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AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD IN THE BOARD ROOM, CORPORATE OFFICE, WEST COAST DISTRICT HEALTH BOARD ON WEDNESDAY 28TH JANUARY 2004 COMMENCING 9.15 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
5. Presentation – *See Below*
6. Minutes of the Previous Meeting – Friday 5th December 2003
7. Matters Arising
8. Correspondence
9. Chairman's Report
10. Chief Executive's Report
11. Finance Report
12. Reports from Board Advisory Committees
13. General Business
14. Date of next meeting – Friday 5th March at 9.15 am
15. Information Papers

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 3rd October 2003 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)j of the Official Information Act 1982.

- Minutes of the Previous Meeting – Friday 5th December 2003
- PACT Charitable Trust – Variation to Agreement - No 3
- Rata Maori Women's Welfare League – Maori Health Services

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 3rd October 2003 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:

- District Annual Plan Reporting Update
- Risk Register (standing item)
- Royal Australasian College of Surgeon's Review of General Surgery Update on Recommendations (standing item)

***Presentation:- Primary Healthcare Nursing Innovation Initiative (Neighbourhood Nursing)
To be held in the Lecture Theatre, Grey Base Hospital at 12.00 pm***

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 • Trustee - Institute of Rural Health • Trustee - Goodfellow Foundation • Member - Ministry of Health Prioritisation Advisory Committee (Expert Group)
Dr Christine Robertson Deputy Chairman	<p>As self employed person do work on contract for:</p> <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 • Member - Board of Coast Care Trust
Mrs Julie Kilkelly	<ul style="list-style-type: none"> • Member - Pharmaceutical Society • Associate Member - 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 • Member - Buller Branch of the NZ Labour Party • Member - Grey Power <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 • Member - Runanga O Makaawhio

	<ul style="list-style-type: none"> • 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"> • Iwi Representative - Grey District Safer Community Council • 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 <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
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
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
CSSD	Central Sterile Supplies Department
CTA	Clinical Training Agency
CWD	Case Weighted Discharge
DAO	Duly Authorised Officer
DHB	District Health Board
DNA	Did Not Attend
DON	Director of Nursing
DOSA	Day Of Surgery Admission
DRG	Diagnostic Related Grouping
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
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
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
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
Whanau	Family
Whanau Ora	Health and wellbeing
YTD	Year to Date

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING

**HELD FRIDAY 5TH DECEMBER 2003 IN THE
WHITESTAR RUGBY FOOTBALL CLUBROOMS,
WESTPORT AT 10.23 AM**

PRESENT

Gregor Coster, Chairman
Christine Robertson, Deputy Chairman
Robyne Bryant
Julie Kilkelly
Marguerite Moore
June Robinson
Mohammed Shahadat
Malcolm Stuart
Tamai Sinclair
John Vaile

IN ATTENDANCE

John Luhrs, Chief Executive
Wayne Champion, Acting General Manager Finance
Gary Coghlan, Kaiarahi
Anne Ebert, Personal Assistant to the Chief Executive
Kevin Hague, General Manager Planning & Funding
Vicki Piner, Minute Secretary

Karakia – Tamai Sinclair

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. No apologies were received.

2. STANDING ORDERS

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

3. DISCLOSURES OF INTERESTS

The following amendment was made to Board Members' disclosures of interest:

Dr Christine Robertson

- Remove the words "Contract Work" from the HDANZ (Health and Disability Auditing New Zealand Ltd).

4. PRESENTATION ON THE WEST COAST DHB MAORI HEALTH PLAN

Gary Coghlan, Kaiarahi / Maori Health Manager provided Board members and members of the public with a presentation on the West Coast DHB's Maori Health Plan. He told those present that the Maori Health Plan is based on He Korowai Oranga (Maori Health Strategy) and Whakatataka - the two guiding documents from the Ministry of Health. The Kaiarahi / Maori Health Manager outlined the progress made against the objectives of the West Coast DHB Strategic Plan. He advised of the intention to undertake a Maori Health Needs Analysis to gain a better understanding of the health needs of Maori on the West Coast and took questions from Board members.

Malcolm Stuart joined the meeting at 1046 hrs

The Kaiarahi / Maori Health Manager completed his presentation at 1109 hrs

Board members were advised that the plan was the first Maori Health Plan that the West Coast DHB had completed. On behalf of the Board the Chairman thanked the Kaiarahi / Maori Health Manager, Board members who had been involved in the plan, Maori people and the management team for the work done on the plan.

Moved: June Robinson, Seconded: Tamai Sinclair

It was RESOLVED that the West Coast DHB adopts the West Coast DHB Maori Health Plan.

5. MINUTES OF THE PREVIOUS BOARD 7TH NOVEMBER MEETING HELD 2003

The following amendments were made to the Minutes:

- Item 6.1.4 – Change “Poutama Ora” to “Papatipu Runanga.”
- Item 6.2.1 – Amend sentence to read, “The Project Leader will provide a presentation to the Board followed by a presentation to the Hospital Advisory Committee early next year.”
- Item 6.2.2 – Delete the sentence: “Due to his absence ... Report.”
- Item 9.6, third paragraph, delete first sentence and replace with: “Christine Robertson noted that there could be an issue for rest homes in terms of the impact of stat dispensing on their use of medication packs and how they address this.”
- Item 9.6, third paragraph, third sentence: delete “were available” and replace with “was not an option.” Add: “She also noted that the number of close controls prescriptions would be expected to increase as any non-stat item dispensed more than three monthly required a close control annotation.”
- Item 10.5, second sentence: change “facilities” to “GP building.”
- Item 16, record those voting against the motion as John Vaile and Mohammed Shahadat.

Moved: June Robinson, Seconded: Christine Robertson

It was RESOLVED that the Minutes of the Board meeting held 5 December 2003 were a true and correct record subject to the above changes.

***Wayne Champion, Acting General Manager Finance
joined the meeting at 1125 hrs***

6. MATTERS ARISING

Visit by Colin Feek, Ministry of Health to discuss Elective Services

Colin Feek has tentatively advised he will attend the March 2004 Board Meeting, however final confirmation is awaited.

Report on progress of cabinet approval and signing of the Memorandum of Partnership with Papatipua Runanga

Feedback on progress still awaited from the Ministry.

PHO CarePlus and Other Initiatives – Update to the Board

General Manager Planning & Funding advised that the CarePlus initiative requires sign off. The DHB has been indicating from the outset that the DHB is comfortable with the proposal and all that is required is sign off from the Ministry for this pilot.

The Chief Executive advised that he had taken part in a teleconference with South Link Health and the Ministry indicating the WCDHB's desire that this be progressed.

Neighbourhood Nursing Project

The Project recently celebrated the first six months.

Follow the issue of Close Controls on pharmaceuticals

It is expected that meaningful data will not be available until early next year at which time the Chief Executive will provide Board members with an update.

Action: Chief Executive

Ensure paediatrics is followed up (in terms of transport)

The Chief Executive expects to be able to report to progress to Board members at the January Board meeting.

Action: Chief Executive

Provide an update on progress of the implementation of RACS' recommendations from the Review of Surgical Services

The Chief Executive reported that good progress was being made. He noted that there were a couple of issues that required further discussion with RACS and the WCDHB would shortly be meeting with RACS to address these issues.

Professor John Buchanan had visited the West Coast on 27th and 28th November to look at medical services with regard to quality, credentialing and auditing. He reported to the Chief Executive that he had found a good rapport within the organisation; there was positive engagement and good acceptance of the principles surrounding credentialing.

Include a copy of the achievements register within the Chief Executive's report

The Chief Executive proposed that achievements be noted at the public portion of the meeting with endorsement from the Board. Board members supported this. This information will be included in information papers.

Advise MoH of the Board's view in response to the MoH Consultation process

The West Coast DHB has written to the Ministry advising that the West Coast DHB supports STV at large and has received acknowledgement.

7. CORRESPONDENCE

Julie Kilkelly asked for an update in terms of the GP Liaison position. The Chief Executive responded that the process for appointment is currently under discussion between South Link Health and the DHB. Both parties have committed to the funding and an update will be provided to the Board at the next meeting.

Action: Chief Executive

The letter that Robyne Bryant had handed to the Chairman at the last meeting from West Coast pharmacists needs to be listed on the Board Correspondence for November 2003.

Action: PA to CEO

Moved: Christine Robertson, Seconded: Mohammed Shahadat

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

8. CHAIRMAN'S REPORT

The Chairman tabled his report.

Moved: Chairman, Seconded: Julie Kilkelly

It was RESOLVED to accept the Chairman's Report

8.1 DAP 2003 /04

Agreement for three-year funding is being sought with the Ministry is expected to be signed off in the next two weeks.

8.2 South Island Planning and Funding Managers' Meeting

South Island DHBs are collectively looking at data collection for the Health Needs Assessments which are due to be collected by October 2004. The Chair had presented research findings at a recent meeting on this.

8.3 Buller Medical GP Services

The Chief Executive and Chairman met with Dr Ken Mills to discuss the ongoing support of GP services in the Buller. The Chairman reported that they had had a favourable meeting.

8.4 Meeting with Buller District Council (BDC) Health Sub Committee

The Chairman and Chief Executive reported that they had met with the Health Sub Committee of the BDC and would report further at the In Committee portion of the Board meeting.

8.5 PHMAC Board Meeting

The Chairman had attended the November meeting.

8.6 West Coast PHO/ South Link Health

The Chairman had met with South Link Health regarding progress of the PHO. Steady progress is being made with GP Liaison, assisting Buller GPs and funding issues. PHO enrolments are steadily increasing

9. CHIEF EXECUTIVE'S REPORT

9.1 Regional Collaboration

The Chief Executive reported that there are potentially quite exciting opportunities in the area of information technology in terms of regional collaboration. The WCDHB is working closely with Southland, Otago and Canterbury DHBs.

The Chairman welcomed Ann Ebert to the Board meeting and introduced her to the Board as the temporary PA to the CEO whilst his Personal Assistant is on parental leave.

9.2 Pharmacy

The General Manager Planning & Funding advised that generally pharmacists had expressed dissatisfaction with the Section 88 notice. He said that PHARMAC had received over 450 submissions which had been analysed and that DHBs are still committed to a national position. Currently DHBs are determining what this national position will be. Pharmacists in general have submitted that they would prefer a term of roll over of their existing contracts. The current Pharmacy contract with the West Coast DHB ends on 31st December.

Moved: Mohammed Shahadat, Seconded: Robyne Bryant

It was RESOLVED to accept the Chief Executive's Report.

10. FINANCE REPORT

The Chief Executive advised the General Manager Finance that there had been a query at the last meeting regarding the variance in costs of approximately \$100k in "other operating costs" for the August Finances. This information will be sent to all Board members.

Action: General Manager Finance

10.1 Clinical Supplies

The Acting General Manager Finance went through his report with Board members. He noted that clinical supplies were over, but so too was production. This category was being looked into further to determine how much of the increase was volume related and how much was related to price increases. The Deputy Chairman advised that HAC has asked management to report on the variance in "clinical supplies" and has requested initiatives on how to better manage these costs.

The Chairman noted that, based on the latest national figures available, the West Coast DHB was recorded as performing 29% of contracted volumes year to date (end of September 2003), as opposed to 24% nationally – the Chairman congratulated clinical and other staff for this achievement.

10.2 Infrastructure Costs

The Acting General Manager Finance advised that the budget is based on the estimate of the revaluation of assets at the end of last year. This estimate was made before the revaluation was completed. Subsequently the revaluation was higher by approximately \$2m, which has in turn meant depreciation, and facilities costs are higher. This accounts for approximately \$50,000 to date.

10.3 Air Retrieval

In response to a query, the Acting General Manager Finance advised that air retrieval costs are shown under "other clinical and client costs."

Moved: Mohammed Shahadat, Seconded: John Vaile

It was RESOLVED to accept the Finance Report.

11. REPORTS FROM BOARD ADVISORY COMMITTEES

11.1 Disability Support Advisory Committee

11.1.1 Grey District Council Policy on Equity and Access for People with Disabilities

The Chairman, DSAC advised that DSAC had discussed the Grey District Council's policy on "Equity and Access for people with disabilities" to all buildings throughout the Grey District to ensure sensory and disabled people have access. DSAC had sought a copy of the policy from the GDC. He noted that the Westland District Council and Buller District Council should also be approached for a copy of their policies.

The West Coast DHB is supportive of the approach that the GDC is taking. Some suggestions have been made to the GDC in order to strengthen their policy.

Recommendation:

DSAC recommends that the West Coast DHB send a letter to the Grey District Council supporting their policy on Equity and Access for people with disabilities.

Moved: John Vaile, Seconded: Marguerite Moore

It was RESOLVED that the West Coast DHB send a letter to the Grey District Council supporting their policy on Equity and Access for people with disabilities.

Board members will be provided with a copy of the GDC's draft policy and a copy of the final letter.

Action: General Manager Planning & Funding

Moved: John Vaile, Seconded: Robyne Bryant

It was RESOLVED that the West Coast DHB write to the Westland District Council and Buller District Council seeking a copy of Policy on Equity and Access for people in disabilities, and if they don't have one, to advocate that they develop one.

11.1.2 Vacancy on DSAC

A letter of resignation has been received from Yvonne Anisy. The Chairman, DSAC believes a letter of thanks should go to Yvonne thanking her for her contribution to DSAC and wishing her well for the future.

Recommendation:

DSAC recommends that the West Coast DHB send a letter of thanks to Yvonne Anisy thanking her for her contribution to DSAC and that the Board proceed to advertise the vacancy.

Moved: John Vaile Seconded: Marguerite Moore

It was RESOLVED that that the West Coast DHB send a letter of thanks to Yvonne Anisy thanking her for her contribution to DSAC and that the Board proceed to advertise the vacancy.

Action: Chief Executive

Moved: John Vaile, Seconded: Robyne Bryant

It was RESOLVED that the Report from DSAC be received.

11.2 Community & Public Health Advisory Committee

11.2.1 Recommendations to the Board

Review of Advisory Committees

The Chairman, CPHAC reported that the evaluation forms indicated that CPHAC members felt that due to the many changes in the structure and delivery of primary care services, a number of committee members and management changes, CPHAC was losing focus and needed some direction from the Board on how it would like CPHAC to proceed.

She noted that two models around which CPHAC's work programme could be modelled (funder / planner model or primary service funding and provision of primary care and public health model) and committee members would like clarification from the Board and management on how they would like CPHAC to proceed in the future. The Chairman CPHAC said that once it is decided what model should be accepted it would assist both the Board and management with referral and reporting to CPHAC, it would also prevent duplication of work between CPHAC and other advisory committees.

Recommendation:

CPHAC recommends to the West Coast DHB that management instigate a review of the Advisory Committees, based on the terms of reference, with the aim of clarifying roles and responsibilities. From this review a basis for the future programme of work for advisory committees, CPHAC in particular, could be decided.

Board members agreed that time be provided on the agenda for the Board Strategic Planning Workshop to allow the Board to discuss providing a sense of direction / work plans for advisory committees, and, in particular, how the advisory committees can add value to the work of the Board.

Moved: Julie Kilkelly, Seconded: Robyne Bryant

It was RESOLVED that West Coast DHB that management instigate a review of the Advisory Committees, based on the terms of reference, with the aim of clarifying roles and responsibilities. From this review a basis for the future programme of work for advisory committees, CPHAC in particular, could be decided.

The Deputy Chair raised the point of possible conflict for sub-committee Chairmen when bringing recommendations to the Board. A recommendation agreed to by sub-committee can sometimes be changed after discussion by the Board. It was agreed that the Board was a higher body and committee should have faith in their Chairman to do what is the best for the committee – namely the Committee Chair puts the recommendation on behalf of the Committee, but is then expected to act as a Board member in debate on the recommendation.

Strategic Planning Day

Julie Kilkelly suggested that the advisory committee members be made aware of the Strategic Planning day that the Board members will be attending in January and suggested that they be given the opportunity to offer their ideas and suggestions to be put forward on this occasion. An email with an extract of the Board Meeting minutes is to be circulated to all advisory committee chairmen by 7th January 2004 who will in turn invite ideas from their committee members.

Action: Chief Executive

11.2.2 Reporting back on Board referred items

Timing of Meetings

CPHAC agreed that holding meetings two monthly would need to be monitored in light of the previous recommendation and there must be the ability to call extra meetings if required.

CPHAC Composition

CPHAC noted the need for greater health protection expertise – the committee felt that this was adequate with the Medical Officer of Health on the committee and local expertise could be sought, if required, for particular issues.

11.2.3 Seeking Board approval for further advisory committee consideration of an item

PHO Update

CPHAC wanted to know what the Board saw regarding CPHAC's relationship with the PHO. They wanted to know who was responsible for monitoring primary care service access, costs, new initiatives, etc.,

11.2.4 Items of Interest for the Board to be aware of

Presentation by Jo Holmes, Smokefree Officer and Health Promoter

The Chairman, CPHAC provided an update on the above presentation to Board members, noting that the presentation was interesting, but did not really address CPHAC's concerns around the lack of cessation programme providers on the West Coast. No figures were available on calls from West Coasters to the Quit Line. CPHAC wanted to know how to monitor if the services available are adequate and effective. The General Manager Planning & Funding was going to look at the local figures for NRT (nicotine replacement treatment) exchange card redemption and would report back to CPHAC.

Moved: Julie Kilkelly, Seconded: Robyne Bryant

It was RESOLVED that the Report from CPHAC be received.

11.3 Hospital Advisory Committee

11.3.1 Items of Interest for the Board to be aware of

The Chairman, HAC advised the Board of the following:

- Excellent work has been done comparing West Coast DHB accident and incident reporting categories with those of Waitemata. Further clarification is to be provided at the next HAC meeting to ensure HAC is able to monitor effectively.
- HAC is assured that management is cautiously optimistic about the recruitment of general surgeons and a Buller GP.
- HAC noted that the Grafton Group has been engaged by the Buller District Council to consider options for the delivery of health services in the Buller and had a general discussion on this topic.
- HAC was advised that training has been provided on a new version of Trendcare and was assured that there is nursing buy in to its use. An evaluation of the programme is being undertaken nationally and the West Coast Ethics Committee has approved West Coast involvement.
- Enrolment figures for the PHO are low and are of concern as there are associated financial implications, especially in the DHB's practices.
- HAC is concerned about the ongoing over expenditure in clinical supplies and has requested a report be presented to the January 2004 meeting identifying causes and possible solutions.
- A report is also to come to HAC with analysis of the reasons and possible solutions of the increasing A&E attendances.
- Figures will be provided to HAC after 3 months and then six monthly on the impact of the provider arm of the DHB, of the move to 3 monthly stat dispensing; supply outage and a selection of appropriate clinical indicators.
- HAC endorsed the inclusion, in its future operational indicators reports, of data which will enable better monitoring of the Mental Health Services of the provider arm.

In terms of enrolment to the PHO, Board members noted that individuals are not being advised that they need to enrol in the PHO. Part of the role of South Link Health is the communication with individual patients whether by phone or by letter regarding enrolment in the PHO.

Julie Kilkelly advised that there was a national plan to advertise and encourage PHO enrolment and that it was important for local enrolments to take place. She also noted that Maori enrolment is low.

The Deputy Chairman advised that there was a national process for auditing PHO enrolments.

The Board agreed that PHO enrolment is a GP / PHO responsibility and noted the national work of the Ministry.

Moved: Christine Robertson, Seconded: June Robinson

It was RESOLVED that the Report from HAC be received.

12. ACHIEVEMENTS REGISTER

The Chief Executive noted the following achievements for inclusion in the register:

- **Elective surgery** – the West Coast DHB has achieved, as at the end of September, completion of 29% of its annual elective surgery, which puts it at the top of the league tables with Tairāwhiti. Nationally the average completion is 24.2%.
- **Surgical Registrar**- Kevin Bax, has passed Part I Examination of the RACS. Board members asked the Chief Executive to send a letter of congratulations to Kevin on behalf of the Board.

Action: Chief Executive

- **West Coast DHB Maori Health Plan** - Achievement of agreeing and adopting a Maori Health Plan earlier today – a first for the West Coast.

13. MOVING INTO 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 the 5th December 2003 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 not enable the West Coast DHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)l of the Official Information Act 1982:

- Minutes of the Previous Meeting – Friday 7th November 2003
- Contract with Clinical Training Agency
- Interest Rate Hedging
- Devolution of Laboratory Funding

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 the 5th December 2003 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 West Coast DHB 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:

- District Annual Plan Update
- Risk Register (standing item)
- Royal Australasian College of Surgeons' Review of General Surgery – Update on implementation of Recommendations (standing item)

Moved: Gregor Coster , Seconded: John Vaile

It was RESOLVED to move into In Committee at 1258 hrs

The Board meeting broke for lunch at 1258 hrs

14. MOVING OUT OF IN COMMITTEE

Moved: Chairman, Seconded: Christine Robertson

It was RESOLVED to move out of In Committee at 1609 hrs

The Chairman expressed his thanks to Board and management for their work over the past year and wished everyone a very Merry Xmas and a Happy New Year.

The Chief Executive also expressed his thanks to the Chairman and Board members for their support during the past twelve months and wished everyone a Merry Xmas and a Happy New Year.

There being no further business the meeting concluded at 4.11 pm

MATTERS ARISING FROM THE WEST COAST DHB BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
8.1	3rd October 2003	Arrange a visit by Dr Colin Feek, Ministry of Health to discuss elective services.	Chief Executive	Early 2004	
8.1		Present a briefing paper on the development of a Youth Health Strategy.	General Manager Planning & Funding	February 2004	
8.1		Report on progress of Cabinet approval and signing of the Memorandum of Partnership with Papatipua Runanga.	Kaiarahi / Maori Health Manager		
8.1		PHOs – CarePlus and other initiatives; commencement date to be confirmed. Update to be provided to the Board.	General Manager Planning & Funding	January 2004	
6.21	7th November 2003	Provide a presentation to the Board on the Neighbourhood Nursing Project, followed by a presentation to HAC.	Project Leader, Neighbourhood Nursing Project	Early 2004	
6.22		Provide an explanation to Board members regarding the variance of approximately \$100k in “other operating costs” from the August Financials.	General Manager Finance	ASAP	
9.6		Follow the issue of close controls on pharmaceuticals and provide Board members with an update as soon as meaningful data is available.	Chief Executive	ASAP	
11		Complete the scoping phase of the Impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	April 2004	
11		Ensure paediatrics is being followed up (in terms of transporting issues).	Chief Executive	January 2004	
11		Check whether Buller patients are provided with a pamphlet advising them of transportation options when their final clinic appointments are sent.	Chief Executive	January 2004	
13.1		Provide a further report to the Board on progress of the implementation of RACS’ recommendations from the review of surgical services.	General Manager Operations	Ongoing	
13.2		Discuss Over 65’s at the DSSAC meeting, then provide an update to the Board.	Chairman, DSAC	December 2003	
16		Provide a report to Board members on the appointment of an Electoral Officer.	Chief Executive	January 2004	
7	5th December 2003	Provide a further report on the GP Liaison Position.	Chief Executive	January 2004	
7	5th December 2003	Ensure that the letter handed to the Chairman from the West Coast Pharmacists is included in Board Correspondence.	PA to CEO	ASAP	

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
11.1.1		Provide Board members with a copy of the Grey District Council's draft policy on Equity and Access for people with disabilities and also of the final letter to the GDC noting Board approval of the policy.	General Manager Planning & Funding	ASAP	
11.1.2		Write to Yvonne Anisy thanking her for her contribution to DSAC. Proceed to advertise the position.	Chief Executive	ASAP	
11.1.2		Send an extract from the Board Meeting Minutes to all Advisory Committee Chairmen by 7 th January 2004 to invite ideas from committee members for inclusion in the Board Strategic Planning Day.	Chief Executive	7 th January 2003	
12		Write to Kevin Bax, on behalf of the Board, congratulating him on passing Part I Examination of the RACS.	Chief Executive	ASAP	

BOARD CORRESPONDENCE DECEMBER 2003

Date:	Sender:	Details:	Response Date	Response Details
3 December 2003	Mr & Mrs Baxter, Southland	Positive letter re treatment at WCDHB.	4 December 2003	Gregor Coster's reply letter to Mr & Mrs Baxter
4 December 2003	Hon Annette King, Minister of Health - MoH	Outstanding 2003/04 District Annual Plans		
4 December 2003	John Luhrs	Letter to Heather Maw, Karamea Medical Centre to note Heather's achievement in securing a nursing scholarship.		
4 December 2003	John Luhrs	Letter to Wayne Champion, Acting General Manager Finance, WCDHB to congratulate Wayne in winning the Canterbury / Westland Young Accounting Technician of the Year Award and in being a finalist in the national competition.		
9 December 2003	Heather Maw, RNS/Clinical Nurse Leader – Karamea	Re Primary Health Care Nurse Practitioner – Rural 2004		
24 December 2003	Gordon Davies, Deputy Director-General, DHB Funding & Performance – MoH	Result of Cabinet decision on District Health Board (DHB) constituency arrangements under Single Transferable Voting (STV)		
30 December 2003	Murray W Tilyard, Executive Director – South Link Health	Letter to John Luhrs re Care Plus.		
30 December 2003	Dr Don Matheson, Deputy Director-General, Public Health Directorate – MoH	Letter to John Luhrs re Quit for our Kids Programme		
5 January 2003	Hon Annette King, Minister of Health - MoH	Re: The School Dental Service		

CHAIRMAN'S REPORT

The Chairman will give a written update at the West Coast DHB meeting on 28th January 2004.

CHIEF EXECUTIVE'S REPORT

03/04 DISTRICT ANNUAL PLAN

The West Coast DHB has reached agreement with the Ministry of Health over the level of funding for the 03/04 District Annual Plan. We await the signing of the plan by the Minister.

MAORI ACCESS TO ELECTIVE SERVICES

One of the objectives for District Health Boards is to 'reduce health disparities by improving health outcomes for Maori and other population groups'. One way of improving health outcomes for Maori is to ensure Maori access to elective surgery is improved. The Ministry has recently produced data comparing Maori access to elective services between 1997/98 and 2002/03.

It is pleasing to note the gains made on the West Coast in this area. The comparison uses a standardised discharge ratio (SDR) to compare the rate of elective surgery for Maori to that of non-Maori. An SDR of 1.0 means that Maori have the same rate of elective surgery as non-Maori, less than 1.0 means a lower rate for Maori and above 1.0 a higher rate for Maori. In 1997/98 Maori on the Coast were receiving elective surgical services at a ratio slightly less than non-Maori. In 2002/03 the SDR for Maori was 1.2 making WCDHB the second highest DHB in terms of the ratio of Maori access to elective services.

In passing, the Ministry notes 'progress towards and above 1.0 is desired' the reason for this is that services need to be delivered at a higher level to Maori until health outcomes for Maori improve to the level of non-Maori. The progress in access for Maori to elective services is a significant achievement and a number of staff are to be congratulated, not only clinical staff and their support staff, but especially the Kaiarahi/Senior Manager Maori Health, particularly in respect of the work which has been undertaken with regard to highlighting the importance of Maori health.

CEO EXTERNAL MEETINGS

- DHB CEO Forum – Christchurch
- Dr Ken Mills – Westport (twice)
- RACS – Wellington
- DHB Advocate for Lab Worker Negotiations – Wellington
- Lab Worker Negotiations – Auckland
- South Island CEOs and Chairs/SISSAL - Christchurch

Author: Chief Executive – 20 January 2004

04/05 DISTRICT ANNUAL PLAN

Board members have received a copy of the high level Ministry guidelines for 04/05 DAP development. Members who would like to are welcome to have copies of the Operational Policy Framework, Service Coverage Schedule and Indicators of DHB Performance, which set some of the fine detail for the Ministry's requirements for DAP development. Development of the 04/05 DAP is now in full swing, and is, for the first time, being closely linked with budget-setting and development of the Internal Service Level Agreement.

A focus in the Board planning session prior to the Board meeting will be on some of the strategic issues to be addressed through the DAP. A first draft of the DAP is scheduled to be produced for 5th February, and management expects the DAP to be delivered on time to the Ministry in mid-March.

PRIMARY CARE

The West Coast PHO's Care Plus proposal has now been approved by the Ministry of Health, and a variation to the PHO contract to implement the pilot is currently sitting with South Link Health for sign-off before implementation can commence.

West Coast DHB is waiting for proposals from the West Coast PHO on retinal screening, services to improve access, sexual health services for young people and health promotion and has indicated a strong interest in advancing these as soon as possible.

Management has also taken steps to move the PHO onto the most recent contract version and has sought a meeting with South Link Health to advance a number of strategic issues in primary care, most importantly perhaps the development of a vision and strategic plan for the PHO.

Board members will note that the 03/04 DAP sets out an intention for WCDHB to develop a primary care strategy, and management notes that this is underway, and is expected to have significant linkage with the PHO's planning.

PHARMACY

The outcome of the consultation process with pharmacists over the proposed s.88 notice discussed in the December Board report has been that the previous pharmaceutical services contract has been rolled over until the end of June 2004. It is expected that new contractual arrangements for pharmaceutical services will be established before this date. To this end, management is seeking to meet with pharmacists in the near future to commence negotiations, and has indicated to the PHO that WCDHB wishes them to also be part of this process. Clearly GPs continue to be the principal drivers of pharmaceutical volumes and must be involved if we are to control this form of demand-driven expenditure.

If this process fails to produce satisfactory new arrangements then a somewhat altered version of the s.88 notice will kick in from 1st July.

WISE – WEST COAST IMPROVING SERVICE FOR ELDERLY

A successful strategic planning workshop was held in December and will reconvene in February to continue progress in developing an Integrated Continuum of Care (ICC) for the West Coast.

ORAL HEALTH

Implementation of the s.88 notice for the Adolescent Dental Benefit and General Dental Benefit was delayed at the direction of the Minister, in order to work through the Dental Association's concerns about the length of the document (although in fact it is considerably shorter than its predecessor).

A first planning session has been held with key stakeholders to advance the Board's resolution concerning fluoridation of drinking water supplies, and the group will reconvene in February.

A new contract has been established with a Greymouth dentist for the provision of oral sedation services for children.

One off funding (\$20,000) has been received from the Ministry of Health for oral health promotion.

Author: General Manager Planning & Funding – 16 January 2004

WHANAU / FAMILY FACILITY

Work continues on the building of the Whanau / Family Facility at Grey Base Hospital. It is envisaged that this facility will be ready for opening in February as advised. Recently The Warehouse ran a raffle to support this project and provided a generous donation towards the purchase of fixtures and fittings for the building.

There will be a carving at the front of the building once it is opened. Well-known local carver, Tony Manuel has been commissioned to undertake this work.

ETHNICITY DATA COLLECTION

Recently the Maori Health Manager and Research Analyst from the planning and funding team developed a poster on ethnicity. This poster was devised to inform people regarding the various issues about ethnicity data collection. This poster has been sent to all services and departments within the WCDHB and to some providers. Feedback from staff has been very positive. It is hoped that this poster will be of real practical assistance to both patients and to staff. Despite progress in this area to date, it is imperative that the WCDHB continues to improve the collection of ethnicity data in order to plan services effectively.

WCDHB MAORI HEALTH PLAN

On the 5th December 2003 in Westport the Board adopted the Maori Health Plan and we are moving to implement the goals and objectives as set out within the plan.

Feedback from the Ministry of Health noted that the plan had its own character which was reflective of Maori community input and regional and cultural characteristics. This feedback also noted the plan's alignment with He Korowai Oranga (National Maori Health Strategy) and in particular the focus of the plan on whanau (kuia, koroua, pakeke, rangatahi and tamariki). The WCDHB Maori Health Plan also outlines progress that the WCDHB has made to date and provides high level actions and milestones for key pathways. The Ministry of Health has incorporated a Maori Health Plan indicator into the 2004-2005 DHB Performance Indicators so as to formally gauge progress with the implementation of DHB Maori Health Plans. In the case of the WCDHB Maori Health Plan, the Ministry will be expecting a progress report for 2004-2005 which includes a description of detailed planning to achieve the stated milestones and goals.

Of particular interest will be the impact of increased investment in Maori health, the memorandum of understanding, planning to increase Maori workforce, provider capacity and capability, projects to improve mainstream effectiveness for Maori, the fostering of Maori community development and proposed projects regarding Maori with disabilities.

The Deputy Director-General of Maori Health, Ria Earp congratulated the WCDHB and Maori organisations and communities on the development of the plan which inevitably will provide further guidance for the DHB in improving the status of Maori health and reducing Maori health inequalities in the region.

Author: Kaiarahi – 16 January 2004

FINANCE REPORT

Financial Overview December 2003

	Actual Month	Budget Month	Variance	%	Last Yr Month	Actual YTD	Budget YTD	Variance	%	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	4,201	4,214	(13)	(0.3%)	3,863	25,461	25,331	130	0.5%	22,794	50,845	50,588	47,319
Governance & Administration	84	81	3	3.7%	78	494	482	12	2.5%	498	989	965	966
Funds	2,400	1,736	664	38.2%	876	12,503	10,413	2,090	20.1%	5,211	25,045	20,825	10,999
	6,685	6,030	654	10.8%	4,817	38,458	36,226	2,232	6.2%	28,503	76,879	72,378	59,284
EXPENSES													
Provider													
Personnel	2,619	2,678	59	2.2%	2,544	15,229	15,636	407	2.6%	14,698	30,574	31,250	29,424
Outsourced Services	276	296	20	6.8%	352	1,896	1,778	(118)	(6.6%)	1,797	3,827	3,559	3,983
Clinical Supplies	501	452	(49)	(10.8%)	408	2,880	2,710	(170)	(6.3%)	2,581	5,608	5,408	5,148
Infrastructure	926	981	55	5.6%	882	5,951	5,888	(63)	(1.1%)	5,092	11,908	11,783	10,879
	4,322	4,407	85	1.9%	4,186	25,956	26,012	56	0.2%	24,168	51,917	52,000	49,434
Governance & Administration	140	154	14	9.1%	104	816	918	102	11.1%	652	1,682	1,851	1,349
Funds	2,314	1,736	(578)	(33.3%)	786	12,500	10,413	(2,088)	(20.0%)	5,160	24,969	20,825	10,822
	6,776	6,296	(479)	(7.6%)	5,076	39,272	37,343	(1,929)	(5.2%)	29,980	78,567	74,676	61,605
Net Result	(91)	(266)	175	(65.8%)	(259)	(814)	(1,117)	303	(27.1%)	(1,477)	(1,688)	(2,298)	(2,321)

OPERATING RESULTS

The month of December 2003 resulted in a deficit of \$91k, which was \$175k better than budget (\$266k). All areas were better than budget (provider 68K better, governance and administration \$21K better and funder arm \$86K better than budget).

The year to date December 2003 result (\$814k deficit) is \$303k better than budget (\$1,117k). The provider arm result and the governance and administration arms are both better than budget year to date (by \$174k and \$126 respectively), while the funder arm is back on budget, having recovered from the set up effects of pharmaceutical all at once (stat) dispensing.

REVENUE

Revenue for the month was \$6,685k. This was \$654k (10.8%) above budget of \$6,030k.

Provider revenue is down \$13k on budget after assuming overproduction (except for capacity contracts) can 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). There was a small level of mental health underproduction during the month (relating to the number of mental health inpatients).

Funder revenue is up \$664k due to adjustments to the funding envelope since budgeting (primarily the devolution of funding responsibility of care of the elderly DSS services).

Year to date (December 2003) revenue is up \$2232k (6.2%) on budget. Provider revenue is \$130k higher than budget. Funds revenue is up due to additional contracts (which is matched by increased expenditure).

EXPENSES

Expenses for the month (\$6,776k) were \$479k higher than budget (\$6,296k).

Provider expenses for the month of December 2003 are under budget (\$85k).

Personnel costs are below budget (\$59k), as are outsourced services of (\$17k). Clinical supplies remain over budget by \$49k, due to increased surgical volumes and the mixture of cases undertaken. Infrastructure costs are down by \$58k (despite increased depreciation due to the revaluation, which is not reflected in the budget), partially offsetting over runs in infrastructure costs earlier in the year.

Funds expenditure is over budget by \$578k due to devolution of funding responsibility for care of the elderly DSS services (\$624k). Pharmaceutical costs have returned to budgeted levels, suggesting (as was projected by PHARMAC) that we are nearing the end of the implementation effects associated with the introduction of all at once (stat) dispensing.

The devolution of care of the elderly DSS services is directly matched by additional funding for this purpose and up-front costs associated with the introduction of all at once (stat) dispensing (as people get their first 3-monthly prescriptions filled) will be offset by future savings.

Year to date (December 2003) expenses (\$39,272k) are over budget (\$37,343k) by \$1,929k, mainly due to the devolution of funding responsibility for care of the elderly DSS services and the implementation of all at once (stat) dispensing.

FORECAST

After six months our result indicates that we are on track.

STATEMENT OF FINANCIAL POSITION

Current liabilities remain unconventionally high due to RHMU re-financing our \$8.3m RHMU loan and our \$2.3m BNZ loan with a short term loan facility (\$11.2m), due for renewal in June 2004. This has resulted in net funds employed being well below the expected level.

Overall our Balance Sheet has improved due to the revaluation with our debt to debt plus equity ratio now at 50.7% compared with 90.8% last year but current liabilities remain unacceptably high due to delays in finalising long term funding (this in turn has been delayed until our District Annual Plan has been signed off).

CASHFLOW

Cashflow remains adequate for current activities having received a \$2.078m revenue advance pending finalisation of our \$2.078m equity application. This will be deducted from our February revenue pending approval of funding to support the 2003/04 District Annual Plan.

CAPEX

Approved capital expenditure remains in line with budget.

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.

AUGUST OTHER OPERATING COSTS

The Board has asked for details as to why other operating costs were over budget (by \$12k) in the month of August. Of the \$12k over budget, \$10k relates July postage and stationary and stationary paid in August, but not accrued for in Julys accounts (i.e. both Julys and Augusts costs showed in Augusts accounts). The remaining \$2K relates to delayed expenditure on the "river of life" display built during the 2000-01 redevelopment of Grey Hospital. Year to date (December), Other Operating costs (\$1,821k) are \$42k below budget (\$1,863k).

Author: Acting General Manager Finance – 21 January 2004

DHB CONSOLIDATED - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF DECEMBER 2003

	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	5,750	5,165	585	11.3%	3,984	32,962	30,945	2,017	6.5%	23,870	65,925	61,852	49,993
Other MoH Funding	672	645	27	4.2%	535	3,999	3,947	52	1.3%	2,973	7,968	7,865	5,683
Patient / Consumer Sourced	204	184	20	10.9%	275	1,221	1,120	101	9.0%	1,492	2,433	2,232	3,113
Non Health Related	58	36	22	61.1%	23	276	214	62	29.0%	168	553	429	495
	6,685	6,030	654	10.8%	4,817	38,458	36,226	2,232	6.2%	28,503	76,879	72,378	59,284
Payments to Providers													
	2,314	1,736	(578)	(33.3%)	786	12,499	10,413	(2,087)	(20.0%)	5,160	24,998	20,825	10,822
Personnel Costs													
Medical Personnel	449	538	89	16.5%	463	2,877	3,184	307	9.6%	2,871	5,877	6,353	5,429
Nursing Personnel	1,120	1,103	(17)	(1.5%)	1,043	6,282	6,361	79	1.2%	5,965	12,590	12,748	12,159
Allied Health Personnel	644	644	0	0.0%	625	3,694	3,759	65	1.7%	3,521	7,363	7,493	7,115
Support Personnel	100	97	(3)	(3.1%)	107	581	575	(6)	(1.0%)	546	1,157	1,145	1,125
Management / Admin	375	379	4	1.1%	364	2,215	2,254	39	1.7%	2,143	4,427	4,505	4,247
	2,688	2,761	73	2.6%	2,602	15,649	16,133	484	3.0%	15,046	31,415	32,244	30,075
Outsourced Services													
	289	306	17	5.6%	361	1,977	1,838	(139)	(7.6%)	1,855	3,996	3,681	4,110
Clinical Supplies													
Treatment Disposables	77	92	15	16.3%	88	509	552	43	7.8%	459	1,015	1,101	1,018
Diagnostic Supplies	8	12	4	33.3%	17	59	70	11	15.7%	77	120	142	132
Instruments & Equipment	108	86	(22)	(25.6%)	64	565	511	(54)	(10.6%)	508	1,127	1,019	1,016
Pt Appliances, Implants, Prostheses	124	78	(46)	(59.0%)	63	656	476	(180)	(37.8%)	469	1,165	945	872
Other Clinical & Client Costs	184	184	0	0.0%	176	1,091	1,101	10	0.9%	1,068	2,181	2,201	2,110
	501	452	(49)	(10.8%)	408	2,880	2,710	(170)	(6.3%)	2,581	5,608	5,408	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	231	213	(18)	(8.5%)	206	1,341	1,278	(63)	(4.9%)	1,301	2,682	2,556	2,611
Facilities	251	246	(5)	(2.0%)	226	1,637	1,479	(158)	(10.7%)	1,235	3,270	2,954	3,083
Transport	83	92	9	9.8%	101	537	553	16	2.9%	506	1,075	1,107	1,088
IT Systems & Communication	89	100	11	11.0%	107	579	600	21	3.5%	577	1,157	1,199	1,132
Democracy	19	30	11	36.7%	16	117	180	63	35.0%	127	235	361	246
Professional Fees & Expenses	25	50	25	50.0%	32	235	296	61	20.6%	213	471	593	488
Other Operating Costs	286	311	25	7.9%	231	1,821	1,863	42	2.3%	1,379	3,662	3,748	2,802
	984	1,042	58	5.5%	919	6,267	6,249	(18)	(0.3%)	5,338	12,551	12,518	11,450
Expenses Total													
	6,776	6,296	(479)	(7.6%)	5,076	39,272	37,343	(1,929)	(5.2%)	29,980	78,567	74,676	61,605
Surplus (Deficit)													
	(91)	(266)	(175)	65.8%	(259)	(814)	(1,117)	(303)	27.1%	(1,477)	(1,688)	(2,298)	(2,321)

DHB PROVIDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF DECEMBER 2003

	Actual	Budget	Variance	%	Last Yr Act	YTD Actual	YTD Budget	Variance	%	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	3,385	3,460	(75)	(2.2%)	3,032	20,663	20,718	(55)	(0.3%)	18,089	41,286	41,397	37,792
Other MoH Funding	561	534	27	5.1%	535	3,331	3,279	52	1.6%	3,056	6,632	6,530	5,938
Patient / Consumer Sourced	204	184	20	10.9%	275	1,221	1,120	101	9.0%	1,492	2,433	2,232	3,113
Non Health Related	51	36	15	41.7%	21	246	214	32	15.0%	157	493	429	476
	4,201	4,214	(13)	(0.3%)	3,863	25,461	25,331	130	0.5%	22,794	50,845	50,588	47,319
Personnel Costs													
Medical Personnel	449	538	89	16.5%	463	2,877	3,184	307	9.6%	2,871	5,877	6,353	5,429
Nursing Personnel	1,120	1,103	(17)	(1.5%)	1,043	6,282	6,361	79	1.2%	5,965	12,590	12,748	12,159
Allied Health Personnel	644	644	0	0.0%	625	3,694	3,759	65	1.7%	3,521	7,363	7,493	7,115
Support Personnel	100	97	(3)	(3.1%)	107	581	575	(6)	(1.0%)	546	1,157	1,145	1,125
Management / Admin	306	296	(10)	(3.4%)	306	1,795	1,757	(38)	(2.2%)	1,795	3,587	3,511	3,596
	2,619	2,678	59	2.2%	2,544	15,229	15,636	407	2.6%	14,698	30,574	31,250	29,424
Outsourced Services													
	276	296	20	6.8%	352	1,896	1,778	(118)	(6.6%)	1,797	3,827	3,559	3,983
Clinical Supplies													
Treatment Disposables	77	92	15	16.3%	88	509	552	43	7.8%	459	1,015	1,101	1,018
Diagnostic Supplies	8	12	4	33.3%	17	59	70	11	15.7%	77	120	142	132
Instruments & Equipment	108	86	(22)	(25.6%)	64	565	511	(54)	(10.6%)	508	1,127	1,019	1,016
Pt Appliances, Implants, Prostheses	124	78	(46)	(59.0%)	63	656	476	(180)	(37.8%)	469	1,165	945	872
Other Clinical & Client Costs	184	184	0	0.0%	176	1,091	1,101	10	0.9%	1,068	2,181	2,201	2,110
	501	452	(49)	(10.8%)	408	2,880	2,710	(170)	(6.3%)	2,581	5,608	5,408	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	226	212	(14)	(6.6%)	205	1,330	1,272	(58)	(4.6%)	1,297	2,660	2,544	2,598
Facilities	251	246	(5)	(2.0%)	225	1,633	1,478	(155)	(10.5%)	1,233	3,260	2,951	3,080
Transport	78	87	9	10.3%	97	503	523	20	3.8%	466	1,005	1,045	1,022
IT Systems & Communication	89	100	11	11.0%	107	577	598	21	3.5%	575	1,152	1,194	1,128
Interest	134	164	30	18.1%	72	981	981	0	0.0%	547	1,977	1,978	1,100
Professional Fees & Expenses	16	27	11	40.7%	27	131	163	32	19.6%	157	261	325	309
Other Operating Costs	132	145	13	9.0%	149	796	873	77	8.8%	817	1,593	1,746	1,642
	926	981	55	5.6%	882	5,951	5,888	(63)	(1.1%)	5,092	11,908	11,783	10,879
Expenses Total													
	4,322	4,407	85	1.9%	4,186	25,956	26,012	56	0.2%	24,168	51,917	52,000	49,434
Allocated from Governance & Admin													
	79	75	(4)	(5.3%)	26	462	450	(12)	(2.7%)	154	924	900	381
Surplus (Deficit)	(200)	(268)	68	(25.4%)	(349)	(957)	(1,131)	174	(15.4%)	(1,528)	(1,996)	(2,312)	(2,496)

DHB GOVERNANCE AND ADMIN - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF DECEMBER 2003

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	84	81	3	3.7%	78	494	482	12	2.5%	498	989	965	966
Personnel Costs													
Management / Admin	69	83	14	16.9%	58	420	497	77	15.5%	348	870	994	651
Outsourced Services	13	10	(3)	(30.0%)	9	81	60	(21)	(35.0%)	58	165	122	127
Infrastructure Costs													
Transport	5	5	0	0.0%	4	34	30	(4)	(13.3%)	40	70	62	66
IT Systems & Communication	0	0	0	0.0%	0	2	2	0	0.0%	2	5	5	4
Professional Fees & Expenses	9	23	14	60.9%	5	104	133	29	21.8%	56	210	268	179
Other Operating Costs	25	7	(18)	(257.1%)	12	72	40	(32)	(80.0%)	31	154	85	99
Democracy	19	26	7	26.9%	16	103	156	53	34.0%	117	208	315	223
	58	61	361	591.8%	37	315	361	46	12.7%	246	647	735	571
Expenses Total	140	154	14	9.1%	104	816	918	102	11.1%	652	1,682	1,851	1,349
Allocated to Provider	(79)	(75)	4	(5.3%)	(26)	(462)	(450)	12	(2.7%)	(154)	(924)	(900)	(381)
Surplus (Deficit)	23	2	21	1050.0%	0	140	14	126	900.0%	0	135	14	(2)

DHB FUNDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF DECEMBER 2003

	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	4,205	4,128	77	1.9%	2,977	25,405	24,765	639	2.6%	17,614	50,605	49,345	36,997
Provider Payments	(4,196)	(4,128)	(68)	1.6%	(2,887)	(25,511)	(24,765)	(746)	3.0%	(17,563)	(50,818)	(49,345)	(36,822)
	9	0	9	0.0%	90	(106)	0	(106)	0.0%	51	(213)	0	175
Mental Health													
Funding Received	743	774	(31)	(3.9%)	690	4,572	4,641	(69)	(1.5%)	4,106	9,144	9,282	8,270
Provider Payments	(673)	(774)	101	(13.0%)	(690)	(4,490)	(4,641)	151	(3.3%)	(4,106)	(9,144)	(9,282)	(8,270)
	70	0	70	0.0%	0	82	0	82	0.0%	0	0	0	0
Disability Support													
Funding Received	808	0	808	0.0%	0	2,425	0	2,425	0.0%	0	4,850	0	0
Provider Payments	(809)	0	(809)	0.0%	0	(2,426)	0	(2,426)	0.0%	0	(4,852)	0	0
	(0)	0	(0)	0.0%	0	(1)	0	(1)	0.0%	0	(2)	0	0
Funds Management													
Funding Received	84	80	4	4.5%	76	493	483	10	2.2%	457	986	965	919
Interest on Funds Account	7	0	7	0.0%	2	29	0	29	0.0%	11	58	0	17
Allocation to DHB Governance	(84)	(80)	(4)	4.5%	(78)	(493)	(483)	(10)	2.2%	(468)	(986)	(965)	(936)
	7	0	7	0.0%	0	29	0	29	0.0%	0	58	0	0
Surplus (Deficit)	86	0	86	0.0%	90	4	0	4	0.0%	51	(157)	0	175

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT DECEMBER 2003

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	8,041	(644)	8,685	(1348.6%)	1,984
Short term Investments	906	753	153	20.3%	905
Debtors & Prepayments	3,182	5,637	(2,455)	(43.6%)	1,619
Inventory	634	550	84	15.3%	575
Assets for Sale	364	388	(24)	(6.2%)	388
	13,127	6,684	6,443	96.4%	5,471
Non Current Assets					
Land & Buildings	20,888	18,983	1,905	10.0%	13,429
Equipment (incl IT)	5,165	5,854	(689)	(11.8%)	4,573
Vehicles	126	154	(28)	(18.2%)	193
Investments	2	0	2	0.0%	0
	26,181	24,991	1,190	4.8%	18,195
Current Liabilities					
Accounts Payable	10,540	4,293	6,247	145.5%	6,035
Employee Entitlements	3,429	3,190	239	7.5%	2,922
Current Portion of Term Loans	11,552	0	11,552	0.0%	9,438
	25,521	7,483	18,038	241.1%	18,395
Net Funds Employed					
	13,787	24,192	(10,405)	(43.0%)	5,271
Term Liabilities					
Employee Entitlements	2,146	1,880	266	14.1%	1,792
Term Loans	215	11,226	(11,011)	(98.1%)	2,287
	2,361	13,106	(10,745)	(82.0%)	4,079
Crown Equity					
Crown Equity	41,130	43,369	(2,239)	(5.2%)	37,569
Retained Earnings	(29,749)	(32,436)	2,687	(8.3%)	(37,030)
Trust Funds	45	153	(108)	(70.6%)	653
	11,426	11,086	340	3.1%	1,192
Net Funds Employed					
	13,787	24,192	(10,405)	(43.0%)	5,271

DHB CONSOLIDATED - STATEMENT OF CASHFLOWS FOR THE MONTH OF DECEMBER 2003

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
Operating Activities										
Operating Receipts	9,366	6,020	3,346	55.6%	4,653	40,092	36,015	4,077	11.3%	31,453
Payments to Personnel	2,592	2,746	154	5.6%	2,629	15,353	16,043	690	4.3%	15,360
Payments to Providers	(1,973)	856	2,829	330.6%	707	3,061	5,071	2,010	39.6%	4,873
Interest & Capital Charge	81	162	81	50.0%	92	557	971	414	42.7%	784
Payments to Suppliers, GST, etc	1,898	2,290	392	17.1%	897	13,776	13,699	(77)	(0.6%)	7,623
Operating Payments	2,598	6,054	3,456	57.1%	4,325	32,747	35,784	3,037	8.5%	28,640
Net Cashflow from Operating	6,768	(34)	6,802	(19957.8%)	328	7,345	231	7,114	3086.2%	2,813
Investing Activities										
Sale of Fixed Assets	0	0	0	0.0%	0	1	0	1	0.0%	715
Increase (Decrease) in Investments	0	0	0	0.0%	0	0	0	0	0.0%	900
Purchase of Fixed Assets	18	217	199	91.7%	7	989	1,302	313	24.0%	519
Net Cashflow from Investing	(18)	(217)	199	(91.7%)	(7)	(988)	(1,302)	314	(24.1%)	(704)
Financing Activities										
Financing Receipts										
Equity Injections	0	0	0	0.0%	0	0	2,300	(2,300)	(100.0%)	0
Loans Raised	(5)	(31)	26	(83.8%)	0	11,090	(185)	11,275	(6094.6%)	8,866
	(5)	(31)	26	(83.8%)	0	11,090	2,115	8,975	424.3%	8,866
Financing Payments										
Repaid Debt	0	0	0	0.0%	5	11,226	0	(11,226)	0.0%	9,419
	0	0	0	0.0%	5	11,226	0	(11,226)	0.0%	9,419
Net Cashflow from Financing	(5)	(31)	26	(83.8%)	(5)	(136)	2,115	(2,251)	(106.4%)	(553)
Opening Cash	1,296	(362)	1,658	(457.8%)	1,668	1,820	(1,700)	3,520	(207.0%)	428
Net Cashflow	6,745	(282)	7,027	(2493.2%)	316	6,221	1,044	5,177	495.8%	1,556
Closing Cash	8,041	(644)	8,685	(1348.6%)	1,984	8,041	(656)	8,697	(1324.8%)	1,984

**WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT DECEMBER 2003**

	RHMU	BNZ	Toyota	BNZ
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	5.49%	8.64%	Various	
Floating rate base and margin				8.95%
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	30/6/04	28/2/04	17th of month	any time
How much	\$11,195,000	\$26,140	\$9,607	any amount
Next Rollover / Refinance Due				
When	30/6/04	N/A		
How much	\$11,195,000	N/A		
Plan	Refinance RHMU	Pay off over 5 years		

Upcoming Loan Repayments

February 2004	BNZ CT Scanner	\$	26,140
June 2004	Term Loan Fixed	\$	11,195,000

(Excludes Overdraft and Lease Payments)

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

Fortnight Ended	25/01/2004	08/02/2004	22/02/2004	07/03/2004	21/03/2004	04/04/2004	18/04/2004	02/05/2004	16/05/2004	30/05/2004	13/06/2004
Opening Balance	3,374,517	916,154	2,893,127	774,627	2,692,460	573,960	2,617,933	2,247,933	(647,567)	1,636,406	(748,234)
<u>Cash In</u>											
Revenue	1,129,278	2,449,973	890,000	4,677,973	890,000	4,777,973	890,000	250,000	4,717,973	950,000	4,717,973
Loan Funds	-	-	-	-	-	-	-	-	-	-	-
Equity	-	2,078,000	-	-	-	-	-	-	-	-	-
Asset Sales	-	-	-	-	-	-	-	-	-	-	-
<u>Cash Out</u>											
Payroll Costs	861,403	560,000	860,000	860,000	860,000	860,000	860,000	580,000	860,000	860,000	860,000
Creditors Payments	1,691,238	1,074,000	1,613,500	1,274,000	1,613,500	1,274,000	400,000	1,413,500	1,274,000	1,613,500	1,274,000
GST	-	300,000	-	300,000	-	300,000	-	300,000	-	300,000	-
PAYE / ACC	300,000	300,000	300,000	300,000	300,000	300,000	-	300,000	300,000	300,000	300,000
Loan & Interest Pmts	-	317,000	-	26,140	-	-	-	317,000	-	26,140	-
Capex	735,000	-	235,000	-	235,000	-	-	235,000	-	235,000	-
Closing Balance	916,154	2,893,127	774,627	2,692,460	573,960	2,617,933	2,247,933	(647,567)	1,636,406	(748,234)	1,535,739

Assumptions

That \$2.08M revenue advance will be repaid in February.

That \$2.08M equity will be received in February, allowing for the repayment of the \$2.08M revenue advance.

**WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE**

SUMMARY OF EXPENDITURE YEAR TO DATE TO 31 DECEMBER 2003

Note: Figures GST Exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	84,375	93,000	-8,625	186,000
Directors Expenses				
Travel Expenses	13,431	9,498	3,933	18,996
Other	1,115	10,854	-9,739	21,708
Total	14,546	20,352	-5,806	40,704
 Advisory Committee Costs	 18,577	 52,002	 -33,425	 104,000
 TOTAL EXPENSES	 33,123	 72,354	 -39,231	 144,704
 WCDHB BOARD OF DIRECTORS FEES & EXPENSES	 \$117,498	 \$165,354	 (\$47,856)	 \$330,704

Financial Performance Indicators for December 2003

		Month Actual	Month Budget	Month Last Yr
Net result after tax	\$000	-91	-266	-259
Net Result/Net Funds Employed % (Annualised)	%	-7.9	-13.2	-59.0
Earnings* /Net Funds Employed % (Annualised)	%	23.0	5.6	-4.1
Revenue/Net Funds Employed (Annualised)	times	5.8	3.0	11.0
Debt** /Debt + Equity (BNZ definition)	%	70.9	65.0	95.0
Debt*** /Debt + Equity (CFA definition)	%	50.7	50.3	90.8
Revenue/Fixed Assets (Annualised)	times	3.1	2.9	3.2
Interest cover	times	8.5	3.6	0.4

* 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: Acting General Manager Finance – 21 January 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.

ADVISORY COMMITTEES MEETINGS

PLEASE NOTE: THE DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE HELD ON 3RD DECEMBER WILL BE SENT UNDER SEPARATE COVER.

THE MEETING OF THE MENTAL HEALTH ADVISORY COMMITTEE TO BE HELD ON 3RD DECEMBER 2003 WAS CANCELLED.

DRAFT MINUTES OF THE DISABILITY SERVICES ADVISORY COMMITTEE MEETING

**HELD ON WEDNESDAY, 3 DECEMBER 2003 IN THE
BOARD ROOM, CORPORATE OFFICE COMMENCING AT
0840 HRS**

PRESENT: John Vaile, Chairman, WCDHB Member
Elinor Stratford
Marguerite Moore, WCDHB Member
Maureen Frankpitt
Gloria Hammond

IN ATTENDANCE: Kevin Hague, General Manager Planning & Funding
Melanie Penny, Planning & Funding Analyst
Gary Coghlan, Kaiarahi
Dr Christine Robertson, Deputy Chair, WCDHB
Deborah Cooper, Minute Secretary

APOLOGIES: Yvonne Anisy
Gloria Hammond (for lateness)
June Robinson, WCDHB Member
Gregor Coster, Chairman, WCDHB
John Luhrs, Chief Executive Officer, WCDHB

DRAFT

1. WELCOME / APOLOGIES

The Chairman welcomed everyone to the meeting. Apologies were received from Yvonne Anisy and Gloria Hammond for lateness. The Chairman introduced Kevin Hague, the new General Manager Planning & Funding and Deborah Cooper, the new PA to General Manager Planning & Funding and General Manager Mental Health Services.

Moved: Maureen Frankpitt – Seconded: Elinor Stratford

2. AGENDA CHECK

No new items were added to the agenda.

3. DISCLOSURE OF INTEREST

The following changes were made to the "Disclosure of Interests"

- Elinor Stratford – remove “Treasurer – NZ Federation of Disability Information Service”
- Elinor Stratford – add “Project Co-ordinator - West Coast District Health Board”
- Maureen Frankpitt – remove “Professional Supervisor to Arthritis Foundation Field Worker”

4. MINUTES OF LAST MEETING

The following changes were made to the last minutes of meeting:

- Page 7, Item 8 – Maori Health Plan. Replace all wording with the following:

Kaiarahi, Gary Coghlan explained that the Draft Maori Health Plan has been written. It is modelled on the document Whakatataka – the translation of this is “weaving of strands, creating a pattern step by step.”

A key component of the plan is to increase investment in Maori Health with a need to: identify existing funding, finding out where the gaps are. Gary said there are two key points:-

- *Prioritize Maori Health*
- *Work closely with Maori Providers*

The West Coast DHB and Poutama Ora believe Maori Health is something that needs to be looked at. The DHB supports the Maori Health Plan. Gary worked through a series of overhead transparencies and discussed each one in relation to the goals and objectives and made suggestions for implementation. There are many issues in relation to Maori Health and some points discussed were:-

- *The collection of ethnicity data is a problem in the way that the number of people are not being shown as being Maori.*
- *There are lots of reasons why people are not identified as Maori. People are working on this at a National level – Stigma is attached to being Maori and this means people may not identify in many sectors. The core issues need to be worked on why Maori aren't identified. Some organisations are not collecting ethnicity data as well as they should be.*
- *Fostering Maori community development by working within iwi/hapu for improving Maori health*
- *Keep Maori informed by developing a Communication Strategy for Maori with other organisations and government agencies*
- *Conduct a Needs Assessment of Maori Health on the West Coast*
- *Really look at how we can determine what is going to happen with Maori health. From data collected we can see that Maori are not accessing services. Sometimes they sign up for a service but don't attend. eg 8% of West Coasters miss oncology appointments, 17% of Maori miss their appointments*
- *Develop a Maori Health Disability Workforce. There is a lot of work at the National level and the DHB Human Resources Department is continually working on this*
- *6.9% of the New Zealand Health and Disability Workforce is Maori and we know the Maori population is higher than this. We need to get smart and encourage Maori people to apply for vacant positions.*
- *There has been an upsurge of Maori looking for positions at the DHB. Ensure Maori know about job applications*

- *A member asked if developing relationships is made harder on the West Coast because there is no Marae. Gary explained that the Marae at Bruce Bay will be a great place to bond people together. However one Marae won't make too much difference.*
- *Identifying who the key people are in Maori community – there is a need to get out there and meet with the people. Build up your own resource directory and work on that. There is room for collaborative hui. Get out of our comfort zones – rub noses, sit down and have kai – if that's what we have to do*
- *In relation to Partnership – the Government has taken a strong line for every Partnership and now a Partnership has to go to Cabinet for approval eg the Partnership between local Iwi and the – it is sitting in Parliament waiting for cabinet approval.*
- *It makes sense to have a really strong relationship with Rata Te Awhina Trust who provide Maori Health Services.*
- *Some staff are learning Te Reo after work. This is very successful and Gary has been pleasantly surprised at the number of non Maori attending.*
- *West Coast DHB website includes the short version of the legend of Poutini and the words "haere mai nau mai" have now been included*
- *The development of the Nursing Poster with Maori input has been collaborative and positive.*
- *When funding comes to the DHB you apply the Equity Lens to see if the funding is being used correctly eg are disabled / Mental Health or Maori missing out.*
- *Reduce Barriers – Maori will tell us whether it is working*
- *Ensure that services are accessible and approachable and develop a culturally appropriate environment*
- *If the DHB understands Maori cultural issues they become more supportive of other cultures.*

John Vaile thanked Gary for his presentation and his offer to share the Draft Maori Health Plan with Committee members and said to Gary that we will enjoy working with you in the future.

0850 hrs – Gloria Hammond joined the meeting

Moved: Elinor Stratford – Seconded: Maureen Frankpitt

Dr Christine Robertson asked the Chairman if it was possible for management to distribute the presentation with notes so the Minute Secretary does not have to note everything that is said, but just bullet point the main comments discussed. The Chairman disagreed and would like the process to stay the same way it is.

4.1 Matters Arising

No matters arising from the minutes.

5. CORRESPONDENCE

5.1 Letter from Active West Coast

Elinor Stratford advised the members that Active West Coast covers all of the West Coast. This is a group of people who are interested in keeping the community active and their main

interest is increasing the activity levels on the West Coast. Elinor Stratford advised that Kim Sinclair has previously completed research for Lincoln University. The committee agreed Kevin Hague would reply to this letter with a copy to CPHAC.

Moved: Marguerite Moore – Seconded: Gloria Hammond

6. CREATING PERFORMANCE INDICATORS FOR DSAC FROM TERMS OF REFERENCE

The Chairman advised this is solely for our information only. This cannot be changed.

7. PLANNING FOR DISABILITY ACTION PLAN

Melanie Penny advised the members she is in the process of completing the first draft for this plan. The time frame at this stage is for a meeting on the 17 December, then a second draft will be put together and this will be an agenda item for the next meeting and will also go to CPHAC.

0930 hrs – Kaiarahi left the meeting

Melanie Penny made a presentation on the draft plan.

Gloria Hammond was disappointed to see that equipment was not on this list. Dr Christine Robertson advised that access to toilets were also not on this list. Melanie Penny will add these points.

The Chairman thanked Melanie Penny for her hard work on this project.

8. GREY DISTRICT COUNCIL – DRAFT POLICY ON EQUITY AND ACCESS FOR PEOPLE WITH DISABILITIES

Kevin Hague advised the version of the draft policy we have, is in fact a first draft, not the second draft, as a result of an error by the Council.

Number 2 – Bullet Point 4 – last word changed from “acquitted”, to read “acquired”

MOTION That this committee recommends that the Board endorse the draft letter to Kevin Beams, Grey District Council with alternations by the Disability Committee.

Moved: Maureen Frankpitt - Seconded: Gloria Hammond

The committee agreed that Kevin Hague have the Committee’s powers to act with the Chairman of the Board.

9. UPDATES

9.1 DSS Devolution

Kevin Hague advised that the Ministry has devolved responsibility to DHBs for disability support services for adults over 65 from 1st October 2003.

Kevin Hague advised that from a DHB perspective the process employed had been totally inadequate. We received virtually no information from the Ministry of Health before a large box of contracts arrived, the day before devolution occurred. As the DHB becomes responsible for services, our ability to plan in an integrated way improves.

Elinor Stratford advised that a huge amount of money was taken from the Ministry of Health for equipment. This is a problem now.

9.2 Integrated Continuum of Care

Melanie Penny advised that the DHB now has a planning advisory group that are meeting monthly. Melanie Penny advised that a planning day has been arranged for 18 December 2003. On this day the advisory group hope to finalise a draft. Kevin Hague will also be a part of this. An update will be presented at the next DSAC meeting.

Melanie Penny went through the results of the National Health Survey Supplement with the committee.

9.3 Proposed Dementia Unit

Kevin Hague advised it is conditionally through the national committee with just one or two items to sign off. We are aware this is urgent.

10. GENERAL BUSINESS

No items to address.

11. ATTENDANCE AND ADMINISTRATION FORM

The Chairman asked the committee to fill in the attendance and administration forms and return them today. The Chairman also thanked each committee member and management present for their input throughout the year and wished everyone a Happy Christmas and New Year.

There being no further items, the meeting closed at 1030 hrs

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.