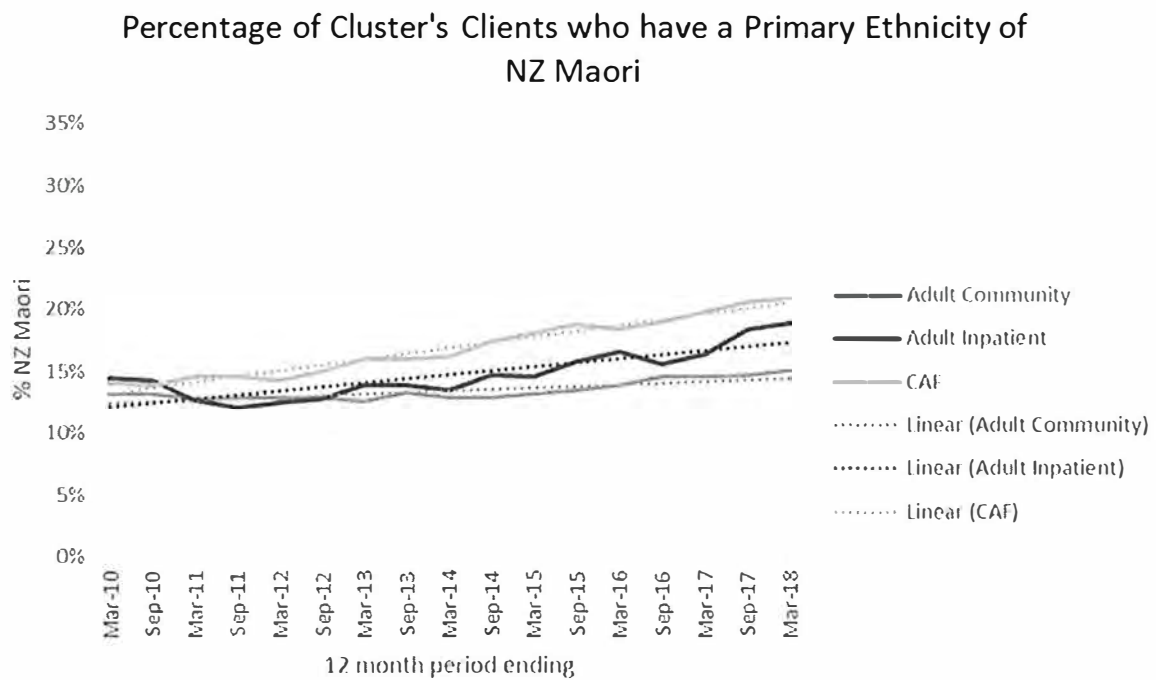
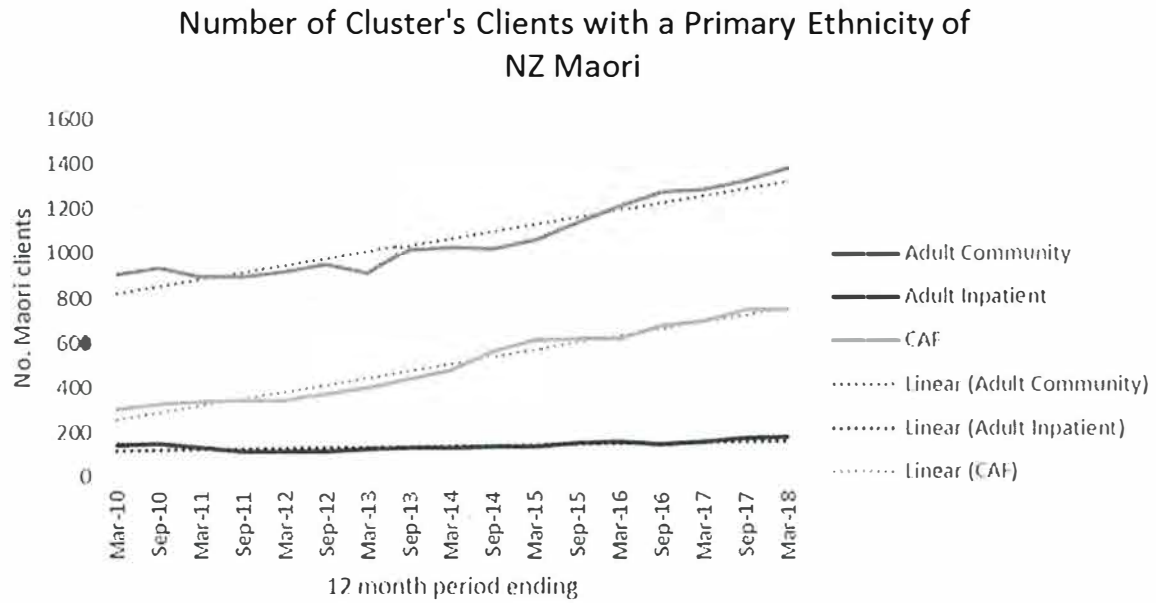
Activity	Date
Discussion document released to all staff and unions	Thursday 26 <sup>th</sup> April
Engagement sessions	Monday 7 <sup>th</sup> May 11am, Thursday 10 <sup>th</sup> May 3pm – venues to be confirmed.

Period of engagement ends	24 <sup>th</sup> May 2018 5pm
Feedback considered.	June 2018

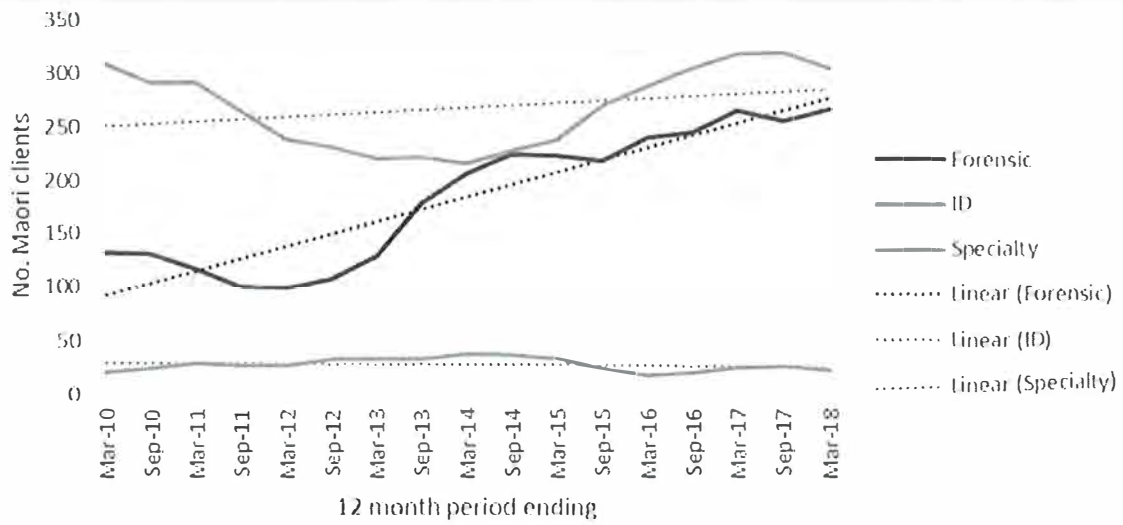
Any feedback on this document can be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz) by 24<sup>th</sup> May 2018, 5 pm. If you require assistance with submitting your feedback please contact Rebecca Webster – [rebecca.webster@cdhb.health.nz](mailto:rebecca.webster@cdhb.health.nz)

## Appendix 1

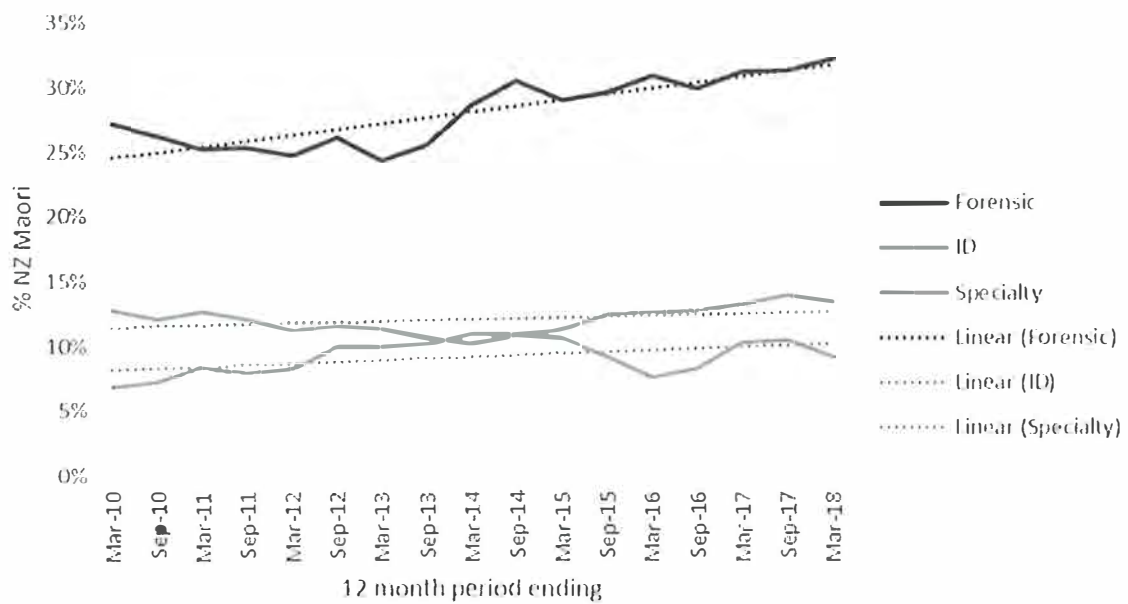
### Primary Ethnicity – NZ Maori by Service cluster



### Number of Cluster's Clients with a Primary Ethnicity of NZ Maori



### Percentage of Cluster's Clients who have a Primary Ethnicity of NZ Maori





**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

## Discussion Document

### Te Korowai Atawhai

**April 2018**

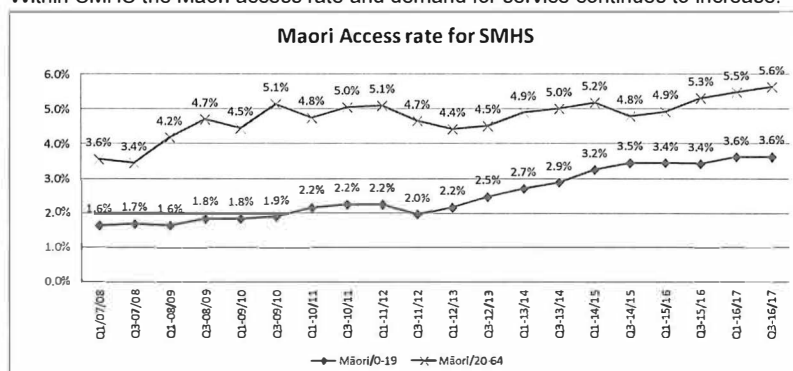
For information on this paper, please contact:

Kaye Johnston, Service Manager

Email: [kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)

## Context and Introduction

1. Te Korowai Atawhai is the Māori Mental Health Service Specialist Mental Health Service (SMHS), Canterbury District Health Board. Since its inception in 1995, Te Korowai Atawhai has changed significantly. The role of Pukenga Atawhai (Maori Mental Health Workers) has included bringing an awareness of the cultural needs of Tangata Whenua to the multi-disciplinary teams, assessing, collating and authoring Te Arotakenga (Cultural Assessment)
2. Within SMHS the Māori access rate and demand for service continues to increase.



3. Due to the increasing numbers of Tangata Whaiora and their whanau accessing the various Mental Health Services, the role of the Pukenga Atawhai has become more demanding:
  - I. To meet the Mental Health concerns of the Tangata Whaiora and their whanau.
  - II. Support for Tangata Whaiora and whanau in the community.
  - III. Supporting Tangata Whaiora and the whanau culturally and to support, their, access to culturally based organisations in the community.
  - IV. Pukenga Atawhai are responsible for continuing ongoing cultural follow up, engagement and support to Tangata whaiora, their whanau in the community.
4. In the early stages of development there was some concern that embedding Pukenga Atawhai in clinical teams could lead to isolation. Key to supporting the roles and people with in them a regular day was set aside for Pukenga Atawhai to gather together as whanau and offer each support. Whanaungatanga day was established and occurred each Thursday.
5. This day offered the opportunity for intensive clinical training where different consultants would be invited to present various topics to the team on mental health. Others invited to present came from across various community based organisations.. Part of the day focused on group supervision, discussing the cultural aspects of clinical cases. The teaching and supervisory aspect of these days was prioritised and highly valued. These training days have not been offered in this format for some time.
6. Manuhiri day has been offered as a means of assisting the Division with the cultural component of orientation of new staff and refresher opportunities for existing staff.

7. Key frameworks such as Pae Ora<sup>1</sup> (Ministry of Health) and the CDHB Māori Health Action plan note the context in which services should be delivered to facilitate the reduction in Māori health inequalities and improve access and outcomes. Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high quality and effective services. The CDHB Maori Health Action Plan sets out annual objectives to achieve improved prevention of illness and access/approaches to treatment and patient care.
8. Over time Te Korowai Atawhai has become more broadly involved in meeting the wider cultural needs of SMHS, such as powhiri and training.
9. Developing individual and team cultural competency, through training has at times taken Pukenga Atawhai away from their work with tangata whaiora within the clinical teams.
- 10.

## Issues for discussion

11. The current allocation of Pukenga Atawhai FTE to clinical teams does not meet the demand for the increasing numbers of tangata whaiora accessing Specialist Mental Health Services.
12. The following table demonstrates the current allocation of FTE per unit/ cluster. Note: some roles work across units within the same cluster.
13. In the current configuration the Pukenga Atawhai roles based within the Adult Community Service work into Te Awakura (Acute Adult Inpatient Service).

Pūkenga Atawhai roles		FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
	<b>SPECIALTY Cluster</b>	<b>1.2</b>	<b>15.6%</b>	<b>176</b>
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.6</b>	<b>15.8%</b>	<b>315</b>
385	Hereford	0.50		
414	Totora	0.40		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>	<b>24%</b>	<b>30</b>
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>	<b>23.6%</b>	<b>271</b>
411	CAF Inpatient Unit	0.40		

<sup>1</sup>Pae ora is a holistic concept, encompassing three different elements, each interconnected and mutually reinforcing:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.



			% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
<b>Pūkenga Atawhai roles</b>		<b>FTE</b>		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>	<b>39.2%</b>	<b>69</b>
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>	<b>13.3%</b>	<b>22</b>
460	PSAID Outpatients	0.30		
	<b>Te Korowai Atawhai</b> *0.4 FTE have an historic occupation description Maori Mental Health Worker	<b>3.60*</b>		
<b>402</b>				
<b>TOTAL FTE</b>		<b>16.50</b>		

14. The current split of FTE (by cost code and manager) for staff leads to confusion as to whose role is responsible for day to day line management and review/ professional development.
15. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and part of the wider mental health system of care with key NGO partners.
16. It is recognised that to maintain a strong, professional and responsive service the Te Korowai whanau require both professional and personal development. It is questionable as to whether continuing whanaungatanga day in its current format is the best use of our scarce Pūkenga Atawhai resource.
17. The Pou Whirinaki role has been established and the announcement of the appointee is imminent.

18.

#### 19. Options for consideration

20. The Divisional Leadership Team identifies and need to work with the DHB Executive Management Team to increase the resource allocated to Pūkenga Atawhai roles, however within the constrained health environment recognises the difficulty in this so proposes two options for consideration to increase responsiveness to Tangata Whaiora and their whanau.

20.1. Reallocation of 3.6 FTE Pūkenga Atawhai (currently allocated to the Te Korowai cost centre) to clinical teams to increase frontline responsiveness to Tangata Whaiora and their whanau. Key areas such as the Adult Community Service, Adult Inpatient Group, Forensic and Child, Adolescent and Family services are identified as priority areas. Determination of any FTE reallocation would be based on demand. This would also assist with clarifying the direct reporting lines for these staff and ensure performance appraisals are undertaken by the relevant clinical manager with the cultural leader or equivalent

20.2. Prioritise allocation of Pūkenga Atawhai to :

- 20.2.1. Dedicate FTE to a Pūkenga Atawhai role within Te Awakura,
- 20.2.2. Adult General Services

### 20.2.3. Child and Family Services

This would mean Specialty areas (Mothers and babies, Eating disorders, Anxiety Disorders, Alcohol and Drug services would not have dedicated FTE and would be required to refer to Pukenga in the Adult or Youth clusters.

21. Development of Pukenga Atawahi leadership roles to complement other discipline leadership roles, for example, clinical social work specialists and clinical, nurse specialists.
22. Whanaungatanga day would need to be restructured to support these changes. This could mean a change from the current expectation of Pūkenga Atawhai attending each week with a more structured month by month morning only timetable.
23. Manuhiri day would continue – as a morning once a month.
24. The title and FTE allocation of the Kaiarahi Matua (Cultural Leader) role would need to be taken into consideration if any decisions to restructure are made.
25. The roles of the Te Kaihapai (Consumer Advisor) and Whanau Kaitautoko (Family Advisor) will be reviewed.
26. Consideration should be given as to whether Te Korowai provide a dedicated training and support role for SMHS.
27. Considering how can the Pou Whirinaki role best support Te Korowai Atawhai.
28. The terms of reference and function of Te Kahui Pou Hauora Maori (Senior Leadership meeting for Te Korowai Atawhai including the Service Manager and Clinical Director) be reviewed, with an expectation that Pukenga Atawhai representation is mandatory..

## Consultation and Next Steps

29. This is a discussion document and no decisions have been made. We would appreciate you taking the time to give us your thoughts and feedback on our initial ideas, as you will be able to add meaningful insights as to the direction to be taken. We plan to engage with staff and their representatives.

30. A summary of the consultation timeline is detailed below:

Activity	Date
Discussion document released to all staff and unions	
Engagement sessions	
Period of engagement ends	
Feedback considered.	

Commented [RW1]: this is wording inserted by Louis as a directive from P&C the language used in these docs ☺

Any feedback on this document can be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz) by 13<sup>th</sup> April 2018, 5 pm. If you require assistance with submitting your feedback please contact Monique.

Commented [RW2]: I am not sure if Monique is the right person for this.

Appendix

Commented [RW3]: I have requested further data of access rates across the service clusters over time.

## Discussion Document

### Te Korowai Atawhai

**February 2018**

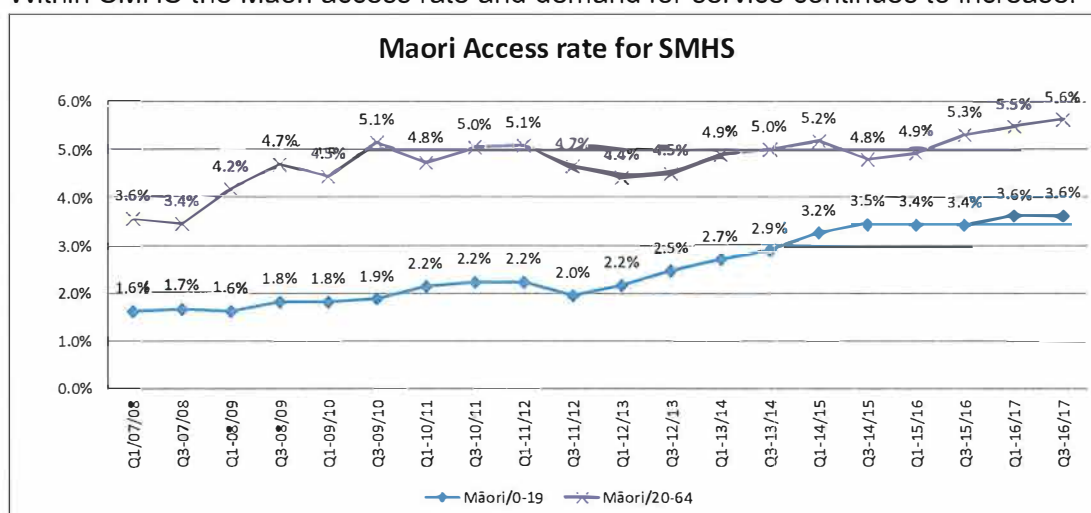
For information on this paper, please contact:

Kaye Johnston, Service Manager

Email: [kaye.johnston@cdhb.health.nz](mailto:kaye.johnston@cdhb.health.nz)

## Context and Introduction

1. Te Korowai Atawhai is the Māori Mental Health Service Specialist Mental Health Service (SMHS), Canterbury District Health Board. Since its inception in 1995, Te Korowai Atawhai has changed significantly. The original role of PūkengaPūkenga Atawhai (Maori Mental Health Workers) was to bring an awareness of the cultural needs of Tangata Whenua to the multi-disciplinary teams.
2. The Pūkenga Atawhai role has evolved and now provides specialised cultural assessment and support to Tangata Whaiora and whanau engaged with Specialist Mental Health Services, as well as support, guidance and leadership to individuals and teams about culturally appropriate practice.
3. In the early stages of development there was some concern that embedding Pūkenga Atawhai in clinical teams could lead to isolation. Key to supporting the roles and people within them a regular day was set aside for Pūkenga Atawhai to gather together as whanau and offer each support. Whanaugatanga day was established and occurred each Thursday.
4. This day offered the opportunity for teaching on cultural practice and matters of importance, cultural assessments, and formal teaching sessions on mental health. Part of the day focused on group supervision, discussing the cultural aspects of clinical cases. The teaching and supervisory aspect of these days was prioritised and highly valued.
5. Manuhiri day has been offered as a means of assisting the Division with the cultural component of orientation of new staff and refresher opportunities for existing staff.
6. Within SMHS the Māori access rate and demand for service continues to increase.



7. Key frameworks such as Pae Ora<sup>1</sup> (Ministry of Health) and the CDHB Māori Health Action plan note the context in which services should be delivered to facilitate the reduction in Māori health inequalities and improve access and outcomes. Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high quality and effective services. The CDHB Maori

<sup>1</sup>Pae ora is a holistic concept, encompassing three different elements, each interconnected and mutually reinforcing:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

Health Action Plan sets out annual objectives to achieve improved prevention of illness and access/approaches to treatment and patient care.

8. Over time Te Korowai Atawhai has become more broadly involved in meeting the wider cultural needs of SMHS, such as powhiri and training. At times this input has taken Pūkenga Atawhai away from their work with tangata whaiora within the clinical teams
9. A training role was considered some years ago but not implemented.

## Issues for discussion

10. The current allocation of Pūkenga Atawhai FTE to clinical teams does not meet the demand for the increasing numbers of tangata whaiora accessing Specialist Mental Health Services.
11. The following table demonstrates the current allocation of FTE per unit/ cluster. Note: some roles work across units within the same cluster.
12. In the current configuration the Pūkenga Atawhai roles based within the Adult Community Service work into Te Awakura (Acute Adult Inpatient Service).

Pūkenga Atawhai roles		FTE	% of clients who identify as Māori as at 11/12/2107	No of clients who identify as Māori as at 11/12/2107
	<b>SPECIALTY Cluster</b>	<b>1.2</b>	<b>15.6%</b>	<b>176</b>
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.2</b>	<b>15.8%</b>	<b>315</b>
385	Hereford	0.50		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>	<b>24%</b>	<b>30</b>
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>	<b>23.6%</b>	<b>271</b>
411	CAF Inpatient Unit	0.40		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>	<b>39.2%</b>	<b>69</b>
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>	<b>13.3%</b>	<b>22</b>
460	PSAID Outpatients	0.30		
<b>402</b>	<b>Te Korowai Atawhai</b> *0.4 FTE have an historic occupation description Maori Mental Health Worker	<b>3.60*</b>		
<b>TOTAL FTE</b>		<b>16.10</b>		



13. The current split of FTE (by cost code and manager) for staff leads to confusion as to whose role is responsible for day to day line management and review/ professional development.
14. As with all parts of the CDHB 'one health system' approach to service development and pathways, the functions of Te Korowai Atawhai need to be fully integrated both within SMHS services and part of the wider mental health system of care with key NGO partners.
15. It is recognised that to maintain a strong, professional and responsive service the Te Korowai whanau require both professional and personal development. It is questionable as to whether continuing whanaugatanga day in its current format is the best use of our scarce Pūkenga Pūkenga Atawhai resource.
16. With the retirement of the Taua (0.5 FTE) this position has been reviewed by the Executive Director of Maori and Pacific Health and the General Manager of Mental Health. The position is now titled Pou Whirinaki and provides cultural advice and support to the General Managers of Mental Health and Older Persons and Orthopaedics Services.

## Options for consideration

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17. Reallocation of 3.6 FTE Pūkenga Atawahi (currently allocated to the Te Korowai cost centre) to clinical teams to increase frontline responsiveness to Tangata Wahiora and their whanau. Key areas such as the Adult Community Service, Adult Inpatient Group, Forensic and Child, Adolescent and Family services are identified as priority areas. Determination of any FTE reallocation would be based on demand.
18. This would also assist with clarifying the direct reporting lines for these staff and ensure performance appraisals are undertaken by the relevant clinical manager with the cultural leader or equivalent.
19. The structure of Whanaugatanga day is re- aligned to support these changes. This could mean a change from the current expectation of Pūkenga Atawahi attending each week with a more structured month by month morning only timetable.
20. Manuhiri day would continue – as a morning once a month.
21. The title and FTE allocation of the Karahai Matua (Cultural Leader) role is reviewed with consideration given to a reduction in FTE and transfer of some FTE to clinical teams or other identified roles eg training
22. The roles and reporting lines of the Te Kaihaipai (Consumer Advisor) and Whanau Kaitotoku (Family Advisor) will be reviewed.
23. Consideration should be given as to whether Te Korowai provide a dedicated training and support role for SMHS.
24. Considering how can the Pou Whirinaki role best support Te Korowai Atawahi.
25. The terms of reference and function of Te Kahui Pou Hauora Maori (Senior Leadership meeting for Te Korowai Atawhai including the Service Manager and Clinical Director) be reviewed.

## Consultation and Next Steps

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26. This is a discussion document and no decisions have been made. We are seeking your thoughts and feedback on our initial ideas. Consultation will occur with staff and their representatives.
27. A summary of the consultation timeline is detailed below:

Activity	Date
Discussion document released to all staff and unions	<u>26<sup>th</sup> February 2018</u>
<del>Feedback</del> <u>Consultation groups sessions</u> offered	<u>Week of 5<sup>th</sup> March 2018– times to be confirmed</u>
Consultation period ends	<u>26<sup>th</sup> March 2018 5pm</u>
Feedback considered.	<u>April 2018</u>

Any feedback on this document can be sent to [Monique.botha@cdhb.health.nz](mailto:Monique.botha@cdhb.health.nz) by 26 March 2018, 5 pm

## Barbara Wilson

**From:** Chantelle Waters  
**Sent:** Monday, 11 December 2017 1:25 p.m.  
**To:** Rebecca Webster  
**Subject:** RE: FTE/ access rates

**Categories:** Red Category

Added on the right ☺

		FTE	Pukenga Atawhai	Maori Health Worker	Maori Clients as at 11/12/17	% of Client who are Maori as at 11/12/17
402	Te Korowai Atawhai	3.6	3.2	0.4		
	<b>SPECIALTY Cluster</b>				<b>176</b>	<b>15.6%</b>
372	C Ward	0.1	0.1		2	15.4%
370	Eating Disorders	0.03	0.03		3	2.1%
368	Mothers & Babies Outpatients	0.27	0.27		9	8.2%
373	Cads/Cors	0.8	0.8		162	18.9%
	Kennedy				0	0.0%
	<b>ADULT COMMUNITY Cluster</b>				<b>315</b>	<b>15.8%</b>
385	Hereford	0.5	0.5		25	25.8%
379	South ACS	0.8	0.8		60	14.5%
381	Rural	0.5	0.5		16	12.0%
378	West ACS	0.8	0.8		49	12.7%
376	North ACS	0.8	0.8		53	14.8%
	East ACS				81	20.0%
	Totara				19	22.1%
	Ashburton				12	11.0%
	<b>ADULT INPATIENT Group</b>				<b>30</b>	<b>24.0%</b>
391	Tupuna	0.3	0.3		1	6.7%
384	Seager	0.5	0.5		7	29.2%
	East Inpatients				5	29.4%
	North Inpatients				5	23.8%
	South Inpatients				5	19.2%
	West Inpatients				7	31.8%
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>				<b>271</b>	<b>23.6%</b>
411	Caf Inpatient Unit	0.4	0.4		5	41.7%
410	Caf Community South	1.2	1.2		126	20.5%
409	Caf Forensic Services	0.8	0.8		45	61.6%
408	Caf Community North	1.2	1.2		85	20.8%
	Children in Care				8	34.8%
	Schools Based Team				2	12.5%
	<b>FORENSIC Cluster</b>				<b>69</b>	<b>39.2%</b>
395	Forensic Community Team	1.6	1.6		13	43.3%



393	Te Whare Mauri Ora	0.8	0.8		7 <sup>436</sup>	63.6%
	Te Whare Manaaki				3	25.0%
	Te Whare Hohou Roko				0	0.0%
	Forensic Prison Team				46	40.0%
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>				<b>22</b>	<b>13.3%</b>
460	Psaid Outpatients	0.3	0.3		11	9.1%
	Intell. Dis. Liaison Team				8	24.2%
	Psaid Inpatients				2	33.3%
	AT&R				1	20.0%
<b>TOTAL FTE</b>		<b>15.30</b>	<b>14.9</b>	<b>0.4</b>		

**From:** Rebecca Webster

**Sent:** Monday, 11 December 2017 12:52 p.m.

**To:** Chantelle Waters <Chantelle.Waters@cdhb.health.nz>

**Subject:** RE: FTE/ access rates

Annoying as I may be, any chance you could do this as a percentage of current case load instead of numbers? Pretty please !

**From:** Chantelle Waters

**Sent:** Monday, 11 December 2017 11:50 a.m.

**To:** Rebecca Webster <Rebecca.Webster@cdhb.health.nz>

**Subject:** RE: FTE/ access rates

Hi Rebecca

I've added a column with the number of Maori clients (any of top 3 ethnicities = NZ Maori) and teams which were missing from the table.

I have left off teams which don't generally case manage e.g. Clozapine, Clinical Research, Watch House, Psyc Consult, Court Nurse etc. Let me know if you'd like them included.

Remember this is a snapshot of clients on caseload about 11am this morning.

		FTE	Pukenga Atawhai	Maori Health Worker	Maori Clients as at 11/12/17
402	Te Korowai Atawhai	3.6	3.2	0.4	
	<b>SPECIALTY Cluster</b>				<b>176</b>
372	C Ward	0.1	0.1		2
370	Eating Disorders	0.03	0.03		3
368	Mothers & Babies Outpatients	0.27	0.27		9
373	Cads/Cors	0.8	0.8		162
	Kennedy				0
	<b>ADULT COMMUNITY Cluster</b>				<b>315</b>
385	Hereford	0.5	0.5		25
379	South ACS	0.8	0.8		60

381	Rural	0.5	0.5		16
378	West ACS	0.8	0.8		49
376	North ACS	0.8	0.8		53
	East ACS				81
	Totara				19
	Ashburton				12
	<b>ADULT INPATIENT Group</b>				<b>30</b>
391	Tupuna	0.3	0.3		1
384	Seager	0.5	0.5		7
	East Inpatients				5
	North Inpatients				5
	South Inpatients				5
	West Inpatients				7
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>				<b>271</b>
411	Caf Inpatient Unit	0.4	0.4		5
410	Caf Community South	1.2	1.2		126
409	Caf Forensic Services	0.8	0.8		45
408	Caf Community North	1.2	1.2		85
	Children in Care				8
	Schools Based Team				2
	<b>FORENSIC Cluster</b>				<b>69</b>
395	Forensic Community Team	1.6	1.6		13
393	Te Whare Mauri Ora	0.8	0.8		7
	Te Whare Manaaki				3
	Te Whare Hohou Roko				0
	Forensic Prison Team				46
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>				<b>22</b>
460	Psaid Outpatients	0.3	0.3		11
	Intell. Dis. Liaison Team				8
	Psaid Inpatients				2
	AT&R				1
<b>TOTAL FTE</b>		<b>15.30</b>	<b>14.9</b>	<b>0.4</b>	<b>0.4</b>

Kind Regards

### Chantelle Waters

Health Informatics Officer/RSW | Quality and Patient Safety Team

Specialist Mental Health Service | Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch  
Ext 31875 | DDI (03) 339 2875 | E [chantelle.waters@cdhb.health.nz](mailto:chantelle.waters@cdhb.health.nz)

**From:** Rebecca Webster

**Sent:** Monday, 11 December 2017 11:01 a.m.

**To:** Chantelle Waters <[Chantelle.Waters@cdhb.health.nz](mailto:Chantelle.Waters@cdhb.health.nz)>

**Subject:** FTE/ access rates

Hi, This is the FTE table I'm working with so you can align. Thanks

		FTE	Pukenga Atawhai	Maori Health Worker
402	Te Korowai Atawhai	3.60	3.20	0.40
	SPECIALTY Cluster			
372	C Ward	0.10	0.10	
370	Eating Disorders	0.03	0.03	
368	Mothers & Babies Outpatients	0.27	0.27	
373	Cads/Cors	0.80	0.80	
	ADULT COMMUNITY Cluster			
385	Hereford	0.50	0.50	
379	South ACS	0.80	0.80	
381	Rural	0.50	0.50	
378	West ACS	0.80	0.80	
376	North ACS	0.80	0.80	
	ADULT INPATIENT Group			
391	Tupuna	0.30	0.30	
384	Seager	0.50	0.50	
	CHILD ADOLESCENT AND FAMILY Cluster			
411	Caf Inpatient Unit	0.40	0.40	
410	Caf Community South	1.20	1.20	
409	Caf Forensic Services	0.80	0.80	
408	Caf Community North	1.20	1.20	
	FORENSIC Cluster			
395	Forensic Community Team	1.60	1.60	
393	Te Whare Mauri Ora	0.80	0.80	
	INTELLECTUALLY DISABLED PERSONS HEALTH cluster			
460	Psaid Outpatients	0.30	0.30	
<b>TOTAL FTE</b>		<b>15.30</b>	<b>14.90</b>	<b>0.40</b>

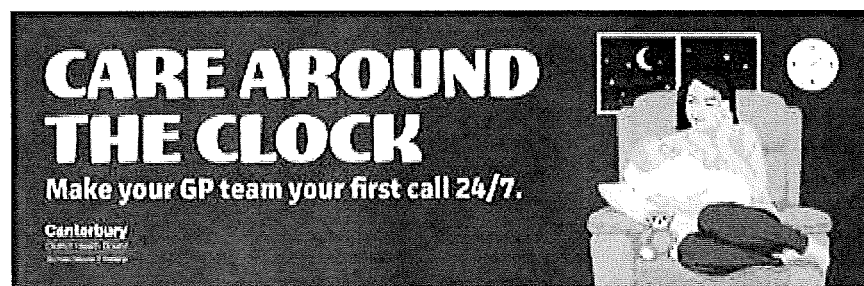
### Rebecca Webster

Clinical Manager | Quality and Patient Safety Team & Clinical Research Unit

Specialist Mental Health Service

P 03 3377 969 ext 31025 | M 0275225024 | E [Rebecca.webster@cdhb.health.nz](mailto:Rebecca.webster@cdhb.health.nz)

Administration Building, Hillmorton Hospital, Private Bag 4733, Christchurch. [www.cdhb.health.nz](http://www.cdhb.health.nz)



		FTE	Current staff members name	Proposed new FTE
<b>Pūkenga Atawhai roles</b>				
	<b>SPECIALTY Cluster</b>	<b>1.2</b>		
372	C Ward	0.10		
370	Eating Disorders	0.03		
368	Mothers & Babies Outpatients	0.27		
373	CADS/ CORS/Kennedy	0.80		
	<b>ADULT COMMUNITY Cluster</b>	<b>4.6</b>		
385	Hereford	0.50		
414	Totorā	0.40		
379	South ACS	0.80		
381	Rural	0.50		
378	West ACS	0.80		
376	North ACS	0.80		
377	East ACS	0.80		
	<b>ADULT INPATIENT Group</b>	<b>0.8</b>		
391	Tupuna	0.30		
384	Seager	0.50		
	<b>CHILD ADOLESCENT AND FAMILY Cluster</b>	<b>3.6</b>		
411	CAF Inpatient Unit	0.40		
410	CAF Community South	1.20		
409	CAF Forensic Services	0.80		
408	CAF Community North	1.20		
	<b>FORENSIC Cluster</b>	<b>2.4</b>		
395	Forensic Community Team	1.60		
393	Te Whare Mauri Ora	0.80		
	<b>INTELLECTUALLY DISABLED PERSONS HEALTH cluster</b>	<b>0.30</b>		
460	PSAID Outpatients	0.30		
402	<b>Te Korowai Atawhai</b> *0.4 FTE have an historic occupation description Maori Mental Health Worker	<b>3.60*</b>		
<b>TOTAL Pūkenga FTE</b>		<b>16.50</b>		

		Current staff members name	Proposed new FTE
	FTE		
<b>Other Te Korowai Atawhai roles</b>			
Karahi Matua role	<b>1.0</b>		
Cultural Leader role	-	-	<b>1.0</b>
Cultural trainer role	-	-	<b>1.0</b>

Cost centre	CC name	Staff name	FTE
357	SBMH	s9(2)(a)	0.4
368	M&B comm		0.27
369	Anxiety		0.6
370	Eating Disorders com		0.03
372	Cward		0.2
373	CADS/CORS		1
376	North ACS		1
377	East ACS	Vacant - East - loan to EIP	0
378	West ACS	s9(2)(a)	1
379	South ACS		1
381	Rural ACS	Vacant - in process Ash/ Rur	0.7
383	Ashburton	Vacant - in process Ash/ Rur	0.3
384	Seager	s9(2)(a)	0.7
385	Hereford		0.7
391	Tupuna		0.3
393	TWMO/ TWHR/ TWM		1
395	FCT		1
395	FCT		1
408	CAF Nth		1
408	CAF Nth		0.5
409	YFT		1
410	CAF South		1
410	CAF South		0.5
411	CAFIU		0.5
414	Totora		0.6
460	PSAID Comm		0.3
358	Te Awakura - loan from EACS		1
<b>Total</b>			<b>17.6</b>

New positions			
	Te Awakura		1
	Totora		0.5
	CADS/CORS		0.5
	CAF OP Nth/ Sth		1
	ACS - Nth, Sth, Eas, Wes		1
<b>Total Required FTE</b>			<b>21.6</b>

Row Labels	Sum of FTE
<b>357</b>	<b>0.4</b>
SBMH	0.4
<b>358</b>	<b>1</b>
Te Awakura - loan from EACS	1
<b>368</b>	<b>0.27</b>
M&B comm	0.27
<b>369</b>	<b>0.6</b>
Anxiety	0.6
<b>370</b>	<b>0.03</b>
Eating Disorders com	0.03
<b>372</b>	<b>0.2</b>
Cward	0.2
<b>373</b>	<b>1</b>
CADS/CORS	1
<b>376</b>	<b>1</b>
North ACS	1
<b>377</b>	<b>0</b>
East ACS	0
<b>378</b>	<b>1</b>
West ACS	1
<b>379</b>	<b>1</b>
South ACS	1
<b>381</b>	<b>0.7</b>
Rural ACS	0.7
<b>383</b>	<b>0.3</b>
Ashburton	0.3
<b>384</b>	<b>0.7</b>
Seager	0.7
<b>385</b>	<b>0.7</b>
Hereford	0.7
<b>391</b>	<b>0.3</b>
Tupuna	0.3
<b>393</b>	<b>1</b>
TWMO/ TWHR/ TWM	1
<b>395</b>	<b>2</b>
FCT	2
<b>408</b>	<b>1.5</b>
CAF Nth	1.5
<b>409</b>	<b>1</b>
YFT	1
<b>410</b>	<b>1.5</b>
CAF South	1.5
<b>411</b>	<b>0.5</b>
CAFIU	0.5
<b>414</b>	<b>0.6</b>
Totora	0.6
<b>460</b>	<b>0.3</b>
PSAID Comm	0.3
<b>Grand Total</b>	<b>17.6</b>



[illegible]

By staff member -budgeted FTE

Row Labels	Budgeted FYE	Sum of FYE
s9(2)(a)		1
		1
		1
		1
		1
		1
		1
		1
		1
		1
		1
		1
		1
		0.6
		1
Vacant - in process Ash/ Rur		0.9
Vacant TKA Ash/ Rur		0.1
s9(2)(a)		0.8
Vacant - East - loan to EIP		0
Vacant TKA East - Loan to EIP		0.2
<b>Grand Total</b>		<b>17.6</b>



408		1.2
CAF Nth		1.2
§9(2)(a)		0.8
§9(2)(a)		0.4
409		0.8
YFT		0.8
§9(2)(a)		0.8
410		1.2
CAF South		1.2
§9(2)(a)		0.8
§9(2)(a)		0.4
411		0.4
CAFIU		0.4
§9(2)(a)		0.4
414		0.4
Totora		0.4
§9(2)(a)		0.4
460		0.3
PSAID Comm		0.3
§9(2)(a)		0.3
358		0.8
Te Awakura		0.8
§9(2)(a)		0.8
Grand Total		17.6



## Specialist Mental Health Service

Proposal for Change

# Te Korowai Atawhai

December 2018

	Name
General Manager	Toni Gutschlag
Pou Whirinaki	Ruru Hona

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## 1. Context and Introduction

The purpose of this document is to formally acknowledge, everyone for their contribution and by their responses which were received between the periods of 26th April to 12th June 2018, in relation to Te Korowai Atawhai, Discussion Document.

Based on all submissions received, during this consultation process and through further discussions and consideration, a proposal for change will be presented in this document.

## 2. Background

The Discussion Document dated April 2018 indicated various ideas and possible changes to the current processes, that need to eventuate for the benefit of the service, ngā whaiora, ou rātou whānau me ngā Pukenga Atawhai, Te Korowai Atawhai, to all staff engaged with Tangata Whaiora.

Research, indicates that from 2007/08, 3.6% had accessed Mental Health Services and in 2016/17 5.6% had accessed Mental Health Services, currently indicating that the demand by 2018/19, would have doubled.

Tangata Whaiora and their whanau, accessing the Mental Health Services, predictably will continually increase, therefore creating more cultural demand and expectation, of the Pukenga Atawhai. Respectively Mental health Services will also have demands of their Pukenga Atawhai in the collective responsibility they share to Tangata Whaiora and their whānau. Pukenga Atawhai have the following expectations as part of their current role:

- i. To engage, support Tangata Whaiora through any Mental Health concerns and to inform the whanau of the processes and responsibilities of Mental Health Services.
- ii. Support and follow up to Tangata Whaiora and their whānau in the community.
- iii. Culturally to support Tangata Whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- iv. Responsible for the ongoing cultural follow up, engagement and support to Tangata whaiora, their whanau in the community.
- v. Responsible to, on call roster system.

Te Korowai Atawhai, since its inception in 1995 has been responsible for addressing the cultural disparities in Māori with mental health concerns with Tangata Whaiora and their whānau. In the early stages of development Te Korowai Atawhai has been responsible for, the engagement, follow up and support for Tangata Whaiora and their whānau admitted into the Mental Health Service and in the Community, as a part of the clinical treating team.

Pukenga Atawhai are an integral and valued member within the Multi-Disciplinary-Teams, throughout the services, in spite of concerns initially, that Pukenga Atawhai in their clinical teams, could become isolated. However, ongoing training, peer and cultural supervision and support could be seen as a key factor to supporting the individual roles in their services.

Whanaungatanga day is currently a Thursday, a regular day which was set aside for Pukenga Atawhai to gather together as whanau and offer each support. Offering opportunities for intensive clinical training with Consultant Psychiatrists, Registered Nurses and other Allied Health Professionals.

Māori Mental Health practitioners would also be invited to present various topics to the team on Māori Mental Health. Other presenters were from the various community based organisations.

Whanaungatanga day focused on peer and group supervision, in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility to take the day, what would be presented would be varied from Te Whare Tapa Wha (The four cornerstones of Iwi Health), Wairua, Hinengaro, Tinana and Whānau also as a continuance was powhiri, mihimihi and poroporoake.

Other topics explored and presented, tapu, noa and makutu, karakia, the necessity of whanaungatanga when engaging with Tangata Whaiora, making Tangata Whaiora feel, comfortable, valued and important. Iwitanga (Tribal area, customs, language difference, peculiarities pertaining to the individual Iwi and their regions. These were either a collective or individual presentation, depending on the number of Pukenga Atawhai sharing a tribal similarity.

Waka was incorporated into Iwitanga as it has a stringent importance to Iwitanga and the struggles journeying from the Pasifika to Aotearoa, these were presented, also in a similar manner to Iwitanga.

Manuhiri day is currently by invitation and is being offered as a means of assisting the Specialist Mental Health Service with the cultural competency of engaging confidently with Tangata whaiora and their whanau, including the orientation of new and existing staff. Manuhiri day has now progressed into an educational day for clinical and allied health staff wanting more educational understanding around working with Tangata Whaiora and their whānau. Manuhiri day has become a half day of cultural training for all staff and also the availability of attending refresher opportunities, as ongoing training.

### 3. Summary of Feedback

Sixty two submissions were received on the proposal, from individuals and groups, from both within and external to SMHS. A detailed summary of those submissions and response to them is included in Appendix ?? no.

There was clear agreement of the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora and whanau entering services.

There were differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.

Following the consultation period Pou Whirinaki has met extensively with Pukenga Atawhai. This has allowed a greater individual consultation process with those most directly affected by the proposal. The process was by invitation and was voluntary. A summary of these interviews is available in Appendix??no

### 4. Proposed Changes

Following consideration the feedback the following changes are proposed:

#### 4.1 Increased FTE to Clinical teams

To be able to offer a responsive service to support Tangata Whaiora and whanau entering services, the Pukenga Atawhai FTE allocated to clinical teams has been carefully reviewed.

The following table identifies the clinical areas and changes to the allocated FTE

Commented [RW1]: need FTE from Kaye

add table once confirmed or ?? in appendices

Need explain the changes by unit also

Need to add in about OP MH when this is known

#### **4.2 Establishment of Kaitiaki Matauranga (cultural educator) role**

A new full time 1.0 FTE role of Kaitiaki Matauranga will be established it is proposed the key responsibilities for the Kaitiaki Mātauranga role would be to provide cultural knowledge, guidance and direction to ensure quality improvement programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora/ consumer centred practice.

A draft position description for the role is attached in Appendix??no

#### **4.3 Te Korowai Atawhai**

Te Korowai Atawhai is an essential service delivered as part of the SMHS. The ability to provide cultural support to Tangata whaiora entering services is essential to ensure best outcomes for them. Te Korowai Atawhai will continue to offer Pukenga Atawhai support directly into clinical teams to work alongside and in partnership with clinical colleagues.

Te Korowai will continue to be the guiding mantle under which Pukenga Atawhai operate.

##### Kaiarahi Matua

The current role of Kaiarahi Matua will be disestablished. The leadership of Te Korowai Atawhai will be provided by the Pou Whirinaki.

For improved clarity the reporting lines for Pukenga Atawhai will be through their respective Clinical Manager.

Further exploration will occur, outside of this proposal for change, to consider the best way to provide cultural leadership by cluster area.

Proposed reporting lines for the new Kaitiaki Matauranga role and existing Pukenga Atawhai roles are shown in Appendix??? No

#### **4.4 Ongoing Cultural Development**

##### Whanaungatanga Day

It is proposed that Whanaungatanga day will occur one day per month.

This is being proposed as feedback and discussion, indicates that a change is necessary for Te Korowai Atawhai to survive, to grow and develop into a service

It is proposed to structure Whanaungatanga Day as a cultural, clinical and educational learning forum that is future focused. A tutorial setting, where education on the in-depth cultural aspects of the Māori Mental Health is continually changing and is being addressed by an experienced tutor in Māori Mental Health. Pukenga Atawhai would show support by their attendance, their contribution and by supporting any kaupapa, presented on any one day.

It is proposed facilitation and programme development would be led by the Kaitiaki Matauranga role.

### Manuhiri forum

It is proposed that Manuhiri forum will occur once per month, for half a day.

The purpose of Manuhiri forum is to further ongoing training and orientation into the cultural aspects of wellness within the whaiaora and whānau.

The session would also provide the opportunity to experience knowledge from the Pukenga Atawhai working closely with the whānau and extended whānau in the community and in the inpatient settings.

It is proposed facilitation and programme development would be led by the Kaitiaki Matauranga role.

## 5. The Benefits

The potential benefits of these proposals include:

- Improved responsive to Tangata Whaiaora and their whanau accessing services, through an increase in FTE allocation to clinical areas
- Clarified reporting lines for Pukenga Atawhai
- Improved professional development opportunities for Pukenga Atawhai and wider SMHS clinical staff
- A strengthen Te Korowai Atawahi service

## 6. Impact of Proposal

We're mindful of the impact these proposed changes may have on the people who work in Te Korowai Atawhai.

We therefore want to ensure that everyone has the chance to understand how this proposal could potentially affect them and what may be involved in the next stage of the consultation process. We've outlined the proposed changes in the following table and expanded on this further below.

Role affected	
Pukenga Atawhai	These roles could potentially change reporting lines for their employed FTE. This would move to the clinical manager of their respective clinical team, with a cultural reporting process through the Pou Whirinaki.
Kaiarahi Matua	If this proposal is adopted this role would be dis established. We would work with the affected staff member, in line with their employment agreement.

## 7. Consultation

Consultation is the formal process that happens in situations where change is proposed. It's a chance to provide feedback on the ideas that have been put forward.

We encourage you to send written feedback to [Monique.Botha@cdhb.health.nz](mailto:Monique.Botha@cdhb.health.nz). Your feedback will be collated and incorporated into a summary of themes that have come through the submission process.

We look forward to receiving your feedback on this proposal.

## 8. Timeline

A summary of the implementation timeline is detailed below:

Activity	Date
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.

## 9. Getting Support: Who can help?

### Support Services

We have a number of independent support people available to staff, these include:

- EAP Services (Employee Assistance Programme) on 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)
- Workplace Support 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

### Union Support

For those who are members of a union, this paper has been given to the following union partners:

- PSA Organiser – Anthony Rimell, 0508 367 772 ([anthony.rimell@psa.org.nz](mailto:anthony.rimell@psa.org.nz))
- NZNO Organiser – John Miller, 03 366 0186 ([JohnDM@nzno.org.nz](mailto:JohnDM@nzno.org.nz))
- NUPE Organiser – Quentin Findlay, 03 377 3582 ([Quentin@nupe.org.nz](mailto:Quentin@nupe.org.nz))
- ASMS Organiser – Dianne Vogel, 04 499 1271 ([dv@asms.nz](mailto:dv@asms.nz))
- APEX - Omar Hamed, 09 526 0280 ([omar@cns.org.nz](mailto:omar@cns.org.nz))
- NZRDA – Deborah Powell, 09 526 028 ([ask@nzrda.org.nz](mailto:ask@nzrda.org.nz))

### People and Capability (HR)

Your P&C contacts are:

- Louis van Rensburg, People and Capability Advisor - 03 339 1129 | [Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz)



- 
- Moira Mallon, Organisational Development Consultant – 021 206 1900 |  
Moira.Mallon@cdhb.health.nz
  - Alice Rabbidge, Employment Relations Specialist - 03 337 7828 |  
Alice.Rabbidge@cdhb.health.nz

Thank you for taking the time to look through this paper and we look forward to hearing your thoughts on the proposal.

## 10. Appendices

### Appendix 1 - Feedback themes:

Add in table of summary of submissions

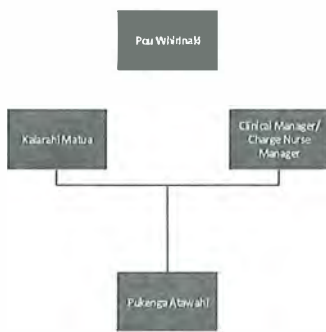
## Appendix 2 – Meetings with Pukenga Atawhai

- The interviews were arranged and conducted by the Pou Whirinaki in response to the Te Korowai Atawhai Discussion Document, April 2018. The interviews were voluntary and were conducted individually in their place of work or at a location agreed by both parties, calendar invitations were sent to each Pukenga Atawhai interviewed.
- In total seventeen Pukenga Atawhai were interviewed by the Pou Whirinaki. The interviews were held between the 20th August and 18th September. Thank you to all who participated in the interview, your information was valuable. In retrospect it would have been ideal to interview Ngā Pukenga Atawhai in a whānau setting preferably at Te Korowai Atawhai, however, for many it was a place that didn't feel comfortable for them to express their views, therefore their area of work was the only other obvious choice.
- This was a time for Ngā Pukenga Atawhai to voice their opinions on of the future of Te Korowai Atawhai and to navigate a way forward
- Most of those interviewed that agreed that the services indicated the true cultural value of Ngā Pukenga Atawhai within their teams however, there were services that were feeling less valued because of the sharing of Ngā Pukenga Atawhai with other services and therefore detrimental to the service entitlement provided toward the Tangata Whaiora and heir whānau.
- Many Ngā Pukenga Atawhai, interviewed at some time had the feeling that their cultural and personal wellbeing and safety had been compromised within Te Korowai Atawhai, which left them feeling resentful and undervalued. By speaking out or challenging, they felt, in their opinion would create dissention and more disharmony.
- Te Korowai Atawhai was not seen by those interviewed as the place that initially employed them. Many said that ngā kawa me ngā tikanga is no longer the main kaupapa o Te Korowai Atawhai. Once a place that was seen as the cornerstone of Māori Mental Health is no longer seen in that same manner as before, acknowledging that there are times for organisations to change.it appears that the core values are no longer present or practised.
- The increasing numbers of Tangata Whaiora and their whānau accessing the services, is causing conflict for Ngā Pukenga Atawhai about, which is the most important factor of their employment to attend; Te Korowai Atawhai on a Thursday or to be in support of the service, when a Tangata Whaiora and their whānau arrive for engagement, support and/or follow up.
- The opinion of the Pou Whirinaki, that they are equally as important, however, Ngā Pukenga Atawhai are employed to provide a cultural service to the community, and therefore the community needs to take priority. Indicated earlier is the steady growth in whānau accessing the services by 2018/2019, would have doubled from 2007/2008, this is also a clear indication of the confidence, whānau in the Mental Health Service, we provide.
- Some indicated that there is a clear division of staff within Te Korowai Atawhai, with feelings of distrust, isolation and resentment, to the point of some Pukenga Atawhai not wanting to attend Te Korowai Atawhai whanaungatanga day.
- Many interviewed wanted a change to whanaungatanga day, in its present form, many said that it doesn't fulfil its role, some wanted to change to cater for the access of whānau and whaiora. Some did want it to proceed in its present form and shouldn't change, some were more outspoken and believe the whanaungatanga day should be abolished as it no longer able to serve its purpose and is creating more disharmony within the whānau of Te Korowai Atawhai.

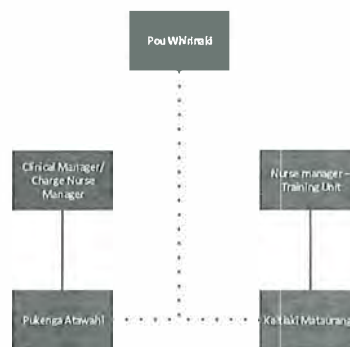
**Appendix 3 – Proposed FTE split**

#### Appendix 4 - Proposed reporting lines

Current reporting structure



Proposed reporting structure



— Line management/ day to day reporting line  
 ..... Cultural reporting line

**Appendix 5 – Proposed position description – Kaitiaki Mātauranga**

## **POSITION DESCRIPTION**

# **Canterbury**

## **District Health Board**

Te Poari Hauora o Waitaha

<date>

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Te Tiriti o Waitangi and the overarching objectives of the New Zealand health and disability strategies.

### **Organisational Vision**

The Canterbury District Health Board's vision is to promote, enhance and facilitate the health and well-being of the people of the Canterbury District.

### **Organisational Values**

The Canterbury DHB is committed to being an excellent and caring funder / provider of health and hospital services. Integral to the achieving our vision, goals and objectives of the DHB are the values of the organisation:

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

### **POSITION TITLE:**

Kaitiaki Mātauranga: Cultural Educator -SMHS.

### **REPORTS TO (Title):**

General Manager SMHS  
Pou Whirinaki

### **REPORTS ON A DAILY BASIS TO:**

Nurse Manager, Training Unit

### **PRINCIPAL OBJECTIVES:**

In collaboration with the Pou Whirinaki & Nurse Manager, Training Unit the Kaitiaki Mātauranga will provide to provide cultural knowledge, guidance and direction within the objectives and values of SMHS. Programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora centred practice.

The key deliverables are –

- To support an organisational culture of continuing cultural improvement.
- Ensure effective and efficient delivery of cultural programmes to Pukenga Atawhai and to all staff within the SMHS.
- To provide effective cultural leadership and consultancy in the delivery of programmes of engagement with Tangata whaiora and their whānau.
- To promote Pukenga Atawhai, SMHS as a career option.
- Strong networking skills within the CDHB, the NGO services, Ngai Tahu, the Māori, Pasifika and the wider community.
- To ensure training programmes and projects are robust and based on best practice, expertise and evidence
- To provide expertise in the application of cultural responsiveness by engagement, follow up and treatment.
- To provide expertise in cultural responsiveness and Tangata whaiora, whānau, centred practice

**FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

**INTERNALLY:**

1	Clinical, Non-clinical Leaders
2	Learning and Development
3	Consumer and Family Advisors
4	Clinical Educators and Clinical specialists
5	Organisational Development
6	Quality and patient Safety team

**EXTERNALLY:**

1	Non-Governmental Organisation (NGO's)
3	Health, Quality and Safety Commission
4	
5	



**KEY PERFORMANCE OBJECTIVES:**

<b>Task</b>	<b>Preparation and presentation of cultural training programmes</b>
Expected Result	<ul style="list-style-type: none"> <li>• Responsible for identifying and researching the relevant information of programme content.</li> <li>• Developing the programme content for presentation.</li> <li>• Ensuring that the programme content is accurate and is evidence based.</li> <li>• Guidance is provided for audit and feedback mechanisms.</li> <li>• Contributes to the development of Tangata whaiora by engaging with clinicians, managers and Pukenga Atawhai in service/areas of responsibility.</li> <li>• Promotes effective teamwork, communication and shared learning as key components of a culture of quality and patient safety.</li> <li>• Facilitates training for staff on, Tangata whaiora engagement and cultural responsiveness in relation to health improvement for Māori.</li> </ul>
<b>Task</b>	<b>Identifying the clinical and cultural pathways of engagement</b>
Expected Result	<ul style="list-style-type: none"> <li>• Tangata whaiora centred practice and whānau participation is evident in the development, implementation and evaluation of the programmes.</li> <li>• Programmes and initiatives are based on best practice and are evidence based.</li> <li>• Effectively utilise a range of improvement methodologies and tools.</li> <li>• Forms collaborative working relationships with key stakeholders to facilitate staff involvement and commitment to the cultural quality within the service and the organisation as a whole.</li> <li>• Develop a culture that is focused on learning, and is characterised by respect, inclusion, empathy, collaboration and safety.</li> <li>• Pukenga Atawhai and SMHS staff should be culturally inclusive of all cultures and look for ways, to celebrate and acknowledge the SMHS, commitment to Te Tiriti o Waitangi.</li> </ul>
<b>Task</b>	<b>Availability to Pukenga Atawhai for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>• One on one cultural supervision.</li> <li>• Peer supervision.</li> <li>• Community presentations on mental health.</li> <li>• Tangata whaiora, whānau training. Hospitalisation, treatment and management.</li> </ul>
	<b>Availability to all SMHS staff for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>• DAO training.</li> <li>• Cultural supervision for clinical, non-clinical staff</li> <li>• Ongoing one on one training</li> <li>• In-service training</li> </ul>

**HEALTH & SAFETY:**

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

#### **QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

#### **QUALIFICATIONS & EXPERIENCE:**

##### **Essential:**

- Extensive knowledge and experience of the mental health sector
- Recognised Clinical/Cultural Leader
- Training or experience in delivering education programmes to adults
- Relevant qualification within either cultural or health fields
- Demonstrated skills in supporting cultural competence
- Evidence of skills in leadership/mentoring roles.
- Demonstrated ability to contribute to and deliver timely outputs
- Demonstrated ability to communicate effectively at all levels of within the organisation and with key stakeholders
- Medium level of computer literacy
- Established connections with Ngai Tahu, Māori, Pasifika and the wider community.
- Well-developed interpersonal skills
- Competent in Te Reo

##### **Desirable:**

- Knowledge of Health and Disability Sector Standards
- Trained in Clinical/Cultural Supervision for role development and support.

**PERSONAL ATTRIBUTES:**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership
- Genuine credibility when engaging and having conversations with clinical staff.
- Excellent people skills, i.e. displays diplomacy, tact, listening skills, is able to remain calm and diffuse and is well skilled in conflict resolution.
- Models and shares the vision, values and expectations with others.
- A strong customer/patient centred focus.
- Ability to foster co-operation, networking, and facilitation.
- Ability to work effectively with clinical, managerial and support service staff.
- Ability to analyse and present data that is easily understood by others utilising quality tools such statistical process control charts.

**Mandatory:**

- ◆ Professional demeanour and high level of personal integrity
- ◆ Ability to manage stressful and unpredictable workload
- ◆ Self-motivated, independent and able high level of initiative

**Key Behaviours**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.

**Desirable:**

- Ability to provide inspirational and motivational leadership.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

**POSITION DESCRIPTION****Canterbury**District Health Board

Te Poari Hauora o Waitaha

&lt;date&gt;

This Position Description is a guide and will vary from time to time and  
between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

**Organisational Vision**

The CDHB's vision is to improve the health and well being of the people living in Canterbury.

**Organisational Values**

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

**POSITION TITLE:**

Kaitiaki Matauranga

**REPORTS TO (Title):**

General Manager SMHS  
Pou Whirinaki

**REPORTS ON A DAILY BASIS TO:** Nurse Manager, Training Unit

Commented [RW1]: is that correct?

**PRINCIPAL OBJECTIVES:****FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

**INTERNALLY:**

1	
2	
3	
4	
5	

**EXTERNALLY:**

1	
2	
3	
4	
5	

**KEY PERFORMANCE OBJECTIVES:**

Task	Preparation and Presentation of relevant cultural training programmes
Expected Result	•
Task	Linking relevance between clinical and cultural ways of working
Expected Result	•
Task	Be available to support Pukenga Atawhai with their cultural knowledge
Expected Result	•
Task	Be available to support clinical staff with their cultural knowledge
Expected Result	•

**HEALTH & SAFETY:**

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

**QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

**QUALIFICATIONS & EXPERIENCE:****Essential:**

- Recognised clinical leader
- Well established cultural connections with local iwi and community whanau
- relevant qualification within either cultural or health fields
- Well developed interpersonal skills

**Desirable:**

- Training or experience in delivering education programmes to adults

**PERSONAL ATTRIBUTES:****Mandatory:****Key Behaviours**

- Ability to "work together" in a truthful and helpful manner.
- Ability to "work smarter" by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership **[Remove if Leadership is not required for the role, or place under "Desirable" if this is desirable but not mandatory for this role]**

**Desirable:**

- 

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Te Korowai Atawhai Proposal for Change

December 2018

<u>Role</u>	Name
Pou Whirinaki	Ruru Hona
General Manager	Toni Gutschlag



**West Coast**  
 – District Health Board –  
*Te Poari Hauora a Rohe o Tai Poutini*

## Canterbury

District Health Board  
 Te Poari Hauora o Waitaha

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### 1. Context and Introduction

The purpose of this document is to formally acknowledge, everyone for their contribution and by their responses which were received between the periods of 26<sup>th</sup> April to 12<sup>th</sup> June 2018, in relation to Te Korowai Atawhai, Discussion Document.

Based on all submissions received, during this consultation process and through further discussions and consideration, a final decision proposal for change will be presented in this document, by considering and evaluating all the submissions and outlining the decisions that have been reached, as well as the relevant implementation processes. Timeframes will be an important part of this process and for an indication of the importance around initiating the outcome of these decisions.

### 2. Background

4---The Discussion Document dated April 2018 indicated various changes-ideas and possible changes and alterations to the current management processes, that need to eventuate for the benefit of the service, Te Korowai Atawhai, ngā whaiora, ōu rātou whānau me ngā Pukenga Atawhai and to all staff engaged with Tangata Whaiora.

Commented [RW1]: 1.somehow re word into tangata wahiora first etc

Research, indicates that from 2007/08, 3.6% had accessed Mental Health Services and in 2016/17 5.6% had also accessed Mental Health Services, currently indicating that the demand by 2018/19, would have doubled.

Tangata Whaiora and their whānau, accessing the Mental Health Services, predictably will continually increase, therefore creating more cultural demand and expectation, of the Pukenga Atawhai. Respectively Mental health Services will also have demands of their Pukenga Atawhai in the collective responsibility they share to Tangata Whaiora and their whānau. Pukenga Atawhai have the following expectations as part of their current role:

- I. To engage, support Tangata Whaiora through any Mental Health concerns and to inform the whānau of the processes and responsibilities of Mental Health Services.
- II. Support and follow up to Tangata Whaiora and their whānau in the community.
- III. Culturally to support Tangata Whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- IV. Responsible for the ongoing cultural follow up, engagement and support to Tangata whaiora, their whānau in the community.
- V. Responsible to, on call roster system.

Te Korowai Atawhai, since its inception in 1995 has been responsible for addressing the cultural disparities in Māori with mental health concerns with Tangata Whaiora and their whānau. In the early stages of development Te Korowai Atawhai has been responsible for, the engagement, follow up and support for Tangata Whaiora and their whānau admitted into the Mental Health Service and those living in their the Community, as a part of the clinical treating team.

Pukenga Atawhai are currently an integral and valued partner/ member? within the Multi-Disciplinary-Teams throughout the services, in spite of concerns initially, that Pukenga Atawhai in their clinical teams, could become isolated. However, ongoing training, peer and cultural

supervision and support could be seen as a key factor to supporting the individual roles in their services.

#### **Whanaungatanga Day:**

Whanaungatanga day is currently a Thursday, a regular day which was set aside for Pukenga Atawhai to gather together as whanau and offer each support. Offering opportunities for intensive clinical training with ~~Psychiatric Consultants~~ Consultant Psychiatrists, Registered Nurses and other Allied Health Professionals.

Māori Mental Health practitioners would also be invited to present various topics to the team on Māori Mental Health. Other presenters were from the various community based organisations.

Whanaungatanga day focused on peer and group supervision, in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility to take the day, what would be presented would be varied from Te Whare Tapa Wha (The four cornerstones of Iwi Health), Wairua, Hinengaro, Tinana and Whānau also as a continuance was powhiri, mihimihi and poroporoaki.

Other topics explored and presented, tapu, noa and Makutu, karakia, the necessity of whanaungatanga when engaging with Tangata Whaiora, making Tangata Whaiora feel, comfortable, valued and important. Iwitanga (Tribal area, customs, language difference, peculiarities pertaining to the individual Iwi and their regions. These were either a collective or individual presentation, depending on the number of Pukenga Atawhai sharing a tribal similarity. Waka was incorporated into Iwitanga as it has a stringent importance to Iwitanga and the struggles journeying from the Pasifika to Aotearoa, these were presented, also in a similar manner to Iwitanga.

#### **Manuhiri Day:**

Manuhiri day is currently by invitation and is being offered as a means of assisting the Mental ~~Health Division~~ Specialist Mental Health Service with the cultural ~~component competency??~~ including the orientation of new and existing staff. Manuhiri day has now progressed into an educational day for clinical and allied health staff wanting more educational understanding around working with Tangata Whaiora and their whānau. Manuhiri day has become a half day of cultural training for all staff and also the availability of attending refresher opportunities, as ongoing training.

### **3. Summary of Feedback**

Following the consultation period for the discussion document the Pou Whirinaki has met extensively with Pukenga Atawahi staff. This has allowed greater individual consultation process with those most directly affected by an proposals. A summary of these interviews, in a non identifiable format is available in appendix no?? Interviews of Ngā Pukenga Atawhai

### **4. Proposed Changes**

#### Increased FTE to Clinical teams

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Te Awakura Inpatient Unit: Has been disadvantaged by not having a Pukenga Atawhai allocated to that service, Te Awakura have depended on the availability of the Pukenga Atawhai based in the community teams.

CAF emergency:

Disestablishment of Kaiarahi Matua role

Establishment of Kaitiaki Matauranga (cultural educator) role

Whanaungatanga Day \_\_\_\_\_

1 day per month.

### Discussion Point:

*It is concerning that Whanaungatanga Day is being questioned as this would be a significant forum for our Pukenga Atawhai to "foster consistency of practice through shared learning, benchmarking and clinical governance within a standards framework, take account of whānau, hapū and iwi and Māori community views on quality of care, take account of the need for cultural as well as clinical safety".*

*Of the Pukenga Atawhai interviewed there were three very strong opinions of Te Korowai Atawhai and what should happen as a result of the Discussion Document:*

*One opinion is to disestablish Te Korowai Atawhai day and that Pukenga Atawhai operate daily from their respective services and would be supported by their service/s. This opinion is supported by lack of structure to the day, Pukenga Atawhai not supportive of the whanaungatanga day concept, non-committal by Pukenga Atawhai to kaupapa and to Te Korowai Atawhai.*

*Second opinion is to maintain Te Korowai Atawhai, however, not in, its current format. Pukenga Atawhai wanted to structure Te Korowai Atawhai as a cultural, clinical and educational learning forum and being future focused. A tutorial setting, where education on the in-depth cultural aspects of the Māori Mental Health is continually changing and is being addressed by an experienced tutor in Māori Mental Health. That Te Korowai Atawhai is supported with a vision by Service Leadership Team, Te Kaiarahi Mātua and Pukenga Atawhai by their attendance, their contribution and by supporting any kaupapa, presented on any one day.*

*Third opinion is that Te Korowai Atawhai remain in its current format, however, the other two opinions, indicate that a change is necessary for Te Korowai Atawhai to survive, to grow and develop into a service*

### Manuhiri Day

1 day per month.

As Pou Whirinaki, my cultural opinion is to continue supporting the continuation of Manuhiri day for the following reasons:

To further ongoing training and orientation into the cultural aspects of Māori Mental Health.

To further greater understanding around the cultural aspects of wellness within the whāiaora and whānau.

To experience knowledge of the Pukenga Atawhai in working closely with the whānau and extended whānau in the community and in the inpatient settings.

To understand and experience examples of working with resistant whānau members and tangata whāiaora.

Also the continuing and ongoing in-service training within SMHS  
Manuhiri day will be organised and administered by a Kaitiaki Mātauranga (Cultural Educator).

Cultural Educator

## 5. Impact of Changes

## 6. Next Steps

A summary of the implementation timeline is detailed below:

Activity	Date
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.

## 7. Support Services

Change processes can be a time of uncertainty for people. The CDHB provides free and confidential employee assistance for all employees. We encourage you to access either of these

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support services during the process. Our providers offer you access to a team of specialist independent counsellors. Everything you discuss remains confidential between yourself and your counsellor. You may attend EAP sessions in your own time or arrange with your manager to take time off during the week.

Contact details:

**EAP Services** 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)

**Workplace Support** 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

This proposal has been provided to the respective unions.

Your union contacts are:

Your People and Capability contact is:

Louis van Rensburg, (03) 339 1129 or ext 33929 ([Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz))

## 8. Appendices

### Appendix 1 - Feedback themes:

A total of 62 submissions were received on the Te Korowai Atawhai discussion document.

The following themes emerged from the feedback:

There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.

There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.

There are mixed views on how this could best be achieved.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response/Changes implemented
Increase in FTE for Pukenga Atawhai roles	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	
Reallocation of 3.6 Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaugatanga day	There is support to review and/ or amend the format and /or frequency of Whanaugatanga day. This is seen as positive as it will allow the increase in Pukenga Atawahi availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other	

**Commented [RW2]:** 2.the reallocation of 3.6 fte and changes to Whanaugatanga day are interlinked, so it is difficult to know exactly how many submissions support the reallocation or not.  
3.You may want to consider deleting the points in this section that state this.

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Feedback Theme	Feedback Summary	Response/Changes implemented
	<p>professional groups for supervision and development. s9(2)(ba)(i)</p> <p>Changes to the concept and format of Whanaugatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawahi operates. There is concern that losing this weekly days could leave Pukenga Atawhai culturally unsupported. s9(2)(ba)(i)</p> <p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement. s9(2)(ba)(i)</p> <p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaugatanga day is reviewed. s9(2)(ba)(i)</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaugatanga day. s9(2)(ba)(i)</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained at weekly intervals, more structured day and shorter meetings less frequently.</p>	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in	

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Feedback Theme	Feedback Summary	Response/Changes implemented
	covering the needs of this consumer group within the current structure.	
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service,  There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	
<b>Review of out of hours call back roster</b>	This is supported.  There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata Whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai.  This supports notes these roles need to reflect appropriate skill level and remuneration.	



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Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified.  There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units. s9(2)(ba)(i)  Reviewing the role of the Kaiarahi Matua role is not supported. Some submission noted this would be seen as a takahi to the mana of the position. s9(2)(ba)(i)  Some submitters felt unable to comment of leadership of Te Korowai. s9(2)(ba)(i)	
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	
<b>Whanau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	
<b>Training and support role for wider SMHS</b>	There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawahi.	

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Feedback Theme	Feedback Summary	Response/Changes implemented
	There are also suggestions that this role could support Pukenga Atawahi professional and cultural development.	
Te Kahui Pou Hauora Maori (Senior Leadership meeting)	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of whanaugatanga day changes.	
Overall comments	<p>There were some submissions which identified that Pukenga Atawahi roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments that obligations under the Treaty of Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination. <sup>s9(2)(ba)(i)</sup></p> <p>Some submissions identified that Te Korowai Atawahi should decide how the service is operated. <sup>s9(2)(ba)(i)</sup></p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev. Maurice Grey had not been fully implemented <sup>s9(2)(ba)(i)</sup></p>	<p>Commented [RW3]: 4.awaiting email from Anna to confirm if PA FTE was allocation to Ashburton was missing from the original document.</p>

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### Appendix 2 – Meetings with with Pukenga Atawhai

- —The interviews were arranged and conducted by the Pou Whirinaki in response to the Te Korowai Atawhai Discussion Document, April 2018. The interviews were voluntary and were conducted individually in their place of work or at a location agreed by both parties, calendar invitations were sent to each Pukenga Atawhai interviewed.
- —In total seventeen Pukenga Atawhai were interviewed by the Pou Whirinaki. The interviews were held between the 20<sup>th</sup> August and were completed 18<sup>th</sup> September, thank you to all who participated in the interview, your information was valuable. In retrospect it would have been ideal to interview Ngā Pukenga Atawhai in a whānau setting preferably at Te Korowai Atawhai, however, for many it was a place that didn't feel comfortable for them to express their views, therefore ~~in my opinion~~ their area of work was the obvious choice.
- —This was a time for Ngā Pukenga Atawhai to voice their opinions on outcome of the future of Te Korowai Atawhai Discussion Document and to navigate a way forward, focused on the future of Te Korowai Atawhai,
- most of those interviewed that agreed that the services indicated the true cultural value of Ngā Pukenga Atawhai ~~attached to their within their teams services~~, however, there were services that were feeling less valued because of the sharing of Ngā Pukenga Atawhai with other services and therefore detrimental to the service entitlement provided toward the Tangata Whaiora and heir whānau.
- —Many Ngā Pukenga Atawhai, interviewed at some time had the feeling that their cultural and personal wellbeing and safety had been compromised within Te Korowai Atawhai, which left them feeling resentful and unvalued. By speaking out or challenging, they felt, in their opinion would create dissention and more disharmony.
- —Te Korowai Atawhai was not seen by those interviewed as the place that initially employed them, ~~obviously staffing has changed and new Pukenga Atawhai have now come on board~~, many ~~Many said~~ that ngā kawa me ngā tikanga is no longer the main kaupapa o Te Korowai Atawhai. O, once a place that was seen as the cornerstone of Māori Mental Health is no longer seen in that same manner as before, acknowledging that there are times for organisations to change, ~~however~~, it appears that the core values are no longer present or practised.
- —~~With the~~ The increasing numbers of Tangata Whaiora and their whānau accessing the services, is ~~conflicting with~~ causing conflict for Ngā Pukenga Atawhai about, which is the most important factor of ~~our their~~ employment to attend, Te Korowai Atawhai on a Thursday or to be in support of the service, when a Tangata Whaiora and their whānau arrive for engagement, support and/or follow up.

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- My opinion as Pou Whirinaki, that they are equally as important, however, Ngā Pukenga Atawhai are employed to provide a cultural service to the community, and therefore the community needs to take priority. Indicated earlier is the steady growth in whānau accessing the services by 2018/2019 it would have doubled from 2007/2008, this is also a clear indication of the confidence, whānau in the Mental Health Service and the service they provide.
- Some indicated that there is a clear division of staff within Te Korowai Atawhai, many believe orchestrated by the Kaiārahi Matua creating a with feelings of distrust, isolation and resentment, to the point of some Pukenga Atawhai not wanting to attend Te Korowai Atawhai whanaungatanga day.
- Many interviewed wanted a change to whanaungatanga day, in its present form, many said that it doesn't fulfil its role, some wanted to change to cater for the access of whānau and whaiora. Some did want it to proceed in its present form and shouldn't change, some were more outspoken and believe the whanaungatanga day should be abolished as it no longer able to serve its purpose and is creating more disharmony within the whānau of Te Korowai Atawhai.

### **Appendix 3 – Propose FTE split**

### **Appendix 4 – proposed reporting lines of new roles**

### **Appendix 5 – Proposed position description – Kaitiaki Matauranga**

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## **POSITION DESCRIPTION**

# **Canterbury**

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Te Poari Hauora o Waitaha

<date>

This Position Description is a guide and will vary from time to time and between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Te Tiriti o Waitangi and the overarching objectives of the New Zealand health and disability strategies.

### **Organisational Vision**

The Canterbury District Health Board's vision is to promote, enhance and facilitate the health and well-being of the people of the Canterbury District.

### **Organisational Values**

The Canterbury DHB is committed to being an excellent and caring funder / provider of health and hospital services. Integral to the achieving our vision, goals and objectives of the DHB are the values of the organisation:

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

### **POSITION TITLE:**

Kaitiaki Mātauranga: Cultural Educator -SMHS.

### **REPORTS TO (Title):**

General Manager SMHS  
Pou Whirinaki

### **REPORTS ON A DAILY BASIS TO:**

Nurse Manager, Training Unit

### **PRINCIPAL OBJECTIVES:**

In collaboration with the Pou Whirinaki & Nurse Manager, Training Unit the Kaitiaki Mātauranga will provide to provide cultural knowledge, guidance and direction within the objectives and values of SMHS. Programmes and initiatives reflect and incorporate the principles of Te Tiriti o Waitangi, of cultural responsiveness, awareness and Tangata whaiora centred practice.

The key deliverables are –

- To support an organisational culture of continuing cultural improvement.
- Ensure effective and efficient delivery of cultural programmes to Pukenga Atawhai and to all staff within the SMHS.
- To provide effective cultural leadership and consultancy in the delivery of programmes of engagement with Tangata whaiora and their whānau.
- To promote Pukenga Atawhai, SMHS as a career option.
- Strong networking skills within the CDHB, the NGO services, Ngai Tahu, the Māori, Pasifika and the wider community.
- To ensure training programmes and projects are robust and based on best practice, expertise and evidence
- To provide expertise in the application of cultural responsiveness by engagement, follow up and treatment.
- To provide expertise in cultural responsiveness and Tangata whaiora, whānau, centred practice

**FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

**INTERNALLY:**

1	Clinical, Non-clinical Leaders
2	Learning and Development
3	Consumer and Family Advisors
4	Clinical Educators and Clinical specialists
5	Organisational Development
6	Quality and patient Safety team

**EXTERNALLY:**

1	Non-Governmental Organisation (NGO's)
3	Health, Quality and Safety Commission
4	
5	

**KEY PERFORMANCE OBJECTIVES:**

<b>Task</b>	<b>Preparation and presentation of cultural training programmes</b>
Expected Result	<ul style="list-style-type: none"> <li>• Responsible for identifying and researching the relevant information of programme content.</li> <li>• Developing the programme content for presentation.</li> <li>• Ensuring that the programme content is accurate and is evidence based.</li> <li>• Guidance is provided for audit and feedback mechanisms.</li> <li>• Contributes to the development of Tangata whaiora by engaging with clinicians, managers and Pukenga Atawhai in service/areas of responsibility.</li> <li>• Promotes effective teamwork, communication and shared learning as key components of a culture of quality and patient safety.</li> <li>• Facilitates training for staff on, Tangata whaiora engagement and cultural responsiveness in relation to health improvement for Māori.</li> </ul>
<b>Task</b>	<b>Identifying the clinical and cultural pathways of engagement</b>
Expected Result	<ul style="list-style-type: none"> <li>• Tangata whaiora centred practice and whānau participation is evident in the development, implementation and evaluation of the programmes.</li> <li>• Programmes and initiatives are based on best practice and are evidence based.</li> <li>• Effectively utilise a range of improvement methodologies and tools.</li> <li>• Forms collaborative working relationships with key stakeholders to facilitate staff involvement and commitment to the cultural quality within the service and the organisation as a whole.</li> <li>• Develop a culture that is focused on learning, and is characterised by respect, inclusion, empathy, collaboration and safety.</li> <li>• Pukenga Atawhai and SMHS staff should be culturally inclusive of all cultures and look for ways, to celebrate and acknowledge the SMHS, commitment to Te Tiriti o Waitangi.</li> </ul>
<b>Task</b>	<b>Availability to Pukenga Atawhai for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>• One on one cultural supervision.</li> <li>• Peer supervision.</li> <li>• Community presentations on mental health.</li> <li>• Tangata whaiora, whānau training. Hospitalisation, treatment and management.</li> </ul>
	<b>Availability to all SMHS staff for ongoing cultural training</b>
Expected Result	<ul style="list-style-type: none"> <li>• DAO training.</li> <li>• Cultural supervision for clinical, non-clinical staff</li> <li>• Ongoing one on one training</li> <li>• In-service training</li> </ul>

**HEALTH & SAFETY:**



- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

### **QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

### **QUALIFICATIONS & EXPERIENCE:**

#### **Essential:**

- Extensive knowledge and experience of the mental health sector
- Recognised Clinical/Cultural Leader
- Training or experience in delivering education programmes to adults
- Relevant qualification within either cultural or health fields
- Demonstrated skills in supporting cultural competence
- Evidence of skills in leadership/mentoring roles.
- Demonstrated ability to contribute to and deliver timely outputs
- Demonstrated ability to communicate effectively at all levels of within the organisation and with key stakeholders
- Medium level of computer literacy
- Established connections with Ngai Tahu, Māori, Pasifika and the wider community.
- Well-developed interpersonal skills
- Competent in Te Reo

#### **Desirable:**

- Knowledge of Health and Disability Sector Standards
- Trained in Clinical/Cultural Supervision for role development and support.

**PERSONAL ATTRIBUTES:**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership
- Genuine credibility when engaging and having conversations with clinical staff.
- Excellent people skills, i.e. displays diplomacy, tact, listening skills, is able to remain calm and diffuse and is well skilled in conflict resolution.
- Models and shares the vision, values and expectations with others.
- A strong customer/patient centred focus.
- Ability to foster co-operation, networking, and facilitation.
- Ability to work effectively with clinical, managerial and support service staff.
- Ability to analyse and present data that is easily understood by others utilising quality tools such statistical process control charts.

**Mandatory:**

- ◆ Professional demeanour and high level of personal integrity
- ◆ Ability to manage stressful and unpredictable workload
- ◆ Self-motivated, independent and able high level of initiative

**Key Behaviours**

- Ability to “work together” in a truthful and helpful manner.
- Ability to “work smarter” by being innovative and proactive.
- Accepts responsibility for actions.

**Desirable:**

- Ability to provide inspirational and motivational leadership.

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

**POSITION DESCRIPTION****Canterbury**

District Health Board

Te Poari Hauora o Waitaha

&lt;date&gt;

This Position Description is a guide and will vary from time to time and  
between services and/or units to meet changing service needs

The Canterbury District Health Board is committed to the principles of the Treaty of Waitangi and the overarching objectives of the New Zealand health and disability strategies.

**Organisational Vision**

The CDHB's vision is to improve the health and well being of the people living in Canterbury.

**Organisational Values**

- Care & respect for others
- Integrity in all we do
- Responsibility for outcomes

**POSITION TITLE:**

Kaitiaki Matauranga

**REPORTS TO (Title):**

General Manager SMHS  
Pou Whirinaki

**REPORTS ON A DAILY BASIS TO:** Nurse Manager, Training Unit

Commented [RW1]: is that correct?

**PRINCIPAL OBJECTIVES:****FUNCTIONAL RELATIONSHIPS:**

(Who are the customer/consumers/patients)

**INTERNALLY:**

1	
2	
3	
4	
5	

**EXTERNALLY:**

1	
2	
3	
4	
5	

**KEY PERFORMANCE OBJECTIVES:**

Task	Preparation and Presentation of relevant cultural training programmes
Expected Result	•
Task	Linking relevance between clinical and cultural ways of working
Expected Result	•
Task	Be available to support Pukenga Atawhai with their cultural knowledge
Expected Result	•
Task	Be available to support clinical staff with their cultural knowledge
Expected Result	•

**HEALTH & SAFETY:**

- Observe all Canterbury DHB safe work procedures and instructions
- Ensure your own safety and that of others
- Report any hazards or potential hazard immediately
- Use all protective equipment and wear protective clothing provided
- Make unsafe work situations safe or, if they cannot, inform your supervisor or manager
- Co-operate with the monitoring of workplace hazards and employees health
- Ensure that all accidents or incidents are promptly reported to your manager
- Report early any pain or discomfort
- Take an active role in the Canterbury DHB's rehabilitation plan, to ensure an early and durable return to work
- Seek advice from your manager if you are unsure of any work practice

**QUALITY:**

Every staff member within CDHB is responsible for ensuring a quality service is provided in their area of expertise. All staff are to be involved in quality activities and should identify areas of improvement. All staff are to be familiar with and apply the appropriate organisational and divisional policies and procedures.

**QUALIFICATIONS & EXPERIENCE:****Essential:**

- Recognised clinical leader
- Well established cultural connections with local iwi and community whanau
- relevant qualification within either cultural or health fields
- Well developed interpersonal skills

**Desirable:**

- Training or experience in delivering education programmes to adults

**PERSONAL ATTRIBUTES:****Mandatory:****Key Behaviours**

- Ability to "work together" in a truthful and helpful manner.
- Ability to "work smarter" by being innovative and proactive.
- Accepts responsibility for actions.
- Ability to provide inspirational and motivational leadership **[Remove if Leadership is not required for the role, or place under "Desirable" if this is desirable but not mandatory for this role]**

**Desirable:**

- 

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed by staff in this job classification. Staff members may be requested to perform job related tasks other than those specified.

# Canterbury

District Health Board

Te Poari Hauora o Waitaha

## Te Korowai Atawhai Proposal for Change

December 2018

<u>Role</u>	Name
Pou Whirinaki	Ruru Hona
General Manager	Toni Gutschlag



**West Coast**  
 – District Health Board –  
*Te Poari Hauora a Rohe o Tai Poutini*

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### 1. Context and Introduction

The purpose of this document is to formally acknowledge, everyone for their contribution and by their responses which were received between the periods of 26<sup>th</sup> April to 12<sup>th</sup> June 2018, in relation to Te Korowai Atawhai, Discussion Document.

Based on all submissions received, during this consultation process and through further discussions and consideration, a final decision proposal for change will be presented in this document, by considering and evaluating all the submissions and outlining the decisions that have been reached, as well as the relevant implementation processes. Timeframes will be an important part of this process and for an indication of the importance around initiating the outcome of these decisions.

### 2. Background

4.—The Discussion Document dated April 2018 indicated various changes-ideas and possible changes and alterations to the current management-processes, that need to eventuate for the benefit of the service, Te Korowai Atawhai, ngā whaiora, ōu rātou whānau me ngā Pukenga Atawhai and to all staff engaged with Tangata Whaiora.

Commented [RW1]: 1.somehow re word into tangata wahiora first etc

Research, indicates that from 2007/08, 3.6% had accessed Mental Health Services and in 2016/17 5.6% had also accessed Mental Health Services, currently indicating that the demand by 2018/19, would have doubled.

Tangata Whaiora and their whanau, accessing the Mental Health Services, predictably will continually increase, therefore creating more cultural demand and expectation, of the Pukenga Atawhai. Respectively Mental health Services will also have demands of their Pukenga Atawhai in the collective responsibility they share to Tangata Whaiora and their whānau. Pukenga Atawhai have the following expectations as part of their current role:

- I. To engage, support Tangata Whaiora through any Mental Health concerns and to inform the whanau of the processes and responsibilities of Mental Health Services.
- II. Support and follow up to Tangata Whaiora and their whānau in the community.
- III. Culturally to support Tangata Whaiora and their whānau in their engagement and access to culturally based organisations in the community.
- IV. Responsible for the ongoing cultural follow up, engagement and support to Tangata whaiora, their whanau in the community.
- V. Responsible to, on call roster system.

Te Korowai Atawhai, since its inception in 1995 has been responsible for addressing the cultural disparages in Māori with mental health concerns with Tangata Whaiora and their whānau. In the early stages of development Te Korowai Atawhai has been responsible for, the engagement, follow up and support for Tangata Whaiora and their whānau admitted into the Mental Health Service and these living in their the Community, as a part of the clinical treating team.

Pukenga Atawhai are currently an integral and valued partner/ member? within the Multi-Disciplinary-Teams throughout the services, in spite of concerns initially, that Pukenga Atawhai in their clinical teams, could become isolated. However, ongoing training, peer and cultural



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supervision and support could be seen as a key factor to supporting the individual roles in their services.

### Whanaungatanga Day:

Whanaungatanga day is currently a Thursday, a regular day which was set aside for Pukenga Atawhai to gather together as whanau and offer each support. Offering opportunities for intensive clinical training with ~~Psychiatric Consultants~~ Consultant Psychiatrists, Registered Nurses and other Allied Health Professionals.

Māori Mental Health practitioners would also be invited to present various topics to the team on Māori Mental Health. Other presenters were from the various community based organisations.

Whanaungatanga day focused on peer and group supervision, in-depth discussions of complex cultural aspects of clinical cases as a team. Internal cultural training was organised and administered from within Te Korowai Atawhai, Pukenga Atawhai would individually take responsibility to take the day, what would be presented would be varied from Te Whare Tapa Wha (The four cornerstones of Iwi Health), Wairua, Hinengaro, Tinana and Whānau also as a continuance was powhiri, mihimihi and poroporoaki.

Other topics explored and presented, tapu, noa and Makutu, karakia, the necessity of whanaungatanga when engaging with Tangata Whaiora, making Tangata Whaiora feel, comfortable, valued and important. Iwitanga (Tribal area, customs, language difference, peculiarities pertaining to the individual Iwi and their regions. These were either a collective or individual presentation, depending on the number of Pukenga Atawhai sharing a tribal similarity. Waka was incorporated into Iwitanga as it has a stringent importance to Iwitanga and the struggles journeying from the Pasifika to Aotearoa, these were presented, also in a similar manner to Iwitanga.

### Manuhiri Day:

Manuhiri day is currently by invitation and is being offered as a means of assisting the Mental ~~Health Division~~ Specialist Mental Health Service with the cultural ~~competency~~ competency?? including the orientation of new and existing staff. Manuhiri day has now progressed into an educational day for clinical and allied health staff wanting more educational understanding around working with Tangata Whaiora and their whānau. Manuhiri day has become a half day of cultural training for all staff and also the availability of attending refresher opportunities, as ongoing training.

## 3. Summary of Feedback

Following the consultation period for the discussion document the Pou Whirinaki has met extensively with Pukenga Atawhai staff. This has allowed greater individual consultation process with those most directly affected by an proposals. A summary of these interviews, in a non identifiable format is available in appendix no?? Interviews of Ngā Pukenga Atawhai

## 4. Proposed Changes

### Increased FTE to Clinical teams

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Te Awakura Inpatient Unit: Has been disadvantaged by not having a Pukenga Atawhai allocated to that service, Te Awakura have depended on the availability of the Pukenga Atawhai based in the community teams.

CAF emergency:

Disestablishment of Kaiarahi Matua role

Establishment of Kaitiaki Matauranga (cultural educator) role

Whanaungatanga Day —————

1 day per month.

### Discussion Point:

*It is concerning that Whanaungatanga Day is being questioned as this would be a significant forum for our Pukenga Atawhai to "foster consistency of practice through shared learning, benchmarking and clinical governance within a standards framework, take account of whānau, hapū and iwi and Māori community views on quality of care, take account of the need for cultural as well as clinical safety".*

*Of the Pukenga Atawhai interviewed there were three very strong opinions of Te Korowai Atawhai and what should happen as a result of the Discussion Document:*

*One opinion is to disestablish Te Korowai Atawhai day and that Pukenga Atawhai operate daily from their respective services and would be supported by their service/s. This opinion is supported by lack of structure to the day, Pukenga Atawhai not supportive of the whanaungatanga day concept, non-committal by Pukenga Atawhai to kaupapa and to Te Korowai Atawhai.*

*Second opinion is to maintain Te Korowai Atawhai, however, not in its current format. Pukenga Atawhai wanted to structure Te Korowai Atawhai as a cultural, clinical and educational learning forum and being future focused. A tutorial setting, where education on the in-depth cultural aspects of the Māori Mental Health is continually changing and is being addressed by an experienced tutor in Māori Mental Health. That Te Korowai Atawhai is supported with a vision by Service Leadership Team, Te Kaiarahi Mātua and Pukenga Atawhai by their attendance, their contribution and by supporting any kaupapa, presented on any one day.*

*Third opinion is that Te Korowai Atawhai remain in its current format, however, the other two opinions, indicate that a change is necessary for Te Korowai Atawhai to survive, to grow and develop into a service*

### Manuhiri Day

1 day per month.

As Pou Whirinaki, my cultural opinion is to continue supporting the continuation of Manuhiri day for the following reasons:

To further ongoing training and orientation into the cultural aspects of Māori Mental Health.

To further greater understanding around the cultural aspects of wellness within the whāiaora and whānau.

To experience knowledge of the Pukenga Atawhai in working closely with the whānau and extended whānau in the community and in the inpatient settings.

To understand and experience examples of working with resistant whānau members and tangata whāiaora.

Also the continuing and ongoing in-service training within SMHS  
Manuhiri day will be organised and administered by a Kaitiaki Mātauranga (Cultural Educator).

Cultural Educator

## 5. Impact of Changes

## 6. Next Steps

A summary of the implementation timeline is detailed below:

Activity	Date
	Click here to enter a date.
	Click here to enter a date.
	Click here to enter a date.

## 7. Support Services

Change processes can be a time of uncertainty for people. The CDHB provides free and confidential employee assistance for all employees. We encourage you to access either of these

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support services during the process. Our providers offer you access to a team of specialist independent counsellors. Everything you discuss remains confidential between yourself and your counsellor. You may attend EAP sessions in your own time or arrange with your manager to take time off during the week.

Contact details:

**EAP Services** 0800 327 669 or [www.eapservices.co.nz](http://www.eapservices.co.nz)

**Workplace Support** 0800 443 445 or [www.workplacesupport.co.nz](http://www.workplacesupport.co.nz)

This proposal has been provided to the respective unions.

Your union contacts are:

Your People and Capability contact is:

Louis van Rensburg, (03) 339 1129 or ext 33929 ([Louis.VanRensburg@cdhb.health.nz](mailto:Louis.VanRensburg@cdhb.health.nz))

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## 8. Appendices

### Appendix 1 - Feedback themes:

A total of 62 submissions were received on the Te Korowai Atawhai discussion document.

The following themes emerged from the feedback:

There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.

There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.

There are mixed views on how this could best be achieved.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response/Changes implemented
Increase in FTE for Pukenga Atawhai roles	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	
Reallocation of 3.6 Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaugatanga day	There is support to review and/ or amend the format and /or frequency of Whanaugatanga day. This is seen as positive as it will allow the increase in Pukenga Atawahi availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other	

**Commented [RW2]:** 2.the reallocation of 3.6 fte and changes to Whanaugatanga day are interlinked, so it is difficult to know exactly how many submissions support the reallocation or not.  
3.You may want to consider deleting the points in this section that state this.

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Feedback Theme	Feedback Summary	Response/Changes implemented
	<p>professional groups for supervision and development. s9(2)(ba)(i)</p> <p>Changes to the concept and format of Whanaugatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawahi operates. There is concern that losing this weekly days could leave Pukenga Atawhai culturally unsupported s9(2)(ba)(i)</p> <p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement s9(2)(ba)(i)</p> <p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaugatanga day is reviewed. s9(2)(ba)(i)</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaugatanga day s9(2)(ba)(i)</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained at weekly intervals, more structured day and shorter meetings less frequently.</p>	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in	

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Feedback Theme	Feedback Summary	Response/Changes implemented
	covering the needs of this consumer group within the current structure.	
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service,  There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	
<b>Review of out of hours call back roster</b>	This is supported.  There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.	
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata Whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai.  This supports notes these roles need to reflect appropriate skill level and remuneration.	

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Feedback Theme	Feedback Summary	Response/Changes implemented
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified.  There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FT <sup>s9(2)(ba)(i)</sup> utilised in the clinical units.   Reviewing the role of the Kaiarahi Matua role is not supported. Some submission noted this would be seen as a takahi to the mana of the position <sup>s9(2)(ba)(i)</sup>   Some submitters felt <sup>s9(2)(ba)(i)</sup> leadership of Te Korowai 	
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	
<b>Whanau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	
<b>Training and support role for wider SMHS</b>	There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawahi.	



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Feedback Theme	Feedback Summary	Response/Changes implemented
	There are also suggestions that this role could support Pukenga Atawahi professional and cultural development.	
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of whanaugatanga day changes.	
<b>Overall comments</b>	<p>There were some submissions which identified that Pukenga Atawahi roles, responsibilities, competencies and training requirements need review and clarification.</p> <p>There were some general comments that obligations under the Treaty of Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination s9(2)(ba)(i)</p> <p>Some submissions identified that Te Korowai Atawahi should decide how the service is operated s9(2)(ba)(i)</p> <p>Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented. s9(2)(ba)(i)</p>	

**Commented [RW3]:** 4.awaiting email from Anna to confirm if PA FTE was allocation to Ashburton was missing from the original document.

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### Appendix 2 – Meetings with ~~with~~ Pukenga Atawhai

- —The interviews were arranged and conducted by the Pou Whirinaki in response to the Te Korowai Atawhai Discussion Document, April 2018. The interviews were voluntary and were conducted individually in their place of work or at a location agreed by both parties, calendar invitations were sent to each Pukenga Atawhai interviewed.
- —In total seventeen Pukenga Atawhai were interviewed by the Pou Whirinaki. The interviews were held between the 20<sup>th</sup> August and were completed 18<sup>th</sup> September. thank you to all who participated in the interview, your information was valuable. In retrospect it would have been ideal to interview Ngā Pukenga Atawhai in a whānau setting preferably at Te Korowai Atawhai, however, for many it was a place that didn't feel comfortable for them to express their views, therefore ~~in my opinion~~ their area of work was the obvious choice.
- —This was a time for Ngā Pukenga Atawhai to voice their opinions on outcome of the future of Te Korowai Atawhai Discussion Document and to navigate a way forward, ~~focused on the future of Te Korowai Atawhai,~~
- most of those interviewed that agreed that the services indicated the true cultural value of Ngā Pukenga Atawhai ~~attached to their within their teams service/s,~~ however, there were services that were feeling less valued because of the sharing of Ngā Pukenga Atawhai with other services and therefore detrimental to the service entitlement provided toward the Tangata Whaiora and heir whānau.
- —Many Ngā Pukenga Atawhai, interviewed at some time had the feeling that their cultural and personal wellbeing and safety had been compromised within Te Korowai Atawhai, which left them feeling resentful and unvalued. By speaking out or challenging, they felt, in their opinion would create dissention and more disharmony.
- —Te Korowai Atawhai was not seen by those interviewed as the place that initially employed them, ~~obviously staffing has changed and new Pukenga Atawhai have now come on board,~~ many ~~Many~~ saidy that ngā kawa me ngā tikanga is no longer the main kaupapa o Te Korowai Atawhai. O, once a place that was seen as the cornerstone of Māori Mental Health is no longer seen in that same manner as before, acknowledging that there are times for organisations to change, ~~however,~~ it appears that the core values are no longer present or practised.
- —~~With the~~ The increasing numbers of Tangata Whaiora and their whānau accessing the services, is ~~conflicting with~~ causing conflict for Ngā Pukenga Atawhai about, which is the most important factor of ~~our~~ their employment to attend, Te Korowai Atawhai on a Thursday or to be in support of the service, when a Tangata Whaiora and their whānau arrive for engagement, support and/or follow up.

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- My opinion as Pou Whirinaki, that they are equally as important, however, Ngā Pukenga Atawhai are employed to provide a cultural service to the community, and therefore the community needs to take priority. Indicated earlier is the steady growth in whānau accessing the services by 2018/2019 it would have doubled from 2007/2008, this is also a clear indication of the confidence, whānau in the Mental Health Service and the service they provide.
- Some indicated that there is a clear division of staff within Te Korowai Atawhai, ~~many believe orchestrated by the Kaiārahi Matua creating a with feelings~~ of distrust, isolation and resentment, to the point of some Pukenga Atawhai not wanting to attend Te Korowai Atawhai whanaungatanga day.
- Many interviewed wanted a change to whanaungatanga day, in its present form, many said that it doesn't fulfil its role, some wanted to change to cater for the access of whānau and whaiora. Some did want it to proceed in its present form and shouldn't change, some were more outspoken and believe the whanaungatanga day should be abolished as it no longer able to serve its purpose and is creating more disharmony within the whānau of Te Korowai Atawhai.

### **Appendix 3 – Propose FTE split**

### **Appendix 4 – proposed reporting lines of new roles**

### **Appendix 5 – Proposed position description – Kaitiaki Matauranga**

**Canterbury**District Health Board

Te Pōari Hauora o Wātaha

## Appendix 2. Submission feedback themes Te Korowai Atawhai

A total of 62 submissions were received on the Te Korowai Atawhai discussion document.

The following themes emerged from the feedback:

- There are clearly differing understandings around the fundamental structure of Te Korowai Atawhai as to whether it is a Kaupapa Maori Service and therefore self-determining or a service provided as part of the wider Specialist Mental Health Service.
- There is agreement in the need to be able to provide a responsive service and adequate Pukenga Atawhai time to support Tangata Whaiora.
- There are mixed views on how this could best be achieved.

Submissions summary detailed below:

Feedback Theme	Feedback Summary	Response
<b>Increase in FTE for Pukenga Atawhai roles</b>	There is significant support for increasing the overall FTE allocated to Pukenga Atawhai roles in SMHS. Many submissions identified unmet need within the current structure and FTE allocation.	Agreed – see Proposal Document
<b>Reallocation Pukenga Atawhai FTE currently allocated to the Te Korowai cost centre for Whanaungatanga day</b>	<p>Strong support to review and/ or amend the format and /or frequency of Whanaungatanga day. This is seen as positive as it will allow the increase in Pukenga Atawhai availability and input into the clinical teams. It was also felt that having a full day per week was not aligned with the amount of release time available for other professional groups for supervision and development.</p> <p>Changes to the concept and format of Whanaungatanga Day are not supported. This day is seen as fundamental to how Te Korowai Atawhai operates. There is concern that losing this weekly day could leave Pukenga Atawhai culturally unsupported.</p>	<p>See Proposal Document for proposed plan to reduce frequency of the Whanaungatanga day whilst acknowledged the importance this day holds in providing supervision, support and unity for the Pukenga Atawhai.</p> <p>It is proposed FTE currently allocated to Te Korowai (Whanaungatanga Day) will be reallocated to clinical teams based on demand.</p>

Feedback Theme	Feedback Summary	Response
	<p>Some submissions detailed that any changes to the day should be only be considered if Pukenga Atawhai are in agreement.</p> <p>The re allocation of FTE to clinical teams is supported based on the concept that Whanaungatanga day is reviewed.</p> <p>The reallocation of FTE to clinical teams is not supported as it would mean a change to the current structure of Whanaungatanga day</p> <p>Submissions offered suggestions which included maintaining the status quo, shorter day but maintained at weekly intervals, more structured day and shorter meetings less frequently.</p>	
<b>Dedicated role in Te Awakura</b>	There is support for the establishment of a dedicated Pukenga Atawhai role within Te Awakura. Submissions detailed the difficulty in covering the needs of this consumer group within the current structure.	Agreed – it is proposed that dedicated Inpatient Pukenga Atawhai is a priority area
<b>Seager/ Tupuna role</b>	Moving the Pukenga Atawhai role for the Seager/ Tupuna into the Adult General cluster is not supported as it was felt that this would not enable continuity of care for those consumers.	FTE may be realigned to meet demand in high priority areas. This will be determined in the next stage of service development.
<b>Adult general service includes CR</b>	Concern expressed about the demands involved in responding to crisis situations and the impact this has on those to Tangata Whaiora already in the service, There are suggestions for the establishment of a dedicated Crisis Resolution Pukenga Atawhai role.	Agreed that CR requires more FTE, this will be considered as part of the reallocation of available FTE.
<b>Review of out of hours call back roster</b>	<p>This is supported.</p> <p>There are comments around how difficult the 24hr day/ 7 day work of the Pukenga Atawhai is currently.</p>	Review of the on-call roster and how ensure the roster is sustainable is a priority and will require ongoing consideration and consultation.

Feedback Theme	Feedback Summary	Response
<b>Pukenga Atawhai roles for services with low Maori Ethnicity</b>	This is supported overall but as long as this is not at the detriment to Tangata whaiora entering or in those services. Some submissions note the importance of having an in team Pukenga Atawhai.	It is acknowledged that some areas are over resourced. Reallocation of FTE will be considered for any future vacancies and existing roles will be considered on an individual basis and in negotiation with individuals in those roles.
<b>Increase in allocation for CAF</b>	This is supported, given the increase in service demand.	Agreed that CAF requires more FTE, this will be considered as part of the reallocation of FTE.
<b>Development of leadership roles</b>	There is support for the development of leadership roles within Te Korowai Atawhai. This supports notes these roles need to reflect appropriate skill level and remuneration.	Service cluster leads are being considered. Pou Whirinaki is now appointed. The new role of Kaitiaki Mātauranga is proposed.
<b>Manuhiri Day</b>	Continuation of Manuhiri day is supported. Many benefits identified. There are suggestions which include having Pukenga Atawhai rostered to facilitate this day, thus freeing up other Pukenga for their clinical areas.	It is proposed that this day will continue, with input and development from the Kaitiaki Mātauranga.
<b>Kaiarahi Matua role</b>	There is support for reviewing the Kaiarahi Matua role as it is felt that 1.0 FTE role could be better utilised in the clinical units.  Some submissions were not in support of reviewing the role of the Kaiarahi Matua role. Some submission noted this would be seen as a takahi to the mana of the position.  Some submitters felt unable to comment of leadership of Te Korowai	This role is discussed in the Proposal document
<b>Te Kaihapai role</b>	There is recognition of the value of this position and agreement in the need to review the role.	This role is recognised as a valuable role within SMHS. This role will be reviewed in the future to ensure it remains aligned with the vision and values held by Te Korowai Atawhai following the implementation of any potential future changes to the service.

Feedback Theme	Feedback Summary	Response
<b>Whānau Kaitautoko role</b>	There is agreement in the need to review the role. Moving the role back to sit within Te Korowai was seen as important.	This role is recognised as a valuable role within SMHS. This role will be reviewed in the future to ensure it remains aligned with the vision and values held by Te Korowai Atawhai following the implementation of any potential future changes to the service.
<b>Training and support role for wider SMHS</b>	There is support for the development of a training role in SMHS. This is seen as a key development in terms of increasing the knowledge about staff around Tikanga Maori and would release valuable time for Pukenga Atawhai.  There are also suggestions that this role could support Pukenga Atawhai professional and cultural development.	It is proposed that the role of Kaitiaki Mātauranga will pick up this piece of work – for further detail, see Proposal Document.
<b>Te Kahui Pou Hauora Maori (Senior Leadership meeting)</b>	There is support to review the Terms of Reference for the Te Kahui Pou Hauora Maori. This is seen as especially important if the structure and role of Whanaungatanga day changes.	Agreed – will be reviewed by Pou Whirinaki
<b>Overall comments</b>	There were some submissions which identified that Pukenga Atawhai roles, responsibilities, competencies and training requirements need review and clarification.  There were some general comments that obligations under Te Tiriti o Waitangi were not being met and that the approach was not in line with the principles of Partnership, Protection and Participation and self-determination.  Some submissions identified that Te Korowai Atawhai should decide how the service is operated.	Agreed – as part of the ongoing development of Te Korowai, the roles of the Pukenga Atawhai will be reviewed and Position Descriptions updated accordingly.  The proposed changes are intended to support the service to meet its obligations under Te Tiriti o Waitangi.  Staff have been offered the opportunity to provide one to one feedback through meetings with Pou Whirinaki.  Noted



Feedback Theme	Feedback Summary	Response
	Some submissions noted the SMHS review undertaken in 2009 by The Rev Maurice Grey had not been fully implemented.	