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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 FRIDAY 2<sup>ND</sup> APRIL 2004 COMMENCING 10.15 AM

### *Karakia*

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Previous Meeting – Friday 5<sup>th</sup> March 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. General Business
14. Date of next meeting – Friday 7<sup>th</sup> May 2004 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 2<sup>nd</sup> April 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)(j) of the Official Information Act 1982.

- Minutes of the Previous Meeting – Friday 5<sup>th</sup> March 2004
- Clinical Training Agency Contract

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 2<sup>nd</sup> April 2004 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 Surgeons Review of General Surgery Update on Recommendations (standing item)
- WCDHB Workforce Development Plan

## BOARD MEMBERS' DISCLOSURES OF INTERESTS

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

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

# 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
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
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 5<sup>TH</sup> MARCH 2004 AT 9.17 AM IN THE BOARD ROOM, CORPORATE OFFICE, WEST COAST DISTRICT HEALTH BOARD, GREYMOUTH

**PRESENT** Gregor Coster, Chairman  
Christine Robertson, Deputy Chairman  
Robyne Bryant  
Marguerite Moore  
Mohammed Shahadat  
Tamai Sinclair  
John Vaile

**IN ATTENDANCE** John Luhrs, Chief Executive  
Kevin Hague, General Manager Planning & Funding  
John Goulding, General Manager Finance (for part)  
Vicki Piner, Minute Secretary

### *Karakia – Tamai Sinclair*

#### 1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. Apologies were received from June Robinson and Malcolm Stuart. Board members noted their condolences to June Robinson who was absent due to the recent fatality of Shirley Kelly of Hokitika.

Apologies for lateness were received from Robyne Bryant.

#### 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:

##### **Professor Gregor Coster**

- Remove "Member - Ministry of Health Prioritisation Advisory Committee (Expert Group)" as this work is now complete.

### **Ms Robyne Bryant**

- Change “Member” – Board of Coast Care Trust to “Trustee.”

### **Mrs Julie Kilkelly**

- Remove “Associate” from “Member – NZ College of Pharmacists.”

Board members congratulated Julie on this achievement.

### **Mr Tamai Sinclair**

- Remove “Iwi Representative – Grey District Safer Community Council.”

*Robyne Bryant joined the meeting at 9.21 am*

## **4. MINUTES OF THE PREVIOUS BOARD MEETING HELD 28<sup>TH</sup> JANUARY 2003**

The following amendments were made to the Minutes:

- Item 8.5, second sentence – amend to “Dr John Broughton”.
- Item 11.1, third paragraph – end sentence after “with the Minister”. Then delete the sentence from “to gain her” and wording to end of the sentence.”

*Moved: Julie Kilkelly, Seconded: Mohammed Shahadat*

**It was RESOLVED that the Minutes of the Board meeting held 28<sup>th</sup> January 2004 were a true and correct record subject to the above amendments.**

## **5. MATTERS ARISING**

### **Arrange a visit by Dr Colin Feek, Ministry of Health to discuss elective services**

Jane Morgan, Analyst and Andrew Holmes, General Manager, Clinical Services Strategy, Ministry of Health are providing a presentation to Board members regarding MoH Elective services at 12 noon.

### **Present a briefing paper on the development of a Youth Health Strategy**

The General Manager Planning & Funding advised that the new analyst had only recently been employed and her report would be presented to CPHAC prior to presentation to the Board meeting in May.

### **Report on progress of Cabinet approval and signing of the Memorandum of Partnership with Papatipu Runanga**

The Chief Executive advised that written advice on the proposed Memorandum of Partnership had been received from the Ministry of Health in two forms; generic advice and some specific areas highlighted. He said that a discussion with Poutama Ora on these issues would be held prior to reporting back to the Board with a recommendation.

**Action: Chief Executive**

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

The Chairman, DSAC advised that this item was tied up with the draft paper that went out and he would provide an update to Board members at the next Board meeting.

**Action: Chairman, DSAC**



**Bring a report, with recommendations to the 5 March 2004 Board meeting regarding the appointment of the Electoral Officer**

Included in Board papers is a paper on this matter. The Chief Executive will provide a further update and a recommendation to Board members at the April Board meeting.

**Write to the Warehouse staff, on behalf of the Board, to thank them for their support and generous donation to the Whanau Facility**

Completed.

**Provide confirmation on the opening date of the Whanau Facility to Board members**

The Chairman noted that it was a very successful opening day for the Whanau Facility. He thanked Board members who attended. Tamai Sinclair offered his apologies for his late attendance at the opening and for not attending the dawn ceremony.

**Expand on what "scope of practice" means within the media to provide the community with more information**

This had been part of an "Ask a Professional" question reported on in the West Coast Messenger.

**Provide a short report to the Board outlining the impact of the Health Practitioners Competency Assurance Act to include practical implications and noting any issues that may present future problems**

The Chief Executive provided a verbal update on this Act.

**Notes from the Board Members' Planning Day regarding the functions and roles of advisory committees**

The Board asked management to make notes available to Board members.

**Action: Chief Executive**

**6. CORRESPONDENCE**

Board correspondence was noted.

***Moved: Christine Robertson, Seconded: Robyne Bryant***

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

**7. CHAIRMAN'S REPORT**

The Chairman apologised that he had not had the opportunity to complete his written report as he had attended a meeting with the GPs the previous evening. He provided a verbal report to Board members as follows:

**7.1 Meeting with GPs**

The Chairman, Deputy Chairman, Chief Executive and General Manager Operations attended the GPs' regular monthly meeting held Thursday 4<sup>th</sup> March. A helpful meeting was held with a number of issues being discussed to the satisfaction of the GPs including recommendations from the RACS review of general surgical services.

Board members were advised that the GP Liaison position had been advertised with one application being received. The interview process will now proceed.

## **7.2 Grafton Group Report**

The Chairman and Chief Executive met with councillors at the Buller District Council (BDC) Workshop on health services in the Buller. The Chairman reported that it was a very positive meeting. Grafton Group presented the findings of their report, which was then debated by councillors. The Chairman and Chief Executive advised councillors that the West Coast DHB had agreed to provide support to the BDC by way of \$60k towards the next stage being community consultation.

A formal joint media statement on behalf of Grafton Group and West Coast DHB will be issued.

## **7.3 PHARMAC Meeting**

The Chairman attended the usual monthly meeting of PHARMAC. He noted that there was nothing special to report falling out of this meeting.

## **7.4 Meeting with GPs re GP Liaison Position**

This is covered in Item 7.1 above.

## **7.5 McDonald's Request to Provide Sponsorship**

The Chairman has received a request to meet with the Marketing Manager of McDonalds regarding the possibility of McDonalds providing sponsorship for the dental caravan.

Board members supported the Chairman meeting with McDonalds' representative and asked him to advise McDonalds that the dental caravan had recently been repainted, will be replaced next year and sponsorship towards the replacement of the caravan would be both beneficial and appreciated.

There was further discussion and debate on what sponsorship McDonalds could provide that could perhaps be of value to improving the health status of the residents of the Coast.

The Chair CPHAC noted that an Oral Health Hui on 25<sup>th</sup> March could generate ideas for sponsorship. Recommendations from this Hui regarding sponsorship will be passed to the Chairman for discussion with McDonalds' representative.

## **Action: General Manager Planning & Funding**

### **7.6 Meeting with Dr Atmore**

The Chairman and Chief Executive met with Dr Carol Atmore regarding the PHO and GP Liaison position.

### **7.7 South Island Chairs' and CEOs' Teleconference**

The Chairman advised that from the last teleconference it was apparent that a number of Boards have significant challenges with their DAPs regarding deficit funding.

### **7.8 Board Members' Evaluation Forms**

The Chairman has completed collation of most of the Board member evaluations and will now arrange to meet individually with Board members to discuss their evaluations.

***Moved: Chairman, Seconded: Mohammed Shahadat***

**It was RESOLVED to accept the Chairman's Report.**

## **8. CHIEF EXECUTIVE'S REPORT**

### **8.1 Performance to Plan**

The Chief Executive advised that the Board is ahead of budget year to date, noting also that the Board was on target against the recently signed DAP for the current year and that next month the finance report will relate financial performance to DAP (rather than budget).

### **8.2 2004 / 05 District Annual Plan (DAP)**

The first draft of this document will be discussed in the In Committee portion of the meeting.

### **8.3 Paediatric Services**

The Chief Executive reported that there were a significant number of personnel from the Canterbury DHB, MoH and WCDHB present at a meeting in Canterbury on 19 February to discuss the provision of paediatric services to West Coast children. He warned that the development of a more sustainable and robust service would take time and he would continue to update Board members on developments. He advised that there was good engagement and support from Canterbury.

### **8.4 Appointment of an Electoral Officer for DHB Elections**

It is likely that the Board will utilise the services of the Westland District Council Electoral Officer as the Buller District Council Electoral Officer oversees the West Coast Development Trust elections and the Grey District Council Electoral Officer oversees the Regional Council elections. The MoH is currently in the process of developing a generic Memorandum of Understanding that each individual DHB will put in place with their local Territorial Authorities. The Chief Executive will bring a recommendation back to the April Board meeting identifying how to progress this matter (already an item of Matters Arising).

## **Action: Chief Executive**

### **8.5 Air Ambulance Service**

The Board has received a letter, tabled by the Chief Executive, from Tony Kokshoorn, Chairman West Coast Air Ambulance Trust. In essence the Trust is offering to assist with the costs of provision of a Coast based air ambulance.

The Chief Executive noted an error in the letter in that the actual number of air transfers was 140 patients from Grey Base Hospital, not 240. Board members pointed out that air ambulance transfers are not possible at times when the weather is bad; patients have to be transferred by road to Canterbury or may have to wait for a specialist retrieval team to come from another area e.g. Wellington or until the weather improves.

The Chief Executive's group recently discussed the issue of air transport and noted the variances in both charging mechanisms and the way that air ambulance transfers are provided in various regions. The West Coast DHB as a Level 3 / 4 hospital will always be required to transfer patients requiring tertiary level care.

Nationally the DHB CEOs have recommended that the Service Framework Group (group that looks at national service delivery) take an overall view and makes recommendations back to the CEOs' group as a whole on a more co-ordinated, national approach. The Chief Executive advised that this analysis would take time and he would not be surprised if a

report may not be available for six months, however he would keep Board members up to date with progress.

The Chief Executive reminded members that air ambulance services are provided in two parts: (a) the airframe and pilot and (b) trained clinical air ambulance personnel. The challenge of having an air ambulance service based on the Coast is that if a national approach regarding the clinical level of staffing were determined, it would impact on the number of staff on standby who would require to be pulled out of service at a moment's notice. Staffing for this eventuality would need to be provided 24/7 with more than one team required: i.e. staff could not be expected to be on call for a 1/1 roster.

The benefit of having an air ambulance service based on the West Coast would be the speed of patient transfer with the flight originating from the Coast. Board members were advised that current spend on air ambulance transfers is approximately \$500k annually.

Air ambulance clinical retrieval team services provided to the West Coast DHB are currently provided by Canterbury DHB which also provide these services to Nelson Marlborough DHB, South Canterbury DHB and Ashburton Hospital (part of Canterbury DHB).

## **8.6 All at Once Dispensing**

Initial feedback has been provided from PHARMAC (contained in the information section of these Board papers), which indicates that the opportunities in terms of savings that were predicted under the change to stat dispensing are not going to be realised at a level as high as those possible at more urban areas. The Chief Executive has had discussions with the General Manager Planning & Funding and recommends discussing with HealthPAC a compliance audit of prescribers and pharmacists in our area to be undertaken by HealthPAC.

Julie Kilkelly advised that prior to the implementation of stat dispensing pharmacists on the West Coast had the ability to provide all at once dispensing to patients residing more than 30 minutes from a pharmacy and accordingly this might be part of the reason why the relative movement to all at once dispensing on the Coast has not been as great as elsewhere. She noted that AT&R at Grey Base Hospital promoted close controls on patients in the unit.

Christine Robertson noted that if in fact HealthPac is involved in an audit, she would remove herself from the Audit Team given her conflict of interest as a Board member.

## **8.7 Health and Disability Sector Standards - Certification**

Verification NZ has been appointed as the designed Audit Agency to carry out an audit commencing late May. The WCDHB is on target for certification and the Board will continue to be updated on progress.

Board members supported the delegation of oversight of certification to HAC with regular updates being provided by HAC to the Board. The Audit, Risk & Finance Committee will also be expected monitor this matter.

**Action: HAC Chairman  
AR&F Chairman**

## **8.8 Credentialing of Senior Medical Staff in the WCDHB**

The Chief Executive advised that a Project Manager had recently been appointed and would commence next week. The Chairman said that medical credentialing is a very important part of the Board's business – falling out of the RACS review. He said it is part of

quality improvement, which demonstrates that the West Coast DHB can audit the quality of clinical care to assure the public good health care is being delivered.

The MoH recently released its audit of DHB patient satisfaction surveys for the quarter to December 2003 quarterly and the West Coast DHB rated the highest in terms of patient satisfaction.

Board members supported the Hospital Advisory Committee being delegated oversight of medical credentialing with regular updates on progress being provided to the Board.

#### **Action: HAC Chairman**

The West Coast DHB owns two medical practices. There was discussion on whether GPs employed by the DHB owned GP practices would require credentialing. The Chief Executive advised that this is being followed up directly with the MoH. He said that elsewhere GPs are traditionally in private practice and not working for a DHB. Originally the MoH system of medical credentialing was proposed for hospital specialists but after some discussion with the MoH, it appears that there may be benefits for the DHB to look at a similar process for the GPs it employs. However, further engagement with the MoH and GPs would be required before a firm view is reached.

The Chairman advised that it is difficult to audit locum GPs given their short time on the Coast. Further through the medical credentialing process, a discussion will be held with GPs.

Board members requested that careful consideration be given as to how a community representative be appointed to the medical credentialing committee. Board members requested that the General Manager Operations make a recommendation to the Board after having discussion with clinicians.

#### **Action: General Manager Operations**

#### **8.9 Health Practitioners Competency Assurance Act 2003**

The Chief Executive provided an update and tabled a paper to Board members. Scope of practice is at the centre of the Act – all practitioners covered by the Act will be required to have a process in place by December 2004. Individual health practitioners will have to be aware of their scope of practices and will not be allowed to practice outside of this scope. There are exceptions in terms of emergency care. If an individual's scope of practice changes then WCDHB is obliged to record this.

The Director of Nursing / General Manager Primary Health is preparing a paper with regard to nursing on how this process will be implemented. Nursing, as the largest workforce group, will be the first to develop templates that can be applied across other specialties.

#### **8.10 Implementation of Recommendations from the RACS' Review**

The Chief Executive provided an update to Board members noting that a written update will be provided to Board members on a frequent basis. The Chairman advised that matters in relation to individual employees would be discussed in committee; otherwise the balance of the report will be discussed in the public meeting.

#### **Recommendations:**

- **3 permanent surgeons** – The West Coast DHB has advertised in RACS' publication, on their website and continues to use external agencies to seek permanent staff. A permanent surgeon has been appointed (signed up for 2 years). Although he is not vocationally registered, he intends to

become vocationally registered and commences in April, subject only to Medical Council clearance.

- **Develop links with DHBs, formation of a combined department of general surgery with another DHB** - a number of meetings have been held with Canterbury DHB which is currently reviewing its situation and will come back to the DHB identifying areas where it can provide support to the DHB. Very positive responses have been received thus far.
- **Encourage regular appointment of basic surgical registrar at Grey Base Hospital** - a surgical registrar was appointed in December 2003.
- **Appointment Process and Ensuring training and experience of surgical locums meets standards** – a formalised appointment process is in place for locums who are working a period greater than 3 months –an external general surgeon is used in addition to the Chief Medical Adviser, the WCDHB surgeon and General Manager Operations or the HR Manager. For locums working a period of less than 3 months the same appointment committee minus the external general surgeon is involved. Discussions with Canterbury on improving this process further to determine whether further supervision could be provided are ongoing. The DHB has requested nominees from RACS for this committee – this is awaited.
- **Welcome GPs into hospitals** - GPs meet to discuss x-rays, and have an standing invitation to attend the weekly senior medical staff meetings and education presentations. Some ideas on how to further improve these links were discussed at the meeting the Chairman, Deputy Chairman, Chief Executive and General Manager Operations had with GPs last evening.
- **Closer integration of primary and secondary care, including appointment of a GP Liaison position** - applications have closed and interviews will be held shortly. Board members were advised that Southlink Health would be the employer of the GP Liaison position.
- **Identify Senior surgeon to advise and support general surgery** - contact has been made with several surgeons in other DHBs –formalisation of this is expected shortly.
- **Credentialing and Clinical Audit require immediate attention** - Clinical audit will be part of the credentialing project.

RACS will be invited back later this year to provide an overview and to check progress against recommendations.

### 8.11 Human Resources

Board members requested a regular update on Human Resources; given HAC does not meet on a monthly basis. This report will be kept at a higher level in terms of the impact of service provision on a governance level – perhaps in the similar one page summary format provided to HAC.

**Action: Human Resources Manager**

### 8.12 Review of Nursing Workforce

An external Director of Nursing has been commissioned to assist in reviewing the nursing workforce. Nurses and unions have been consulted. Board members agreed that HAC monitor this matter given the strategic implications, and will provide feedback to the Board.

**Action: HAC Chairman**

### 8.13 Whanau Facility Opening

The Chief Executive recorded his thanks to the Board for their support on the progress of the Whanau Facility and in particular to Gary Coghlan, Kaiarahi / Maori Health Manager for his efforts and the support of staff generally.

*The meeting adjourned for a short break at 10.55 am  
The meeting resumed at 11.05 am*

#### **8.14 Closure of Dr Mills' Medical Practice in Buller**

The General Manager Planning & Funding advised that the WCDHB has assumed the guardianship of Dr Mills' patient records. A total of 4 people preferred not to have their records transferred to BMS, their records are being held in trust by the WCDHB.

#### **8.15 Pharmacy**

Awaiting feedback from the Pharmacy Guild.

#### **8.16 WISE**

Board members were advised that this initiative is well advanced.

#### **8.17 Oral Health Hui**

The General Manager Planning and Funding advised that there is a high level of excitement around the Oral Health Hui scheduled for 25<sup>th</sup> March. He said that oral health is an area where the West Coast DHB has been setting the agenda nationally and the Board could take a sense of pride in achievements to date.

#### **8.18 Maori Health**

The General Manager Planning and Funding reported that the West Coast DHB has emphasised to the Ministry that the West Coast is an excellent site to pilot initiatives that have potential at a national level. The MoH has signalled interest in this.

The General Manager Planning & Funding has made application for funding for disaster plan preparedness. The point has been made that by trialling initiatives on the West Coast the MoH can get a good sense of how these initiatives will be progress nationally.

Part of the contract with Rata Te Awhina Trust has been for the Poutama Ora management function. The DHB is exploring the possibility of changing the nature of the contract with Poutama Ora to some extent. The General Manager Planning & Funding has had discussions with the Chairman of Poutama Ora with regard to clarifying the role of Poutama Ora. It is management's preference that Poutama Ora will be a forum for Treaty relationships.

#### **8.19 National Health Committee**

The General Manager Planning & Funding is on the National Health Committee (NHC), which meets regularly in Wellington. The NHC has indicated interest in holding a meeting on the West Coast and has requested themes for this meeting. The General Manager Planning and Funding has indicated to the NHC that the West Coast DHB would be interested in holding the meeting on the West Coast and suggested rural health issues and chronic health disease management as possible themes.

Board members were advised that NHC typically undertakes around 10 projects at any one time. Some of the projects currently being undertaken by NHC are:

- Chronic Disease Management – in a rural health setting this topic could be particularly useful.
- Public health services; role of each of the players on public health issues, competencies to undertake this role, current capacity against competency,
- Economic determinants of health – NHC is currently finalising the report.
- Maori Health, in particular the adoption of He Korowai Oranga

The Chairman suggested that consideration be given to the topic of public health promotion objectives and this role within PHOs. Two ideas of focus for the NHC June meeting could be population health outcomes in small PHOs and chronic disease management.

***Moved: Christine Robertson, Seconded: Tamai Sinclair***

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

***The General Manager Finance joined the meeting at 11.28 am***

## **9. FINANCE REPORT**

Year to date the DHB is better than budget and on target. The agreed DAP has been signed off and the deficit agreed. The DHB is on target to meet this deficit.

Additional costs that have not been budgetted include costs for; RACS Review, Paediatrics, and Seaview which may all contribute to increased costs.

The General Manager Finance advised as from next month financials will be reported against actual plan (i.e. the agreed DAP).

The Chairman said that the Population Based Formula under the current formula does not take into account the issues facing the West Coast and the focus for next year's DAP is to have the significant issues facing the West Coast DHB addressed.

***Moved: Mohammed Shahadat, Seconded: Marguerite Moore***

**It was RESOLVED to accept the Finance Report.**

***The General Manager Finance left the meeting at 11.35 am***

## **10. REPORTS FROM THE ADVISORY COMMITTEES**

The Chairman advised that the Minutes for the last meetings would be distributed with the next set of Board papers.

### **10.1 Community & Public Health Advisory Committee**

The Chairman, CPHAC provided a verbal report to Board members.

#### **10.1.1 Recommendations to the Board**

CPHAC recommended the following motion to the Board:

***Moved: Julie Kilkelly, Seconded: Robyne Bryant***



**Motion:**

**That the West Coast DHB corresponds with the MoH in relation to the level of funding allocated to the West Coast region for tobacco control policies and any restrictions related to this funding.**

**Motion carried.**

The Chairman CPHAC will advise CPHAC that the Board had received the recommendation and has supported it.

**10.1.2 Reporting back on Board referred items**

The Board noted the successes around the oral health initiative. CPHAC formally recognised the amount of work Melanie Penny, Research and Planning Analyst has done in the oral health area and congratulated her on achievements to date.

**10.1.3 Seeking Board approval for further consideration**

**The Chairman, CPHAC outlined some of the work that CPHAC could be focussing on:**

- Monitoring / progressing the implementation of the Maori Health Strategy and the Primary Healthcare Plan.
- Forming a delegations' policy so that CPHAC could meet with delegations on behalf of the Board thus providing interface with the community.
- Monitoring the progress and performance objectives for the PHO that data could be collected on; e.g. immunisation rates, retinal screening, etc.,

The Chairman CPHAC and the General Manager Planning & Funding will work further on some of these ideas and will report back to the April Board meeting.

The Board noted the report from the Chairman CPHAC and endorsed the proposals.

**10.2 Disability Support Advisory Committee**

The Chairman, DSAC advised a copy of the Minutes were not available to him, so he would rely on memory for his verbal report.

**Items discussed:**

- The Disability Action Plan.
- Integrated Continuum of Care – the Research & Planning Analyst provided a presentation followed by discussion.
- Filling the vacancy on DSAC – advertising for a replacement on this committee has begun.

The Board noted the report from the Chairman DSAC and endorsed the proposals.

***The meeting broke at 11.57 am prior to a presentation from the MoH officials on elective services.***

**11. MINISTRY OF HEALTH PRESENTATION ON ELECTIVE SERVICES**

Jane Morgan, Analyst and Andrew Holmes, General Manager, Clinical Services Strategy, Ministry of Health provided a presentation to Board members.

The presentation was followed by a question and answer period.

Board members noted that they had found the presentation most informative and thanked the presenters.

***The meeting resumed at 1.50 pm***

**12. REPORTS FROM ADVISORY COMMITTEES - Continued**

**12.1 Mental Health Advisory Committee**

The Chairman provided a report on behalf of MHAC in the absence of the MHAC Chairman.

**12.1.1 Recommendations to the Board**

***Regional Mental Health Plan***

The Committee notes and supports the report on the South Island Regional Mental Health Plan (Draft) as presented and expresses its appreciation on the comprehensive report by the General Manager Mental Health.

***Regional Access Projects***

The Committee notes and commends the progress and work of the Primary Mental Health Project and strongly recommends the Board access any available funding for primary mental health in order to provide better access to an improved range of primary mental health services on the West coasts for the 17% of the population with mild to moderate mental illness.

The Board noted the above recommendation and passed the matter to the General Manager Planning & Funding for further development.

**Action: General Manager Planning & Funding**

***Moved: John Vaile, Seconded: Marguerite Moore***

**It was RESOLVED that the reports from advisory committees be received.**

***Tamai Sinclair rejoined the meeting at 1.52 pm***

***Robyne Bryant rejoined the meeting at 1.53 pm***

**12.2 Report from the Chairman, Hospital Advisory Committee**

***The General Manager Planning and Funding rejoined the meeting at 1.56 pm***

The Chairman, HAC provided a report based on comments made by HAC members, the Board's discussions at the Planning Workshop in January and further discussed by the Chairman of HAC and the Chairman of the Board.

The Chairman, HAC invited discussion on the points made. She said it was her view that the committee members are not getting involved in issues at a strategic level as they are getting tied up in the operational issues. She said time should be allocated to strategic issues. John Vaile said it was his view that vigorous debate occurred currently at HAC meetings and he would hate to see this stifled.

The Chairman suggested piloting this approach and asked the Chairman, HAC to feed back on how this approach functions. Robyne Bryant said she was reassured by the close scrutiny that HAC focuses on. She said she would not like to see the detail lessened.

When the financial competency is filled on the Board, either by election or appointment, this person will be an advisor to both the Board and HAC from a governance perspective.

***Moved: Chairman, Seconded: Mohammed Shahadat***

**It was RESOLVED that the reports from the Chairman HAC be received.**

### **13. PRIMARY HEALTH ORGANISATION**

John Vaile provided a background as to why he had placed this item on the Agenda. He said he had spoken to a GP who was dissatisfied with the progress of the PHO. He said as a Board member he does not know where the PHO is going, and is not confident in the monitoring function provided by South Link Health.

The General Manager Planning & Funding monitors the tasks the PHO is supposed to carry out, principally in the form of plans that the PHO is to have developed, with timeframes. There are multiple schedules within the contract that the PHO is monitored on.

The General Manager Planning and Funding commented that at the Board Workshop, in January, PHO performance against plans was unsatisfactory. He has raised this with Murray Tilyard, South Link Health.

The General Manager Planning & Funding attends the PHO Board meetings as an observer. He advised that over the past month there has been significant movement from the PHO Board to take on the responsibility for strategic planning for the PHO, to also call South Link Health to account for its standards in both the tasks it performs for the Board and its reporting to contract. The PHO Board has identified shortcomings its management services provider is performing. The PHO Board has adopted some actions to improve performance.

The issue of clawback was discussed. The Chairman said whether the access formula can be approved for Buller people within the PHO is being investigated. He said it was a possibility and management is looking into this. The Chairman said that some practices in other rural regions have been able to apply the access formula.

The Board delegated the monitoring of the PHO to CPHAC who will provide regular updates to the Board.

**Action: Chairman, CPHAC**

Julie Kilkelly advised that from her discussion earlier in the day with the MoH Analyst, Jane Morgan, she learnt that the Ministry of Health is developing templates for monitoring PHOs. The Deputy Chairman advised that HealthPac has a role in auditing issues around enrolment in PHOs.

### **14. 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 5<sup>th</sup> March 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 not**

enable the West Coast DHB 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 – 28<sup>th</sup> January 2004
- Proposal for the replacement of Laboratory Haematology Analyser

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 5<sup>th</sup> March 2004 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 Reporting Update
- Risk Register (standing item)
- Update on recommendations from the Royal Australasian College of Surgeons' Review of General Surgery
- In Committee items
- Code of Good Faith

*Moved: Chairman, Seconded: Tamai Sinclair*

It was RESOLVED to move into In Committee at 2.30 pm

#### 15. MOVING OUT OF IN COMMITTEE

*Moved: Chairman, Seconded: Christine Robertson*

It was RESOLVED to move out of In Committee at 4.20 pm

#### 16. IN COMMITTEE ITEMS FOR INCLUSION IN THE PUBLIC MEETING

The items discussed In Committee that can be reported on in the public portion of the meeting are as follows:

##### 16.1 Contracts Signed with the West Coast DHB

###### 16.1.1 Coast Care Trust

The West Coast DHB has signed a contract with Coast Care Trust for the provision of activity centres and drop in centres.

###### 16.1.2 Ministry of Health

Variation (No.6) to the 2002/03 Crown Funding Agreement – Second Omnibus Variation has been signed with the Ministry of Health.

*There being no further business the meeting concluded at 4.22 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	3 October 2003	Present a briefing paper on the development of a Youth Health Strategy.	General Manager Planning & Funding	Originally due 5 March 2004 – now <b>due May 2004</b>	
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	April 2004	
16	7 November 2003	Discuss over 65's at the DSAC meeting, and then provide an update to the Board.	Chairman, DSAC	Originally due 5 March 2004 – now <b>due April 2004</b>	
5	28 January 2004	Bring a report, with recommendations to the 5 March 2004 Board meeting regarding the appointment of the Electoral Officer.	Chief Executive	Originally due 5 March 2004 – now <b>due April 2004</b>	
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papitipua Runanga.	Chief Executive	ASAP	
5	5 March 2004	Make notes on the Planning Day available to Board members.	Chief Executive	ASAP	
7.5	5 March 2004	Discuss ideas on how McDonalds could provide sponsorship to the DHB at the Oral Health Hui on 25 March and relay these ideas to the Chairman.	General Manager Planning & Funding	25 March 2004	
8.7	5 March 2004	HAC to provide oversight (as a result of delegation from the Board) of certification and to provide regular updates to the Board. Audit Risk & Finance Committee to also monitor this matter.	HAC Chairman Audit Risk and Finance Committee Chairman	Ongoing	
8.8	5 March 2004	HAC to provide oversight (as a result of delegation from the Board) of medical credentialling and to provide regular updates to the Board.	HAC Chairman	Ongoing	
8.8	5 March 2004	Give consideration as to how a community representative be appointed to the medical credentialling committee with a recommendation to be provided to the Board.	General Manager Operations	April 2004	

<b>Item No.</b>	<b>Board Meeting Date</b>	<b>Action Item</b>	<b>Action Responsibility</b>	<b>Reporting Status</b>	<b>Agenda Item Ref</b>
8.11	5 March 2004	Provide Board members with a monthly update on progress on vacant positions – to be kept at a higher level in terms of the impact of service provision on a governance level.	Human Resources Manager	Ongoing	
8.12	5 March 2004	HAC to provide oversight (as a result of delegation from the Board) of the nursing workforce review and to provide regular updates to the Board.	HAC Chairman	Ongoing	
12.1.1	5 March 2004	Note the recommendation made to the Board from MHAC re regional access projects and further develop this recommendation.	General Manager Planning & Funding	ASAP	
13	5 March 2004	CPHAC to provide oversight (as a result of delegation from the Board) of the PHO and to provide regular updates to the Board.	CPHAC Chairman	Ongoing	

## BOARD CORRESPONDENCE FEBRUARY AND MARCH 2004

Date:	Sender:	Details:	Response Date	Response Details
26 February 004	Hon Annette King, Minister of Health	Delivery of surgical caseweights 2003-2004		
5 March 2004	Gregor Coster to Maryan Street, DHBNZ	DHB Sector Code of Good Faith		
8 March 2004	Barry Stollery	Fluoridation of Water Supplies on the West Coast.		

## **CHAIRMAN'S REPORT**

The Chairman will give a written update at the West Coast DHB meeting on 2<sup>nd</sup> April 2004.



# CHIEF EXECUTIVE'S REPORT

## RECRUITMENT / VACANCIES FOR JANUARY / FEBRUARY 2004

POSITION	STATUS
<b>Senior Medical Staff</b>	
General Surgeon	Awaiting Medical Council registration for one candidate. The Interview Committee are to conduct interviews for one candidate. Locum cover supporting permanent surgeon through until the end of July 2004.
O&G	Due to recent resignation, actively recruiting for second O&G to commence June 2004. Locums being sought while permanent O&G takes CME or annual leave.
GPs Buller	One letter of offer has been sent. Interviews in progress for remaining vacancies.  One locum due to start in April for 2 months. A further two locums due to start in June for a 6 month period.
GP Karamea	Actively recruiting. West Coast DHB are providing Karamea Trust Curriculum Vitae of potential candidates.
GP Dobson	Position Advertised
A&E Officer	Interviews in progress
<b>Nursing Staff</b>	
CNL Associate Reefton	Interviews in progress
Palliative Care Co-ordinator	Position advertised
RN Hannan	Position advertised
EN Hannan	Interviews in progress
<b>Mental Health</b>	
Temporary A&D Counsellor	Interviews in progress
<b>Other</b>	
HR Manager	Under review
Cleaner Moana	Interviews in progress

## DISTRICT ANNUAL PLAN (DAP) 2004/05

The past month has been demanding on Finance staff and senior management in terms of the work required on the DAP, the first draft of which was submitted to the MoH on time on 15 March. Over the next couple of months there will be engagement with the MoH on the draft before the DAP is formally submitted in June.

## **PERFORMANCE TO DAP 2003/04**

This month we will report against the DAP which was signed by the Minister and returned to us two months ago. We remain on track to meet the financial parameters. With regard to elective services we are also on track to meet overall targets. On the subject of elective services the MoH has recently engaged with the sector over the funding of additional elective services in the area of orthopaedics. Where DHBs are providing orthopaedic surgery at a higher level relative to national levels of service there is an opportunity to agree with the MoH the application of part or all of this additional funding to another elective service which the DHB determines to be of high priority.

## **HEALTH SERVICES IN BULLER**

The Chairman, CEO and General Manager Primary Services/Director of Nursing met with the Buller District Council (BDC) on 25 February to receive a presentation from the Grafton Group. The BDC has since approved funding (which includes a contribution from the WCDHB) towards the proposal for Grafton to consult with the community on health services in Buller. We expect this consultation process, which will also involve our staff, to commence shortly.

## **EXTERNAL CEO MEETINGS**

- Laboratory MECA (5 days) – Auckland and Wellington
- MOH DDG/DHB CEO Meetings – Wellington
- Laboratory Conference – Greymouth
- Southern Alliance Teleconference
- Buller District Council/Grafton Group – Westport
- Senior Medical Officer Negotiations Teleconference
- Ronald McDonald House Charities – Greymouth
- South Island Shared Services Agency Ltd – Christchurch
- Community and Public Health re Smokefree – Greymouth
- Damien O'Connor - Wellington

**Author: Chief Executive – 24 March 2004**

## **04/05 DISTRICT ANNUAL PLAN**

DAP development continued to be the principal focus for the Planning and Funding team since the February Board meeting. Comments from Board members were most helpful, and the WCDHB draft DAP was submitted on time. It is likely to be some weeks before the Ministry's detailed feedback is received.

## **03/04 STATEMENT OF INTENT**

We have been advised by the Minister of Health that the WCDHB Statement of Intent for the 03/04 year has been approved. WCDHB now needs to provide 60 copies of the document, allowing it to be tabled in Parliament, at which point it will become public.

## **HEALTH NEEDS ANALYSIS**

The regional needs analysis project is now under way, with results expected around the middle of the calendar year. There will be qualitative work to follow this, but its scope and methodology will depend upon the results of the quantitative work being undertaken by SISSAL. A specific Maori analysis will be incorporated in this work, although we are still waiting to hear from the Ministry whether this work can be substantially augmented with further funding.

## **PRIMARY CARE**

The PHO has submitted proposals which are being evaluated on Free Contraception for Young People and Services to Improve Access. Further proposals that were awaited are now also under way and expected shortly.

The PHO's Maori Health Plan is now also under development.

The PHO contract is being moved onto the latest version (the standard contract is continually being upgraded) and is being reviewed to identify unmet PHO performance requirements.

The draft scope for the West Coast Primary Health Care Plan was well received by stakeholders, and the Plan is now moving into a drafting phase.

## **PHARMACY**

There is no new information to report concerning the negotiation of new contractual arrangements with pharmacists, with WCDHB still awaiting further contact from the Guild. Pharmacists contracts are being further amended to allow for implementation of Government's policy of reduced pharmacy co-payments.

Discussions are under way with HealthPAC to identify a suitable mechanism to audit the clinical appropriateness for decisions being made by prescribers concerning stat dispensing and close control.

## **WISE – WEST COAST IMPROVING SERVICE FOR ELDERLY**

There is no new information to report.

## **ORAL HEALTH**

The two oral health hui previously organised have been postponed to 20<sup>th</sup> and 21<sup>st</sup> May, following a tragic series of bereavements in the community.

## **MAORI HEALTH**

There is no new information to report.

## **NATIONAL IMMUNISATION REGISTER**

The National Immunisation Register is a computerised information system that has been developed to hold immunisation details of New Zealand children. Despite being a National Project, the WCDHB will manage the immunisation information for children resident in the area, and be able to use, analyse and monitor data for its own population.

Project Management, and the development, planning and implementation of our NIR Implementation Plan are the responsibility of the WCDHB. The development of our Implementation plan is currently underway, and the basis of a NIR Implementation Group was facilitated by a visit from the Ministry of Health's NIR Implementation Manager, with 7 key stakeholders present.

The planned 'go live' date for the West Coast is June 2005, however, depending on implementation in other regions it could occur as early as April 2005.

**Author: General Manager Planning & Funding – 24 March 2004**

## **WHANAU / FAMILY FACILITY**

The Maori Health Unit has been busy preparing for the opening of the Whanau / Family Facility. A number of community groups and organisations have made contributions towards fixtures and fittings within the building. A very generous donation was recently given by the West Coast / Canterbury Division of The Cancer Society who have been very supportive of this project.

On the 4<sup>th</sup> March 2004, the Whanau / Family Facility was officially opened. The day began at 5.30am and a small group of around 35 people attended a blessing for the building. Later in the day there was the formal opening with approximately 200 plus people in attendance. These people came from all over the West Coast. A Powhiri hosted by local Iwi welcomed visitors from outside of the West Coast to the opening. The Powhiri was followed by a speech by Professor Gregor Coster (WCDHB Chairman) after this there was an unveiling of carvings on the outside of the building. Performances were given by Kapa Haka groups from Westland High School and Cobden Primary School. This was a very positive day for the West Coast community and subsequent feedback about the opening has been very positive.

Since the building has been opened, six families / whanau have stayed there. A visitor's book gives valuable feedback about what visitors felt whilst staying in the building. A booklet has been compiled detailing eligibility criteria for staying in the whanau house, amenities available, charges for usage, how to pay, checking in and checking out, basic rules, security & safety and emergency services information. This booklet will be very helpful for people not just for people using the building but also for staff members. Payment for accommodation is \$10.00 per night for adults that is ages fifteen and over, for under fifteen there is no charge. The fee is to assist in covering cleaning costs and linen etc. Where Ministry of Health assistance is available, the rate will be amended to reflect the funding available. The social work department will support the whanau / family during their stay in the house when requested.

# **WHAKATATAKA: PATHWAYS OF CARE AND BEST PRACTICES**

The WCDHB has been advised that the Ministry of Health will be conducting a review within DHBs. The purpose of this review is to look at issues such as ensuring effective services for Maori and improving outcomes for Maori. This will include issues such as reductions in avoidable morbidity and hospital admissions. A reviewer sent by the ministry will be meeting with senior personnel on the 21<sup>st</sup> of April.

## **MPDS FUNDING PROPOSAL – SOUTH ISLAND WORKFORCE DEVELOPMENT PLAN AND TRAINING**

(Incorporating Nelson Marlborough, West Coast, Otago, Canterbury, Southland and South Canterbury DHBs).

The above proposal was submitted on behalf of the South Island Maori Managers utilising funding of the MPDS under spend for 2003 to 2004. The proposal underwent a process of assessment, moderation and final assessment with the result being that the Ministry of Health, Maori Health Directorate has agreed to fund the above proposal \$144,000 for the provision of the South Island Workforce Development Plan (including South Canterbury).

Nelson Marlborough will be the contract holder on behalf of the collective. Aroha Metcalf, Director of Maori Health in conjunction with the Planning and Funding Manager will be the person responsible for all aspects of this collective project including funding allocation and report compilation. It is envisaged that this project will maximise workforce development through a regional Maori health plan to support, lead and guide initiatives, directions and developments. It will give a framework and structure to enable shared resources and activity. The plan will sit with Te Herenga Hauora as the Maori health leaders within the South Island DHBs.

**Author: Kaiarahi / General Manager Maori Health – 25 March 2004**

# FINANCE REPORT

## Financial Overview February 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
<b>REVENUE</b>													
Provider	4,277	4,213	64	1.5%	3,839	34,056	33,984	72	0.2%	30,260	51,120	51,007	47,319
Governance & Administration	85	85	0	0.4%	78	663	661	2	0.3%	654	1,000	998	966
Funds	2,403	2,415	(12)	(0.5%)	877	17,315	17,443	(128)	(0.7%)	6,964	26,909	27,101	10,999
	6,765	6,712	53	0.8%	4,794	52,034	52,088	(54)	(0.1%)	37,878	79,030	79,106	59,284
<b>EXPENSES</b>													
Provider													
Personnel	2,605	2,490	(115)	(4.6%)	2,226	20,456	20,720	264	1.3%	19,387	31,149	31,222	29,424
Outsourced Services	286	296	10	3.4%	324	2,538	2,372	(166)	(7.0%)	2,462	3,817	3,559	3,983
Clinical Supplies	399	443	44	9.9%	417	3,700	3,599	(101)	(2.8%)	3,324	5,560	5,407	5,148
Infrastructure	942	996	54	5.5%	840	7,849	8,024	175	2.2%	6,779	12,078	12,032	10,879
	4,232	4,225	(7)	(0.2%)	3,807	34,543	34,715	172	0.5%	31,952	52,604	52,220	49,434
Governance & Administration	173	162	(11)	(6.8%)	106	1,109	1,257	148	11.8%	866	1,751	1,938	1,349
Funds	2,247	2,404	157	6.5%	893	17,132	17,411	279	1.6%	6,987	26,792	27,026	10,822
	6,652	6,791	139	2.1%	4,806	52,784	53,383	599	1.1%	39,805	81,147	81,184	61,605
<b>Net Result</b>	113	(79)	192	(243.0%)	(12)	(750)	(1,295)	545	(42.1%)	(1,927)	(2,117)	(2,078)	(2,321)

We note the budget figures have been updated to agree with those agreed with the Ministry in December 2004.

## OPERATING RESULTS

The month of February 2004 resulted in a surplus of \$113k, which was \$192k better than budget (\$79k). Provider and funder arms were better than budget (provider \$53k better and funder arm \$145k with governance and admin being \$7k worse than budget).

The year to date January 2004 result (\$750k deficit) is \$545k better than budget (\$1,295k). All areas are better than budget (provider \$224k better, governance and administration \$170k better and funder arm \$152k better than budget).

## REVENUE

Revenue for the month of \$6,765k is \$53k (0.8%) above budget of \$6,712k.

Provider revenue is up \$64k (1.5%) 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). Funder revenue is \$12k below budget.

Year to date (January 2004) revenue is up \$54k (0.1%) on budget. Provider revenue is \$72k higher than budget while funds revenue is down \$128k due to Rata/Plunket contract being paid direct by MoH as opposed to being devolved. (This decrease is matched by decreased expenditure).

## **EXPENSES**

Expenses for the month (\$6,652k) were \$139k (2.1%) below budget (\$6,791k).

Provider expenses for the month of February 2004 are over budget by \$7k (0.2%) with increases in personnel costs of \$115k (primarily Medical personnel) being offset by reduced clinical supply cost (\$44k) and Infrastructure costs (\$54k).

Clinical supplies are under budget due to reduced surgical throughput compared to earlier months. Infrastructure costs are below budget with restraints in place on new expenditures.

Funds expenditure is below budget by \$157k with the expenditure resulting from devolution of funding responsibility for care of the elderly DSS services being lower than anticipated.

Year to date (February 2004) expenses (\$52,784k) are below budget (\$53,383k) by \$600k (1.1%) with savings in all three arms of the organisation.

## **2004-05 DISTRICT ANNUAL PLAN (DAP)**

We have submitted a draft financial DAP to the Ministry for comment.

## **FORECAST**

Our year to date result (\$545k better than budget) gives optimism that our year end result will be in line with the revised 2003/04 DAP target of \$2.078M. It is important to note that our ability to maintain our current performance is dependant on a number of factors, such as our continued ability to obtain medical cover for paediatrics and our ability to access locum cover for other services as needed.

## **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 anomaly has now been reflected in the budget along with other to changes in the financial DAP.

Overall our Balance Sheet has improved due to the revaluation with our debt to debt plus equity ratio now at 47.5% compared with 78.3% last year but current liabilities remain unacceptably high due to delays in finalising long term funding.

## **CASHFLOW**

The Ministry of Health has issued us with \$1.5M of equity in support of our planned deficit (\$2.078M). Although cashflow remains adequate for current activities, provided we maintain our current financial performance, the Board should seek the balance of the planned deficit to ensure carried over capital projects such as Grey GP Premises, Patient Management and Community Computer Systems as well as Fox Clinic can be financed. To this end we propose requesting the balance of the equity (\$578k) to support the level of our agreed deficit.

## **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.

Author: General Manager Finance – 22 March 2004



## DHB CONSOLIDATED - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF FEBRUARY 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
<b>Revenue</b>													
Core MoH Funding	5,846	5,785	61	1.0%	4,015	44,742	44,644	98	0.2%	31,759	68,058	67,911	49,993
Other MoH Funding	669	646	23	3.6%	465	5,306	5,224	82	1.6%	3,835	8,001	7,874	5,683
Patient / Consumer Sourced	210	245	(35)	(14.3%)	243	1,623	1,934	(311)	(16.1%)	1,990	2,427	2,892	3,113
Non Health Related	40	36	4	11.1%	71	363	286	77	26.9%	294	545	429	495
	<b>6,765</b>	<b>6,712</b>	<b>53</b>	<b>0.8%</b>	<b>4,794</b>	<b>52,034</b>	<b>52,088</b>	<b>(54)</b>	<b>(0.1%)</b>	<b>37,878</b>	<b>79,030</b>	<b>79,106</b>	<b>59,284</b>
<b>Payments to Providers</b>	<b>2,247</b>	<b>2,404</b>	<b>157</b>	<b>6.5%</b>	<b>893</b>	<b>17,131</b>	<b>17,411</b>	<b>280</b>	<b>1.6%</b>	<b>6,987</b>	<b>26,783</b>	<b>27,026</b>	<b>10,822</b>
<b>Personnel Costs</b>													
Medical Personnel	637	520	(117)	(22.5%)	383	3,992	4,230	238	5.6%	3,732	5,984	6,341	5,429
Nursing Personnel	982	1,003	21	2.1%	928	8,423	8,400	(23)	(0.3%)	7,960	13,091	12,744	12,159
Allied Health Personnel	599	599	0	0.0%	542	4,902	5,002	100	2.0%	4,596	7,350	7,493	7,115
Support Personnel	108	91	(17)	(18.7%)	96	788	763	(25)	(3.3%)	734	1,183	1,145	1,125
Management / Admin	370	360	(10)	(2.9%)	324	2,920	3,008	88	2.9%	2,809	4,454	4,538	4,247
	<b>2,696</b>	<b>2,573</b>	<b>(123)</b>	<b>(4.8%)</b>	<b>2,273</b>	<b>21,025</b>	<b>21,403</b>	<b>378</b>	<b>1.8%</b>	<b>19,831</b>	<b>32,062</b>	<b>32,261</b>	<b>30,075</b>
<b>Outsourced Services</b>	<b>299</b>	<b>306</b>	<b>7</b>	<b>2.3%</b>	<b>335</b>	<b>2,646</b>	<b>2,452</b>	<b>(194)</b>	<b>(7.9%)</b>	<b>2,544</b>	<b>3,985</b>	<b>3,681</b>	<b>4,110</b>
<b>Clinical Supplies</b>													
Treatment Disposables	80	91	11	12.1%	93	681	733	52	7.1%	632	1,023	1,101	1,018
Diagnostic Supplies	12	12	0	0.0%	7	85	94	9	9.6%	89	128	142	132
Instruments & Equipment	67	83	16	19.3%	90	688	679	(9)	(1.3%)	646	1,033	1,019	1,016
Pt Appliances, Implants, Prostheses	70	75	5	6.7%	66	819	627	(192)	(30.6%)	562	1,234	945	872
Other Clinical & Client Costs	170	182	12	6.6%	161	1,427	1,466	39	2.7%	1,395	2,141	2,200	2,110
	<b>399</b>	<b>443</b>	<b>44</b>	<b>9.9%</b>	<b>417</b>	<b>3,700</b>	<b>3,599</b>	<b>(101)</b>	<b>(2.8%)</b>	<b>3,324</b>	<b>5,560</b>	<b>5,407</b>	<b>5,148</b>
<b>Infrastructure Costs</b>													
Hotel Services, Laundry & Cleaning	214	213	(1)	(0.5%)	220	1,770	1,704	(66)	(3.9%)	1,737	2,725	2,556	2,611
Facilities	231	258	27	10.6%	216	2,136	2,077	(59)	(2.8%)	1,673	3,303	3,115	3,083
Transport	95	92	(3)	(3.3%)	86	707	736	29	3.9%	666	1,068	1,107	1,088
IT Systems & Communication	97	99	2	2.0%	97	766	799	33	4.1%	770	1,149	1,199	1,132
Democracy	23	30	7	23.3%	15	159	240	81	33.8%	158	239	361	246
Professional Fees & Expenses	32	60	28	46.7%	40	300	415	115	27.7%	303	492	653	488
Other Operating Costs	319	313	(6)	(1.9%)	214	2,444	2,546	102	4.0%	1,812	3,780	3,818	2,802
	<b>1,011</b>	<b>1,065</b>	<b>54</b>	<b>5.1%</b>	<b>888</b>	<b>8,282</b>	<b>8,518</b>	<b>236</b>	<b>2.8%</b>	<b>7,119</b>	<b>12,757</b>	<b>12,809</b>	<b>11,450</b>
<b>Expenses Total</b>	<b>6,652</b>	<b>6,791</b>	<b>139</b>	<b>2.1%</b>	<b>4,806</b>	<b>52,784</b>	<b>53,383</b>	<b>599</b>	<b>1.1%</b>	<b>39,805</b>	<b>81,147</b>	<b>81,184</b>	<b>61,605</b>
<b>Surplus (Deficit)</b>	<b>113</b>	<b>(79)</b>	<b>(192)</b>	<b>243.0%</b>	<b>(12)</b>	<b>(750)</b>	<b>(1,295)</b>	<b>(545)</b>	<b>42.1%</b>	<b>(1,927)</b>	<b>(2,117)</b>	<b>(2,078)</b>	<b>(2,321)</b>

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
<b>Revenue</b>													
Core MoH Funding	3,478	3,397	81	2.4%	3,062	27,700	27,430	270	1.0%	24,023	41,552	41,147	37,792
Other MoH Funding	558	535	23	4.3%	465	4,416	4,334	82	1.9%	3,968	6,666	6,539	5,938
Patient / Consumer Sourced	210	245	(35)	(14.3%)	243	1,623	1,934	(311)	(16.1%)	1,990	2,427	2,892	3,113
Non Health Related	31	36	(5)	(13.9%)	69	317	286	31	10.8%	279	476	429	476
	4,277	4,213	64	1.5%	3,839	34,056	33,984	72	0.2%	30,260	51,120	51,007	47,319
<b>Personnel Costs</b>													
Medical Personnel	637	520	(117)	(22.5%)	383	3,992	4,230	238	5.6%	3,732	5,984	6,341	5,429
Nursing Personnel	982	1,003	21	2.1%	928	8,423	8,400	(23)	(0.3%)	7,960	13,091	12,744	12,159
Allied Health Personnel	599	599	0	0.0%	542	4,902	5,002	100	2.0%	4,596	7,350	7,493	7,115
Support Personnel	108	91	(17)	(18.7%)	96	788	763	(25)	(3.3%)	734	1,183	1,145	1,125
Management / Admin	279	277	(2)	(0.8%)	277	2,351	2,325	(26)	(1.1%)	2,365	3,542	3,499	3,596
	2,605	2,490	(115)	(4.6%)	2,226	20,456	20,720	264	1.3%	19,387	31,149	31,222	29,424
<b>Outsourced Services</b>													
	286	296	10	3.4%	324	2,538	2,372	(166)	(7.0%)	2,462	3,817	3,559	3,983
<b>Clinical Supplies</b>													
Treatment Disposables	80	91	11	12.1%	93	681	733	52	7.1%	632	1,023	1,101	1,018
Diagnostic Supplies	12	12	0	0.0%	7	85	94	9	9.6%	89	128	142	132
Instruments & Equipment	67	83	16	19.3%	90	688	679	(9)	(1.3%)	646	1,033	1,019	1,016
Pt Appliances, Implants, Prostheses	70	75	5	6.7%	66	819	627	(192)	(30.6%)	562	1,234	945	872
Other Clinical & Client Costs	170	182	12	6.6%	161	1,427	1,466	39	2.7%	1,395	2,141	2,200	2,110
	399	443	44	9.9%	417	3,700	3,599	(101)	(2.8%)	3,324	5,560	5,407	5,148
<b>Infrastructure Costs</b>													
Hotel Services, Laundry & Cleaning	214	212	(2)	(0.9%)	220	1,758	1,696	(62)	(3.7%)	1,730	2,707	2,544	2,598
Facilities	230	257	27	10.7%	216	2,131	2,075	(56)	(2.7%)	1,671	3,295	3,112	3,080
Transport	77	87	10	11.5%	78	653	696	43	6.2%	616	985	1,045	1,022
IT Systems & Communication	97	99	2	2.0%	97	764	796	32	4.0%	768	1,146	1,194	1,128
Interest	177	170	(7)	(3.9%)	80	1,323	1,419	96	6.8%	713	2,026	2,114	1,100
Professional Fees & Expenses	23	28	5	17.9%	19	176	218	42	19.3%	202	282	325	309
Other Operating Costs	124	143	19	13.1%	130	1,044	1,123	79	7.0%	1,079	1,636	1,698	1,642
	942	996	54	5.5%	840	7,849	8,024	175	2.2%	6,779	12,078	12,032	10,879
<b>Expenses Total</b>													
	4,232	4,225	(7)	(0.2%)	3,807	34,543	34,715	172	0.5%	31,952	52,604	52,220	49,434
Allocated from Governance & Admin	79	75	(4)	(5.3%)	28	620	600	(20)	(3.3%)	212	930	900	381
<b>Surplus (Deficit)</b>	<b>(34)</b>	<b>(87)</b>	<b>53</b>	<b>(61.1%)</b>	<b>4</b>	<b>(1,107)</b>	<b>(1,331)</b>	<b>224</b>	<b>(16.9%)</b>	<b>(1,904)</b>	<b>(2,414)</b>	<b>(2,113)</b>	<b>(2,496)</b>

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
<b>Revenue</b>	85	85	0	0.4%	78	663	661	2	0.3%	654	1,000	998	966
<b>Personnel Costs</b>													
Management / Admin	91	83	(8)	(9.6%)	47	569	683	114	16.7%	444	911	1,039	651
<b>Outsourced Services</b>	13	10	(3)	(30.0%)	11	108	80	(28)	(35.0%)	82	165	122	127
<b>Infrastructure Costs</b>													
Transport	18	5	(13)	(260.0%)	8	54	40	(14)	(35.0%)	50	84	62	66
IT Systems & Communication	0	0	0	0.0%	0	2	3	1	33.3%	2	3	5	4
Professional Fees & Expenses	9	32	23	71.9%	21	124	197	73	37.1%	101	206	328	179
Other Operating Costs	18	8	(10)	(125.0%)	6	108	54	(54)	(100.0%)	43	168	85	99
Democracy	24	24	0	0.0%	13	144	200	56	28.0%	144	214	297	223
	69	69	494	715.9%	48	432	494	62	12.6%	340	676	777	571
<b>Expenses Total</b>	173	162	(11)	(6.8%)	106	1,109	1,257	148	11.8%	866	1,751	1,938	1,349
Allocated to Provider	(79)	(75)	4	(5.3%)	(28)	(620)	(600)	20	(3.3%)	(212)	(930)	(900)	(381)
<b>Surplus (Deficit)</b>	<b>(9)</b>	<b>(2)</b>	<b>(7)</b>	<b>285.7%</b>	<b>0</b>	<b>174</b>	<b>4</b>	<b>170</b>	<b>3915.4%</b>	<b>0</b>	<b>83</b>	<b>(40)</b>	<b>(2)</b>

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
<b>Personal Health</b>													
Funding Received	4,250	4,162	88	2.1%	3,007	33,857	33,294	563	1.7%	23,431	50,786	49,941	36,997
Provider Payments	(4,202)	(4,152)	(50)	1.2%	(3,023)	(33,949)	(33,262)	(687)	2.1%	(23,454)	(50,896)	(49,866)	(36,822)
	48	11	38	350.4%	(16)	(92)	32	(124)	(386.0%)	(23)	(111)	75	175
<b>Mental Health</b>													
Funding Received	771	774	(3)	(0.3%)	687	6,174	6,188	(14)	(0.2%)	5,467	9,261	9,282	8,270
Provider Payments	(764)	(774)	10	(1.2%)	(687)	(6,140)	(6,188)	48	(0.8%)	(5,467)	(9,260)	(9,282)	(8,270)
	7	0	7	0.0%	0	34	0	34	0.0%	0	1	0	0
<b>Disability Support</b>													
Funding Received	809	812	(4)	(0.5%)	0	4,042	4,062	(19)	(0.5%)	0	7,276	7,311	0
Provider Payments	(716)	(812)	96	(11.9%)	0	(3,844)	(4,062)	218	(5.4%)	0	(7,019)	(7,311)	0
	93	0	93	0.0%	0	198	0	198	0.0%	0	257	0	0
<b>Funds Management</b>													
Funding Received	84	80	4	4.5%	76	661	643	18	2.7%	609	992	965	919
Interest on Funds Account	8	0	8	0.0%	2	44	0	44	0.0%	15	66	0	17
Allocation to DHB Governance	(84)	(80)	(4)	4.5%	(78)	(661)	(643)	(18)	2.7%	(624)	(992)	(965)	(936)
	8	0	8	0.0%	0	44	0	44	0.0%	0	66	0	0
<b>Surplus (Deficit)</b>	<b>156</b>	<b>11</b>	<b>145</b>	<b>1355.3%</b>	<b>(16)</b>	<b>184</b>	<b>32</b>	<b>152</b>	<b>473.7%</b>	<b>(23)</b>	<b>213</b>	<b>75</b>	<b>175</b>

**DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT FEBRUARY 2004**

	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Variance</b>	<b>Last Yr Act</b>
<b>Current Assets</b>					
Cash	3,152	531	2,621	493.6%	1,899
Short term Investments	906	906	0	0.0%	905
Debtors & Prepayments	7,269	5,675	1,594	28.1%	3,834
Inventory	602	602	0	0.0%	577
Assets for Sale	364	364	0	0.0%	388
	<b>12,293</b>	<b>8,078</b>	<b>4,215</b>	<b>52.2%</b>	<b>7,603</b>
<b>Non Current Assets</b>					
Land & Buildings	20,655	21,444	(789)	(3.7%)	13,257
Equipment (incl IT)	5,097	4,952	145	2.9%	4,495
Vehicles	136	149	(13)	(8.7%)	181
Investments	2	0	2	0.0%	2
	<b>25,890</b>	<b>26,545</b>	<b>(655)</b>	<b>(2.5%)</b>	<b>17,935</b>
<b>Current Liabilities</b>					
Accounts Payable	7,607	4,698	2,909	61.9%	5,723
Employee Entitlements	3,645	3,415	230	6.7%	3,060
Current Portion of Term Loans	11,516	11,607	(91)	(0.8%)	9,402
	<b>22,768</b>	<b>19,720</b>	<b>3,048</b>	<b>15.5%</b>	<b>18,185</b>
<b>Net Funds Employed</b>	<b>15,415</b>	<b>14,903</b>	<b>512</b>	<b>3.4%</b>	<b>7,353</b>
<b>Term Liabilities</b>					
Employee Entitlements	2,210	1,880	330	17.6%	1,824
Term Loans	215	0	215	0.0%	2,287
	<b>2,425</b>	<b>1,880</b>	<b>545</b>	<b>29.0%</b>	<b>4,111</b>
<b>Crown Equity</b>					
Crown Equity	42,630	43,147	(517)	(1.2%)	40,069
Retained Earnings	(29,685)	(30,169)	484	(1.6%)	(37,480)
Trust Funds	45	45	0	0.0%	653
	<b>12,990</b>	<b>13,023</b>	<b>(33)</b>	<b>(0.3%)</b>	<b>3,242</b>
<b>Net Funds Employed</b>	<b>15,415</b>	<b>14,903</b>	<b>512</b>	<b>3.4%</b>	<b>7,353</b>

## DHB CONSOLIDATED - STATEMENT OF CASHFLOWS FOR THE MONTH OF FEBRUARY 2004

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
<b><u>Operating Activities</u></b>										
<b>Operating Receipts</b>	5,906	6,744	(838)	(12.4%)	2,272	49,934	50,675	(740)	(1.5%)	38,641
Payments to Personnel	2,670	2,557	(113)	(4.4%)	2,277	20,449	21,387	938	4.4%	19,975
Payments to Providers	2,198	1,570	(628)	(40.0%)	1,040	9,512	10,284	772	7.5%	6,818
Interest & Capital Charge	32	176	144	81.8%	25	590	1,433	843	58.8%	903
Payments to Suppliers, GST, etc	1,622	2,274	652	28.7%	1,188	18,204	18,801	597	3.2%	10,553
<b>Operating Payments</b>	<b>6,522</b>	<b>6,576</b>	<b>54</b>	<b>0.8%</b>	<b>4,530</b>	<b>48,755</b>	<b>51,906</b>	<b>3,151</b>	<b>6.1%</b>	<b>38,249</b>
<b>Net Cashflow from Operating</b>	<b>(616)</b>	<b>167</b>	<b>(783)</b>	<b>(468.1%)</b>	<b>(2,258)</b>	<b>1,179</b>	<b>(1,231)</b>	<b>2,411</b>	<b>(195.8%)</b>	<b>392</b>
<b><u>Investing Activities</u></b>										
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	4	(4)	(100.0%)	902
Purchase of Fixed Assets	123	230	107	46.6%	75	1,176	1,842	666	36.1%	645
<b>Net Cashflow from Investing</b>	<b>(123)</b>	<b>(230)</b>	<b>107</b>	<b>(46.6%)</b>	<b>(75)</b>	<b>(1,175)</b>	<b>(1,846)</b>	<b>663</b>	<b>(35.9%)</b>	<b>(832)</b>
<b><u>Financing Activities</u></b>										
<b>Financing Receipts</b>										
Equity Injections	1,500	0	1,500	0.0%	2,500	1,500	2,078	(578)	(27.8%)	2,500
Loans Raised	0	0	0	0.0%	0	11,195	(290)	11,485	(3960.3%)	8,866
	1,500	0	1,500	0.0%	2,500	12,695	1,788	10,907	610.0%	11,366
<b>Financing Payments</b>										
Repaid Debt	31	0	(31)	0.0%	31	11,367	0	(11,367)	0.0%	9,455
	31	0	(31)	0.0%	31	11,367	0	(11,367)	0.0%	9,455
<b>Net Cashflow from Financing</b>	<b>1,469</b>	<b>0</b>	<b>1,469</b>	<b>0.0%</b>	<b>2,469</b>	<b>1,328</b>	<b>1,788</b>	<b>(460)</b>	<b>(25.7%)</b>	<b>1,911</b>
<b>Opening Cash</b>	<b>2,422</b>	<b>594</b>	<b>1,828</b>	<b>307.8%</b>	<b>1,763</b>	<b>1,820</b>	<b>1,820</b>	<b>0</b>	<b>0.0%</b>	<b>428</b>
<b>Net Cashflow</b>	<b>730</b>	<b>(63)</b>	<b>793</b>	<b>(1259.5%)</b>	<b>136</b>	<b>1,332</b>	<b>(1,289)</b>	<b>2,613</b>	<b>(202.8%)</b>	<b>1,471</b>
<b>Closing Cash</b>	<b>3,152</b>	<b>531</b>	<b>2,621</b>	<b>493.6%</b>	<b>1,899</b>	<b>3,152</b>	<b>531</b>	<b>2,613</b>	<b>492.0%</b>	<b>1,899</b>

## WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER AS AT FEBRUARY 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	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
<b>Next Payment Due</b>				Yes
When	30/6/04	28/2/04	17th of month	any time
How much	\$11,195,000	\$26,140	\$9,607	any amount
<b>Next Rollover / Refinance Due</b>				
When	30/6/04	N/A		
How much	\$11,195,000	N/A		
Plan	Refinance RHMU	Pay off over 5 years		

### Upcoming Loan Repayments

May 2004	BNZ CT Scanner	\$	26,140
June 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 6.83% per annum for 5 years. This swap comes into effect 1 July 2004.

**WEST COAST DISTRICT HEALTH BOARD  
CASH FLOW FORECAST AS AT 19 MARCH 2004**

Fortnight Ended	21/03/2004	04/04/2004	18/04/2004	02/05/2004	16/05/2004	30/05/2004	13/06/2004	27/06/2004
<b>Opening Balance</b>	<b>3,744,568</b>	<b>1,350,134</b>	<b>2,981,107</b>	<b>2,611,107</b>	<b>(751,393)</b>	<b>1,532,580</b>	<b>(1,039,060)</b>	<b>884,913</b>
<u>Cash In</u>								
Revenue	534,517	4,777,973	890,000	250,000	4,717,973	950,000	4,717,973	850,000
Loan Funds	-	-	-	-	-	-	-	-
Equity	-	-	-	-	-	-	-	-
Asset Sales	-	-	-	-	-	-	-	-
<u>Cash Out</u>								
Payroll Costs	852,301	1,160,000	860,000	860,000	860,000	860,000	860,000	580,000
Creditors Payments	1,497,511	1,387,000	400,000	1,413,500	1,274,000	1,613,500	1,634,000	1,613,500
GST	-	300,000	-	300,000	-	300,000	-	-
PAYE / ACC	344,139	300,000	-	300,000	300,000	300,000	300,000	300,000
Loan & Interest Pmts	-	-	-	317,000	-	26,140	-	-
Capex	235,000	-	-	422,000	-	422,000	-	422,000
<b>Closing Balance</b>	<b>1,350,134</b>	<b>2,981,107</b>	<b>2,611,107</b>	<b>(751,393)</b>	<b>1,532,580</b>	<b>(1,039,060)</b>	<b>884,913</b>	<b>(1,180,587)</b>

**WEST COAST DISTRICT HEALTH BOARD  
DIRECTORS SCHEDULE**

**SUMMARY OF EXPENDITURE YEAR TO DATE TO 29 FEBRUARY 2004**

Note: Figures GST exclusive

	Actual	Budget	Variance	Annual Budget
<b>Directors Fees</b>	112,813	124,000	-11,187	186,000
<b>Directors Expenses</b>				
Travel Expenses	14,473	12,664	1,809	18,996
Other	2,697	14,472	-11,775	21,708
<b>Total</b>	17,170	27,136	-9,966	40,704
<b>Advisory Committee Costs</b>	24,739	69,336	-44,597	104,000
<b>TOTAL EXPENSES</b>	41,909	96,472	-54,563	144,704
<b>WCDHB BOARD OF DIRECTORS FEES &amp; EXPENSES</b>	\$154,722	\$220,472	(\$65,750)	\$330,704



<b>Financial Performance Indicators for February 2004</b>				
		<b>Month Actual</b>	<b>Month Budget</b>	<b>Month Last Yr</b>
Net result after tax	\$000	113	-79	-12
Net Result/Net Funds Employed % (Annualised)	%	8.8	-6.4	-2.0
Earnings* /Net Funds Employed % (Annualised)	%	39.7	26.3	37.4
Revenue/Net Funds Employed (Annualised)	times	5.3	5.4	7.8
Debt** /Debt + Equity (BNZ definition)	%	66.0	62.4	87.3
Debt*** /Debt + Equity (CFA definition)	%	47.5	47.1	78.3
Revenue/Fixed Assets (Annualised)	times	3.1	3.0	3.2
Interest cover	times	9.3	5.9	4.3
* 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: Accounting / Finance Manager – 22 March 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.

**HELD 18<sup>TH</sup> FEBRUARY 2004**

**DRAFT MINUTES OF THE DISABILITY SERVICES  
ADVISORY COMMITTEE MEETING HELD ON  
WEDNESDAY, 18 FEBRUARY 2004 IN THE BOARD  
ROOM, CORPORATE OFFICE COMMENCING AT 0900  
HRS**

DRAFT

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

**IN ATTENDANCE:** Kevin Hague, General Manager Planning & Funding  
Melanie Penny, Planning & Funding Analyst

**APOLOGIES:** Dr Christine Robertson, Deputy Chair, WCDHB  
June Robinson (for lateness)

**1. WELCOME / APOLOGIES**

The Chairman welcomed everyone to the meeting. Apologies were received from Dr Christine Robertson and June Robinson for lateness.

***Moved: John Vaile Seconded: Maureen Frankpitt***

**2. AGENDA CHECK**

The following items were added to the agenda:

- Resignation of Yvonne Anisy
- Update on Dementia Unit as standing item

**3. DISCLOSURE OF INTEREST**

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

- Elinor Stratford, Vice-Chair Victim Support, Greymouth
- Gloria Hammond, Field Worker / Regional Co-ordinator - CCS West Coast
- Gloria Hammond, Member – Early Intervention Team
- Gloria Hammond, Member – Maori Women Welfare League

**0850 hrs – Marguerite Moore and Hecta Williams joined the meeting**

**4. MINUTES OF LAST MEETING**

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

- Page 6, Bullet point 1 – insert “DHB” at “Partnership between local Iwi and the “DHB”
- Page 7, Item 7 – Add: “money taken from South Island and shifted to North Island”. Delete “and will also go to CPHAC”.
- Page 7, Item 8 – add “.” after “MOTION”.
- Page 7, Item 8 – delete “Seconded: Gloria Hammond” and add “Seconded: Elinor Stratford. Unanimous”
- Page 7, Item 8 – delete “alternations” and replace with “alterations”.

***Moved: Maureen Frankpitt – Seconded: Elinor Stratford***

#### **4.1 Action and Responsibility List**

- Page 8, Item 9.3 - Dementia Unit:  
MOH have approved the capital funding, we are currently developing a plan that involves establishing timeframes and finding a Project Co-ordinator. The design was finalised as part of project, however we need to ensure the alignment of clinical services, medical cover and confirmation of the new design with the users. Manage with shift from Seaview. Some won't be coming – ID and older people with psychiatric disability. Working with a provider on alternative solutions for them. A question was asked about the make up of the Unit, General Manager Mental Health Services replied that there will be 4 AT&R beds and 17 long-stay beds. This is flexible depending on the confirmation of design– The Unit will link with Hannan Ward. May be able to reduce number of beds. 17 beds is a generous number for our population. The Unit will be located extending out from Hannan, across in front of Parfitt.
- Page 6, Item 5.1 - Active West Coast:  
Letter from Active West Coast was forwarded to CPHAC  
Reply not yet sent to Active West Coast  
Elinor said some changes since then – lots of activities in place. GM Planning and Funding will write in light of recent changes. Elinor said contact Rosie McGrath.
- Page 7, Item 7 - Link to Cultural Safety:  
This needs to tie in with needs of the individual client and must relate to disability and support needs of the individual.  
Shared decision-making regarding Disability Support Services for under 65's – approach MOH requesting this.  
Abbreviations needed at the front.
- Page 7, Item 8 – Grey District Council:  
Submission made it to the Grey District Council on time, but there has been no report back on submission yet. Elinor Stratford said the plan has not yet been to the Council Board and may not even make it to the April meeting.
- Page 8, Item 10 - Resignation of Yvonne Anisy  
The Board has written to Yvonne to thank her for her contribution. The Board will advertise for interest for new member.
- Page 8, Item 10 – Loss of Continuity and Expertise:  
There is concern regarding the loss of continuity and expertise at the time of next election. We will hold a discussion regarding the length of term, which we will be referring to the Board and will bring back to the next meeting.

**Resolution: Refer constitution of Advisory Committees to Board**

***Moved: Marguerite Moore – Seconded: Maureen Frankpitt***

**0940 hrs - June Robinson joined the meeting**

- Page 8, Item 10 – Community Taskforce Forum:  
Elinor informed members of a community taskforce forum to be held on the 21 April at Trinity Centre, starting at 0900.
- Page 8, Last item - Meeting closed at 0943

#### **4.1.1 Active West Coast**

This will be discussed under an agenda item.

#### **4.1.2 Disability Action Plan**

This will be discussed under an agenda item.

#### **4.1.3 Grey District Council**

This will be discussed under an agenda item.

#### **4.1.4 Integrated Continuum of Care**

This will be discussed under an agenda item.

### **5. ACTIVE WEST COAST**

This matter was discussed under Matters Arising from the previous minutes.

### **6. WEST COAST DISTRICT HEALTH BOARD DISABILITY ACTION PLAN**

Melanie Penny, Planning and Funding Officer, gave a presentation on the Draft Disability Action Plan and the consultation process. It is expected that a final draft of the plan will be presented at the next DSAC meeting to enable the Committee to make a recommendation about it to the Board.

### **7. GREY DISTRICT COUNCIL – DRAFT POLICY ON EQUITY AND ACCESS FOR PEOPLE WITH DISABILITIES**

This matter was discussed under Matters Arising from the previous minutes.

### **8. INTEGRATED CONTINUUM OF CARE**

Melanie Penny, Planning and Funding Assistant, advised the Committee that a successful strategic planning day had been held in December, with good engagement from stakeholders, but that the work had not been completed and a further planning day was to be held on 14<sup>th</sup> February. This timing would allow the planning process to identify some content for the WCDHB District Annual Plan.

### **9. GENERAL BUSINESS**

There was no general business.

### **10. ATTENDANCE AND ADMINISTRATION FORM**

The Chairman asked the committee to fill in the attendance and administration forms and return them today.

**There being no further items, the meeting closed at 09:43 hrs**

DRAFT

## DSAC ACTION & RESPONSIBILITY LIST

Task	Who Involved / Responsible	Completion Date
<b>Letter from Active West Coast</b> Recent redundancy of West Coast's National Heart Foundation	Kevin Hague	
<b>Planning for Disability Action Plan</b> New draft to be presented, also to CPHAC.	Melanie Penny	
<b>Grey District Council</b> Draft policy on equity and access for people with disabilities.	Kevin Hague	
<b>Integrated Continuum of Care</b> Planning Advisory Group to prepare a draft.	Melanie Penny	

DRAFT

**DRAFT MINUTES OF THE COMMUNITY & PUBLIC  
HEALTH ADVISORY COMMITTEE MEETING  
HELD 18<sup>TH</sup> FEBRUARY 2004, IN THE BOARD ROOM,  
CORPORATE OFFICE AT 10.35 AM**

DRAFT

**PRESENT:** Julie Kilkelly, Chair  
Cheryl Brunton  
Barbara Greer  
Tamai Sinclair, WCDHB member  
Gareth Rees  
Greville Wood  
Lindy Mason

**IN ATTENDANCE:** Marguerite Moore, WCDHB member  
June Robinson, WCDHB member  
Kevin Hague, General Manager Planning & Funding  
Melanie Penny, Research and Planning Analyst  
Gary Coghlan, Kaiarahi  
Alison McDougall, Minute Secretary

**APOLOGIES:** Gerri Vanderzanden

**1. WELCOME, APOLOGIES**

The Chair welcomed Cheryl Brunton, Community & Public Health, committee members, Board members and management. Apologies were received from Gerri Vanderzanden.

**2. DISCLOSURES OF INTEREST**

Additions added to the Disclosures of Interests are:

**Tamai Sinclair**

- Iwi Representative - Grey District Safer Community Council — will have resigned by the next meeting.

**3. AGENDA CHECK**

- Response from Board regarding planning day.

**4. MINUTES OF THE LAST MEETING HELD 3<sup>RD</sup> DECEMBER 2003**

Page 5 Item 4: Last paragraph, first sentence should now read “Jo Holmes added that smoking is the most preventable cause of death.”

Page 6 Item 5.1: Point 3 second paragraph, first sentence should now read “Gerri Vanderzanden will be overseeing this project and the services specification for the first 12

months during which time getting people together and training them to deliver the programme will be the key task.”

Page 7 Item 7.1: Should now read “The Chair advised that Cheryl Brunton is available to advise and that CPHAC can also seek advice from Christopher Bergin and Verne Newcombe from C&PH as needed.

Page 7 Item 7.2: Point 1, fourth sentence should now read “She works under the auspices of the Health Act and works with territorial authorities in communicable disease control and other matters.

**Moved: Lindy Mason, Seconded Cheryl Brunton**

**It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 3<sup>rd</sup> December 2003 were a true and correct record following the amendments listed as above.**

#### **4.1 Action & Responsibility List**

**Check through the detail list of exchange card providers to get an update on if the listed people are still supplying services and on what timeframes are these available**  
Carried over.

**Investigate obtaining data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast**  
**General Manager Planning & Funding** advised he had nothing to report at this point and gave his apologies, he will get information to members prior to next meeting.

He advised the Ministry is reviewing programs such as Quit For Kids which were well received on the West Coast but being discontinued by the Ministry as the overall evaluation of the program is not positive. The General Manager Planning & Funding advised he has asked the Ministry for a copy of the evaluation as it does not tally with what was experienced here and ask what the Ministry intends to do with the funding previously allocated for Quit for Kids.

A committee member advised that to make a difference CPHAC should lobby the Associate Minister to provide more funding for smoking issues and that funding provided for smoking cessation may be better spent on smokefree education.

The Chair advised that the PHO have a party working on health promotion and one of the things they are interested in is smoking cessation and education. It would be good for CPHAC to recommend the Board write to the Ministry to look at the amount of funding going into anti-smoking education and smoking cessation services and how it is going to be applied to DHBs and PHOs.

***Greville Wood joined the meeting at 10:40am***

CPHAC will make a recommendation to the Board on this issue.

**It was RESOLVED that CPHAC make the following RECOMMENDATION to the Board:**

**Moved: Chair – unanimous**



**CPHAC recommend to the Board that the DHB correspond with the Ministry in relation to the level of funding allocated to the West Coast region for tobacco control policies and restrictions around its use. Has this funding level taken into account the changes to the smoke free legislation and its implementation?**

A committee member queried if the Ministry has asked the Treasury what proportion of the tobacco tax is used to fund tobacco control and what restrictions are in its use in relation to DHBs, PHOs and other providers.

***Gary Coghlan left the meeting at 11:00am***

**Bring the poster “Ethnicity – What’s the big deal?” to the next meeting**

**Research and Planning Analyst** advised that Planning and Funding have run out of posters and are still getting requests for them. The posters were sent out to a huge range of groups and businesses however she is unsure whether or not they were put up. The message is targeted at users of services and therefore should be on walls where people are filling out forms. The Chair advised that she has seen the poster in waiting rooms at GP practices.

A committee member advised that in the last Board papers it was stated that in terms of the ratio of Maori access to secondary services, our ratio is a higher rate than rest of country for access to secondary services. The Research and Planning Analyst advised that it may be more recording of ethnicity rather than more Maori accessing services. Either way it is a positive result.

A committee member suggested it would be positive to look at the data over time because of the poor health outcome for Maori. A bigger question is whether or not this means Maori are accessing primary care more as there are some electives which do not need referrals.

A committee member queried if there is a need to ask the PHO to deliver data on a regular basis and that as an Advisory Committee what sort of data CPHAC wishes to see presented on an annual basis.

The Chair advised that this item would be put on the agenda for the next meeting and she would raise it at the PHO planning day next week.

**Action: Minute Secretary**

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

Carried over.

## **5. CORRESPONDENCE**

The Chair recognised the second letter from the Chief Executive regarding the WCDHB planning day and requested updated contact details from all members because as committee members had changed it was difficult to contact everyone for comment prior to the planning day.

**Moved: Lindy Mason – unanimous**

**The CPHAC correspondence inwards was accepted.  
There was no outwards correspondence.**

## **6. GENERAL BUSINESS**

### **6.1 CPHAC ROLES AND RESPONSIBILITIES**

The Chair updated CPHAC on matters arising from the WCDHB planning afternoon and advised that one of the issues discussed was the Terms of Reference for CPHAC. The Chair read from the Terms of Reference for CPHAC, which in her opinion are very broad.

One thing that did come out of the planning day was whether CPHAC should be monitoring KPIs in relation to primary health and also the WCDHB Chair had raised the issue that CPHAC could receive delegations from community organisations for presentation at meetings. The CPHAC Chair proposed that perhaps CPHAC could choose a topic to focus on for one or two meetings and invite delegations from community groups with an interest in the topic. Time can be set aside for the delegates to discuss their organisation and services and have discussion around issues that are identified from this process. This will improve the relationship between CPHAC and community organisations and CPHAC can then advise the Board of these issues.

A committee member suggested a co-ordinated approach is a good idea however organisations must understand that even though they have been invited to speak there must not be a default expectation they will get action. There should be a sense that the presentations are to provide good communication and understanding of issues.

A committee member suggested that presentations not be confined to management issues and that it should be a forum for proposals or feedback on achieving strategic objectives. The Board would be enriched by that kind of comment from CPHAC after gathering data and sifting through it with Committee members.

A committee member suggested these presentations may be seen by some organisations as an open invitation to ask for money and it should be made clear to the group making the presentation that they should not expect funding from the DHB.

A committee member suggested that the Board is required to seek information about health needs and there will always be issues in the community and possibly taking part in Local Government long term community plans. With good information on health issues then recommendations made to the Board would be taken seriously.

A committee member advised that there are issues that are brought to the attention of Committee members from time to time not only because they are part of CPHAC but because they are working in health in the community. She advised that she became aware that if intellectually handicapped people on the West Coast experience a real crisis the DHB workers are not trained to handle these situations and the current procedure is to go straight to Christchurch for treatment. It seems there is a section of the West Coast population who are not being attended to at a specialist level and this is the kind of issue that CPHAC can advise on.

The Chair advised that CPHAC could look at investigating some of the issues on the Minister's "start here" for the DAP list, such as reducing the incidence and impact of diabetes and thinking about groups out there with an interest in diabetes services, e.g. local societies and groups who may want to come forward and present to CPHAC. Another example would be to assist in the implementation of the Maori Health Strategy to reduce inequalities. It would be good if CPHAC could help the board progress and monitor the Strategy.

The General Manager Planning & Funding suggested that the ideas put forward may not give CPHAC the opportunity to achieve much with only six meetings per year.

A committee member suggested it may be useful to ask organisations to prepare a work plan to present so CPHAC can be aware that a plan has been formulated and they are working on issues. The organisations can then be invited back the following year to keep up with their progress. In this case organisations may feel more supported.

CPHAC discussed issues such as cardiovascular disease, immunisation, Maori Health Plan, depression and diabetes and organisations that could be approached for presentations.

A committee member suggested CPHAC could recommend funding for pilot projects similar to the Neighbourhood Nurses project to the Board.

The Chair advised that she and the General Manager Planning & Funding would work together on some ideas and a strategy for moving ahead and bring this back to CPHAC before the next meeting.

**Action: Chair /  
General Manager Planning & Funding**

A committee member advised there appear to be two basic streams, strategy or policy. The Maori Health Plan can be looked at and organisations can be contacted about Maori health issues, diabetes could be chosen for a presentation and get in contact with relevant organisations and investigate whether they would be interested in improving their goals.

The Chair suggested that CPHAC may focus on diabetes first, then immunisation and have the Maori Health Plan as a more strategic option.

## **6.2 Oral Health**

The Chair advised this issue was referred to CPHAC from the last Board meeting as the Ministry had approved one off funding for an oral health project. The Chair requested an update from the Research and Planning Analyst as to whether or not a project has been found.

The Research and Planning Analyst advised that planning is underway for two projects. The first is a fluoridation project and a working party has been established and has met twice now to discuss strategy. There are plans to fluoridate the West Coast and how to work with community groups, Council, media and Maori. The first step is to have West Coast water tested to find out how much fluoride is currently in the water.

An oral health hui is to be held at the end of March with a primary focus on Maori oral health. John Broughton from Otago, an expert in Maori oral health will speak at the hui. Looking at trends in Maori oral health good progress has been made in the last couple of years but has suffered a serious decline. The Research and Planning Analyst advised that invitations are being targeted to people working with Maori, health care workers, schools and those working in the primary sector and community. The third project looks at older persons oral health and is looking to find a dental professional to develop a program to deliver to people working with older people, e.g. rest homes rural nurses. The Research and Planning Analyst is working on resources that can be left behind for people to refer to and liaise with the likes of the Polytech in terms of the people they are training.

The Chair queried if the funding the DHB has received is enough to cover all projects.

The Research and Planning Analyst advised that out of the \$20,000 a detailed budget has been formulated and all projects should be covered. The Research and Planning Analyst

tabled the invitation to the hui and a calendar featuring oral health to be distributed throughout the community.

The General Manager Planning & Funding informed CPHAC that the WCDHB Chairman had requested he draft a letter to the Ministry in relation to oral health services and in this letter he noted the DHB's achievements in school dental services. He extended his congratulations to the Research and Planning Analyst on her work on the oral health projects.

The Research and Planning Analyst noted that all these projects originated directly from the CPHAC forum meeting. The Chair noted it was good to see the projects progressed so well.

### **6.3 Primary Health Care Plan**

The General Manager Planning & Funding tabled a document showing the DHB is committed to developing a Primary Healthcare Plan and a strategy for the West Coast which extends beyond the PHO. The intent was that SISSAL would undertake the work on our behalf, however this has not yet been done. The General Manager Planning & Funding tabled a paper adapted from something given to the Executive Management Team which sets a path forward for this project and essentially it sets out issues the Plan needs to cover and sets out a path forward. Part of the way forward is to distribute the document as widely as possible to gain feedback on scope for the Plan. In this way ideas for content can be formulated and a 'virtual' steering group can be put together. The timeframe is not long enough to have physical meetings so it is necessary to try and organise by email instead. The General Manager Planning & Funding is looking to get initial feedback from the group and send out a draft plan. CPHAC clearly has a role in monitoring the progress of the plan both in development and implementation.

The Chair advised that this item should be placed on the agenda for the next meeting and that CPHAC should review the document and circulate to other interested parties. Feedback and queries to be directed to the General Manager Planning & Funding.

**Action: Minute Secretary**

The General Manager Planning & Funding advised that he would like the document distributed as widely as possible so if anyone knows of a stakeholder database that can be utilised please contact him.

### **6.4 Service Development Groups**

The General Manager Planning & Funding advised that the WCDHB need to develop the next District Strategic Plan by mid 2005 and the intent is to use a technique which was implemented most thoroughly by Hutt Valley DHB in the first round of District Strategic Planning. This technique is to set up service development groups drawn from a variety of stakeholder backgrounds. Members of these groups will not only be those with an interest in key areas but also those involved in secondary care, primary care, consumers, community and NGOs – a range of people who are reflective rather than representative. Given the WCDHB's financial constraints how can we change the strategic focus for these services so that they operate better and are more efficient. The next draft of the DAP goes to the Ministry next month and the service development groups will start work mid this year.

***Tamai Sinclair left the meeting at 12:16pm***

The General Manager Planning & Funding advised that instead of creating new groups it may be possible to use existing groups which have similar purposes such as the Primary Mental Health Steering Group which is reflective of different stakeholders. A committee member suggested that at a regional level local authorities groups could also be used. The General Manager Planning & Funding agreed and advised that in a lot of cases these groups can consolidate on work already done.

The Chair suggested that the General Manager Planning & Funding investigate what groups are already started and provide comment on this at the next meeting.

**Action: General Manager Planning & Funding**

## **6.5 PHO**

The Chair provided CPHAC with an update on the PHO and that as a member of the PHO Board a lot of time has been spent on issues relating to funding capitation. A position from the PHO meetings is that the minutes are being summarised and bullet pointed and distributed to key stakeholders including community members. The Chair advised CPHAC there is an email list of interested parties for distribution of the summarised minutes and if CPHAC members are interested in being included, to contact her.

The PHO has been working on Careplus for over 65s with chronic illness and a Careplus pilot is going ahead. They are also working on a retinal screening contract and contraceptive visits for under 22 year olds. Two proposals are being worked on as projects to improve access for people.

The PHO Board is having it's first planning evening on 25<sup>th</sup> February to look at setting the vision and goals of the PHO and a lot of work done by the original Steering Group may be picked up. So far a lot of PHO work has been number focussed however once the PHO's vision is clear CPHAC and the PHO can investigate how they can work together, however, at this stage it is still a little premature.

A committee member suggested it would help planning if the PHO was aware of some of the issues effecting CPHAC in advising the Board. The Chair advised she would carry this through to the planning day on behalf of CPHAC.

A committee member suggested that CPAHC would like to ask the PHO Board what information they are planning to present on an annual basis and to copy it to CPHAC for their information. This information can then be reviewed as to whether it is useful to CPHAC. The Chair agreed there need to be more linkages throughout the PHO that currently aren't happening.

The General Manager Planning & Funding suggested it would be useful to bring to the next CPHAC meeting the contractual requirements the PHO is obliged to provide and to whom and include information relating to these services and whether or not CPHAC would like an extract of that on a regular basis. The PHO is pivotal to what we hope to achieve on the West coast and on a national basis.

The Chair advised that she has sent a letter to the PHO on behalf of CPHAC in November last year to Murray Tilyard regarding GPs and data collection but has not yet had a reply. She will bring the letter up again and ask for response.

A committee member suggested some planning on when CPHAC would like information presented. The General Manager Planning & Funding advised that the PHO reports to him quarterly so he would expect the next report after the March quarter.

The Chair advised she would feed this through to the PHO on the planning day and convey that CPHAC would like a relationship with the PHO and some monitoring on contractual requirements effecting the DHB on a quarterly basis.

**Action: Chair / General Manager Planning & Funding**

7. **NEXT MEETING**

The next meeting will be held on Wednesday 14 April at 10:30am.

***There being no further business the meeting concluded at 12:20pm***

DRAFT

**ACTION AND RESPONSIBILITY LIST FROM THE COMMUNITY & PUBLIC  
HEALTH ADVISORY COMMITTEE MEETING HELD WEDNESDAY 18<sup>TH</sup>  
FEBRUARY 2004**

<b>Page of Minutes</b>	<b>Task</b>	<b>Who Involved/Responsible</b>
Meeting held on 10/09/03	Check through the detail list of exchange card providers to get an update on if the listed people are still supplying services and on what timeframes are these available.	Management
Meeting held on 03/12/03	Investigate obtaining data from New Zealand Health and information Service on the number of people calling Quitline from the West Coast.	General Manager Planning & Funding
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
Page 8 Item 6.1	Bring ideas back for organisations and pilot projects to be supported by CPHAC	Chair General Manager Planning & Funding
Page 9 Item 6.4	Investigate community groups already started and provide comment on their suitability to join/become service development groups.	General Manager Planning & Funding
Page 10 Item 6.5	Request the PHO delivers quarterly reports on contractual requirements effecting the DHB.	Chair General Manager Planning & Funding

**DRAFT MINUTES OF THE MENTAL HEALTH ADVISORY  
COMMITTEE MEETING HELD ON WEDNESDAY,  
18 FEBRUARY 2004 IN THE BOARD ROOM,  
CORPORATE OFFICE COMMENCING AT 1330 HRS**

**PRESENT:** June Robinson, Chair, WCDHB Member  
Marguerite Moore, WCDHB Member  
Elizabeth Rock  
Roger Berwick  
Ron Hibbs  
Shona McLeod (for lateness)

**IN ATTENDANCE:** Hecta Williams, General Manager Mental Health Services  
Deborah Cooper, Minute Secretary

**APOLOGIES:** Robyne Bryant, WCDHB Member  
Christine Robertson, WCDHB Member  
Pauline Southorn  
Judith Maloney

**1. WELCOME / APOLOGIES**

The Chairman welcomed everyone to the meeting. Apologies were received from Robyne Bryant, Christine Robertson, Pauline Southorn and Judith Maloney.

**2. AGENDA CHECK**

A further item to be added to the Agenda was:

- Role and Function of Committees

**3. DISCLOSURE OF INTEREST**

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

- Jan Murphy - Remove all information
- Glenda Prendergast – Remove all information
- Elizabeth Rock – Remove "National President of SFNZ (Schizophrenia Fellowship Inc)"
- Elizabeth Rock – Remove "Member - Mental Health Advocacy Coalition Wellington, (this provides policy advice to the Ministry of Health)"
- Roger Berwick – Change name from "LOAD (Liaison on Alcohol & Drugs) Action Group" to "West Coast Substance Abuse Council"
- Shona McLeod – Add "Consumer Advisor, WCDHB"
- Shona McLeod – Add "Coordinator MHS Consumer Advisory Network"
- Shona McLeod – Add Member "West Coast Like Minds Like Mine"
- Judith Maloney to be added to the list of Advisory Committee Members.

DRAFT



#### 4. MINUTES OF LAST MEETING

No minutes were available from the last meeting.

#### 5. CORRESPONDENCE

##### 5.1 Mental Health Commission – The New Zealand Suicide Prevention Trust

Response to earlier correspondence from MHAC regarding the NZ Suicide Prevention Trust from Jan Dowland, Mental Health Commission was noted.

#### 6. REGIONAL MENTAL HEALTH PLAN UPDATE

Hecta Williams provided a verbal update.

**Recommendation to the Board** - This committee notes and supports the report on the South Island Regional Mental Health Plan (Draft) as presented and expresses its appreciation on the comprehensive report provided by General Manager Mental Health.

#### 7. PRIMARY MENTAL HEALTH PROJECT

Aim of project is to look at provision of Mental Health Services to those outside the 3%.

Surveys have been sent to organisations and individuals, responses are being collated.

Steering Committee has been looking at different methods of how to provide and fund Primary Mental Health Services.

Depression, anxiety and alcohol/drug issues are main Mental Health issues seen in primary practices.

Improving access to Primary Mental Health Services is a priority.

**Recommendation to the Board** - The Committee notes and commends the progress and work of the Primary Mental Health project and strongly recommends the Board access any available funding made available for Primary Mental Health in order to provide better access to an improved range of primary mental health services on the West Coast for the 17% of the population with mild to moderate mental illness.

***Moved: Roger Berwick - Seconded: Marguerite Moore***

#### 8. REGIONAL ACCESS PROJECTS

This item was covered in Regional Mental Health Plan discussed earlier.

#### 9. MAORI MENTAL HEALTH SERVICE DEVELOPMENT

Carried over to next meeting.

## 10. UPDATES

### 10.1 Forum

Members were advised of the upcoming Mental Health Forum.

## 11. GENERAL BUSINESS

### 11.1 Role and Function of Committees

Some discussion at Board level has taken place on the role and function of statutory committees – there is little change in function planned.

Future meetings of Mental Health Advisory Committee could have a more strategic and proactive focus to ensure an appropriate range of Mental Health Services for the West Coast.

Blueprint to be distributed for next meeting and a planning process, which commences with identifying gaps and issues in Mental Health Services on the West Coast to be agreed.

## 12. ATTENDANCE AND ADMINISTRATION FORM

The Chair asked the committee to fill in the attendance and administration forms and return them today.

## 13. NEXT MEETING

It was agreed that the agenda for the next scheduled MHAC meeting should include:

- Blueprint / funding / strategic planning
- Maori Mental Health services development
- Rehabilitation review update
- Primary mental health project update

***There being no further items, the meeting closed at 15:45hrs***

***Next Meeting: 14 April 2004***

## MHAC ACTION & RESPONSIBILITY LIST

Task	Who Involved / Responsible	Completion Date
Provide Blueprint to committee	Hecta Williams	

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.