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AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, GREYMOUTH ON FRIDAY 6 AUGUST 2004 COMMENCING 10.15 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Meeting held Friday 2 July 2004
7. Matters Arising
8. Correspondence
9. Chairman's Report
10. Chief Executive's Report
11. Finance Report
12. Reports from Board Advisory Committees
13. Date of next Meeting – Friday 3 September 2004 at 9.15 am
14. Information Papers

IN COMMITTEE

- Minutes of the Meeting held Friday 2 July 2004 and matters arising
- ACC Contracts
- Laboratory Services
- Fox Clinic
- OIA 1982 5.9(2)(i) Commercial
NZPHDA Sch 3 cl 32(a)

- Industrial Relations
OIA 1982 5.9(2)(j) Industrial Relations
NZPHDA Sch 3 cl 32(a)

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Professor Gregor Coster Chairman <i>Appointed February 2003</i>	<ul style="list-style-type: none"> • Director - PHARMAC • Director - Cornwall Management Limited • Director - Cornwall Nominees Limited • Trustee - The University of Auckland Primary Health Care Trust • Chairman - Institute of Rural Health • Trustee - Goodfellow Foundation
Dr Christine Robertson Deputy Chairman	As self employed person, does work on contract for: <ul style="list-style-type: none"> • HealthPAC - regularly • Comcare Charitable Trust - regularly • WCDHB-occasionally • HDANZ (Health and Disability Auditing New Zealand Ltd) – occasionally <p>Husband is on the Board of Coast Care Trust and is a Justice of the Peace who undertakes judicial duties in court. Also Alternate Controller for Civil Defence for the Grey District Council</p>
Ms Robyne Bryant	<ul style="list-style-type: none"> • Member - New Zealand Nurses Organisation • Member - New Zealand College of Midwives • Member - Mawhera Maori Women's Welfare League • Employed by Coast Health Care as a midwife for two shifts per week • Trustee - Board of Coast Care Trust
Mrs Julie Kilkelly	<ul style="list-style-type: none"> • Member - Pharmaceutical Society • Member - New Zealand College of Pharmacists • Member - Pharmacy Defence Association • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board – Co-opted Pharmacist • Director - Olsen's Pharmacy
Mrs Marguerite Moore	<ul style="list-style-type: none"> • Member - Kawatiri Maori Women's Welfare League • Chairman - Buller Branch of the NZ Labour Party • Member - Grey Power • Chairperson - Buller Labour Party <p>Early Childhood Development:</p> <ul style="list-style-type: none"> • Co-ordinator - St Johns Kids n' Coffee • Co-ordinator - Oasis • Daughter - employee West Coast DHB
Mrs June Robinson	<ul style="list-style-type: none"> • Board Member - Royal New Zealand Plunket Society • Chairperson - Rata Te Awhina Trust • Chair - Kati Mahaki Ki Makaawhio Ltd • Member - New Zealand Medical Council Review Committee • Member - Rata Branch Maori Women's Welfare League • Member - Poutama Ora • Cultural Advisor to Chief Executive - Community Corrections

	<ul style="list-style-type: none"> • Member - Runanga O Makaawhio • Member - Mata whanui (Maori DHB members committee)
Mr Mohammed Shahadat	<ul style="list-style-type: none"> • Member of the New Zealand Law Society • President of the Hokitika Lions Club 2001-2002 • Principal Partner, Murdoch, James and Roper • Councillor - Westland District Council
Mr Tamai Sinclair	<ul style="list-style-type: none"> • Health and Social Services Representative, Te Runanga o Ngati Waewae • Shareholder - Mawhera Corporation • Member - Poutama Ora • Trustee - West Coast PHO Board • Kaiwhakarite, Te Puni Kokiri • Member - Mata whanui (Maori DHB members committee)
Dr Malcolm Stuart	<ul style="list-style-type: none"> • Employed by WCDHB as Head of Department, Anaesthesia and Consultant Anaesthetist • National Committee - Australian New Zealand College of Anaesthetists • Member - Association of Salaried Medical Staff <p>As a self employed person:</p> <ul style="list-style-type: none"> • Medical advisor - St John Ambulance service
Mr John Vaile	<ul style="list-style-type: none"> • Member - CCS Westport Branch • Director - Vaile Hardware Ltd • Wife employed by the WCDHB

ABBREVIATIONS

# NOF	Fractured Neck of Femur (broken hip)
1°	Primary
2°	Secondary
3°	Tertiary
A+	Auckland Healthcare
A&E	Accident & Emergency
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation Unit
ALOS	Average Length of Stay
ANDRG	Australian National Diagnosis Related Group
BDC	Buller District Council
CAA	Child Acute Assessment
CAMHS	Child & Adolescent Mental Health Service
CAP	Canterbury Association of Physicians
CC	Complications & Co-morbidity
CCMAU	Crown Companies Monitoring Unit
CCN	Clinical Charge Nurse
CD	Clinical Director
CDHB	Canterbury DHB
CEA	Collective Employment Agreement
CFA	Crown Funding Agreement
CHA	Crown Health Association
CHL	Canterbury Health Limited
CICU	Cardiac Intensive Care Unit
COMRAD	Radiology Reporting System
CPAC	Clinical Priority Assessment Criteria
CPHAC	Community & Public Health Advisory Committee
CSSD	Central Sterile Supplies Department
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DAO	Duly Authorised Officer
DDG	Deputy Director General
DHB	District Health Board
DNA	Did Not Attend
DON	Director of Nursing
DOSA	Day Of Surgery Admission
DRG	Diagnostic Related Grouping
DSAC	Disability Services Advisory Committee
DSD	Disability Support Directorate
DSS	Disability Support Services
EAP	Employee Assistance Programme
ED	Emergency Department
EMT	Executive Management Team
ENT	Ear, Nose and Throat
ER	Employment Relations
FSA	First Specialist Assessment
GP	General Practitioner
HAC	Hospital Advisory Committee
HFA	Health Funding Authority
IEA	Individual Employment Agreement

IRF	Inter Regional Flow
HAHS	Hospital and Health Services
HMD	Hospital Monitoring Directorate (former CCMAU)
HFA	Health Funding Authority
HHS	Hospital & Health Service
HR	Human Resources
HTG	Hospital Technical Group
ICD 9	International Code of Diseases
ICU	Intensive Care Unit
IEC	Individual Employment Contract
IPA	Independent Practice Association (GP Group)
ISDN	Integrated Services Digital Network
IT	Information Technology
Kai Arahi	Term generally refers to “guide” and /or advisor
KPI's	Key Performance Indicators
LMC	Lead Maternity Carer
MECA	Multi Employer Collective Agreement
MHAC	Mental Health Advisory Committee
MOH	Ministry of Health
MOSS	Medical Officer Special Scale. A doctor with 4+ years post-graduate experience but not a specialist
MRT	Medical Radiation Technologist
NMDHB	Nelson/Marlborough DHB
NGO	Non Government Organisation
NICU	Neonatal Intensive Care Unit
NZNO	New Zealand Nurses Organisation
OP	Outpatients
O&G	Obstetrician and Gynaecologist
OIA	Official Information Act
PBFF	Population Based Funding Formula
PCG	Project Control Group
Pegasus	One of the IPA's
PHO	Primary Health Organisation
PMS	Patient Management System
Primary Services	Services that receive self referred patients
PRIME	Primary Response in Medical Emergencies
PNA	Professional Nursing Advisor
PSA	Public Services Association
QA	Quality Assurance
QHNZ	Quality Health New Zealand
RDA	Resident Doctors Association
RFP	Request for Proposal
RHA	Regional Health Authority
RHMU	Residual Health Management Unit
RMO	Registered Medical Officer. A junior doctor with 0-4 years post-graduate experience
Runaka	Assembly
Secondary Services	Services where a primary carer must refer patients. Provided in a hospital supported by specialists, and meeting standard clinical criteria
SHO	Senior House Officer
SMT	Senior Management Team
SOI	Statement of Intent
Stargarden	Payroll System
Tamariki	Children – usually refers to children up to and including 14 years of age
Tangata Whenua	People of the land”, most commonly referring to traditional Maori Iwi occupants of a region or district
Tino Rangatiranga	Absolute Sovereignty
STD	Sexually Transmitted Diseases
WTF	Waiting Times Fund

Ora Services	Term used to describe all activities that promote health and prevent diseases that are undertaken in the primary care setting for children and their families and whanau
WCDHB	West Coast DHB
Whanau	Family
Whanau Ora	Health and wellbeing
YTD	Year to Date

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING

**HELD FRIDAY 2 JULY 2004 AT 9:17 AM IN THE
BOARDROOM, CORPORATE OFFICE, GREYMOUTH**

PRESENT Gregor Coster, Chairman
Christine Robertson, Deputy Chairman
June Robinson
Malcolm Stuart
Marguerite Moore
Julie Kilkelly
Tamai Sinclair
Robyne Bryant

IN ATTENDANCE John Luhrs, Chief Executive
Kevin Hague, General Manager Planning and Funding
Vikki Carter, Community Liaison Officer

Alison McDougall, Minute Secretary

APOLOGIES John Vaile
Mohammed Shahadat
Malcolm Stuart (lateness)
Julie Kilkelly (early departure)

Karakia – Tamai Sinclair

1. **APOLOGIES, WELCOME**

The Chair welcomed Board members, Management and the media to the meeting and introduced Vikki Carter, WCDHB Community Liaison Officer to Board members. Apologies were received from John Vaile and Mohammed Shahadat. Apologies were received from Julie Kilkelly for early departure.

2. **STANDING ORDERS**

The Chairman waived the Standing Orders unless there is reason to reinstate them later in the meeting.

3. **DISCLOSURES OF INTERESTS**

No amendments were made to Board Members' Disclosures of Interest.

4. **MINUTES OF THE PREVIOUS BOARD MEETING HELD 4TH JUNE 2004**

The following amendments were made to the Minutes:

- Page 12, Item 8.6 should now read, *“The Chair, HAC advised that HAC has agreed that it would like to see a report on the impact of the Disability Action Plan on the provider arm and she will advise more on this in her report.”*
- Page 14, Item 10.1.3, second sentence, amend to read, *“...issues that Management, in discussion with the Chairman of the Board, feel HAC should consider...”*
- Page 17, second paragraph, amend to read, *“...Ron Hibbs has resigned from Coast Care Trust, however Ron has not informed...”*
- Page 17, paragraph 6, third sentence should now read, *“The Deputy Chair advised she believes that the motion does not tie in with the discussions at the DAP Workshop and that Committee input is best left to focus on issues outside of the DAP process.”*

Moved: Deputy Chair, Seconded: Robyne Bryant

It was RESOLVED that the Minutes of the Board meeting held 4th June 2004 were a true and correct record subject to the above amendments.

5. **MATTERS ARISING**

Complete the scoping phase of the impacts of transport on health report and provide Board members with a paper.

This item is due September 2004.

Discuss over 65s at the DSAC meeting, and then provide an update to the Board

The Chief Executive advised, in the absence of the Chair, DSAC that this item may have been superseded by the recent announcement of funding for over 65s. The Chairman queried DSAC members as to whether the item should remain. The Board agreed the item should be removed. A Board member raised a press release issued yesterday by the WCDHB regarding funding. The press release stated that prescriptions will now only cost \$3 however this is not completely accurate as there are part charges which could also be applied. The Chairman requested the Management reflect on this and look to issue a correction, if required.

Report on progress of Cabinet approval and signing of the Memorandum of Partnership with Paptipu Runanga

The Chief Executive advised he is still awaiting feedback from the Ministry of Health.

Prepare a paper indicating when Advisory Committee members were appointed and the length of their term in preparation for this year's elections

The Chief Executive advised that this item is included in papers. The Chairman advised the matter will be discussed later in the meeting.

Completed.

Malcolm Stuart joined the meeting at 9:20am

Investigate advertising of the Whanau Facility on the WCDHB website

The Chief Executive tabled copies of the section of the WCDHB website advertising the Whanau Facility. The information on the site includes a photo of the facility and information on charges, check in, some basic rules and security and emergency information. The Chief Executive invited the Board members to provide feedback on this to the General Manager

Maori Health. The Chief Executive informed the Board he also has information on occupancy rates which he will provide to HAC as HAC is monitoring occupancy rates of the Facility, as delegated by the Board.
Completed.

Meet with Maori Board members to discuss initiatives for pathways of care and report back to the Board

This item is due September 2004.

Write a letter of congratulations to Pauline Southorn on her election to the Mental Health Advocacy Coalition

Completed.

6. CORRESPONDENCE

The Chairman drew the Board's attention to a letter he wrote to the Chief Executive requesting funds in order to attend a course on the Chairing the Board (Institute of Directors). In accordance with the Board Members' Manual this will go to the Deputy Chair for sign off.

Moved: Chair, Seconded: Deputy Chair

It was RESOLVED that the Board correspondence Inwards was accepted and Outwards endorsed.

7. CHAIRMAN'S REPORT

The Chairman tabled and went through his report.

Moved: Chair, Seconded: June Robinson

It was RESOLVED to accept the Chairman's Report

8. CHIEF EXECUTIVE'S REPORT

8.1 Recruitment

The Chief Executive reminded the Board that the information in the recruitment table in his report is constantly changing as the process often moves quickly. Therefore the recruitment status in his report is current up to last week when it was prepared. A Board member queried whether the Rural Nurse Specialist position in South Westland is a new permanent position. The Chief Executive advised that while there is no permanent GP in South Westland an extra nurse is required to supplement existing services.

8.2 ACC Audit

The Chief Executive advised that he is still waiting for formal advice in relation to the ACC Audit but indications are positive that WCDHB can move to tertiary level.

8.3 Discussions with Canterbury DHB (CDHB)

The Chief Executive noted discussions with CDHB exploring opportunities for collaboration. He advised there is a South Island forum for DHBs looking at collaboration at a clinical level and sustainability of services in August. This is a prelude for further work that will be done with all DHBs. The challenge is the way to achieve collaboration with available resources not only financially but in terms of staffing. A Board member queried if the Chief Executive met with a representative from CDHB anaesthetics. The Chief Executive advised that the Anaesthetics Department was not on the agenda that day but reassured the member that there would be opportunities to meet in the future.

8.4 Nursing Review

The Chief Executive advised that submissions from staff and the NZNO are closing on 16 July and he has noted in his report that Management intend to forward the feedback with recommendations, if required, to the ARFC. The Chair suggested the Board member item on the Nursing Review be covered at this stage of the meeting. The Board member suggested the item should be covered In Committee.

The Chief Financial Manager joined the meeting at 9:45am

The Board discussed whether the review should be handled as an In Committee item.

The Chief Executive advised the purpose of putting the review and possible recommendations to the ARFC is in order to deal with financial and service implications. The ARFC may make recommendations to the Board as to how to proceed after that.

As this review has already been delegated to HAC to include in the Trendcare monitoring, the Chair of HAC was asked her opinion on the process. She was happy for the report to go through ARFC to the Board with any matters then to be delegated to HAC as seen appropriate by the Board.

Moved: Chairman, Seconded: Robyne Bryant

Motion:

THAT Management's recommendation, that the Nursing Review be referred to the Audit, Risk and Finance Committee for further consideration and reporting to the Board, which will then consider referring appropriate matters to the Hospital Advisory Committee for consideration and recommendation be accepted.

Motion carried.

Moved: June Robinson, Seconded: Robyne Bryant

It was RESOLVED to accept the Chief Executive's Report

9. FINANCE REPORT

The Chair welcomed Wayne Champion to the meeting in his new role of Chief Financial Manager.

The Chief Financial Manager informed the Board that the Finance Report is more detailed than usual as Finance is working towards the end of the year. The May result was better than budget and the main reason for this is revenue for the Neighbourhood Nursing project.

Year to date, the provider arm was over budget and this is mainly due to the effect of MRSA in April and underproduction in theatre associated with this. The introduction of the new Holidays' Act has also had an effect on budget. However the funder arm offsets this with a result better than budget.

The Chief Executive advised that DHBs are not being compensated for the effect of the Holidays Act for this financial year. A Board member queried if there is a general figure on the cost of the Act. The Chief Financial Manager advised that it depends on current staffing structure and WCDHB has a mixture of agreements which were affected April by around \$111,000, which is quite an impact. The Chief Financial Manager estimates around 2% additional cost on total provider arm budget at this stage, although he noted as the Act is new this was an estimate only at this stage.

The Chair noted the figures in the Cashflow table and advised the Board that WCDHB has now received funding for depreciation. The Board has discussed this previously and these funds are not for spending in the current financial year.

The Chief Executive noted that the dispute in relation to air transfer charges has now been resolved and Management will now finalise payments based on the level of service provided.

A Board member queried the YTD variance in consumer sourced revenue on page 29. The Chief Financial Manager advised that it is a mix of Ministry of Health funded services versus private paying rest home patients. This is not an area the DHB has a lot of control over.

A Board member queried the YTD variance in Other Operating Costs on page 31. The General Manager Planning and Funding advised that it is a result of the accrual of some of the SISSAL audit charge and work done on the WCDHB's behalf to assist with PHO development. There should also be income for this as well. The Chief Financial Manager advised that it is possibly budgetted for under professional fees but expenditure appeared in operating costs.

Moved: Deputy Chair, Seconded: Marguerite Moore

It was RESOLVED to accept the Finance Report.

The Chief Financial Manager left the meeting at 10:05am

10. REPORTS FROM ADVISORY COMMITTEES

10.1 Hospital Advisory Committee

The Chair, HAC advised there has not been a meeting since the last Board meeting and there is nothing new to add to her report at the last Board meeting.

10.2 Disability Services Advisory Committee

The Acting Chair, DSAC reported that the Research and Planning Analyst informed DSAC of some research she had undertaken on Transport as part of the Integrated Continuum of Care Plan. One of the results of this research was identifying the impact of remoteness and travelling times on caregivers. DSAC has a recommendation for the Board on the adoption of the Integrated Continuum of Care Plan.

Moved: June Robinson, Seconded: Marguerite Moore

Motion:

THAT the West Coast District Health Board adopt the Integrated Continuum of Care Plan

Motion carried.

The Deputy Chair advised that HAC has an interest any impact the Plan may have on the provider arm and advised that HAC has requested to be updated, by management, on any issues arising from the implementation of the Plan.

The Chairman thanked the Acting Chair, DSAC for the Committee's work on the Plan.

10.3 Community and Public Health Advisory Committee

The Chair, CPHAC informed the Board that the minutes of the CPHAC meeting included in Board papers are incorrect and are withdrawn. The Chair, CPHAC will arrange for the correct minutes to be circulated to Board members.

10.3.1 Reporting Back on Board Referred Items

Rural GP Training Program

At the last meeting CPHAC endorsed the Board's recommendations and at this stage CPHAC is to talk to Greville Wood about how his costings can be progressed with Management. Greville is currently on leave.

Oral Health Hui

CPHAC has been involved in a lot of work around oral health and asked for a report on how the Hui went. The Research and Planning Analyst gave a report to the Committee and the Hui appear to have been successful. CPHAC queried if there was something the Committee could do to assist in moving forward with the issues identified at the Hui and have a number of recommendations to make to the Board.

The Chair, CPHAC advised that at the Hui there was discussion around the lack of oral health promotion. One of the reasons behind this is that the school dental therapists who used to do a lot of this work no longer have the time available and it is an area tending to be neglected. Low income adults have limited access to oral health care due to their income and the services provided through WINZ are very limited, mainly providing emergency work only. CPHAC discussed whether CPH could tailor some oral health promotion work into their existing services and the WCDHB could liaise with the PHO. The Chairman, WCHDB requested the Chief Executive note these suggestions for Management. The Chief Executive advised an initiative to encourage under 18s to access free dental care was launched in Christchurch yesterday attended by the Minister. The WCDHB General Manager Maori Health was invited to speak at the Hui and the Minister

congratulated WCDHB and CDHB on their work in oral health in this area. The General Manager Planning and Funding advised that the point of the project is improve access to oral health care for the under 18 group. Some of the resources associated with the initiative are on the Boardroom wall for Board member's interest and the Research and Planning Analyst will have other resources available for Board members to view at lunch if they are interested. The Chair, WCDHB reminded the Board it has already made an earlier decision to work with Councils on fluoridation.

Moved: Julie Kilkelly, Seconded: Robyne Bryant

Motion:

THAT the West Coast District Health Board supports the exploration of a community dental centre on the West Coast, in conjunction with other work that may be happening in the oral health area.

Motion carried.

Moved: Julie Kilkelly, Seconded: Robyne Bryant

Motion:

THAT the West Coast District Health Board encourages the Ministry of Health to provide extra funding for low income adults to receive dental care and oral health promotion.

Motion carried.

Moved: Julie Kilkelly, Seconded: Robyne Bryant

Motion:

THAT the West Coast District Health Board explores options for enhancing the provision of oral health education and promotion, including encouraging the Ministry of Health to provide additional funding for this.

Motion carried.

The Chair, WCDHB requested the Chief Executive and General Manager Planning and Funding to liaise with the Chair, CPHAC and Research and Planning Analyst to write letter to the Ministry of Health on these issues.

Action: Chief Executive, General Manager Planning and Funding

10.3.2 Interim CPHAC Meeting

The Chair, CPHAC informed the Board that due to some late apologies it appeared that CPHAC was going to struggle for a quorum at it's recent meeting and the Chair, CPHAC spoke with Maureen Pugh from the PHO to delay their scheduled presentation. The PHO has been developing some monitoring requirements for CPHAC that will be included on a regular basis. CPHAC has broadened this monitoring role to include determinates in the wider community including issues from the Ministry of Social Development. The Chair, CPHAC and General Manager Planning and Funding are hoping to have some of this work

completed for the next papers. The Chair, CPHAC has arranged for the PHO to present at the next meeting and due to the large amount of work to be completed, she is requesting an interim meeting.

The Chair, WCDHB advised he supports CPHAC's request for an additional meeting over and above the usual schedule.

Moved: Chair, Seconded: Julie Kilkelly

Motion:

THAT the West Coast District Health Board agree to an additional meeting on 21 July 2004 in order to facilitate timely resolution of CPHAC business.

Motion carried.

10.3.3 Smoking Cessation

The Chair, CPHAC informed the Board that the Committee has done a lot of work looking at smoking cessation services and the Chair, CPHAC met with members of the Quit Group in early June. They spoke about the WCPHO's plan for smoking cessation services and CPHAC is awaiting the outcome of the PHO's plan, which is currently with the DHB, to see if there are any issues that CPHAC can link in to.

10.4 Mental Health Advisory Committee

The Chair, MHAC advised that there was good attendance at the meeting. MHAC discussed blueprint analysis and Shona McLeod gave a good presentation on the draft Plan. The Chair, MHAC requested the Board read and make comment on the Primary Mental Health Plan.

The Chair, MHAC advised there is an expectation that Ron Hibbs will resign from the Committee. The Deputy Chair recalled that at the time Ron was appointed, the Mental Health Forum was asked to nominate three people to the Committee for their skills, not their position with a particular organisation and therefore Ron Hibbs' resignation from Coast Care Trust should have no effect on his membership in MHAC. The Chair, WCDHB suggested that the Board minutes from that time be consulted to investigate if the circumstances surrounding Ron's appointment was recorded. A Board member stated that she believed Ron Hibbs was appointed by the Mental Health Forum due to his position with Coast Care Trust. The Chief Executive will refer back to previous Board minutes and Ron Hibbs' letter of appointment to confirm details of his appointment and report back at the next meeting.

Action: Chief Executive

A Board member suggested it may be outlined in the Board Member's Manual that a member who does not attend for three meetings without an apology is considered to have resigned. The Chair requested Management investigate this and report back.

Action: Chief Executive

11. **ADVISORY COMMITTEE MEMBERS' TERMS OF APPOINTMENT**

The Chair drew the Board's attention to the table in the papers and noted a correction in that the Chair of the Board should appear as an ex officio member of each Committee.

Julie Kilkelly left the meeting at 10:48am

The Deputy Chair noted most members terms expire at the same time and asked whether the Board should consider staggering terms. The Chair advised that this should be an item on the Action and Responsibility list due for completion at the March 2005 meeting. It is not appropriate to change member's terms of appointment unless there are exceptional circumstances. The Board agreed that the item should become an item on the Action and Responsibility list for consideration by the new Board at the March 2005 meeting.

The Chair suggested it would be useful to leave the table in Information Papers as a standing item.

12. **ENROLLED NURSES' DAY**

A Board member informed the Board that Enrolled Nurses' Day was Wednesday of this week. The Chief Executive advised he had not included the item in papers, but informed the Board that he was invited to speak at an afternoon tea held for Enrolled Nurses on Wednesday afternoon where he reinforced their value to the organisation. The Board member suggested that Board members might be interested in a presentation board near Hannan Ward with photos of nurses from various departments in the organisation.

13. **LONG TERM COUNCIL COMMUNITY PLANS**

A Board member queried if the Board has a policy for input into the Long Term Council Community Plans. The General Manager Planning and Funding noted that he is aware that the deadlines for comment on the Long Term Council Community Plans have passed. The WCDHB had the opportunity to provide input into local authority planning (in addition to the LTCCP).

14. **IN COMMITTEE**

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 2 July 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- **Minutes of the Previous Meeting – Friday 4 June 2004**
- **Pharmacy Contracts**
- **Capex**
 - **Primary Integration Systems Management Project (PrISM) – IT Project**
 - **Buller Medical Services Renovations Update**

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 2 July meeting of the West Coast District Health Board that relates to the following items on the grounds that the exclusion of the public is to allow the maintenance of effective

conduct of public affairs through the protection of such Ministers, officers, and employees of the WCDHB from improper pressure or harassment and that this disclosure would prejudice the protection granted by Section 9(2)(g)ii of the Official Information Act 1982:

- Draft Communications Policy
- Code of Good Faith
- District Annual Plan Reporting Update
- Collective Decision Making – Draft Principles
- Risk Register (standing item)
- Royal Australasian College of Surgeon's Review of General Surgery Update on Recommendations (standing item)

Moved: Deputy Chair, Seconded: Malcolm Stuart

It was RESOLVED to move into In Committee at 10:51am

15. MOVING OUT OF IN COMMITTEE

Moved: Chair, Seconded: Deputy Chair

It was RESOLVED to move out of In Committee at 3:21pm

16. ITEMS TO BE REPORTED FROM THE IN COMMITTEE SECTION

16.1 Primary Integration Systems Management Project (PrISM)

The Board approved expenditure for the development of the Primary Integration Systems Management Project.

16.2 Buller Medical Service Refurbishment

Additional expenditure has been approved by the Board to assist the completion of the Buller Medical Service.

17. NEXT MEETING

The next meeting will be held at 10:15am on Friday, 6 August 2004 in the Boardroom, Corporate Office, Greymouth.

There being no further business to discuss the meeting concluded at 3:23pm

MATTERS ARISING FROM THE WEST COAST DHB BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
11	7 November 2003	Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	Originally due April 2004 – now due September 2004	
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papitipu Runanga.	Chief Executive	Completed but awaiting feedback from MoH	
8.5	4 June 2004	Meet with Maori Board members to discuss initiatives for pathways of care and report back to the Board.	General Manager Maori Health & Maori Board members	September 2004	
10.3.1	2 July 2004	Liaise with the Chair, CPHAC and Research and Planning Analyst to write a letter to the Ministry of Health on oral health issues.	Chief Executive, General Manager Planning and Funding	August 2004	
10.4	2 July 2004	Investigate and confirm details of Ron Hibbs' appointment to the Mental Health Advisory Committee.	Chief Executive	August 2004	
10.4	2 July 2004	Investigate grounds for assumed resignation of Advisory Committee members as per the Board Members' Manual.	Chief Executive	August 2004	
11	2 July 2004	Have advisory committee membership on the March agenda for the new Board to allow the process for appointment/re-appointment to be completed prior to the termination date of current community appointments.	For Board consideration	March 2005	

BOARD CORRESPONDENCE FOR JULY 2004

Date:	Sender:	Details:	Response Date	Response Details
23 June 2004	Hon Annette King, Minister of Health	Funding for the impact of FRS 3 Revaluations.		
6 July 2004	Prof Gregor Coster	Letter to Minister of Health, Hon Annette King.	14 July 2004	Response from Hon Annette King, Minister of Health and Karen O Poutasi (Dr), Director-General of Health, MoH
9 July 2004	Mary O'Hagan, Commissioner, Mental Health Commission	Publication "Our Lives in 2014 A Recovery Vision From People With Experience of Mental Illness".		
12 July 2004	John Grey, Westland Pharmacy	Submission to Pharmac on Close Control Consultation for Board information.		
12 July 2004	Julie Kilkelly, Olsen's Pharmacy	Submission to Pharmac on Close Control Consultation for Board information.		
20 July 2004	Carolyn Cooper, Executive Director, New Zealand Private Hospitals Association	Aged Residential Contracts Briefing Paper.		
23 July 2004	Gareth Rees, Buller REAP	Invitation to Gregor Coster to attend Disability Awareness Day 08/09/04.		
26 July 2004	Hon Annette King, Minister of Health and Hon Ruth Dyson, Minister for Disability Issues	Access to secondary and tertiary services for people with an intellectual disability.		
29 July 2004	R L Logan, Chair, National Health Committee	Informative visit to the West Coast.		

CHAIRMAN'S REPORT

NATIONAL HEALTH COMMITTEE

I attended at the visit of the National Health Committee to the West Coast on 19 – 20 July. There was a Powhiri for members and secretariat at Rata Te Awhina Trust, followed by presentations on health issues in Tai Poutini and on the work of the Trust. Over the two days the National Health Committee heard various other presentations from DHB staff, the PHO and community.

RACS

The Chief Executive and I met with RACS on Monday of this week to discuss the process for a follow-up visit by RACS to review and report progress on the ten recommendations made by RACS on 27 August 2003.

SOUTH ISLAND CHAIRS AND CEO'S MEETING

I attended the South Island Chairs and CEO's meeting held in Christchurch during the month. Main types of discussion included industrial negotiations, PHO development, IT systems and shared services arrangements. Note that there will be a whole of South Island meeting of Management and Senior Clinicians to discuss regional collaboration in clinical service delivery in the South Island.

DAMIEN O'CONNOR

I also met with Damien O'Connor on Wednesday in Wellington to update him on progress within the Board.

SOUTH CANTERBURY DHB

John Luhrs, Ebel Kremer and I visited the South Canterbury DHB on Friday 9 July. We visited the Emergency Department, Medical and Surgical wards, Nursing Resource Unit, Support Services (including laundry), health care for the elderly facilities, Mental Health, Information Technology and Finance. We met with Joe Butterfield (Board Chair) and Craig Climo (CEO) and found the visit most useful.

Author: Chairman – 6 August 2004

CHIEF EXECUTIVE'S REPORT

RECRUITMENT / VACANCIES FOR MAY/JUNE/JULY 2004

POSITION	STATUS
Senior Medical Staff General Surgeon	<p>The Interview Committee have interviewed two potential candidates. A letter of offer has been accepted by one candidate for a 6 month period with a view to extend to one year by mutual agreement. Awaiting MCNZ registration</p> <p>The second candidate was offered a 6 month term unfortunately has had to decline due to family commitments.</p> <p>Locum cover supporting permanent surgeon through until the end of September 2004.</p> <p>Other interviews in progress – actively recruiting.</p>
Anaesthetist	Actively recruiting
Physicians	Interviews in progress
Orthopaedic surgeon	Actively recruiting.
O&G	O&G commenced 1 June 2004 until 1 February 2005. A letter of offer has been sent to a potential candidate for a 2 year term with view to permanent. This candidate has accepted and we await MCNZ registration. There is also one other candidate to interview.
GPs Buller	<p>Position advertised</p> <p>Two letters of offer have been sent for a two year term with a view to permanent. These have been accepted, wait MCNZ registration.</p> <p>One GP commences August 2004 for a 2 year term with a view to permanent. The second GP is due to start 1 October 2004 until 31 March 2005. Both are awaiting MCNZ registration.</p>

POSITION	STATUS
GP Karamea	Actively recruiting. West Coast DHB are providing Karamea Trust Curriculum Vitae of potential candidates.
GP Dobson	Locum cover. Actively recruiting.
GP South Westland	A long-term locum for 6 month term has been accepted and has commenced. A second locum GP has accepted a 3 month locum commencing in August 2004. Both GPs will be working on a rotational roster.
GP Grey Medical Centre	Interviews in progress
Nursing Staff	
Practice Nurse Buller Medical Services	Interviews in progress
RNs Barclay	Position advertised – one position filled
RNs & ENs Buller	Position's advertised
DN Westport	No applicants
DN Part-time Hokitika	Interviews in progress
Mental Health	
A&D Counsellor CMH	Interviews in progress
Consumer Advisor MHS	Interviews in progress
CAMHS Intensive Case Manager	Interviews in progress
RN Seaview	Interviews in progress
Registered Nurse MHS IPU	Open
CAMHS A&D	Interviews in progress
Staff Development Co-ordinator	Interviews in progress
Team Leader Inpatient Unit, Temporary	Position advertised
Consumer Advisor Mental Health Services	Interviews in progress
Allied Health	
Dietitian	Position advertised
Lab Technician / Scientist	Position advertised
Part-time Physio Assistant	Position advertised
Other	
Casual Receptionist Buller Medical Services	Position advertised
Business Analyst	Interviews in progress
HR Manager	Shortlisting
Desktop Support I.T Services	Position advertised
Cleaner Whataroa	Position advertised

INTERIM RESULT 2003/04

The WCDHB has completed the year to 30 June 2004 within budget. Refer to the Finance Report for commentary on the unaudited interim position.

DAP 2004/05

Further financial and other information has been supplied to the Ministry in support of the draft DAP and we await communication from the Ministry in order to progress execution of our 2004/05 DAP.

ACC TERTIARY LEVEL

WCDHB has achieved the highest standard in a safety management practices audit by Verification NZ. As a result of achieving the tertiary standard, WCDHB will benefit from a 20 percent reduction in its ACC Workplace Levies. The audit showed the DHB has developed and maintained comprehensive workplace systems and practices, as well as showing the high level of commitment to ensuring the health and safety of staff, patients and visitors to its premises.

All staff are to be congratulated on their efforts with particular thanks to the WCDHB's Health and Safety Advisor, Pic Neilson and our health and safety contacts and representatives.

CERTIFICATION

Verification NZ is attending WCDHB facilities to conduct the audit required to achieve certification commencing Monday 2 August 2004. The audit will take a full week and involves Seaview, Grey Base, Buller and Reefton Hospitals.

EXTERNAL MEETINGS

- Ministry of Health, Wellington
- Otago and Southland DHBs, Balclutha
- Poutama Ora, Hokitika
- SISSAL Chairs and CEOs meeting, Christchurch
- National Health Committee, Hokitika and Greymouth
- Chapman Tripp, Auckland

Author: Chief Executive – 26 July 2004

MPDS FUNDING PROPOSAL – SOUTH ISLAND WORKFORCE DEVELOPMENT PLAN

On the 17th June 2004 the General Manager Maori Health West Coast DHB, Aroha Metcalf, Director of Maori Health Nelson Marlborough DHB and Bridget Lester, Contracts Manager Canterbury DHB met with Liz McElhinney, Chief Executive Officer of Poumanawa Ora in Blenheim. Also at this meeting was Kris McDonald from Hauora dot com who is the GM Maori Health at Auckland DHB. The purpose of this meeting was to discuss a South Island Regional Workforce Development Plan.

Te Herenga Hauora (South Island DHB Maori Managers Network) has awarded Poumanawa Ora and Hauora dot com, the contract to develop a South Island Regional Workforce Development Plan. A number of regional hui will be held throughout Te Waipounamu (South Island), following

these hui a draft Plan will be completed. There will be a second round of regional consultation hui at which Poumanawa Ora will present the draft Plan. It is anticipated that a final report will be presented to Te Herenga Hauora in February 2005.

ADOLESCENT ORAL HEALTH LAUNCH

The General Manager Maori Health was invited to speak on the 1st July 2004 at Aranui High School in Christchurch at the Adolescents Oral Health Launch. The Minister of Health, Hon. Annette King and Jean O'Callaghan, Chief Executive of Canterbury DHB both spoke at the hui. The General Manager Maori Health, West Coast DHB spoke about the work undertaken on the West Coast in relation to Maori oral health. He pointed out in the speech some of the initiatives that the West Coast DHB would be looking to follow up on as a result of these hui.

Initiatives include:

1. The WCDHB explores options for enhancing the provision of oral health education and promotion
2. The WCDHB continues with its strategy to promote the fluoridation of West Coast water supplies
3. The WCDHB supports the exploration of a community dental centre on the West Coast
4. The School Dental Services and Adolescent Oral Health Co-ordination Service seek to work closely with local health and social providers, especially Rata Te Awhina to promote enrolment of tamariki and rangatahi
5. The WCDHB encourages the Ministry of Health to provide some public funding for low income adults to receive dental care
6. The WCDHB continues to support the Baby Friendly Hospital Initiative to encourage exclusive breast feeding to 6 months of age, and to encourage some education about oranga niho at antenatal classes
7. The WCDHB continues to support healthy schools programmes and initiatives that promote health eating for tamariki and rangatahi
8. Existing and new resources are made available for dental, health and social services that promote oranga niho

INFORMATION TECHNOLOGY

In accordance with the Information Services Strategic Plan, the General Manager Maori Health is currently working with the Information Technology Department to provide Maori language and content for the West Coast DHB website. The Maori Health Plan is now on the intranet / internet, as is information relating to the whanau facility.

TE REO MAORI FOR WCDHB STAFF

Te Reo Maori is being promoted in the monthly West Coast DHB internal newsletter for staff. Staff wishing to learn Te Reo Maori have the opportunity at no cost to them if they are based at Grey Hospital. Work is underway to see if this service could be made available at Buller Hospital which is some 90kms from Greymouth. The General Manager Maori Health and several Maori staff members are working on strategies to promote activities during Maori Language Week within the DHB.

KAIAWHINA / SUPPORT WORKER

Interviews are complete and an appointment has been made for a Kaiawhina / Support Worker 0.5FTE at Grey Base Hospital. This may seem a relatively small step but for the West Coast DHB this is significant progress, simply because it is the first time that a Maori worker has been available to work with Maori patients and to assist staff at Grey Base Hospital. It is a service much needed on the West Coast.

MAORI MENTAL HEALTH

For some time now the General Manager Maori Health has been working with the General Manager Mental Health Services and the Maori Mental Health Co-ordinator, they have been meeting on a monthly basis.

In essence, although this work has been slow to produce tangible results, what can now be reported is that as a result of these discussions, the work of the Maori Mental Health Co-ordinator will now increase from one day a week to two. This will enable that person to adequately fulfil the functions of their role. There will now be Maori input into Child & Adolescent Mental Health Services (CAMHS) and Maori Mental Health delivery in the Buller area. The Buller region is recognised as a high needs area and it is anticipated that there will be improved service delivery in this district.

KEY PERFORMANCE INDICATORS FOR MANAGERS

Late last year the General Manager Maori Health devised a Maori Health Plan for the West Coast District Health Board. That Plan was presented to the West Coast District Board members and subsequently the Plan was accepted and entered into the Board Achievement Register. The General Manager Maori Health has spent considerable time working to further the Plan with the view of various managers on the Executive Management Team being given particular key performance indicators that come out of the Plan. This has involved the General Manager Maori Health having individual discussions with members of the Executive Management Team as well as discussions with the entire management team about how this can be done.

All of the WCDHB senior management team, namely the General Manager Planning and Funding, Chief Finance Manager, General Manager Mental Health Services, General Manager Primary Care Services / Director of Nursing (DON) and the General Manager Operations have all agreed with the General Manager Maori Health that they will work towards completing the specific key performance indicators given to them which arise out of the WCDHB Maori Health Plan. The Chief Executive is supportive of this strategy and he will formally insert these agreed Maori Health KPIs as deliverables in each senior manager's KPIs for 04/05. It is then a case of monitoring progress against the Plan which the General Manager Maori Health will assist the CEO and senior managers with.

MENINGOCOCCAL B VACCINE STRATEGY

The General Manager Maori Health has been invited to be part of the steering committee working on the implementation of a Meningococcal B Vaccine Strategy for the West Coast. At this point the steering committee is developing terms of reference. More information will be given in the next report.

POUTAMA ORA – MANAWHENUA HEALTH COMMITTEE

Poutama Ora has representatives on it's committee from the two Papatipu Runanga of the West Coast – Te Runanga O Makaawhio and Te Runanga O Ngati Waewae. The WCDHB continues to work closely with Poutama Ora. The General Manager Planning and Funding and the Chief Executive regularly attend hui with Poutama Ora in Hokitika. The General Manager Maori Health is currently working with individual members of Poutama Ora on several projects.

Projects include:

- Planning to produce a qualitative Needs Assessment of Maori health on the West Coast
- Introduction of Tikanga Best Practice within the WCDHB

Author: General Manager Maori Health – 21 July 2004

FINANCE REPORT

Financial Overview June 2004

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	4,624	4,246	378	8.9%	4,464	51,437	51,007	430	0.8%	47,319	51,437	51,007	47,319
Governance & Administration	84	85	(1)	(0.8%)	78	997	998	(1)	(0.1%)	966	997	998	966
Funds	2,946	2,015	931	46.2%	962	25,803	23,273	2,530	10.9%	10,999	25,803	23,273	10,999
	7,654	6,345	1,309	20.6%	5,504	78,237	75,278	2,959	3.9%	59,284	78,237	75,278	59,284
EXPENSES													
Provider													
Personnel	2,720	2,522	(198)	(7.9%)	2,538	31,439	31,222	(217)	(0.7%)	29,424	31,439	31,222	29,424
Outsourced Services	505	297	(208)	(70.0%)	317	3,997	3,559	(438)	(12.3%)	3,983	3,997	3,559	3,983
Clinical Supplies	460	451	(9)	(2.0%)	523	5,465	5,407	(58)	(1.1%)	5,148	5,465	5,407	5,148
Infrastructure	1,011	1,014	3	0.3%	1,309	11,968	12,032	64	0.5%	10,879	11,968	12,032	10,879
	4,696	4,284	(412)	(9.6%)	4,687	52,869	52,220	(649)	(1.2%)	49,434	52,869	52,220	49,434
Governance & Administration	226	172	(54)	(31.4%)	92	1,778	1,938	160	8.3%	1,349	1,778	1,938	1,349
Funds	3,111	2,004	(1,107)	(55.2%)	856	25,446	23,198	(2,248)	(9.7%)	10,822	25,446	23,198	10,822
	8,033	6,460	(1,573)	(24.4%)	5,635	80,093	77,356	(2,737)	(3.5%)	61,605	80,093	77,356	61,605
Net Result	(379)	(115)	(264)	230.8%	(131)	(1,856)	(2,078)	222	(10.7%)	(2,321)	(1,856)	(2,078)	(2,321)

OPERATING RESULTS

The interim full year result for the year ended 30 June 2004 (subject to audit) is a deficit of \$1,856k, which is \$222k better than budget (\$2,078k). The provider deficit of \$2,368k is \$255k worse than budget (\$2,113k). Other areas were better than budget (governance and administration \$195k and the funder arm \$283k).

The month of June 2004 resulted in a deficit of \$379k, which is \$264k worse than budget (\$115k deficit). The provider arm had a deficit of \$151k, which was \$38k worse than budget (\$113k). Other areas were also worse than budget (governance and administration \$51k and the funder arm \$176k).

REVENUE

Full year (June 2004) revenue is \$78,237k which is up \$2,959k (3.9%) on budget. Provider revenue is \$430k higher than budget. Funds revenue is up due to additional contracts (which is matched by increased expenditure).

Revenue for the month was \$7,654k. This was \$1,309k (20.6%) above budget of \$6,345k. Provider revenue is up \$378k on budget, mainly due to the receipt of Ministry of Health funding for the interest, depreciation and capital charge (IDCC) effect of the June 2003 revaluation of assets

(we had been under-accruing this in our accounts) \$410k, offset by increased wash-up liability to the funder arm for underproduction against contracted volumes of \$188k¹.

Funder revenue is up \$931k due to adjustments to the funding envelope since budgeting (including the devolution of contracts with Medlab South and He Oranga Ponamu).

EXPENSES

Full year (June 2004) expenses of \$80,093k are over budget (\$77,356k) by \$2,737k. Provider expenditure is \$649k higher than budget. Areas with significant overspend include outsourced services, patient appliances, hotel and cleaning costs and facilities costs. Some of the causes of these overspends are; Outsourced Services – Locum cover of GPs and hospital based Medical Specialists, Patient Appliances – high volume of Orthopaedic work done, exposed items discarded after MRSA outbreak, Hotel and Cleaning Costs – cleaning after MRSA outbreak, high volume of inpatient (orthopaedic cases) cases, Facilities Costs – Roofing upgrade at Reefton, increased rental cost of the Seaview facility, obsolete assets written off.

Expenses for the month of June 2004 (\$8,033k) were \$1,573k higher than budget (\$6,460k). Provider expenses for the month were over budget by \$412k. Personnel costs are above budget (\$198k). Medical Costs are down on budget (\$140k) due to the reversal of an accrued liability relating to PAYE on staff accommodation, now settled with the IRD (\$80k) and due to difficulty in attracting and retaining key medical staff. Nursing costs are above budget (\$293k) due to the recognition of redundancy costs relating to the closure of Huia Villa at Seaview (\$200k) and due to increases in recruitment and training costs.

Outsourced services are above budget (\$208k). We have engaged two locum General Surgeons in order to cover the two vacant positions and to cover staff on training leave. In addition we had to engage locum anaesthetists.

Funder arm expenditure has increased due to the devolution of contracts with Medlab South and He Oranga Ponamu. This increase is matched by increased revenue.

CHANGE IN ACCOUNTING PRACTICE

In order to more accurately reflect interactions between our provider and funder arm, we have changed our accounting process for claims based provider arm revenue received from the funder arm (via HealthPac).

- In the provider arm statement of financial performance this revenue had been showing as 'Other MoH Funding'. It is now shown as 'Core MoH Funding'.
- In the consolidated statement of financial performance this revenue had been showing in both 'Payments to Providers' (coming out of our funder) and in 'Other MoH Funding' (for our provider). These have been eliminated against one-another, so that only the original revenue coming into the funder and the providers operating expenses remain in the consolidated statement of financial performance, without changing the overall result.

This change has been applied to actual and budgeted results for both the current month and to full year financials in this report.

¹ After assuming overproduction (except for capacity contracts) will be offset against underproduction, except where constrained by the mental health ring fence (i.e. that overproduction in other areas can not be offset against underproduction in mental health)

2004-05 DISTRICT ANNUAL PLAN (DAP)

We are awaiting information from the Ministry of Health about a proposed review of our 2004-05 DAP, which has not been approved due to the level of our predicted deficit.

POTENTIAL FOR CHANGES TO OUR FINAL RESULT

There are still some outstanding items that may cause our audited result to vary materially from the interim result reported in this report. We are still awaiting the results of an independent valuation of long term employee liabilities. We are also still working to clarify some aspects of our funding with the Ministry of Health. In aggregate we are expecting that any variations will result in a reduction in the deficit from that shown in this report.

STATEMENT OF FINANCIAL POSITION

Current liabilities remain unconventionally high due to RHMU financing for \$11.2m being of a short-term nature. The short-term rollovers of this loan reflect uncertainty about our DAP approval status (and therefore uncertainty about our funding).

Overall our Balance Sheet has improved slightly with our debt to debt plus equity ratio now at 47.8% compared with 48.4% last year (after the 30 June 2003 revaluation of assets) due to our favourable financial performance for the year.

CASHFLOW

Cashflow remains adequate for current activities in the short term, however uncertainty about the approval of our 2004-05 DAP equates to uncertainty about our ability to access deficit support for the 2004-05 financial year.

Because of this uncertainty, it is likely that the West Coast DHB will need to seek a letter of comfort from the Ministers of Health and Finance in order to satisfy the assumption that it is a going concern for annual accounts and audit purposes.

CAPEX

Approved capital expenditure for the 2003-04 financial year(\$1,974k) is within budget (\$2,600k). Budgeted funding for major items that were not actioned in the 2003-04 year has been carried over into the 2004-05 year.

DEBTORS

Debtors remain in control. The increase in the value of our debtors year to date is directly attributable to increased Ministry of Health funding, including the devolution of funding responsibility for care of the elderly DSS services and community referred laboratory services (Medlab South).

HOLIDAYS ACT

In their last meeting, the Hospital Advisory Committee (HAC) requested details of the effect of the new Holidays Act on the DHB. This matter was also discussed in the last board meeting.

The Ministry of Health has provided a template to assist DHBs with the calculation of the anticipated financial effects of the new Holidays Act. Using this template, we have estimated that our provider arms expenditure will increase by \$800K per annum (2.5% of wage and salary costs). There will also be increased pressure on the funder arm from organisations that they fund.

Early indications suggest that the Ministry of Health might fund DHBs for this additional expenditure from 2004-05 onwards, without funding the 2003-04 effect (approx \$300k).

Author: Chief Financial Manager – 21 July 2004

UPDATE ON REGIONAL PATIENT ADMINISTRATION SYSTEM (PAS) PROJECT

PURPOSE

The purpose of this paper is to:

- Present a background to this project
- Outline the current position
- Give a broad-brush approach to the next steps

BACKGROUND

In mid-2003 Southland DHB, Otago DHB and West Coast DHB (the DHBs) agreed to work together in order to standardise, over time, clinical systems, network and infrastructure platforms used by the DHBs. Preliminary discussions have determined that we should migrate to common clinical information systems (CIS), subject to successful negotiations with one of the respective vendors.

CURRENT POSITION

A rigorous selection process has resulted in the selection of a preferred vendor for the PAS/CIS. The vendor chosen is iSOFT, a UK-based company with a New Zealand presence.

Contract negotiations are in train and we are working in with the vendor to finalise the technical specifications and architecture (hardware) for the delivery of the PAS. Several hardware configurations have been identified and the benefits and issues of each discussed.

The development of an implementation plan to enable us to reference key milestones and performance guarantees in the contract is underway.

NEXT STEPS

Further negotiations will be held in early- to mid-August, where configuration options raised with the vendor will be discussed in more detail, as will functionality specifications and architecture (software).

When a decision on the best configuration of hardware and software has been made, a business case for the required funds will be presented to the Board for consideration.

Author: Chief Information Officer – 23 July 2004

DHB CONSOLIDATED - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	6,932	5,808	1,124	19.3%	4,540	69,888	67,911	1,977	2.9%	49,993	69,888	67,911	49,993
Other MoH Funding	446	316	130	41.1%	584	5,278	4,694	584	12.4%	5,683	5,278	4,694	5,683
Patient / Consumer Sourced	221	186	35	18.8%	340	2,502	2,244	258	11.5%	3,113	2,502	2,244	3,113
Non Health Related	55	35	20	57.1%	40	569	429	140	32.6%	495	569	429	495
	7,654	6,345	1,309	20.6%	5,504	78,237	75,278	2,959	3.9%	59,284	78,237	75,278	59,284
Payments to Providers	3,111	2,004	(1,107)	(55.2%)	856	25,445	23,198	(2,247)	(9.7%)	10,822	25,445	23,198	10,822
Personnel Costs													
Medical Personnel	380	520	140	26.9%	401	6,113	6,341	228	3.6%	5,429	6,113	6,341	5,429
Nursing Personnel	1,296	1,003	(293)	(29.2%)	1,088	13,083	12,744	(339)	(2.7%)	12,159	13,083	12,744	12,159
Allied Health Personnel	636	611	(25)	(4.1%)	652	7,438	7,493	55	0.7%	7,115	7,438	7,493	7,115
Support Personnel	100	94	(6)	(6.4%)	88	1,194	1,145	(49)	(4.3%)	1,125	1,194	1,145	1,125
Management / Admin	403	383	(20)	(5.3%)	354	4,527	4,538	11	0.2%	4,247	4,527	4,538	4,247
	2,815	2,611	(204)	(7.8%)	2,583	32,355	32,261	(94)	(0.3%)	30,075	32,355	32,261	30,075
Outsourced Services	503	308	(195)	(63.3%)	322	4,158	3,681	(477)	(13.0%)	4,110	4,158	3,681	4,110
Clinical Supplies													
Treatment Disposables	94	92	(2)	(2.2%)	85	1,036	1,101	65	5.9%	1,018	1,036	1,101	1,018
Diagnostic Supplies	24	12	(12)	(100.0%)	10	153	142	(11)	(7.7%)	132	153	142	132
Instruments & Equipment	89	84	(5)	(6.0%)	98	1,017	1,019	2	0.2%	1,016	1,017	1,019	1,016
Pt Appliances, Implants, Prostheses	105	80	(25)	(31.3%)	34	1,170	945	(225)	(23.8%)	872	1,170	945	872
Other Clinical & Client Costs	148	183	35	19.1%	296	2,089	2,200	111	5.0%	2,110	2,089	2,200	2,110
	460	451	(9)	(2.0%)	523	5,465	5,407	(58)	(1.1%)	5,148	5,465	5,407	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	217	213	(4)	(1.9%)	223	2,630	2,556	(74)	(2.9%)	2,611	2,630	2,556	2,611
Facilities	267	259	(8)	(2.9%)	549	3,276	3,115	(161)	(5.2%)	3,083	3,276	3,115	3,083
Transport	114	93	(21)	(22.6%)	151	1,109	1,107	(2)	(0.2%)	1,088	1,109	1,107	1,088
IT Systems & Communication	100	100	0	0.0%	79	1,146	1,199	53	4.4%	1,132	1,146	1,199	1,132
Democracy	22	31	9	29.0%	22	239	361	122	33.8%	246	239	361	246
Professional Fees & Expenses	100	60	(40)	(66.7%)	60	546	653	107	16.4%	488	546	653	488
Other Operating Costs	324	330	6	1.7%	267	3,724	3,818	94	2.5%	2,802	3,724	3,818	2,802
	1,144	1,086	(58)	(5.3%)	1,351	12,670	12,809	139	1.1%	11,450	12,670	12,809	11,450
Expenses Total	8,033	6,460	(1,573)	(24.4%)	5,635	80,093	77,356	(2,737)	(3.5%)	61,605	80,093	77,356	61,605
Surplus (Deficit)	(379)	(115)	264	(230.8%)	(131)	(1,856)	(2,078)	(222)	10.7%	(2,321)	(1,856)	(2,078)	(2,321)

DHB PROVIDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	4,024	3,820	204	5.3%	3,501	44,504	44,975	(471)	(1.0%)	37,792	44,504	44,975	37,792
Other MoH Funding	335	205	130	63.4%	584	3,943	3,359	584	17.4%	5,938	3,943	3,359	5,938
Patient / Consumer Sourced	221	186	35	18.8%	340	2,502	2,244	258	11.5%	3,113	2,502	2,244	3,113
Non Health Related	44	35	9	25.7%	39	488	429	59	13.8%	476	488	429	476
	4,624	4,246	378	8.9%	4,464	51,437	51,007	430	0.8%	47,319	51,437	51,007	47,319
Personnel Costs													
Medical Personnel	380	520	140	26.9%	401	6,113	6,341	228	3.6%	5,429	6,113	6,341	5,429
Nursing Personnel	1,296	1,003	(293)	(29.2%)	1,088	13,083	12,744	(339)	(2.7%)	12,159	13,083	12,744	12,159
Allied Health Personnel	636	611	(25)	(4.1%)	652	7,438	7,493	55	0.7%	7,115	7,438	7,493	7,115
Support Personnel	100	94	(6)	(6.4%)	88	1,194	1,145	(49)	(4.3%)	1,125	1,194	1,145	1,125
Management / Admin	308	294	(14)	(4.9%)	309	3,611	3,499	(112)	(3.2%)	3,596	3,611	3,499	3,596
	2,720	2,522	(198)	(7.9%)	2,538	31,439	31,222	(217)	(0.7%)	29,424	31,439	31,222	29,424
Outsourced Services													
	505	297	(208)	(70.0%)	317	3,997	3,559	(438)	(12.3%)	3,983	3,997	3,559	3,983
Clinical Supplies													
Treatment Disposables	94	92	(2)	(2.2%)	85	1,036	1,101	65	5.9%	1,018	1,036	1,101	1,018
Diagnostic Supplies	24	12	(12)	(100.0%)	10	153	142	(11)	(7.7%)	132	153	142	132
Instruments & Equipment	89	84	(5)	(6.0%)	98	1,017	1,019	2	0.2%	1,016	1,017	1,019	1,016
Pt Appliances, Implants, Prostheses	105	80	(25)	(31.3%)	34	1,170	945	(225)	(23.8%)	872	1,170	945	872
Other Clinical & Client Costs	148	183	35	19.1%	296	2,089	2,200	111	5.0%	2,110	2,089	2,200	2,110
	460	451	(9)	(2.0%)	523	5,465	5,407	(58)	(1.1%)	5,148	5,465	5,407	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	217	212	(5)	(2.4%)	221	2,615	2,544	(71)	(2.8%)	2,598	2,615	2,544	2,598
Facilities	267	258	(9)	(3.3%)	548	3,274	3,112	(162)	(5.2%)	3,080	3,274	3,112	3,080
Transport	103	88	(15)	(17.0%)	153	1,020	1,045	25	2.4%	1,022	1,020	1,045	1,022
IT Systems & Communication	98	100	2	2.0%	79	1,142	1,194	52	4.4%	1,128	1,142	1,194	1,128
Interest	170	184	14	7.6%	89	2,002	2,114	112	5.3%	1,100	2,002	2,114	1,100
Professional Fees & Expenses	(14)	27	41	151.9%	48	278	325	47	14.5%	309	278	325	309
Other Operating Costs	170	145	(25)	(17.5%)	171	1,637	1,698	61	3.6%	1,642	1,637	1,698	1,642
	1,011	1,014	3	0.3%	1,309	11,968	12,032	64	0.5%	10,879	11,968	12,032	10,879
Expenses Total													
	4,696	4,284	(412)	(9.6%)	4,687	52,869	52,220	(649)	(1.2%)	49,434	52,869	52,220	49,434
Allocated from Governance & Admin													
	79	75	(4)	(5.3%)	13	936	900	(36)	(4.0%)	381	936	900	381
Surplus (Deficit)	(151)	(113)	(38)	33.7%	(236)	(2,368)	(2,113)	(255)	12.1%	(2,496)	(2,368)	(2,113)	(2,496)

DHB GOVERNANCE AND ADMIN - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	84	85	(1)	(0.8%)	78	997	998	(1)	(0.1%)	966	997	998	966
Personnel Costs													
Management / Admin	95	89	(6)	(6.7%)	45	916	1,039	123	11.8%	651	916	1,039	651
Outsourced Services	(2)	11	13	118.2%	5	161	122	(39)	(32.0%)	127	161	122	127
Infrastructure Costs													
Transport	11	5	(6)	(120.0%)	(2)	89	62	(27)	(43.5%)	66	89	62	66
IT Systems & Communication	2	0	(2)	0.0%	0	4	5	1	20.0%	4	4	5	4
Professional Fees & Expenses	114	33	(81)	(245.5%)	12	268	328	60	18.3%	179	268	328	179
Other Operating Costs	(15)	9	24	266.7%	13	125	85	(40)	(47.1%)	99	125	85	99
Democracy	21	25	4	16.0%	19	215	297	82	27.6%	223	215	297	223
	133	72	(61)	(84.7%)	42	701	777	76	9.8%	571	701	777	571
Expenses Total	226	172	(54)	(31.4%)	92	1,778	1,938	160	8.3%	1,349	1,778	1,938	1,349
Allocated to Provider	(79)	(75)	4	(5.3%)	(13)	(936)	(900)	36	(4.0%)	(381)	(936)	(900)	(381)
Surplus (Deficit)	(63)	(12)	(51)	410.8%	(1)	155	(40)	195	(487.5%)	(2)	155	(40)	(2)

DHB FUNDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Personal Health													
Funding Received	5,333	4,162	1,171	28.1%	3,166	52,610	49,941	2,669	5.3%	36,997	52,610	49,941	36,997
Provider Payments	(5,772)	(4,152)	(1,620)	39.0%	(3,061)	(52,930)	(49,866)	(3,064)	6.1%	(36,822)	(52,930)	(49,866)	(36,822)
	(439)	11	(449)	(4194.9%)	105	(320)	75	(395)	(526.5%)	175	(320)	75	175
Mental Health													
Funding Received	774	774	1	0.1%	694	9,269	9,282	(13)	(0.1%)	8,270	9,269	9,282	8,270
Provider Payments	(777)	(774)	(3)	0.5%	(694)	(9,245)	(9,282)	37	(0.4%)	(8,270)	(9,245)	(9,282)	(8,270)
	(3)	0	(3)	0.0%	0	24	0	24	0.0%	0	24	0	0
Disability Support													
Funding Received	809	812	(4)	(0.5%)	0	7,277	7,311	(34)	(0.5%)	0	7,277	7,311	0
Provider Payments	(543)	(812)	269	(33.2%)	0	(6,704)	(7,311)	607	(8.3%)	0	(6,704)	(7,311)	0
	266	0	266	0.0%	0	573	0	573	0.0%	0	573	0	0
Funds Management													
Funding Received	84	80	4	4.5%	78	997	965	32	3.3%	919	997	965	919
Interest on Funds Account	11	0	11	0.0%	0	81	0	81	0.0%	17	81	0	17
Allocation to DHB Governance	(84)	(80)	(4)	4.5%	(78)	(997)	(965)	(32)	3.3%	(936)	(997)	(965)	(936)
	11	0	11	0.0%	0	81	0	81	0.0%	0	81	0	0
Surplus (Deficit)	(165)	11	(176)	(1640.7%)	105	358	75	283	377.5%	175	358	75	175

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	5,012	71	4,941	6959.2%	1,819
Short term Investments	1,256	3	1,253	41766.7%	906
Debtors & Prepayments	6,518	5,564	954	17.1%	4,424
Inventory	577	550	27	4.9%	583
Assets for Sale	364	0	364	0.0%	388
	13,727	6,188	7,539	121.8%	8,120
Non Current Assets					
Land & Buildings	20,242	24,377	(4,135)	(17.0%)	21,403
Equipment (incl IT)	5,176	5,823	(647)	(11.1%)	4,970
Vehicles	148	154	(6)	(3.9%)	102
Investments	2	0	2	0.0%	2
	25,568	30,354	(4,786)	(15.8%)	26,477
Current Liabilities					
Accounts Payable	9,153	4,666	4,487	96.2%	5,333
Employee Entitlements	3,903	3,449	454	13.2%	3,238
Current Portion of Term Loans	11,404	11,607	(203)	(1.7%)	11,604
	24,460	19,722	4,738	24.0%	20,175
Net Funds Employed					
	14,835	16,820	(1,985)	(11.8%)	14,422
Term Liabilities					
Employee Entitlements	2,367	1,880	487	25.9%	1,992
Term Loans	6	2,700	(2,694)	(99.8%)	40
	2,373	4,580	(2,207)	(48.2%)	2,032
Crown Equity					
Crown Equity	43,208	43,147	61	0.1%	41,069
Retained Earnings	(30,791)	(30,952)	161	(0.5%)	(28,837)
Trust Funds	45	45	0	0.0%	158
	12,462	12,240	222	1.8%	12,390
Net Funds Employed					
	14,835	16,820	(1,985)	(11.8%)	14,422

DHB CONSOLIDATED - STATEMENT OF CASHFLOWS FOR THE MONTH OF JUNE 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
<u>Operating Activities</u>										
Operating Receipts	7,540	6,394	1,146	17.9%	5,715	75,677	73,903	1,774	2.4%	59,523
Payments to Personnel	2,811	2,610	(201)	(7.7%)	2,258	31,364	32,211	847	2.6%	29,873
Payments to Providers	638	1,101	463	42.0%	1,460	12,224	12,558	334	2.7%	11,464
Interest & Capital Charge	230	202	(28)	(13.7%)	269	1,104	2,162	1,058	48.9%	1,372
Payments to Suppliers, GST, etc	1,237	2,233	996	44.6%	1,703	27,366	27,900	534	1.9%	16,678
Operating Payments	4,916	6,146	1,230	20.0%	5,690	72,058	74,831	2,773	3.7%	59,387
Net Cashflow from Operating	2,624	248	2,376	959.1%	25	3,619	(928)	4,547	(489.9%)	136
<u>Investing Activities</u>										
Sale of Fixed Assets	(23)	364	(387)	(106.3%)	0	(29)	364	(393)	(108.0%)	715
Increase (Decrease) in Investments	0	(903)	903	(100.0%)	0	350	(899)	(1,249)	138.9%	902
Purchase of Fixed Assets	(17)	4,039	4,056	100.4%	152	1,633	6,572	4,939	75.2%	1,423
Net Cashflow from Investing	(6)	(2,772)	4,572	(164.9%)	(152)	(2,012)	(5,309)	3,297	(62.1%)	(1,610)
<u>Financing Activities</u>										
Financing Receipts										
Equity Injections	578	0	578	0.0%	1,000	2,078	2,078	0	0.0%	3,500
Loans Raised	0	2,700	(2,700)	(100.0%)	0	11,195	2,410	8,785	364.5%	8,866
	578	2,700	(2,122)	(78.6%)	1,000	13,273	4,488	8,785	195.7%	12,366
Financing Payments										
Repaid Debt	258	0	(258)	0.0%	5	11,688	0	(11,688)	0.0%	9,501
	258	0	(258)	0.0%	5	11,688	0	(11,688)	0.0%	9,501
Net Cashflow from Financing	320	2,700	(2,380)	(88.1%)	995	1,585	4,488	(2,903)	(64.7%)	2,865
Opening Cash	2,074	(105)	2,179	(2080.2%)	951	1,820	1,820	0	0.0%	428
Net Cashflow	2,938	175	4,569	2604.3%	868	3,192	(1,749)	4,941	(282.5%)	1,391
Closing Cash	5,012	71	6,747	9546.7%	1,819	5,012	71	4,941	6991.5%	1,819

**WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT JUNE 2004**

Lender's name	RHMU	BNZ	Toyota	BNZ
Loan Identified As	Renewal	CT Scanner	Lease	Overdraft
Debt Amount - face value	\$11,195,000	\$208,853	\$185,312	\$1,500,000
Instrument type	Term Loan	Amortised Loan	Lease	Overdraft
Fixed / Floating interest rate	Fixed	Fixed	Fixed	Floating
Fixed rate	6.15%	8.64%	Various	
Floating rate base and margin				BKBM+0.225%
Interest payment frequency	Quarterly	Quarterly	Monthly	Daily
Covenants (Debt to Debt + Equity ratio)	55%	55%		55%
Covenants (Interest Cover EBID)	1.3x	2.5x		3.0x
Next Payment Due				Yes
When	30/9/04	28/8/04	17th of month	any time
How much	\$11,195,000	\$26,140	\$9,607	any amount
Next Rollover / Refinance Due				
When	30/9/04	N/A		
How much	\$11,195,000	N/A		
Plan	Refinance RHMU 3 month roll over	Pay off over 5 years		

Upcoming Loan Repayments

August 2004	BNZ CT Scanner	\$	26,140
September 2004	Term Loan Fixed	\$	11,195,000

(Excludes Overdraft and Lease Payments)

Interest Rate Hedging

The West Coast DHB has engaged in a 5 year interest rate swap, effectively fixing the refinancing rate of \$4.3M of its RHMU loan at 6.78% per annum for 5 years. This swap comes into effect 1 July 2004.

**WEST COAST DISTRICT HEALTH BOARD
CASH FLOW FORECAST AS AT 20 JULY 2004**

Fortnight Ended	13/07/2004	27/07/2004	10/08/2004	24/08/2004	07/09/2004	21/09/2004	05/10/2004	19/10/2004	02/11/2004
Opening Balance	1,742,998	4,623,421 -	362,819	1,550,014 -	905,486	1,112,347 -	1,006,153	682,909	184,446
<u>Cash In</u>									
Revenue	5,027,278	358,530	4,677,973	740,000	4,777,973	890,000	4,685,796	700,987	649,747
Loan Funds	-	-	-	-	-	-	-	-	-
Equity	-	-	-	-	-	-	-	-	2,000,000
Asset Sales	-	-	-	-	-	-	-	-	-
<u>Cash Out</u>									
Payroll Costs	557,143	861,887	765,000	860,000	860,000	860,000	1,121,321	828,698	809,668
Creditors Payments	1,296,685	3,370,058	1,074,000	1,613,500	1,274,000	1,613,500	1,101,455	370,752	1,326,439
GST	-	300,000	-	-	300,000	-	300,000	-	323,998
PAYE / ACC	293,027	390,824	300,000	300,000	300,000	300,000	286,957	-	471,441
Loan & Interest Pmts	-	-	26,140	-	26,140	-	-	-	160,896
Capex	-	422,000	600,000	422,000	-	235,000	187,000	-	228,000
Closing Balance	4,623,421 -	362,819	1,550,014 -	905,486	1,112,347 -	1,006,153	682,909	184,446 -	486,250

Assumptions

That the \$11.195M CFA loan will be renewed in September
That \$2M of deficit support will be received in October

**WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE**

SUMMARY OF EXPENDITURE YEAR TO DATE TO 30 JUNE 2004

Note: Figures GST exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	168,750	186,000	-17,250	186,000
Directors Expenses				
Travel Expenses	26,288	18,996	7,292	18,996
Other	4,307	21,708	-17,401	21,708
Total	30,595	40,704	-10,109	40,704
Advisory Committee Costs	35,303	104,004	-68,701	104,004
TOTAL EXPENSES	65,898	144,708	-78,810	144,708
WCDHB BOARD OF DIRECTORS FEES & EXPENSES	\$234,648	\$330,708	(\$96,060)	\$330,708

Financial Performance Indicators for June 2004

		Month Actual	Month Budget	Month Last Yr
Net result after tax	\$000	-379	-115	-131
Net Result/Net Funds Employed % (Annualised)	%	-30.7	-8.2	-10.9
Earnings* /Net Funds Employed % (Annualised)	%	1.2	21.8	9.2
Revenue/Net Funds Employed (Annualised)	times	6.2	4.5	4.6
Debt** /Debt + Equity (BNZ definition)	%	68.3	66.5	64.2
Debt*** /Debt + Equity (CFA definition)	%	47.8	53.9	48.4
Revenue/Fixed Assets (Annualised)	times	3.6	2.5	2.5
Interest cover	times	0.3	5.4	3.3

* Earnings = operating surplus/(deficit) before interest, capital charge, tax and depreciation.

** Debt exclusive of Overdraft - Bank of New Zealand definition of Debt / Debt + Equity

*** Arranged Debt inclusive of Overdraft - Crown Funding Agency definition of Debt / Debt + Equity

NOTES

1 Net result as a percentage of Net Funds Employed-

Provides a projected annual return on Long Term Funding based on current months performance.

2 Earning / Net Funds Employed-

Provides a projected annual return, from normal operations, as a percentage of Long Term Funding, based on current months performance.

3 Debt to Debt + Equity Ratio

A measure that indicates the extent to which assets are financed by debt (excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

4 Interest Cover-

Shows ability to meet interest expense from Operating Surplus. Calculated as: operating surplus before interest, capital charge and depreciation divided by interest expense.

Author: Chief Financial Manager – 21 July 2004

GLOSSARY OF FINANCIAL TERMS

Assets - Economic resources owned or controlled by the WCDHB, as a result of past transactions, for the entity's future benefit.

Current Assets are those assets that are expected to be converted into cash in the next accounting period, i.e. within the next 12 months.

Non Current Assets are long-term assets that are held for use in the productive process and are not expected to be converted into cash in the next accounting period.

CAPEX (Capital Expenditure) - The Purchase of non-current assets.

Capital Charge – All DHBs are required to pay capital charge in order to recognize the cost of financial resources vested in them by the Crown. Capital Charge is levied at 11% per annum on the DHBs Crown equity balance. Capital charge is equivalent to the value of dividends and capital gains that shareholders would normally require from a private organization.

Debt - An obligation of WCDHB to pay a sum of money within a specified time.

Debt to Debt + Equity Ratio - A measure that indicates the extent to which assets are financed by debt. (Excluding any overdraft balance). (This is consistent with the Bank of New Zealand definition of debt).

Equity (Owners Equity, Shareholders Funds) - A claim against the assets of the WCDHB. Represents a residual claim to all assets not claimed by holders of external liabilities.

FTE - Full Time Equivalent employees

Interest Cover - Shows ability to meet interest expense from Operating Surplus. Calculated as: *Operating surplus before interest, tax & depreciation divided by interest expense.*

Liabilities - An amount owed by WCDHB to non-owners.

Current Liabilities are obligations to pay an amount or perform a service in the next accounting period, i.e. within the next 12 months.

Non-Current Liabilities are those obligations requiring settlement beyond the next accounting period.

Net Funds Employed - The total of Non current Liabilities plus Total Shareholders' Funds.

NHPIDE (Nursing Hours Per Inpatient Day Equivalent) - Nursing Hours is the sum of total hours spent in direct patient care over each shift. Calculated as: *Actual Nurse hours divided by total inpatient bed days.*

Operating Surplus- Surplus attributable to ordinary and continuing operations.

Leave Liability – The total amount of accrued leave benefits owing to employees. Covers Annual, Long Service and Parental leave as well as Retirement Gratuities and Lieu days owing.

WEST COAST DHB ADVISORY COMMITTEE MEETING

PLEASE NOTE: THE DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE HELD 16 JUNE 2004 WERE NOT INCLUDED IN 2 JULY BOARD MEETING PAPERS. THESE ARE INCLUDED IN THIS SECTION AND WERE AMENDED AT THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 21 JULY 2004.

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING HELD 21 JULY 2004 ARE ALSO INCLUDED.

THERE WERE NO FURTHER ADVISORY COMMITTEE MEETINGS THIS MONTH.

MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

**HELD 16TH JUNE 2004, IN THE RIMU ROOM, THE
ASHLEY HOTEL AT 10:32 AM**

PRESENT: Julie Kilkelly, Chair
Robyne Bryant, WCDHB member
Tamai Sinclair, WCDHB member
Cheryl Brunton
Barbara Greer

IN ATTENDANCE: Kevin Hague, General Manager Planning & Funding
Robin Williams, General Manager Primary Services / Director of
Nursing
Melanie Penny, Research and Planning Analyst
Vikki Carter, Community Liaison Officer
John Luhrs, Chief Executive
Gary Coghlan, General Manager Maori Health
Gerri Vanderzanden
Norma Devlin
June Robinson, WCDHB member
Marguerite Moore, WCDHB member

Alison McDougall, Minute Secretary

APOLOGIES: Lindy Mason
Greville Wood

1. WELCOME, APOLOGIES

The Chair welcomed all committee members, Board members and management. The Chair advised that a number of apologies were made yesterday and the Chair contacted the Chairman, WCDHB about the business to be discussed and it was agreed that the PHO presentation be postponed until all members are present. Apologies were received from Lindy Mason and Greville Wood.

2. DISCLOSURES OF INTEREST

There were no changes made to the Disclosures of Interests.

3. AGENDA CHECK

No further items were added to the Agenda.

4. MINUTES OF THE LAST MEETING HELD 19 MAY 2004

- Page 2, Item 4, replace “Barbra” with “Barbara”
- Page 4, second paragraph, second sentence should now read, “Cheryl Brunton replied that it may not be possible to capture data from all the sector but there are ways ...”

Tamai Sinclair joined the meeting at 10:38am

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 19 May 2004 were a true and correct record following the amendments listed as above.

4.1 Action & Responsibility List

Ask if Southlink Health will be able to give a presentation to CPHAC on the West Coast PHO – 12 months on

The Chair advised that the PHO were to present today however the presentation has been postponed until there is a meeting with a bigger group in attendance. The PHO is happy to present at the next meeting.

Update on PHO Smokefree West Coast Health Promotion Plan

The Chair advised that subsequent to the last meeting she met with Quit Group representatives’ following their request for a meeting. They endorsed the draft WCPHO Plan and are very supportive. The West Coast PHO Smokefree Plan was discussed and this was endorsed by the Quit Group representative. The Plan is currently with the DHB awaiting signoff and hopefully the PHO will pass on details to the CPHAC once the plan is signed off. The Research and Planning Analyst advised she attended the afternoon presentation by the Quit Group Representative which was originally intended to be an RMO presentation. There were no RMOs in attendance however there were four GPs who were very interested and various other staff from around the hospital. The Research and Planning Analyst had a discussion with some of the GPs after the presentation who expressed concern they are not always given the opportunity to attend some of these presentations and were not aware of some of the services available for smoking cessation. The Quit representatives who presented intend to come back to the Coast and run training sessions for GPs, nurses, pharmacists, etc. The Research and Planning Analyst suggested that when they return Steve Cook could present to CPHAC. The Chair advised she is very supportive of this and is keen for the Quit Group to return and assist with training.

A Committee member queried what CPHAC could do in terms of a Board recommendation to assist smoking cessation initiatives. The Committee discussed various approaches for education and the promotion of smoking cessation including the involvement of GPs, the PHO, Community and Public Health and other community organisations. The Chair advised that the PHO proposal is very broad and it has a health promotion aspect as well as service provision and it is hoped that the project will also involve the wider community. A Committee member advised that the PHO will look at training all members of the PHO to give them the opportunity to have their skills increased in the area of smoking cessation as well as others. CPH has begun involvement in submissions on Council Smokefree Plans and one part of the proposal is encouraging them to develop Smokefree policies for events under their control. The WCDHB has endorsed a Smokefree policy and this helps create a climate where people may want to change particularly considering pubs will be Smokefree by the end of this year.

The Chair advised that at this stage it would be best for CPHAC to wait for the evaluation of the PHO Plan from the DHB and see if there are other issues CPHAC can pick up on.

CPHAC discussed funding for smoking cessation services and how resources could possibly be pooled with other groups funds.

Tamai Sinclair raised the success of smoking cessation programmes for Maori and suggested that CPHAC investigate plans put in place for Maori. The Chair agreed and requested Tamai contact providers and gather information and query what sort of programmes had been put in place and then feedback this to the committee.

Action: Tamai Sinclair

Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available

Carried over – Information should be available from July 2004.

Advertise CPHAC vacancy

The Chair advised the vacancy has been advertised with no interest to date. A Committee member suggested the ad was not clear on the role of the Committee and what is required of Committee members and that it should be revised. The Community Liaison Officer suggested a press release could be prepared on Advisory Committees and current vacancies. The release could also be send to community groups who may be interested. The Chair agreed and requested the Community Liaison Officer contact her for details of the vacancy.

Completed.

Action: Community Liaison Officer

Investigate the use of an email distribution list to advise health professionals of upcoming education sessions

The Chair advised that the PHO are liaising with their management services organisation on ways that training opportunities could be opened up to a wider audience.

Investigate a co-ordinator to distribute training events etc on the WCDHB website

The Research and Planning Analyst informed CPHAC that the use of the WCDHB website has a calendar which can be used to mark training events. She suggested that if anyone is aware of upcoming training they should advise her so this can be included in the calendar. She advised that there is currently a database of health professionals who need or want to undertake training. The General Manager Planning & Funding advised that he needed to further discuss this with the Library Supervisor about how this could be achieved.

Action: General Manager Planning & Funding

Provide committee members with Ministry of Social Development reports for comment

The Chair advised that there was not a great deal of feedback from members and thanked those who did provide comment. The General Manager Planning and Funding advised that the Ministry of Social Development seems to be wanting to take a broader definition and approach to wellbeing. The report breaks down wellbeing into a wide range of areas such as health, knowledge and skills, economics, etc and monitors positions against a number of indicators in each of these sectors. Some of the information in the report could be used by CPHAC in monitoring determinates of health in the community along with other nominated areas such as diabetes checks and immunisation. A Committee member raised that many organisations have had to specify indicators and most take the basic approach of looking at social, cultural and environmental factors. The Grey District Council is currently involved in community consultation and when this is completed various areas will fall out which, in terms of monitoring either the DHB or the Council could do. The General Manager Planning and

Funding advised that the DHB has already started a consultation process with the Councils. The Chair advised that information could be obtained from Council to assist CPHAC in monitoring environmental issues such as air quality and drinking water.
Completed.

Provide feedback to Chair by end of May on PHO monitoring based on highlighted draft PHO Performance Indicators as distributed 19 May 2004

The Chair read comments made by Committee members and discussion followed on how to progress the issues raised. The General Manager Planning and Funding suggested that it would be useful to identify indicators that are common to both providers to get consistent data useful to CPHAC. The Chair stated that the intent was not to signal out the PHO and other primary service providers could also be monitored e.g. such as Rata Te Awhina. The Chair advised that in order to move forward it would be helpful for the General Manager Planning and Funding and Chair to meet to pick out some issues that are easy to measure now.

Completed.

Action: Chair / General Manager Planning and Funding

Investigate community groups already started and provide comment on their suitability to join/become service development groups

The General Manager Planning and Funding advised a number of groups have been identified as service development groups. One in particular is the Child and Youth Reference Group that Shona McLeod is developing specifically around the Youth Health Strategy. There is a need for a steering group around the National Immunisation Register and the group she is putting together will have the basic structure of community representatives, consumers and health providers for a range of services. The General Manager Planning and Funding has asked Shona to develop Terms of Reference to make this an ongoing group that has functions beyond immunisations specific tasks and has responsibility for reporting on service development in the Child & Youth area.

The Planning Advisory Group for the WISE Program is a classic example of a group that is a little larger than a service development group but has the right balance of providers and community representatives.

The Neighbourhood Nursing Initiative and Health Reefton project are working on similar structures in Reefton with their core task being to identify service needs.

In Buller (including Reefton and wider districts), the process being undertaken by the Grafton Group on behalf of Buller District Council should have the basic structure required and will be in a position to progress service development in this area

The area of Diabetes is one which has been identified as having a need for service development. There is a local Diabetes team which has community, consumer and service provider involvement. That team has some specific contractual requirements from the Ministry of Health around reporting and is the right group of people to report on what the service gaps are and how to fill them. The Chair, General Manager Primary Services/Director of Nursing and General Manager Planning and Funding attended a meeting of the local team last week and discussed this subject. In general terms, the group enthusiastically embraced the approach and thought the team could take a lead on this process and identify areas for improvement. The General Manager Planning and Funding suggested that the team develops a reporting and ongoing monitoring process to CPHAC. CPHAC has previously expressed a desire to progress Diabetes related issues and a structure such as this is well aligned to help this.

There may be opportunities for other groups to report to other Advisory Committees based on their work programmes.

The Chair suggested that the local Diabetes team be invited to attend a meeting within the next six months to present their plan and then meet on a more regular basis for progress reports. The General Manager Planning and Funding advised that the steering group being established by Shona McLeod for Immunisation could also report on a regular basis to CPHAC and report on development of the Youth Health Strategy.

The General Manager Planning and Funding also advised that progress is being made on the Maori Health Plan which is already in existence. The General Manager Planning and Funding has been talking with the General Manager Maori Health about developing an implementation plan similar to the "traffic light" report which is presented to the Board. The traffic light report identifies issues as being green for those in progress or completed, orange for those started and red for those still to be commenced. The General Manager Maori Health advised that it is a very practical idea and it has the support of the Chief Executive and Executive Management Team.

The Chair advised that the areas CPHAC will be taking close interest in at first with the PHO, the Maori Health Plan, Diabetes, Immunisation and the Child and Youth Health Strategy. Completed.

Provide comment on Child & Youth Health Strategy to the General Manager Planning & Funding

Carried over.

5. CORRESPONDENCE

Moved: Barbara Greer, Seconded: Robyne Bryant

The CPHAC correspondence inwards was accepted and outwards correspondence endorsed.

6. RURAL GP TRAINING PROGRAM

The Chair provided an update on the current status of Greville Wood's proposal and the idea of possible alternative means of funding. The Chair advised that following the last CPHAC meeting she had a further discussion with Greville where he advised he would like to see the West Coast develop as a centre for excellence for Rural GP training. Greville believes that without CTA funding the Rural GP Training Programme could still be advanced with other means of DHB funding. The Chair informed CPHAC of the recommendation she made to the Board and the following motion was passed by the WCDHB following her conversation with Greville.

THAT the West Coast District Health Board commit to the vision of the West Coast Rural GP Training Scheme and it's possible implementation and request Management and Dr Greville Wood supply costings and details of how the WCDHB could make this happen independent/contingent of CTA funding.

The Chair informed CPHAC that Greville has already done preliminary costings and Management has agreed to work with Greville to progress the matter further. CPHAC's role is to report back to the Board. A committee member raised this possibility that the proposal may be weakened by the perceived low number of Maori on the West Coast. The General Manager Planning and Funding agreed it may well be perceived to be a weakness in the proposal and suggested a solution may be an augmentation of the proposal to focus on the

Buller GP practices playing a particular role as Buller will qualify for access funding. The Chair advised that Management will progress this further with Greville.

The Chair advised that the Chair, WCDHB has agreed to lend academic support to progression of Greville's plan. CPHAC's role has been to move the proposal forward to the WCDHB and start the process and then monitor progress.

7. PRIMARY HEALTHCARE PLAN

The General Manager Planning and Funding advised that he is meeting with Philip Pigou from the South Island Shared Service Agency to look at how to accelerate progress on the Plan and it is important to keep the item on the Agenda for further updates.

8. ORAL HEALTH HUI

The Chair asked the Research and Planning Analyst to provide a report on the Hui. The Research and Planning Analyst advised there were a few recommendations that came out of the Hui. Some are a continuation of existing plans but one of the major issues that came through was the lack of provision of oral health information. In other areas there are dedicated oral health educators/promoters and the West Coast is not big enough to support this but options need to be explored. In the past Dental Therapists have provided education in schools but now this doesn't happen. A Committee member suggested that CPH may have the option to deliver this as part of their service. Gerri Vanderzanden advised that CPH does not currently have a specific oral health program but it ties closely to nutrition and is part of their role. The best way to look at this may be to work with Public Health Nurses and provide them with information and training which could be passed on. The Research and Planning Analyst advised that there were quite a lot of people who attended the Hui with contacts who could be used to deliver information.

The Chair queried if there were any major issues CPHAC could assist in moving forward. The Research and Planning Analyst advised that one of the big messages, particularly from Professor Broughton, is the establishment of community dental centres with Dental Therapists and Dentists working together. There are options available as there is a dental clinic about to be on the market in Hokitika and the Runanga and DHB may be interested in progressing the matter.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board supports the exploration of a community dental centre on the West Coast, in conjunction with other work that may be happening in the oral health area.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board encourages the Ministry of Health to provide extra funding for low income adults to receive dental care and oral health promotion.

Moved: Cheryl Brunton, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board explores options for enhancing the provision of oral health education and promotion, including encouraging the Ministry of Health to provide additional funding for this.

9. GENERAL BUSINESS

9.1 Interim Meeting

The Chair suggested that an interim meeting be held in July in order to allow the PHO to present and various issues to be progressed prior to the August meeting. The Chair has discussed this with the Chair, WCDHB and a recommendation needs to be made to the Board.

Moved: Chair, Seconded: Robyne Bryant

Recommendation:

CPHAC recommends that the West Coast District Health Board agree to an additional meeting on 21 July 2004 in order to facilitate timely resolution of CPHAC business.

9.2 GP Coverage in South Westland

The General Manager Primary Services/Director of Nursing provided an update on the GP situation in South Westland for CPHAC's information. The current GP has resigned after five years of service with the DHB and as yet there is no replacement. Some applications have been received however they are not appropriate for a solo placement. In the interim the number of rural nurses will be increased and the DHB is working with adjoining GP practices, Grey Hospital staff and Pharmacists in Hokitika to support the nurses. A notice will be placed in the community paper (Contact) to provide information for South Westland residents. A locum GP has verbally agreed to provide cover one week per month and will be available for consultation with nurses by phone.

10. NEXT MEETING

The next meeting will be held on Wednesday 21 July 2004 at 10:00am in the Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 12:15 pm

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 16 June 2004**

Page of Minutes	Task	Who Involved/Responsible
Meeting held on 03/12/03	Ask if South Link Health will be able to give a presentation to CHPAC on the West Coast PHO – 12 months on.	Chair
Meeting held on 03/12/03	Update on PHO Smokefree West Coast Health Promotion Plan.	Chair / PHO
Meeting held on 03/12/03	Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate the use of an email distribution list to advise health professionals of up-coming education sessions.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate a co-ordinator to distribute training events etc on the WCDHB website.	General Manager Planning & Funding
Meeting held on 19/05/04	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members
3	Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives.	Tamai Sinclair
3	Liaise with the Chair to prepare a press release on the role of CPHAC and it's current vacancy.	Community Liaison Officer
4	Identify PHO Performance Indicators for CPHAC to monitor.	Chair / General Manager Planning & Funding

DRAFT MINUTES OF THE LAST COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

**HELD 21 JULY 2004, IN THE BOARDROOM,
CORPORATE OFFICE, GREYMOUTH AT 10:10 AM**

DRAFT

PRESENT: Julie Kilkelly, Chair
Robyne Bryant, WCDHB member
Barbara Greer
Greville Wood

IN ATTENDANCE: Kevin Hague, General Manager Planning & Funding
Gary Coghlan, General Manager Maori Health
Malcolm Stuart, WCDHB member
Nicky McCarthy, Community and Public Health
Maureen Pugh, Chair, WCPHO
Phillip Pigou, SISSAL

Alison McDougall, Minute Secretary

APOLOGIES: Gregor Coster
Tamai Sinclair
Lindy Mason
Cheryl Brunton
Gerri Vanderzanden
Greville Wood (lateness)

1. WELCOME, APOLOGIES

The Chair welcomed all committee members, Board members and management. Apologies were received from Gregor Coster, Tamai Sinclair, Lindy Mason, Cheryl Brunton and Greville Wood for lateness. The Chair also welcomed and introduced Maureen Pugh, Chair of the WCPHO and Phillip Pigou, General Manager of the South Island Shared Service Agency Ltd (SISSAL). The Chair advised that at this stage the meeting is without a quorum so resolutions will need to be endorsed at the next meeting.

The Chair provided a brief update to the Committee on presentations from herself, the PHO and other providers made to the National Health Committee during it's visit to the West Coast this week. The NHC were updated on various projects underway on the West Coast, some of which CPHAC is involved including the Rural GP Training Program, Smokefree and the Neighbourhood Nursing and Healthy Reefton projects.

2. DISCLOSURES OF INTEREST

There following amendments were made to the Disclosures of Interest.

Barbara Greer

- Add "Shareholder – Mawhera Corporation"

Robyne Bryant

- Amend "Employed by Coast Health Care as a midwife" to read "Employed by Coast Health Care as a Maori Mental Health Worker". This will take effect from 6 September 2004.

3. **AGENDA CHECK**

- Over 65s funding and special areas
- Meningitis vaccine roll out.

4. **MINUTES OF THE LAST MEETING HELD 19 MAY 2004**

- Page 5, Item 4.1, fourth sentence should now read "The Plan is currently with the DHB awaiting signoff and hopefully the PHO...".
- Page 7, second paragraph, third sentence should now read, "The Chair stated that the intent was not to signal out the PHO and other primary service providers...".
- Page 7, sixth paragraph should now read "...should have the basic structure required and will be in a position to progress service development in this area."
- Page 9, first paragraph, last sentence should now read "CPHAC's role has been to move the proposal forward to the WCDHB and start the process..."
- Page 9, Item 8, third sentence, add "lack of" before "provision".
- Page 9, Item 8, seventh sentence, add "specific oral health" before "program".

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 14 June 2004 were a true and correct record following the amendments listed as above.

4.1 **Action & Responsibility List**

Ask if the PHO will be able to give a presentation to CPHAC on the West Coast PHO – 12 months on

Maureen Pugh will provide an update at today's meeting. Completed.

Update on PHO Smokefree West Coast Health Promotion Plan

This will be included in Maureen's update. Completed.

Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available

The General Manager Planning and Funding advised that there is no new information available as yet. Information will be reported to CPHAC as soon as it is available and can be incorporated into regular reports. Carried over.

Investigate the use of an email distribution list to advise health professionals of upcoming education sessions

General Manager Planning and Funding advised the Community Liaison Officer is working on this.

Investigate a co-ordinator to distribute training events etc on the WCDHB website

The General Manager Planning and Funding advised the Community Liaison Officer and Bob Gilmore from the IT department are looking at this. The Chair suggested the PHO might like to be involved to promote the PHO through the WCDHB site. The General Manager Planning and Funding advised he is looking to establish a network of organisations to liaise Coast wise. This may also assist with recruitment and retention.

Nicky McCarthy and Gary Coghlan joined the meeting at 10:25am

Provide comment on Child & Youth Health Strategy to the General Manager Planning & Funding

Agenda item.

Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives

This had been an action point for Tamai Sinclair to follow up and due to his absence this would be carried over to the next meeting. The Chair requested Committee members advise her if they hear of any smoking cessation initiatives that may be of interest to CPHAC. Carried over.

Liaise with the Chair to prepare a press release on the role of CPHAC and it's current vacancy

The Chair advised she has liaised with the Community Liaison Officer who prepared a good press release which was picked up by the media. As a result there have been four applications for the CPHAC position. The General Manager Maori Health advised that he is aware of a candidate who wished to apply for the CPHAC position. The Minute Secretary will investigate this. The Chair advised that all applicants so far look very good and it is now a matter of conducting interviews. The Chair is liaising with the Chair, HAC for interview questions that were used for the appointment of HAC members to maintain consistency throughout the appointment process for Advisory Committee members. She will update members as progress is made.

Identify provider performance indicators and social determinants of health performance indicators for CPHAC

The Chair and the General Manager Planning and Funding have not made any more progress on this item. The Chair advised that part of the reason for this meeting is to include the PHO in this process. The General Manager Planning and Funding will work with KPIs already identified and will add social determinants and other issues as they come up.

Action: General Manager Planning and Funding

The Chair noted that one of the NHC members queried the role of CPHAC on the West Coast and was excited about the direction CPHAC is taking in terms of monitoring of community issues. Nationally, many CPHACs are struggling with their role and are getting caught up in issues which are not CPHAC issues such as waiting lists. The Chair suggested it may be helpful for the incoming Board and new CPHAC to provide an overview of issues currently being monitored by CPHAC and regular reporting mechanisms. This could give the new Committee a basis to work from. The Chair advised that matters of focus for CPHAC at

the moment are immunisation, diabetes, community provider KPIs and social determinants of health indicators. There will be reports on these matters in CPHAC papers on regular basis. CPHAC will also have in due course presentations on the Child and Youth Health Strategy progress from Shona McLeod, Planning and Funding Analyst and from the local diabetes team. Updates will be received at each meeting on progress of areas of previous CPHAC work such as the Rural GP Training Scheme, oral health, traffic light reporting of progress on implementation of both the Maori Health Plan and the Primary Healthcare Plan implementation. The Chair suggested that having a defined meeting structure may make reporting easier for the General Manager Planning and Funding.

5. CORRESPONDENCE

No correspondence was received or sent.

6. WEST COAST PHO UPDATE

Maureen Pugh provided background on the PHO. The Trust Deed was signed in September 2002 making WCPHO the oldest PHO in the South Island. The PHO is starting to feel more independent and is coming to terms with it's role. There are eight primary practices under the PHO's umbrella. The PHO is supported in an administrative way through Southlink Health with Bill Eschenbach as the WCPHO Client Manager, who has been very supportive

To date the PHO Board has developed funding proposals for improved access for under 22s contraception, a voucher system for the Corrections Service, Smokefree Health Promotion, palliative care support training for practice nurses. Retinal screening is an issue the PHO has struggled with in terms of finding an operator for the retinal camera. The PHO has talked with Southlink Health about the possibility of training someone outside of ophthalmology however ophthalmologists do not seem to be happy with this idea.

The General Manager Maori Health queried if there have been any developments in improving Maori health. Maureen Pugh advised that Wayne Smith has found it difficult to get a launching pad for projects and Wayne, Tamai Sinclair and Richard Wallace have organised a hui for early August to assist with beginning the consultation process. Wayne has a skeleton plan and wants to tailor make it for the West Coast region but he is finding it difficult to begin the process of community consultation. Maureen noted she heard some good information presented to the NHC by Melanie Penny and Elinor Stratford around older persons and suggested Wayne liaise with them on this.

The General Manager Maori Health asked for more information about the Corrections Service programme. Maureen Pugh advised that the Corrections Service has identified that people who have recently been released from jail are often on low incomes and don't have transport to get to GPs. If they have community service work to do it can become a problem when they are sick and can't access GPs. The PHO is looking to bring in a voucher system to make free medical care available to eliminate illness as a reason for not completing community service. The Probation Officer identifies health needs for participants who have recently left prison. If these people are ill at home the whole family can become ill and this has flow on effects for the community. The vouchers would be submitted back to Southlink for reimbursement. A Committee member queried how this proposal would be sold to the public. From a small community perspective it will be very quickly identified that free health care is available through Corrections and this will not be looked upon favourably. The General Manager Planning and Funding advised he decided to fund this proposal as it involves a tightly defined group of people so it is possible to easily measure the effects. It is an innovative proposal and provides service to a group that is typically underserved and will have a benefit to whanau/family. The General Manager Planning and Funding accepts there

may be an issue with communications and perception within the community. The Committee Member raised there are a number of vulnerable groups that this type of proposal could benefit more than those involved with Corrections such as single mothers under 17 or the elderly who live alone.

Greville Wood joined the meeting at 10:58am

The Chair suggested there are positives and negatives to the proposal but this particular group has been identified and the proposal will be piloted with the hope that new initiatives are identified for future funding.

Robyne Bryant left the meeting at 11:05am

Maureen Pugh advised that there are a number of proposals being developed and this is a starting point to have needs identified. The Corrections and under 22's contraception proposals are the first that the PHO Board has prepared and the Board needed to start with smaller projects. The Chair suggested that the Committee member's idea about under 17 mothers is a fantastic idea and input from the community and providers would be of benefit to explore it further.

Maureen Pugh provided background on the proposal relating to free access to contraception for under 22s. The intention is to use as many referral agencies as possible and broaden the scope of people who can refer. The PHO is looking at using practice nurses as well as GPs for the contraceptive service and pharmacists to provide emergency contraception services. The PHO is looking at providing training for these people. The Chair advised the DHB has indicated it would like the proposal to include more aspects of sexual health and the program will be run for 6 months and then reviewed. A Committee member suggested that GPs try and cover all bases during a consultation and providing free consultations would give an opportunity to discuss other sexual health issues as well as contraception. Maureen Pugh advised that the funding allows for two free consultations a year with the option of the GP providing a third funded consultation. The Committee member suggested that the two consultations could be for scripts and the third a good opportunity to provide other advice. This should be highlighted in advertising as the opportunity for a third consultation is particularly useful.

Robyne Bryant rejoined the meeting at 11.13am

Malcolm Stuart queried how people can contact the PHO. The Chair advised that the PHO Board has talked about raising the identity of the PHO through the media and having a local spokesperson that people could access. A Committee member suggested a PHO website would be useful to assist in advertising after hours services. At the moment the only notice for weekend service is in the Friday Grey Star. The PHO could also link into Council and tourism websites and include profiles of each GP practice including contact information. There could also be a members log in section so the Secretariat can post information on the site and GPs can access it easily. Maureen Pugh advised that the PHO has looked at linking into the DHB website and Bill Eschenbach is working to establish a West Coast office with a full time 40 hr administrative position to support him.

The Chair noted that CPHAC was involved when the PHO was being set up and one of the Committee's concerns at the time was having a management services organisation outside

the area which was on IPA. There was concern this would lead to a very doctor dominated environment and CPHAC's concern was how the operational aspects would come into play. There is no local office for people to access the PHO or Secretariat and the Chair queried where people should go with concerns. Maureen Pugh advised that the PHO inherited management services already in place and hasn't had a lot of flexibility for change. The PHO has spent time renegotiating the contract with Southlink Health and it has been extremely frustrating dealing with an organisation based in Dunedin. There is a perception that Southlink Health is the PHO and that is not the case, they are employed by the PHO.

The PHO Board is working towards getting Southlink's reporting organised as it is overdue and the DHB has been very patient with this. Southlink's reporting has been lacklustre and due to this the PHO Board has been unaware of some budget lines which are underspent. The Chair, CPHAC noted in her role on the PHO Board, that the management services organisation knows health and doctors and has experience in responding to funding requests. When the PHO was first developed there were many people without health experience and it has been interesting to see people grow to understand the system. In her opinion, the PHO is starting to find its feet and in the renegotiation of the management services contract outstanding issues will be addressed. The Chair queried Maureen Pugh if CPHAC should feel comforted that the PHO is moving on the right track. Maureen Pugh advised that the contract is being renegotiated and there is 6 months left on the current contract with Southlink. If the situation does not improve in that time the PHO may consider looking for another provider.

A Committee member raised that there were a large number of community meetings held on the West Coast when the PHO was being developed and the PHO does not seem to have capitalised on that support. Many people feel the PHO has had a negative impact with GP prices going up and some of the promises made at the beginning have been lost and issues not progressed. The Committee member would like to see more local community involvement with more community meetings. This would be a positive step for the PHO in having the ability to talk about service delivery with the practice population outside of consultation time. At the moment there is no vehicle for that expression in the community. This would also be an area where a website would be of benefit as there could be an email contact and other providers such as Plunket and Rata Te Awhina Trust could also promote themselves on the site. There are now few people on the PHO Board who were involved in the beginning and they may be surprised at how well prepared the community is. The Chair advised in her role on the PHO Board that a lot of work done in early discussions is not lost. The DHB passed on much of this work when Southlink took over and the PHO is trying to regain this now. The General Manager Planning and Funding suggested another round of community meetings may be required as to what future plans are and what the PHO is doing. The community could then be surveyed with another round of meetings to follow. Maureen Pugh advised that Bill Eschenbach has scheduled community meetings for September or October this year. A Committee member advised that the PHO asks for community involvement which is a shift for GPs as they are independent business and it is important to link these two issues together.

The Chair, CPHAC requested the General Manager Planning and Funding move forward with the idea of a website for the PHO. Nicky McCarthy suggested that there is an equity issue with many people not having access to the internet so other forms of communication will be required. The General Manager Planning and Funding advised there is now communications infrastructure that the DHB has with its website and contact with the news media which can be made available to the PHO. If there are messages the PHO wants to generate then it could use the WCDHB Community Liaison Officer. The General Manager Planning and Funding will approach the PHO on these matters.

Action: General Manager Planning and Funding

7. PHO MONITORING

The General Manager Planning and Funding advised he has not yet received the monitoring reports required from the PHO by 30 June. The first quarter has just passed and the regular PHO report was not received. Maureen Pugh advised she contacted Southlink Health on this before the meeting and was faxed a report which will have to go through the PHO Board. The General Manager Planning and Funding stressed that the reports must be in on time. The Chair, CPHAC advised she expects to see the relevant parts of the quarterly PHO report in the next CPHAC papers.

8. PRIMARY HEALTHCARE PLAN

The General Manager Planning and Funding advised that elements of the Plan are in the writing phase and he will be working on this today with Phillip Pigou. The level of interest shown has been very low and it may be necessary to rethink the steering group. If there is a surplus of interested people for Board and Advisory Committee roles then they could possibly be directed to other areas such as this steering group. He will liaise with Committee Chairs about this.

9. YOUTH HEALTH STRATEGY

The General Manager Planning and Funding advised that the steering group will have its first meeting in the first week of August. The process is underway with nothing substantial to report at the moment. The General Manager Maori Health queried if there is Maori participation in the group. The General Manager Planning and Funding advised that there is and that the group is a reflective group as opposed to representative group.

10. ORAL HEALTH HUI

The Chair informed the Committee that all recommendations put to the Board from the last CPHAC meeting were resolved. The Board requested CPHAC move the resolutions forward to help foster ideas around how they could be actioned. The Chair suggested that the Research and Planning Analyst could provide an update at the next meeting as to how these matters can be progressed so they can be moved on to the Board.

Action: Research and Planning Analyst

11. RURAL GP TRAINING SCHEME

The Chair advised that Greville Wood gave an update to the NHC on the proposal and that the WCDHB had supported the recommendations made by CPHAC around contingency funding. The Chair, WCDHB also made an offer of academic support to progress the proposal.

Greville Wood asked for clarification on discussion at the 16 June CPHAC meeting around Maori and funding. The General Manager Planning and Funding advised that a Committee member put himself in the position of someone assessing the proposal and thought a weakness may be the small population of Maori on the West Coast. This could be perceived as being too low so would the proposal cover specific aspects of working with rural Maori which could be high on the assessors importance list. The Committee member queried if anything could be done to concentrate Maori enrolment in practices to make the proposal more attractive. The General Manager Planning and Funding advised he passed the comment that BMS already has a relatively high proportion of Maori and one of the most

highly deprived populations in the country according to the deprivation index so what the Committee member was saying probably had validity and that the issue was probably already addressed by BMS. The General Manager Planning and Funding advised the discussion was not based on shuffling people around practices. Greville Wood suggested that modifications could be made to the proposal which establish relationships in the development of the curriculum training to ensure exposure and content of teaching. Reciprocal arrangements could be made with other areas such as the Gisborne area which has high numbers of Maori enrolees. There would be accommodation and transport issues around this for trainees with families. Greville Wood queried the discussion at Board level and if support was in terms of general support or actual planning. The Chair advised that the Board was definitely interested in planning and moving forward. Greville Wood confirmed that the proposal can now move to more detailed planning. It is necessary to explore a number of scenarios as it is still unclear what the CTA wants. Some scenarios can be planned so that when the guidelines come out the proposal would already be on its way.

The Chair advised that the Board did buy in to the vision and offered management support. Perhaps a concern of the CTA is around academic and teaching support and the WCDHB discussed this. Greville Wood advised that there seems to be a perception in the Ministry that this is not available on the Coast. In the past a diabetes survey was proposed but was then scuttled because of a perceived lack of analysis capability. Academic support for this proposal would need to be funded and put into the budget. The next step is to put together a team of people to get into the more detailed planning and there are quite a few ideas around this. The Chair advised she would update the Board that the next step is to form a steering group to come up with various scenarios.

Action: Chair

Greville Wood advised that it is necessary to look at three phases, a hospital phase, Royal NZ Council of GPs phase (which is funded) and then a phase in practices. It is possible to bring in other specialties to fulfil academic requirements and assist hospital services as well. The General Manager Planning and Funding suggested the PHO should be involved as this is specifically about recruit. Malcolm Stuart suggested the proposal needs the support of hospital administration and that it needs to be given time and prioritised. Those people are going to provide service delivery in a different way to what they do now and it is in the interest of secondary services to progress this. It possibly needs direction to assist Greville in looking at rosters. The General Manager Planning and Funding suggested the item be placed on the EMT agenda for next week with a view to EMT establishing a working group to work with Greville representative of all levels.

Action: General Manager Planning and Funding

Greville Wood requested members think through their networks as to what areas of training would be of benefit.

12. GENERAL BUSINESS

12.1 Over 65s Special Area Incongruence

The Chair advised she was approached at work by a man with a letter from the Prime Minister saying he is entitled to subsidies for GP visits and pharmaceuticals as he is over 65. This person did not renew his Community Service Card as he didn't think he needed to because of the letter. He is not entitled to the subsidy as he is in a special area. The General Manager Planning and Funding suggested the provider arm needs to consider in the short term whether it needs to make an alteration to the charging policy. He will discuss this

with the General Manager Primary Services/Director of Nursing. The Chair advised that it is only the people without Community Service Cards that are the immediate concern. The General Manager Planning and Funding advised that the DHB alerted the Ministry to this problem before 1 July with no affect. The DHB is currently developing a paper on special areas and their future. At the moment the rule is you cannot change the rules in special areas. It entrenches inequity in that the areas that form special areas are no longer the areas of greatest need on the Coast. Special areas originally arose out of the Social Security Act when it was recognised that particular areas of the country had higher needs so special arrangements were put in place to ensure needs were met. The areas were set for need and political reasons. Four of the 15 special areas are on the West Coast and relate to accessing primary care. The Committee requested the General Manager Planning and Funding raise this issue with the Ministry and discuss the charging policy with the General Manager Primary Services/Director of Nursing.

Action: General Manager Planning and Funding

12.2 Meningitis Vaccine Rollout

The Chair advised that she has had three enquiries about the Meningitis Vaccine and why the West Coast is not considered a higher priority given the isolated area with no paediatrician. A Committee member suggested that it is because of the West Coast's isolation that it is protected in some ways. There is also a lower Pacific Island population, which is the most at risk group. The Chair noted a DHB media statement that said there have been no meningitis cases on the West Coast for 18 months. The General Manager Planning and Funding advised it would be good to have the vaccine now but the West Coast will not get the vaccine before it's time and the logic of prioritising areas with the highest incidence is quite right and the DHB would not dispute this.

Nicky McCarthy suggested a media awareness campaign and CPHAC discussed issues such as the strains covered by the vaccine, antibiotic treatment, public health nurses acting as vaccinators, Maori provider participation and the availability of meningitis awareness cards from Community and Public Health.

The Chair requested the General Manager Planning and Funding and Community and Public Health liaise with the Community Liaison Officer to explore a media campaign covering the issues discussed at this meeting. The Chair requested the General Manager Maori Health liaise with Rata Te Awhina Trust to ensure they are involved.

**Action: General Manager Planning and Funding,
General Manager Maori Health,
Community and Public Health**

13. NEXT MEETING

The next meeting will be held on Wednesday 18 August 2004 at 10:30am in the Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 12:24 pm

**Action and Responsibility List from the Community & Public Health Advisory
Committee Meeting held Wednesday 21 July 2004**

Page of Minutes	Task	Who Involved/Responsible
Meeting held on 03/12/03	Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate the use of an email distribution list to advise health professionals of up-coming education sessions.	General Manager Planning & Funding
Meeting held on 19/05/04	Investigate a co-ordinator to distribute training events etc on the WCDHB website.	General Manager Planning & Funding
Meeting held on 19/05/04	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members
Meeting held on 16/06/04	Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives.	Tamai Sinclair
Meeting held on 16/06/04	Identify provider performance indicators and social determinants of health performance indicators for CPHAC.	Chair / General Manager Planning & Funding
3	Prepare reports on provider performance indicators and social determinants of health performance indicators for the next meeting.	General Manager Planning and Funding
6	PHO community awareness/consultation and media support.	General Manager Planning and Funding
7	Provide an update on oral health progress/ideas.	Research and Planning Analyst
8	Update WCDHB on Rural GP Training Scheme	Chair
8	Discuss the establishment of a working group to assist Greville Wood with the Rural GP Training Scheme with EMT.	General Manager Planning and Funding
8	Raise the issue of pharmacy subsidies and special areas with the Ministry and discuss an amendment to the charging policy (rather than pharmacy subsidies as it relates to GP's as well) with the General Manager Primary Services/Director of Nursing.	General Manager Planning and Funding
9	Liaise with the Community Liaison Officer to explore a media campaign on the meningitis vaccine rollout.	General Manager Planning and Funding / Community & Public Health

Page of Minutes	Task	Who Involved/Responsible
9	Liaise with Rata Te Awhina Trust to ensure they are involved in a media campaign on the meningitis vaccine rollout.	General Manager Maori Health

DRAFT

KARAKIA

E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o
kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini
mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this
time so that we may work together in the spirit of oneness on behalf of the
people of the West Coast.