TABLE OF CONTENTS

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD IN THE BOARD ROOM, WEST COAST DISTRICT HEALTH BOARD, GREYMOUTH ON FRIDAY 4TH JUNE 2004 COMMENCING 10.15 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Previous Meeting – Friday 7th May 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. Board Member Evaluations
14. Date of next meeting – Friday 2nd July 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 Friday 4th June 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- Minutes of the Previous Meeting – Friday 7th May 2004
- Greymouth Medical Centre – Option for Relocation
- WCDHB Review of Non-Core Properties
- Contracts
  - PACT Contract
  - Coal Supply Contract
  - Home Based Support Services Contract
  - PHO Contract
  - National Immunisation Register Contract
- Capex
  - PC Purchases
  - Anaesthetic Equipment

Pursuant to Clause 32a, Schedule 3 of the New Zealand Public Health & Disability Act 2000 members of the public are to be excluded from the portion of Friday 4th June meeting of the West Coast District Health Board that relates to the following items on the grounds that the exclusion of the public is to allow the maintenance of effective conduct of public affairs through the protection of such Ministers, officers, and employees of the WCDHB from improper pressure or harassment and that this disclosure would prejudice the protection granted by Section 9(2)(g)ii of the Official Information Act 1982:

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

BOARD MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosure of Interest
Professor Gregor Coster Chairman ***Appointed February 2003***	• Director - PHARMAC • Director - Cornwall Management Limited • Director - Cornwall Nominees Limited • Trustee - The University of Auckland Primary Health Care Trust • Chairman - Institute of Rural Health • Trustee - Goodfellow Foundation
Dr Christine Robertson Deputy Chairman	As self employed person, does work on contract for: • HealthPAC - regularly • Comcare Charitable Trust - regularly • WCDHB-occasionally • HDANZ (Health and Disability Auditing New Zealand Ltd) – occasionally 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
Ms Robyne Bryant	• Member - New Zealand Nurses Organisation • Member - New Zealand College of Midwives • Member - Mawhera Maori Women's Welfare League • Employed by Coast Health Care as a midwife for two shifts per week • Trustee - Board of Coast Care Trust
Mrs Julie Kilkelly	• Member - Pharmaceutical Society • Member - New Zealand College of Pharmacists • Member - Pharmacy Defence Association • Director - Kilkelly Kartage Ltd • Trustee - West Coast PHO Board – Co-opted Pharmacist • Director - Olsen's Pharmacy
Mrs Marguerite Moore	• Member - Kawatiri Maori Women's Welfare League • Chairperson - Buller Branch of the NZ Labour Party • Member - Grey Power Early Childhood Development: • Co-ordinator - St Johns Kids n' Coffee • Co-ordinator - Oasis • Daughter - employee West Coast DHB
Mrs June Robinson	• Board Member - Royal New Zealand Plunket Society • Chairperson - Rata Te Awhina Trust • Chair - Kati Mahaki Ki Makaawhio Ltd • Member - New Zealand Medical Council Review Committee • Member - Rata Branch Maori Women's Welfare League • Member - Poutama Ora • Cultural Advisor to Chief Executive – Community Corrections • Member - Runanga O Makaawhio • Member - Mata whanui (Maori DHB members committee)

Mr Mohammed Shahadat	• Member of the New Zealand Law Society • President of the Hokitika Lions Club 2001-2002 • Principal Partner, Murdoch, James and Roper • Councillor - Westland District Council
Mr Tamai Sinclair	• Health and Social Services Representative, Te Runanga o Ngati Waewae • Shareholder - Mawhera Corporation • Member - Poutama Ora • Trustee - West Coast PHO Board • Kaiwhakarite, Te Puni Kokiri • Member - Mata whanui (Maori DHB members committee)
Dr Malcolm Stuart	• Employed by WCDHB as Head of Department, Anaesthesia and Consultant Anaesthetist • National Committee - Australian New Zealand College of Anaesthetists As a self employed person: • Medical advisor - St John Ambulance service
Mr John Vaile	• Member - CCS Westport Branch • Director - Vaile Hardware Ltd • Wife employed by the WCDHB

ABBREVIATIONS

# NOF	Fractured Neck of Femur (broken hip)
1°	Primary
2°	Secondary
3°	Tertiary
A+	Auckland Healthcare
A&E	Accident & Emergency
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation Unit
ALOS	Average Length of Stay
ANDRG	Australian National Diagnosis Related Group
BDC	Buller District Council
CAA	Child Acute Assessment
CAMHS	Child & Adolescent Mental Health Service
CAP	Canterbury Association of Physicians
CC	Complications & Co-morbidity
CCMAU	Crown Companies Monitoring Unit
CCN	Clinical Charge Nurse
CD	Clinical Director
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 Rangatiratanga	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 7TH MAY 2004 AT 9:36 AM IN THE CHAMBERS, WESTLAND DISTRICT COUNCIL, HOKITIKA

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

IN ATTENDANCE
John Luhrs, Chief Executive
Kevin Hague, General Manager Planning and Funding
John Goulding, General Manager Finance (for part)

Alison McDougall, Minute Secretary

APOLOGIES
Robyne Bryant
Tamai Sinclair (lateness)
Mohammed Shahadat (lateness)
Malcolm Stuart (early departure)

Karakia – June Robinson

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting and thanked the Westland District Council for the use of Chambers. Apologies were received from Robyne Bryant. Apologies were also received from Tamai Sinclair and Mohammed Shahadat for lateness. Malcolm Stuart advised he would need to leave the meeting early.

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:

Gregor Coster
- Fifth line should now read, "Chairman – Institute of Rural Health"

Marguerite Moore
- Second line should now read, "Chairman – Buller Branch of the NZ Labour Party"

4. MINUTES OF THE PREVIOUS BOARD MEETING HELD 2ND APRIL 2004

The following amendments were made to the Minutes:

- Page 15, Item 11.2, paragraph 3 should now read, "The Chair, WCDHB asked for a list of Advisory Committee Members and their terms of appointments to be tabled at a future Board meeting."
- Page 14, Item 11.1.2 fourth bullet point, delete "NB I do not have this on my list but have."
- Page 10, Item 7.3, paragraph 2. The Chair proposed a change to this item and there followed discussion surrounding the reporting of what had been said and it was agreed that this change would be discussed in Matters Arising.

Mohammed Shahadat and John Goulding joined the meeting at 9:43am

- Page 13, Item 9.1, second sentence should now read, "he queried if it is an appropriate time to look at the philosophy of the Board owning GP practices before any funds are put into a new facility and whether or not it would be appropriate to speak to Grey District Council on forming a trust to take over the practice."
- Page 17, Item 15, replace "Chief Executive" with "Deputy Chair"
- Page 15, Item 11.1.2, move the last four points under the heading "Health and Disability Standards" under a new heading "Other".
- Page 16, Item 11.3, first sentence replace "CHAC" with "CPHAC".
- Page 16, Item 11.3, second paragraph, third sentence replace "The Chair, DSAC" with "The Chair, CPHAC"

Moved: Malcolm Stuart Seconded: Mohammed Shahadat

It was RESOLVED that the Minutes of the Board meeting held 2nd April 2004 were a true and correct record subject to the above amendments.

Tamai Sinclair joined the meeting at 9:53am

5. MATTERS ARISING

Minutes of Previous Meeting
Page 10, Item 7.3, paragraph 2. The Chair advised he wished to change the sentence stating funds has been requested and declined. John Vaile requested his objection to this change be noted in the minutes as he clearly recalled the Chair making this statement at the previous meeting. There was discussion surrounding the context of the statement. The Chair advised that an informal request had been made and not presented to the Board. He advised that the Board has neither agreed nor disagreed with the request and this is what he had intended to convey to the Board.

The Board agreed that the minute should stand, however the Chairman's comments surrounding the context of the statement will be recorded for clarification as the record of events surrounding the statement was not previously recorded

Present a briefing paper on the development of a Youth Health Strategy
The General Manager Planning and Funding advised the new analyst has only recently been employed and the report will be presented at the June meeting.

Complete the scoping phase of the impacts of transport on health report and provide Board members with a paper.
Due June 2004.

Discuss over 65's at the DSAC meeting, and then provide an update to the Board
The Chairman, DSAC advised that this item was associated with the draft paper that went out and he would provide an update to Board members at the June Board meeting.

Bring a report, with recommendations to the 5 March 2004 Board meeting regarding the appointment of the Electoral Officer
Included in Chief Executive's Report.
Completed.

Report on progress of Cabinet approval and signing of the Memorandum of Partnership with Paptipu Runanga
The Chief Executive advised he is attending a Poutama Ora meeting next Monday and will report back to the Board in June.

Discuss ideas on how McDonalds could provide sponsorship to the DHB at the Oral Health Hui on and relay these ideas to the Chairman
Due June 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
The Chief Executive advised the Mayors of the three District Councils have been approached to make recommendations as to who should be appointed to the Committee. The final decision will be made by the credentialling committee. A Board member suggested a more democratic approach may be better received by the public and that community positions should be advertised. The Chief Executive did not disagree but noted that the vacant position on DSAC has been advertised and the Board is yet to receive an application. With the Credentialling Committee the DHB is keen to get it up and running and this is why the Mayors have been approached for recommendations. A Board member suggested the importance of individuals being appointed to Committees who have the appropriate qualifications and experience to represent the community on a Committee. If the community applicants are not appropriate then other community organisations could be contacted to make recommendations as to individuals who could be of benefit to the Committee. The Board discussed exclusion criteria and the right to veto applicants who may not be appropriate to sit on the Committee.
Completed.

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
The Chairman noted a brief report is now included in monthly Board papers. This item should be removed from the A&R list.

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
This item is now in the hands of HAC and is to be removed from the A&R List.

Note the recommendation made to the Board from MHAC re regional access projects and further develop this recommendation

The General Manager Planning and Funding advised a recommendation was made and the Board has signed off.

CPHAC to provide oversight (as a result of delegation from the Board) of the PHO and to provide regular updates to the Board
The Chair, CPHAC advised that this item should now be removed from the A&R list as updates will be provided on a regular basis.

Organise DAP Workshop for Advisory Committees
The Chief Executive advised the workshop has been set for Wednesday 19 May in the morning with Advisory Committee meetings to follow in the afternoon. The General Manager Planning and Funding and Chief Executive will liaise to distribute the draft DAP excluding financials to Advisory Committee members in preparation for the workshop.
Completed.

Prepare a paper on the creation of a Sponsorship Policy for WCDHB
This item is on the Agenda for the In Committee section of the meeting.
Completed.

Arrange for the DAP to be circulated to Board members as an In Committee document, not for distribution outside the Board
This document was emailed and a few Board members were unable to open the document. The DAP will be circulated in hard copy to Board members who require it.

Action: General Manager Planning and Funding

Report back on expenditure in relation to capital projects in the In Committee section of the meeting
The Chief Executive advised that in terms of progress the DHB has $2.2m allocated for capital projects of which $1.2m has been spent. Another amount is to be presented at this meeting for Fox Clinic in the In Committee section. This leaves around $550k for the balance of this financial year. There is another item which will come to the Board at the next meeting. The General Manager Finance advised there is also another $90k for PCs expected to be presented at the next meeting. The Chair informed the Board that the balance of funds can be carried forward to the next financial year.
Completed.

Arrange distribution of the draft Disability Action Plan to all Board members
The General Manager Planning and Funding advised that this has been done via email. A few Board members were unable to open the document. Hard copies of the Plan will be circulated to those Board members who require it.

Action: General Manager Planning and Funding

Place the advertisement for the DSAC vacancy in the Grey Evening Star and Westport News as well as the Messenger
The Chief Executive advised this has been done and no applications have been received.
Completed.

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

Release media statement on the achievement on ranking second nationally in relation to electives

The General Manager Planning and Funding advised that this statement was made as part of another statement. A statement will be released on this issue along with that of the patient satisfaction survey.

Release of media statement on the achievement on ranking highly in patient satisfaction survey
The General Manager Planning and Funding advised that this statement was made as part of another statement. A statement will be released on this issue with that of the electives.

Laboratory Negotiations
The Chief Executive provided an update on the situation with laboratory negotiations and advised that the situation is resolved and strike action was withdrawn.

6. CORRESPONDENCE

The Deputy Chair requested it be recorded that Kathryn Cannan's letter was not written in her capacity as a member of HAC the matter had not been discussed at HAC.

Moved: Chair Seconded: Marguerite Moore

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

7. CHAIRMAN'S REPORT

The Chair advised he would give a verbal report and he did not have any items to report to the Board. He thanked the Deputy Chair for covering while he was in Australia for two weeks this month. The Chair opened the floor to the Deputy Chair to provide an update on matters arising in his absence. The Deputy Chair advised that the Chief Executive had kept her updated on matters such as MRSA and a staffing issue which will be covered in the In Committee section of the meeting.

8. CHIEF EXECUTIVE'S REPORT

8.1 Recruitment

A Board member queried the point on GPs in Buller. After the last Board meeting he spoke to Pat McManus at the Buller District Council and one of the issues discussed was that BDC had submitted CVs for three GPs to Management and one week later these had not been followed up and the GPs had moved on. The Chief Executive provided general comment that Management has been liaising with BDC in terms of follow up and have had discussions with an employment consultant. Generally speaking applications are processed when an applicant is suitable for interview. A number of persons have been referred from a particular agency and they have not been appropriate or acceptable to the Medical Council for one reason or another. There is also a responsibility in part in terms of the consultant to keep applicant informed. On occasion consultants do not provide contact details for applicants as if someone is on their books they are concerned about approaches for which a commission is paid. One particular consultant recently met with the DHB's Recruitment Co-ordinator to discuss a better process for future. There is also a question of community involvement and the DHB did make an offer to the Chair of the Health Sub-Committee to be involved in the interviews and although the offer has been declined at this stage, it still stands.

The Board member raised the issue of files for Ken Mill's patients and that there have been situations where patients have gone to BMS and their files have not been available. The Board member understood the difficultly in incorporating Dr Mills' system to BMS but would like an update on this. The Chief Executive advised that two to three weeks of extra clerical time was approved in order to incorporate hard copy files into our records system and should by now be completed. The General Manager Planning and Funding said he has been advised by staff at BMS that the quality of some of the records they have taken over has been variable and it may well be some patients do not have hard copy files for varying reasons.

8.2 MRSA

The Chief Executive advised the DHB has incurred costs due to cleaning, testing and disposal of theatre stock.

8.3 DHB Elections

The DHB requires appointment of an Electoral Officer and the three Councils are comfortable for the Westland District Council Electoral Officer, Richard Simpson to be appointed. Richard was the Officer for the last elections and the Chief Executive is seeking a motion from the Board to formally appoint him.

Moved: Mohammed Shahadat, Seconded: June Robinson

Motion:
THAT the West Coast District Health Board appoints the Electoral Officer of the Westland District Council, Richard Colin Simpson, as the Electoral officer for the 2004 election and authorises the Chief Executive or his delegate to execute all necessary documents to attend to this and other matters relating to the election process.

Motion carried.

The Chief Executive advised a decision needs to be made as to how candidate names are to appear on voting papers. There are three choices for the order of names, alphabetical (by surname), pseudo-random (names randomly chosen and that order applies to all voting documents) and random (a different order of names for each voting document). The Chair requested as a means of open discussion that an elected member move one option.

Moved: Mohammed Shahadat, Seconded: Marguerite Moore

Motion:
THAT the West Coast District Health Board adopts the pseudo-random order of candidate names.

Motion carried.

8.4 Grafton Proposal – Buller Health Services

The Chief Executive advised he is seeking a recommendation on the inclusion of Reefton in the Grafton Group's consultation project. BDC has agreed to the inclusion of Reefton as this would then encompass the whole of the Buller region. The potential additional cost to the DHB is between $0 up to a maximum of $8,667 ex GST, which represents slightly less than one tenth of costs.

Moved: Deputy Chair, Seconded: Julie Kilkelly

Motion:
THAT the West Coast District Health Board supports the inclusion of Reefton area in the Grafton Review so that the review encompasses the entire Buller Region and agrees, should funding be required, it will contribute on the same ratio as the original agreement 60(WCDHB)/30(BDC) up to a maximum sum of $8,667 (GST exclusive) for this additional work and delegates to the Chief Executive to finalise the arrangement.

Motion carried.

The General Manager Planning and Funding advised that after this meeting the DHB will move to finalise the Memorandum of Understanding with BDC to set criteria and give the DHB the entitlement to be involved in the consultation process as an observer. The Chair advised that it will be in the memorandum that Grafton's process will require consultation with community organisations and the public.

Moved: Tamai Sinclair, Seconded: June Robinson

It was RESOLVED to accept the Chief Executive's Report

9. FINANCE REPORT

The General Manager Finance noted that for the first month in quite a while the DHB is running adverse to budget. He believes the main reason for this is a catch up in DSS expenditure. The DHB is still on target to achieve the $2.078m deficit required by the Ministry. A request for payment of the balance of the previously approved equity support was sent through this month as resolved at the last Board meeting.

A Board member queried the point on page 31 showing Management/Administration is over budget. The General Manager Finance advised that across the field YTD the DHB is still well ahead of where it should be. In the past month there was a bit of a catch up due to more clerical support in the hospital mainly due to credentialling and course fees for clerical staff at BMS. The Chief Executive clarified the credentialling position and the addition clerical support at BMS are not permanent positions. The General Manager Finance advised the figures could also include elements of the phasing of the budget not matching where cost steps come in.

A Board member queried PT Appliances, Implants and Prostheses being over budget. The General Manager Finance advised this is due to a high volume of procedures.

A Board member queried Other Operating Costs being over budget. The General Manager Finance advised that a major driver for this has been the rental at Seaview going up. He advised that Other Operating Costs are still YTD $90k below budget.

A Board member queried Employee Entitlements on page 34 showing a 19% variance. The General Manager Finance advised that this is probably due to an inaccuracy in the budget.
A Board member queried page 38 and why under Directors Expenses the budget for Other was set high at $16,281 with the actual only $2,697. The General Manager Finance advised that Other takes into account items such as course fees and believes that the previous General Manager Planning and Funding may have overestimated the budget required.

Moved: Malcolm Stuart, Seconded: Julie Kilkelly

It was RESOLVED to accept the Finance Report.

The General Manager Finance left the meeting at 11:10am

There was a brief break from 11:10am to 11:28am

10. REPORTS FROM ADVISORY COMMITTEES

10.1 Hospital Advisory Committee

The Chair, HAC advised that there are no new items to report to the Board since her report at the last Board meeting.

A Board member queried the reason behind it being minuted that "a committee member" had raised an issue, rather than the person's name. The Chair, HAC advised that it was agreed that unless a person specifically requested their name to be recorded then it should be left third person.

10.2 Community and Public Health Advisory Committee

The Chair, CPHAC informed the Board there has not been a meeting since the last Board meeting, however Gareth Rees has resigned from the Committee and wondered if she required Board approval to advertise the vacancy. The Chair, WCDHB advised the Chair, CPHAC that the Board agrees the vacancy should be advertised. The Chief Executive advised that the Quality Risk Privacy Manager will organise the advertisement.

The General Manager Planning and Funding advised he has draft KPIs for the PHO. The General Manager Planning and Funding and Chair, CPHAC will be looking to align with the WCDHB DAP objectives for CPHAC to monitor the KPIs and that the PHO are aware of the process of CPHAC monitoring the PHO in this way. The Chair, WCDHB clarified that the PHO developed KPIs for monitoring the performance to contract between the WCDHB and PHO and that is done via the Management Services Organisation. The Chair, CPHAC advised the PHO has received an invitation to present to CPHAC and other Committees are also invited to hear about PHO progress and objectives.

10.3 Mental Health Advisory Committee

The Chair, MHAC advised there is nothing to report to the Board at this meeting.

10.4 Disability Services Advisory Committee

The Chair, DSAC advised that the DSAC vacancy has been advertised in both the Grey Star and Westport News with no applicants. The Chair, DSAC requested Board members advise him if they know of anyone suitable for the position in order for him to make contact. The Chair, WCDHB noted the invitation from the Chair, DSAC for assistance in this regard.

11. GENERAL BUSINESS

11.1 Board Member Evaluations

A Board member raised the issue of Board evaluations. He advised he is disappointed in his evaluation in that several other Board members ranked his performance under 2 or 3. He believes the evaluation process is a totally subjective exercise with no right of reply. The Chairman noted for the minutes the process of evaluation is that each Board member evaluated other Board members under agreed criteria which was then sent to the Board Chairman who then forwarded the evaluations to be opened and collated by another person so that the Chairman likewise did not know how individual Board members rated their colleagues. Results were noted on a spreadsheet and averaged for each Board member. The Chairman then met with individual Board members to discuss the outcome of their evaluation and he noted this is a process which happens with most Boards.

11.2 Apologies for Next Meeting

John Vaile advised he will be absent from the next Board meeting as he is travelling overseas.

11.3 Whanau Facility

A Board member informed the Board that a neighbour had the opportunity to stay in the Facility as she was unable to find other accommodation. She was very impressed with the Facility but thought it's availability is not advertised enough and that it is for the whole community not only Maori. The Board member queried if the DHB could put together a poster for rural communities. The Chief Executive advised that pamphlets are available and will follow up to ensure that various clinics around the Coast have received the details. A Board member suggested that staff at other clinics, for example Buller Hospital, could tell patients about the facility and contact Grey Base Hospital to check on availability. Management is to investigate the way the Whanau Facility is advertised in the community.

Action: Chief Executive

12. 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 7th May 2004 meeting of the West Coast District Health Board that relates to the following items on the grounds that the public conduct and discussion of the following items would enable the WCDHB to carry out, without prejudice or disadvantage, commercial activities granted by Section 9(2)i of the Official Information Act 1982.

- **Minutes of the Previous Meeting – Friday 2nd April 2004**
- **Sponsorship Policy**
- **Information Services Strategic Plan (ISSP)**
- **Fox Clinic – Capital Expenditure Application**

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 7th May 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 Surgeon's Review of General Surgery Update on Recommendations (standing item)**

- **DHBNZ – Update to Boards**

Moved: Chair, Seconded: John Vaile

It was RESOLVED to move into In Committee at 11:49am

13. MOVING OUT OF IN COMMITTEE

Moved: Chairman, Seconded: Mohammed Shahadat

It was RESOLVED to move out of In Committee at 3:19pm

14. ITEMS TO BE REPORTED FROM THE IN COMMITTEE SECTION

14.1 Fox Clinic

The Board has approved extensions to the Fox Glacier Clinic and Management will enter into negotiations with potential contractors.

14.2 RACS Review

The Board notes that progress has been made with the recommendations of the RACS Review.

14.3 Defibrillators

The Board has agreed to accept sponsorship for 26 defibrillators for use through the West Coast. The Board wishes to acknowledge sponsorship by Solid Energy and support from Robert Sippel.

15. NEXT MEETING

Friday 4 June 2004, 10:15am in the Boardroom, Corporate Office, Greymouth

There being no further business the meeting concluded at 3:26pm

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 referred to CPHAC to report back in due course	
11	7 November 2003	Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	Originally due April 2004 – now due June 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 due upon return of DSAC Chair from leave	
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papitipu Runanga.	Chief Executive	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	Originally due 25 March 2004 – now due June 2004	
11.2	2 April 2004	Prepare a paper indicating when Advisory Committee members were appointed and the length of their term in preparation for this year's elections.	Chief Executive	June 2004	
5	7 May 2004	Arrange for hard copies of the DAP to be circulated to Board members who require it.	General Manager Planning and Funding	ASAP	
5	7 May 2004	Arrange hard copies of the draft Disability Action Plan be distributed to Board members who require it.	General Manager Planning & Funding	ASAP	
11.3	7 May 2004	Investigate the way the Whanau Facility is advertised in the community.	Chief Executive	June 2004	

BOARD CORRESPONDENCE APRIL TO MAY 2004

Date:	Sender:	Details:	Response Date	Response Details
12 May 2004	Gregor Coster, Chairman WCDHB	Gregor Coster thanked Gareth for his contribution to CPHAC on behalf of the WCDHB.		
13 May 2004	Hon Ruth Dyson, Acting Minister of Health	Governments Response to the Taskforce Report on Pay and Employment Equity		
19 May 2004	Gregor Coster, Chairman WCDHB	Responding to Kathryn Cannan, Member – Hospital Advisory Committee re DHB Sponsorship from McDonalds.		

CHAIRMAN'S REPORT

BULLER DISTRICT COUNCIL

The regular bi-monthly meeting with the Buller District Council Health Committee was held in Westport yesterday, attended by myself, John Luhrs and Kevin Hague. BDC advised that the Grafton Consulting Group have commenced the second phase of their work, and that a community committee is about to be formed. The project is expected to take approximately nine months.

We have agreed to bring the annual outpatient and surgical bus caseload data with us to the next meeting. They discussed their plans regarding hydrotherapy and I will ask the Chief Executive to report further in his report. The BDC have proposed that district councils and others contribute to a small fund to assist in the recruitment and retention of GPs on the West Coast. This could take the form of scholarships, summer studentships, assistance with student debt and could involve bonding of the recipient. WCDHB expressed interest in this proposal and advised that we were presently preparing the West Coast Health Workforce Plan, which would have some bearing on recruitment and retention and the best use of such a Scholarship Fund. This is a good opportunity for Councils and the WCDHB to work together and we need to approach the other district councils and regional council to explore their interest.

NATIONAL HEALTH COMMITTEE

I have met with Mark Booth, Manager, NHC Secretariat (MoH) and had several telephone conversations with him. The NHC proposes to hold its July meting on the West Coast as there is some interest in rural areas and in some of the work that is presently being undertaken on the Coast. The NHC is also presently evaluating the outcomes of four pilots of the proposed prioritisation process for use in DHBs and the MoH, with WCDHB being one of the four pilot DHBs. I express our appreciation to the NHC for their interest in the West Coast and the needs of smaller rural communities.

CROWN FINANCING AGENCY

I have held a telephone discussion with Ross Tanner, Chairman of the CFA regarding the roll over of our CFA loan ($11.2m). The roll over has been approved, but for a shorter term than is desirable and WCDHB is seeking resolution of our longer term funding. I will report further In Committee.

SOUTH ISLAND CHAIRS/CEO MONTHLY MEETING

I and John Luhrs attend this monthly meeting, which was held by teleconference this month. The main agenda item became the discussion on Oracle software and how to obtain maximum advantage by joint contracts between Boards in the South Island. WCDHB, Otago and Southland

are already working together but there is the opportunity for other SI Boards to join, rather than working separately. It was agreed that CEOs would hold further discussions.

PHARMAC

I attended the monthly meeting of PHARMAC, as usual. Three PHARMAC Board members are also DHB members. DHBs and PHARMAC agreed on the PHARMAC budget each year and PHARMAC manages those DHB funds on behalf of DHBs

CHIEF EXECUTIVE'S REPORT

DISTRICT ANNUAL PLAN (DAP) 04/05

Much work has taken place on the draft of the DAP over the last month. The Advisory Committee and Board members attended a presentation from the General Manager Planning and Funding on Wednesday 19 May on the DAP process. The second draft of the DAP was submitted to the MoH on due date (25 May).

MRSA

As previously advised our theatres (and staff) have been cleared of MRSA. We have now completed an assessment of costs incurred and can advise the Board of direct costs of just over $45,000 in laboratory testing costs, writing off contaminated theatre stocks and clearing. In addition a number of theatre lists were cancelled. A report on theatre production, both the impact and also proposed rescheduling, should be available shortly.

CEO EXTERNAL MEETINGS

- South Island Collaboration - Teleconference
- Poutama Ora - Hokitika
- Disability Network Meeting - Greymouth
- South Island DHB Maori Managers - Greymouth
- South Link Health - Teleconference
- SISSAL / DHBNZ Southern Region Chairs & CEO's - Teleconference
- National CEO Meeting - Wellington

Author: Chief Executive – 26 May 2004

STATEMENT OF INTENT

At the time of the Board meeting a draft Statement of Intent 2004/05 will have been lodged with the Ministry of Health, based on the draft 2004/05 District Annual Plan. Copies of the draft SOI will be available for Board members in the confidential section of the Board meeting.

PRIORITISATION FRAMEWORK

West Coast DHB was selected as a pilot site for the joint Ministry of Health/DHBNZ prioritisation framework, an new tool aimed at assisting DHBs with prioritisation decisions. In particular WCDHB

Planning and Funding team will use the tool to consider which options for service configuration in the new Rata Te Awhina Trust contract best contribute to the He Korowai Oranga goal of Whanau Ora.

NATIONAL HEALTH COMMITTEE

Due to a likely unavailability of a number of by members of the NHC at its June meeting, the Committee's visit will now be held in July.

MAORI HEALTH

Management is actively engaged in renegotiating a contract with Rata Te Awhina Trust to take effect from 1st July 2004. This contract will consolidate funding that was previously incorporated in the DHB's contract with Rata with funding from He Oranga Pounamu's contract and may include funding previously directed to the Rata/ Plunket joint venture. This is an exciting opportunity to ensure that services for Maori are provided in a more holistic way, to minimise transaction costs and to best match services to need.

DISABILITY SUPPORT SERVICES

The final Disability Action Plan is appended to the minutes of DSAC with that Committee's recommendation that it be adopted.

DSAC also considered an advance form of the final report from the WISE (West Coast Improving Services for the Elderly) project. This report sets up the basis for an Integrated Continuum of Care on the West Coast, involves some significant proposed service reconfiguration or refocus and should result in markedly improved services for older adults.

Author: General Manager Planning & Funding– 28 May 2004

'PATHWAYS OF CARE' – BRIAN EMERY VISIT TO WCDHB

On the 12th May 2004, Brian Emery of 'Brian Emery & Associates' came to the West Coast. Brian is on contract to the Ministry of Health to review 'Pathways of Care' within DHBs and to facilitate the sharing of existing guidelines for clinicians to facilitate clinical and cultural competence of services to Maori patients. Brian met with members of the Executive Management Team, the Chief Medical Officer, Clinical Managers, Clinical Nurse Leaders, representatives from Mental Health Services and the Chief Executive. Brian was impressed by the willingness of all staff to engage in dialogue regarding pathways of care for Maori patients. It was evident from conversations throughout the day that there is work being done in this area, which is encouraging in terms of patient care for Maori. Conversely, it is also evident that there are still issues that will need further development in future. One particularly positive aspect which impressed Brian was that some staff spoken to even went as far as writing information for Brian to view to give him a clear idea as to which pathways of care had been specifically developed for Maori patients. The WCDHB was the last of the DHBs that Brian visited.

TE HERENGA HAUORA O TE WAKA O AORAKI (SOUTH ISLAND DHBS' MAORI MANAGERS NETWORK MEETING)

On the 13th and 14th May, the WCDHB hosted the South Island DHBs' Maori Managers Network Meeting (Te Herenga Hauora o te Waka o Aoraki). The day started with a formal powhiri followed by an address by the WCDHB Chief Executive Officer. Hingatu Thompson from Te Kete Hauora, Maori Health Directorate, Ministry of Health was present and he gave an update of the progress of 'Whakatataka' (Maori Health Action Plan 2002-2005). There are a number of initiatives currently underway in the South Island that Te Herenga Hauora are collectively working on. These include the Maori Provider Development Scheme Funding, Regional Health Needs Assessment, Maori Health Workforce Stocktake Skills and Service Needs Analysis. There was also considerable discussion among managers regarding the South Island Kaupapa Maori AOD Services. Another project organised by Te Herenga Hauora was the South Island Maori Providers hui at Nga Hau e Wha Marae in Christchurch in April of this year. This was a successful event with positive feedback from the South Island Maori providers in attendance.

ORAL HEALTH HUI

On the 20th and 21st of May two oral health hui were held in Westport and Hokitika respectively. These hui were the result of a collaborative effort between the Planning and Funding Team and the Maori Health Unit in response to an identified need. The Maori Health Provider 'Rata Te Awhina Trust' had an advisory role with regard to this collaboration. Attendees included people working in health such as dental therapists and public health nurses, people working in education, social work and the Maori community. The purpose of these hui was dedicated to looking at issues related to Maori oral health but an added benefit of these hui is that the principles are equally applicable to oral health in general. There were a number of guest speakers invited including Associate Professor John Broughton from the Ngai Tahu Maori Health Research Unit, University of Otago. Professor Broughton's presentation was specifically about Maori oral health. He talked about the history of Maori oral health, the reasons for its decline and initiatives and experiences in other parts of the country to promote Maori oral health. There was considerable discussion around community dental schemes for Maori. Dr Martin Lee, Principal Dental Officer gave a excellent presentation about the benefits of 'Fluoridation'. Sue Dasler, Manager of School Dental Services Canterbury / West Coast was also present and she spoke about the application of the Ottawa Charter to improve Maori oral health and in particular how the five key strategies can be used to improve oral health. These include: creating supportive environments, building public health policy, strengthening community action, building personal skills and re-orientating health services. Preliminary feedback has been very encouraging. A formal evaluation will take place over the next couple of weeks. A report will be compiled which will contain a number of recommendations for ongoing work in this area. It is appropriate to acknowledge the input of all presenters and the many hours of work in preparation for these hui contributed by the Research and Planning Analyst, Melanie Penny.

Author: Kaiarahi / General Manager Maori Health – 26 May 2004

FINANCE REPORT

Financial Overview April 2004

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	3,997	4,244	(247)	(5.8%)	4,225	42,369	42,493	(124)	(0.3%)	38,545	51,174	51,007	47,319
Governance & Administration	84	85	(1)	(0.8%)	78	827	830	(3)	(0.3%)	810	995	998	966
Funds	2,416	2,415	1	0.0%	1,062	22,138	22,272	(134)	(0.6%)	9,129	26,919	27,101	10,999
	6,497	6,743	(246)	(3.7%)	5,365	65,334	65,595	(261)	(0.4%)	48,484	79,088	79,106	59,284
EXPENSES													
Provider													
Personnel	2,847	2,789	(58)	(2.1%)	2,451	26,021	26,112	91	0.3%	24,325	31,348	31,222	29,424
Outsourced Services	274	297	23	7.7%	427	3,084	2,966	(118)	(4.0%)	3,235	3,746	3,559	3,983
Clinical Supplies	418	451	33	7.3%	391	4,565	4,503	(62)	(1.4%)	4,206	5,455	5,407	5,148
Infrastructure	1,000	999	(1)	(0.1%)	1,058	9,899	10,020	121	1.2%	8,682	12,048	12,032	10,879
	4,539	4,536	(3)	(0.1%)	4,327	43,569	43,600	31	0.1%	40,448	52,597	52,220	49,434
Governance & Administration	176	168	(8)	(4.8%)	120	1,428	1,593	165	10.4%	1,121	1,743	1,938	1,349
Funds	2,212	2,404	192	8.0%	1,000	21,843	22,219	376	1.7%	9,116	26,831	27,026	10,822
	6,927	7,108	181	2.5%	5,447	66,840	67,412	572	0.8%	50,685	81,170	81,184	61,605
Net Result	(430)	(365)	(65)	17.8%	(82)	(1,506)	(1,817)	311	(17.1%)	(2,201)	(2,082)	(2,078)	(2,321)

OPERATING RESULTS

The month of April 2004 resulted in a deficit of $430k, which was $65k adverse to budget ($365k). The Provider and Governance and Administration results were worse than budget (Provider $254k, Governance and Administration $5k) with Funder arm being $193k better than budget. The funder positive result was offset in the provider as it stems from underproduction by the provider and hence revenue not recognised.

The year to date April 2004 result ($1,506k deficit) is $311k better than budget $1,817k deficit. Funder ($243k) and Governance and Administration ($190k) are better than budget with provider worse by $121k.

REVENUE

Revenue for the month of $6,497k is $246k (3.7%) below budget of $6,743k.

Provider revenue is below on budget by $247k (5.8%) 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). An unplanned theatre closure due to MRSA resulted in insufficient production against contracted volume. Funder revenue is as per budget.

Year to date (April 2004) revenue is $266k (0.4%) below budget. Provider revenue is $124k below budget with increase in ACC and maternity income being offset by lower production (which occurred in April) due to MRSA.

EXPENSES

Expenses for the month of April ($6,927k) were $181k (2.5%) below budget ($7,108k).

Provider expenses for the month of April 2004 are in line with budget $4,536k. Increases in personnel costs of $58k (primarily Medical personnel ($69k) partially offset by a decrease in outsourced services of $23k). Clinical supplies were below budget by $33k (7.3%) due to lower surgical throughput. Infrastructure costs remained at budget level with a catch up in insurance costs being offset by savings in facilities and transport.

Funds expenditure was below budget by $192k (8%) after holding back funds from the provider arm due to the lower surgical production in the month.

Year to date (April 2004) expenses ($66,840k) are below budget ($67,412k) by $572k (0.8%) with savings in all three arms of the organisation.

2004-05 DISTRICT ANNUAL PLAN (DAP)

An explanation on additional expenditures provided for in the DAP has been sent to the Ministry together with the second draft.

FORECAST

Our year to date result ($311k better than budget) indicates 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 and achieve the target is dependant on a number of factors, such as our continued ability to obtain medical cover for paediatrics, our ability to access locum cover for other services as needed, and actuarial report on employee entitlements.

STATEMENT OF FINANCIAL POSITION

Current liabilities remain unconventionally high due to RHMU financing for $11.2m being of a short term nature and due for renewal in June 2004. We submitted a new loan application to RHMU for a $11.2m loan facility commencing 1 July 2004 and have been advised this has been agreed for a further three month period.

Overall our Balance Sheet has improved due to the revaluation with our debt to debt plus equity ratio now at 48.9% compared with 79.7% last year but current liabilities remain unacceptably high due to delays in finalising long term funding.

CASHFLOW

Although cashflow remains adequate for current activities an equity application for the additional $578k (to support our $2,078M deficit) has been sent. This is currently being analysed by MoH officials who requested some additional information which has been supplied.

CAPEX

Approved capital expenditure remains well within budget levels.

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.

GENERAL

This is the last month I will be presenting the Finance Report and as such I would like to note my appreciation to the Board for their assistance and support in progressing financial matters.
In passing I also note my confidence in the competence of the finance staff to continue to provide the Board with a professional and accurate picture of the Board's financial position.

Author: General Manager Finance – 26 May 2004

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	5,579	5,806	(227)	(3.9%)	4,607	56,159	56,277	(118)	(0.2%)	40,828	68,053	67,911	49,993
Other MoH Funding	673	662	11	1.7%	431	6,654	6,549	105	1.6%	4,745	8,003	7,874	5,683
Patient / Consumer Sourced	200	239	(39)	(16.3%)	282	2,057	2,412	(355)	(14.7%)	2,506	2,471	2,892	3,113
Non Health Related	45	36	9	25.0%	45	465	358	107	29.9%	405	560	429	495
	6,497	6,743	(246)	(3.7%)	5,365	65,334	65,595	(261)	(0.4%)	48,484	79,088	79,106	59,284
Payments to Providers	2,212	2,404	192	8.0%	1,000	21,842	22,219	377	1.7%	9,116	26,830	27,026	10,822
Personnel Costs													
Medical Personnel	593	524	(69)	(13.2%)	414	5,191	5,288	97	1.8%	4,589	6,120	6,341	5,429
Nursing Personnel	1,219	1,260	41	3.3%	1,055	10,697	10,707	10	0.1%	10,028	13,098	12,744	12,159
Allied Health Personnel	620	622	2	0.3%	582	6,160	6,254	94	1.5%	5,816	7,378	7,493	7,115
Support Personnel	102	94	(8)	(8.5%)	100	989	954	(35)	(3.7%)	933	1,181	1,145	1,125
Management / Admin	388	377	(11)	(3.0%)	354	3,717	3,768	51	1.3%	3,518	4,503	4,538	4,247
	2,922	2,877	(45)	(1.6%)	2,505	26,754	26,971	217	0.8%	24,884	32,280	32,261	30,075
Outsourced Services	329	307	(22)	(7.2%)	441	3,260	3,066	(194)	(6.3%)	3,344	3,910	3,681	4,110
Clinical Supplies													
Treatment Disposables	87	92	5	5.4%	101	846	917	71	7.7%	833	1,013	1,101	1,018
Diagnostic Supplies	20	12	(8)	(66.7%)	16	117	118	1	0.8%	113	130	142	132
Instruments & Equipment	71	84	13	15.5%	77	844	849	5	0.6%	819	1,030	1,019	1,016
Pt Appliances, Implants, Prostheses	56	79	23	29.1%	63	995	786	(209)	(26.6%)	744	1,175	945	872
Other Clinical & Client Costs	184	184	0	0.0%	134	1,763	1,833	70	3.8%	1,697	2,107	2,200	2,110
	418	451	33	7.3%	391	4,565	4,503	(62)	(1.4%)	4,206	5,455	5,407	5,148
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	212	213	1	0.5%	213	2,200	2,130	(70)	(3.3%)	2,163	2,663	2,556	2,611
Facilities	247	259	12	4.8%	406	2,679	2,596	(83)	(3.2%)	2,301	3,285	3,115	3,083
Transport	93	93	0	0.0%	90	894	921	27	2.9%	848	1,076	1,107	1,088
IT Systems & Communication	93	100	7	7.0%	91	961	999	38	3.8%	946	1,157	1,199	1,132
Democracy	19	30	11	36.7%	24	194	300	106	35.3%	207	234	361	246
Professional Fees & Expenses	52	60	8	13.3%	46	398	534	136	25.5%	379	493	653	488
Other Operating Costs	330	314	(16)	(5.1%)	240	3,093	3,173	80	2.5%	2,291	3,787	3,818	2,802
	1,046	1,069	23	2.2%	1,110	10,419	10,654	235	2.2%	9,135	12,696	12,809	11,450
Expenses Total	6,927	7,108	181	2.5%	5,447	66,840	67,412	572	0.8%	50,685	81,170	81,184	61,605
Surplus (Deficit)	**(430)**	**(365)**	**65**	**(17.8%)**	**(82)**	**(1,506)**	**(1,817)**	**(311)**	**17.1%**	**(2,201)**	**(2,082)**	**(2,078)**	**(2,321)**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	3,199	3,418	(219)	(6.4%)	3,468	34,365	34,287	78	0.2%	30,727	41,542	41,147	37,792
Core MoH Funding	562	551	11	2.0%	431	5,541	5,436	105	1.9%	4,924	6,668	6,539	5,938
Other MoH Funding	200	239	(39)	(16.3%)	282	2,057	2,412	(355)	(14.7%)	2,506	2,471	2,892	3,113
Patient / Consumer Sourced	36	36	0	0.0%	44	406	358	48	13.4%	388	493	429	476
Non Health Related	3,997	4,244	(247)	(5.8%)	4,225	42,369	42,493	(124)	(0.3%)	38,545	51,174	51,007	47,319
Personnel Costs	593	524	(69)	(13.2%)	414	5,191	5,288	97	1.8%	4,589	6,120	6,341	5,429
Medical Personnel	1,219	1,260	41	3.3%	1,055	10,697	10,707	10	0.1%	10,028	13,098	12,744	12,159
Nursing Personnel	620	622	2	0.3%	582	6,160	6,254	94	1.5%	5,816	7,378	7,493	7,115
Allied Health Personnel	102	94	(8)	(8.5%)	100	989	954	(35)	(3.7%)	933	1,181	1,145	1,125
Support Personnel	313	289	(24)	(8.4%)	300	2,984	2,909	(75)	(2.6%)	2,959	3,571	3,499	3,596
Management / Admin	2,847	2,789	(58)	(2.1%)	2,451	26,021	26,112	91	0.3%	24,325	31,348	31,222	29,424
	274	297	23	7.7%	427	3,084	2,966	(118)	(4.0%)	3,235	3,746	3,559	3,983
Outsourced Services													
Clinical Supplies	87	92	5	5.4%	101	846	917	71	7.7%	833	1,013	1,101	1,018
Treatment Disposables	20	12	(8)	(66.7%)	16	117	118	1	0.8%	113	130	142	132
Diagnostic Supplies	71	84	13	15.5%	77	844	849	5	0.6%	819	1,030	1,019	1,016
Instruments & Equipment	56	79	23	29.1%	63	995	786	(209)	(26.6%)	744	1,175	945	872
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Other Clinical & Client Costs	418	451	33	7.3%	391	4,565	4,503	(62)	(1.4%)	4,206	5,455	5,407	5,148
Infrastructure Costs	211	212	1	0.5%	211	2,186	2,120	(66)	(3.1%)	2,153	2,663	2,544	2,598
Hotel Services, Laundry & Cleaning	250	259	9	3.6%	406	2,677	2,594	(83)	(3.2%)	2,299	3,285	3,112	3,080
Facilities	81	88	7	8.0%	84	824	870	46	5.3%	786	998	1,045	1,022
Transport	96	100	4	4.0%	90	959	995	36	3.6%	942	1,151	1,194	1,128
IT Systems & Communication	171	170	(1)	(0.4%)	112	1,669	1,760	91	5.2%	918	2,007	2,114	1,100
Interest	43	27	(16)	(59.3%)	26	257	272	15	5.5%	233	304	325	309
Professional Fees & Expenses	148	143	(5)	(3.7%)	129	1,327	1,408	81	5.8%	1,351	1,640	1,698	1,642
Other Operating Costs	1,000	999	(1)	(0.1%)	1,058	9,899	10,020	121	1.2%	8,682	12,048	12,032	10,879
	4,539	4,536	(3)	(0.1%)	4,327	43,569	43,600	31	0.1%	40,448	52,597	52,220	49,434
Expenses Total	79	75	(4)	(5.3%)	42	778	750	(28)	(3.7%)	311	932	900	381
Allocated from Governance & Admin	**(621)**	**(367)**	**(254)**	**69.1%**	**(144)**	**(1,978)**	**(1,857)**	**(121)**	**6.5%**	**(2,214)**	**(2,354)**	**(2,113)**	**(2,496)**
Surplus (Deficit)													

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

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Patient / Consumer Sourced	36	36	0	0.0%	44	406	358	48	13.4%	388	493	429	476
Non Health Related	3,997	4,244	(247)	(5.8%)	4,225	42,369	42,493	(124)	(0.3%)	38,545	51,174	51,007	47,319
Personnel Costs	593	524	(69)	(13.2%)	414	5,191	5,288	97	1.8%	4,589	6,120	6,341	5,429
Medical Personnel	1,219	1,260	41	3.3%	1,055	10,697	10,707	10	0.1%	10,028	13,098	12,744	12,159
Nursing Personnel	620	622	2	0.3%	582	6,160	6,254	94	1.5%	5,816	7,378	7,493	7,115
Allied Health Personnel	102	94	(8)	(8.5%)	100	989	954	(35)	(3.7%)	933	1,181	1,145	1,125
Support Personnel	313	289	(24)	(8.4%)	300	2,984	2,909	(75)	(2.6%)	2,959	3,571	3,499	3,596
Management / Admin	2,847	2,789	(58)	(2.1%)	2,451	26,021	26,112	91	0.3%	24,325	31,348	31,222	29,424
	274	297	23	7.7%	427	3,084	2,966	(118)	(4.0%)	3,235	3,746	3,559	3,983
Outsourced Services													
Clinical Supplies	87	92	5	5.4%	101	846	917	71	7.7%	833	1,013	1,101	1,018
Treatment Disposables	20	12	(8)	(66.7%)	16	117	118	1	0.8%	113	130	142	132
Diagnostic Supplies	71	84	13	15.5%	77	844	849	5	0.6%	819	1,030	1,019	1,016
Instruments & Equipment	56	79	23	29.1%	63	995	786	(209)	(26.6%)	744	1,175	945	872
Pt Appliances, Implants, Prostheses	184	184	0	0.0%	134	1,763	1,833	70	3.8%	1,697	2,107	2,200	2,110
Other Clinical & Client Costs	418	451	33	7.3%	391	4,565	4,503	(62)	(1.4%)	4,206	5,455	5,407	5,148
Infrastructure Costs	211	212	1	0.5%	211	2,186	2,120	(66)	(3.1%)	2,153	2,663	2,544	2,598
Hotel Services, Laundry & Cleaning	250	259	9	3.6%	406	2,677	2,594	(83)	(3.2%)	2,299	3,285	3,112	3,080
Facilities	81	88	7	8.0%	84	824	870	46	5.3%	786	998	1,045	1,022
Transport	96	100	4	4.0%	90	959	995	36	3.6%	942	1,151	1,194	1,128
IT Systems & Communication	171	170	(1)	(0.4%)	112	1,669	1,760	91	5.2%	918	2,007	2,114	1,100
Interest	43	27	(16)	(59.3%)	26	257	272	15	5.5%	233	304	325	309
Professional Fees & Expenses	148	143	(5)	(3.7%)	129	1,327	1,408	81	5.8%	1,351	1,640	1,698	1,642
Other Operating Costs	1,000	999	(1)	(0.1%)	1,058	9,899	10,020	121	1.2%	8,682	12,048	12,032	10,879
	4,539	4,536	(3)	(0.1%)	4,327	43,569	43,600	31	0.1%	40,448	52,597	52,220	49,434
Expenses Total	79	75	(4)	(5.3%)	42	778	750	(28)	(3.7%)	311	932	900	381
Allocated from Governance & Admin	**(621)**	**(367)**	**(254)**	**69.1%**	**(144)**	**(1,978)**	**(1,857)**	**(121)**	**6.5%**	**(2,214)**	**(2,354)**	**(2,113)**	**(2,496)**
Surplus (Deficit)													

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	84	85	(1)	(0.8%)	78	827	830	(3)	(0.3%)	810	995	998	966
Personnel Costs													
Management / Admin	75	88	13	14.8%	54	733	859	126	14.7%	559	932	1,039	651
Outsourced Services	55	10	(45)	(450.0%)	14	176	100	(76)	(76.0%)	109	164	122	127
Infrastructure Costs													
Transport	12	5	(7)	(140.0%)	6	70	51	(19)	(37.3%)	62	78	62	66
IT Systems & Communication	(3)	0	3	0.0%	1	2	4	2	50.0%	4	6	5	4
Professional Fees & Expenses	9	33	24	72.7%	20	141	262	121	46.2%	146	189	328	179
Other Operating Costs	12	8	(4)	(50.0%)	4	132	69	(63)	(91.3%)	53	166	85	99
Democracy	16	24	8	33.3%	21	174	248	74	29.8%	188	209	297	223
	46	70	634	905.7%	52	519	634	115	18.1%	453	648	777	571
Expenses Total	176	168	(8)	(4.8%)	120	1,428	1,593	165	10.4%	1,121	1,743	1,938	1,349
Allocated to Provider	(79)	(75)	4	(5.3%)	(42)	(778)	(750)	28	(3.7%)	(311)	(932)	(900)	(381)
Surplus (Deficit)	**(13)**	**(8)**	**(5)**	**56.0%**	**0**	**177**	**(13)**	**190**	**(1427.5%)**	**0**	**183**	**(40)**	**(2)**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Personal Health													
Funding Received	4,234	4,162	72	1.7%	3,561	42,329	41,617	711	1.7%	30,371	50,793	49,941	36,997
Provider Payments	(4,224)	(4,152)	(72)	1.7%	(3,499)	(42,299)	(41,564)	(735)	1.8%	(30,358)	(50,749)	(49,866)	(36,822)
	10	11	(0)	(4.2%)	62	30	54	(24)	(44.8%)	13	44	75	175
Mental Health													
Funding Received	772	774	(2)	(0.2%)	685	7,722	7,735	(13)	(0.2%)	6,829	9,267	9,282	8,270
Provider Payments	(767)	(774)	7	(0.8%)	(685)	(7,694)	(7,735)	41	(0.5%)	(6,829)	(9,286)	(9,282)	(8,270)
	5	0	5	0.0%	0	28	0	28	0.0%	0	(19)	0	0
Disability Support													
Funding Received	809	812	(4)	(0.5%)	0	5,660	5,686	(27)	(0.5%)	0	7,277	7,311	0
Provider Payments	(629)	(812)	183	(22.6%)	0	(5,482)	(5,686)	204	(3.6%)	0	(7,280)	(7,311)	0
	180	0	180	0.0%	0	178	0	178	0.0%	0	(3)	0	0
Funds Management													
Funding Received	84	80	4	4.5%	77	829	804	25	3.1%	763	993	965	919
Interest on Funds Account	9	0	9	0.0%	1	61	0	61	0.0%	17	69	0	17
Allocation to DHB Governance	(84)	(80)	(4)	4.5%	(78)	(829)	(804)	(25)	3.1%	(780)	(993)	(965)	(936)
	9	0	9	0.0%	0	61	0	61	0.0%	0	69	0	0
Surplus (Deficit)	**204**	**11**	**193**	**1803.3%**	**62**	**296**	**54**	**243**	**453.0%**	**13**	**91**	**75**	**175**

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT APRIL 2004

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	1,665	42	1,623	3864.3%	2,631
Short term Investments	1,256	906	350	38.6%	905
Debtors & Prepayments	7,076	5,675	1,401	24.7%	3,328
Inventory	640	602	38	6.3%	548
Assets for Sale	364	364	0	0.0%	388
	11,001	7,589	3,412	45.0%	7,800
Non Current Assets					
Land & Buildings	20,465	21,444	(979)	(4.6%)	13,025
Equipment (incl IT)	5,272	4,952	320	6.5%	4,430
Vehicles	176	149	27	18.1%	169
Investments	2	0	2	0.0%	2
	25,915	26,545	(630)	(2.4%)	17,626
Current Liabilities					
Accounts Payable	6,963	4,698	2,265	48.2%	5,693
Employee Entittlements	3,731	3,447	284	8.2%	3,224
Current Portion of Term Loans	11,506	11,607	(101)	(0.9%)	9,392
	22,200	19,752	2,448	12.4%	18,309
Net Funds Employed	**14,716**	**14,382**	**334**	**2.3%**	**7,117**
Term Liabilities					
Employee Entittlements	2,267	1,880	387	20.6%	1,862
Term Loans	215	0	215	0.0%	2,287
	2,482	1,880	602	32.0%	4,149
Crown Equity					
Crown Equity	42,630	43,147	(517)	(1.2%)	40,069
Retained Earnings	(30,441)	(30,691)	250	(0.8%)	(37,754)
Trust Funds	45	45	0	0.0%	653
	12,234	12,501	(267)	(2.1%)	2,968
Net Funds Employed	**14,716**	**14,381**	**335**	**2.3%**	**7,117**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
Operating Activities	6,491	6,754	(263)	(3.9%)	6,175	63,481	64,182	(701)	(1.1%)	49,519
Operating Reciepts	2,492	2,861	369	12.9%	2,565	26,035	26,923	888	3.3%	24,826
Payments to Personnel	1,289	1,549	260	16.8%	1,087	12,777	13,360	583	4.4%	8,745
Payments to Providers	123	176	53	30.0%	162	870	1,784	914	51.2%	1,068
Interest & Capital Charge	2,380	2,287	(93)	(4.1%)	1,558	23,254	23,376	122	0.5%	13,661
Payments to Suppliers, GST, etc	6,284	6,872	588	8.6%	5,372	62,936	65,443	2,507	3.8%	48,300
Operating Payments	**207**	**(119)**	**326**	**(274.4%)**	**803**	**545**	**(1,260)**	**1,806**	**(143.3%)**	**1,219**
Net Cashflow from Operating										
Investing Activities	16	0	16	0.0%	0	17	0	17	0.0%	715
Sale of Fixed Assets	0	0	0	0.0%	0	350	4	346	8650.0%	902
Increase (Decrease) in Investments	221	230	9	4.1%	36	1,685	2,302	617	26.8%	730
Purchase of Fixed Assets	**(205)**	**(230)**	**25**	**(11.0%)**	**(36)**	**(2,018)**	**(2,306)**	**980**	**(42.5%)**	**(917)**
Net Cashflow from Investing										
Financing Activities										
Financing Reciepts	0	0	0	0.0%	0	1,500	2,078	(578)	(27.8%)	2,500
Equity Injections	0	0	0	0.0%	0	11,195	(290)	11,485	(3960.3%)	8,866
Loans Raised	0	0	0	0.0%	0	12,695	1,788	10,907	610.0%	11,366
Financing Payments	5	0	(5)	0.0%	5	11,377	0	(11,377)	0.0%	9,465
Repaid Debt	5	0	(5)	0.0%	5	11,377	0	(11,377)	0.0%	9,465
	(5)	**0**	**(5)**	**0.0%**	**(5)**	**1,318**	**1,788**	**(470)**	**(26.3%)**	**1,901**
Net Cashflow from Financing	1,668	390	1,278	327.6%	1,869	1,820	1,820	0	0.0%	428
Opening Cash	(3)	(349)	346	(99.1%)	762	(155)	(1,779)	2,316	(130.2%)	2,203
Net Cashflow	**1,665**	**41**	**1,624**	**3941.4%**	**2,631**	**1,665**	**41**	**2,316**	**5620.8%**	**2,631**
Closing Cash										

WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT APRIL 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				BKBM+0.225%
Interest payment frequency	Quarterly	Quarterly	Monthly	Daily
Covenants (Debt to Debt + Equity ratio)	55%	55%		55%
Covenants (Interest Cover EBID)	1.3x	2.5x		3.0x
Next Payment Due				Yes
When	30/6/04	28/2/04	17th of month	any time
How much	$11,195,000	$26,140	$9,607	any amount
Next Rollover / Refinance Due				
When	30/6/04	N/A		
How much	$11,195,000	N/A		
Plan	Refinance RHMU	Pay off over 5 years		

Upcoming Loan Repayments

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 26 MAY 2004

Fortnight Ended	13/06/2004	27/06/2004	13/07/2004	27/07/2004	10/08/2004	24/08/2004	07/09/2004	21/09/2004
Opening Balance	**905,899**	**2,829,872**	**(132,628)**	**2,151,345**	**(494,155)**	**2,503,678**	**48,178**	**2,066,011**
Cash In								
Revenue	4,717,973	950,000	4,717,973	850,000	4,677,973	740,000	4,777,973	890,000
Loan Funds	-	-	-	-	-	-	-	-
Equity	-	500,000	-	-	-	-	-	-
Asset Sales	-	-	-	-	-	-	-	-
Cash Out								
Payroll Costs	860,000	1,160,000	860,000	860,000	280,000	860,000	860,000	860,000
Creditors Payments	1,634,000	1,913,500	1,274,000	1,613,500	1,074,000	1,613,500	1,274,000	1,613,500
GST	-	300,000	-	300,000	-	-	300,000	-
PAYE / ACC	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
Loan & Interest Pmts	-	317,000	-	-	26,140	-	26,140	-
Capex	-	422,000	-	422,000	-	422,000	-	235,000
Closing Balance	**2,829,872**	**(132,628)**	**2,151,345**	**(494,155)**	**2,503,678**	**48,178**	**2,066,011**	**(52,489)**

Assumptions

That $500K of Equity will be received in June

That disputed air transfer team charges from Canterbury DHB will be paid.

WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE

SUMMARY OF EXPENDITURE YEAR TO DATE TO 30 APRIL 2004
Note: Figures GST Exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	140,625	155,000	-14,375	186,000
Directors Expenses				
Travel Expenses	19,377	15,830	3,547	18,996
Other	2,808	18,090	-15,282	21,708
Total	22,185	33,920	-11,735	40,704
Advisory Committee Costs	26,229	86,670	-60,441	104,000
TOTAL EXPENSES	48,414	120,590	-72,176	144,704
WCDHB BOARD OF DIRECTORS FEES & EXPENSES	$189,039	$275,590	($86,551)	$330,704

Financial Performance Indicators for April 2004

		Month Actual	Month Budget	Month Last Yr
Net result after tax	$000	-430	-365	-82
Net Result/Net Funds Employed % (Annualised)	%	-35.1	-30.5	-13.8
Earnings* /Net Funds Employed % (Annualised)	%	-2.8	3.4	26.8
Revenue/Net Funds Employed (Annualised)	times	5.3	5.6	9.0
Debt** /Debt + Equity (BNZ definition)	%	66.9	63.4	88.3
Debt*** /Debt + Equity (CFA definition)	%	48.9	48.1	79.7
Revenue/Fixed Assets (Annualised)	times	3.0	3.0	3.7
Interest cover	times	-0.6	0.8	3.4

* Earnings = operating surplus/(deficit) before interest, capital charge, tax and depreciation.
** Debt exclusive of Overdraft - Bank of New Zealand definition of Debt / Debt + Equity
*** Arranged Debt inclusive of Overdraft - Crown Funding Agency definition of Debt / Debt + Equity

NOTES

1 Net result as a percentage of Net Funds Employed-
Provides a projected annual return on Long Term Funding based on current months performance.

2 Earning / Net Funds Employed-
Provides a projected annual return, from normal operations, as a percentage of Long Term Funding, based on current months performance.

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

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

Author: Accounting / Finance Manager – 26 May 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.

WCDHB ADVISORY COMMITTEES MEETINGS

PLEASE NOTE: **THE LAST DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE HELD 2 APRIL WERE INCLUDED IN 7 MAY WCDHB MEETING PAPERS.**

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

HELD 19TH MAY 2004, IN THE BOARD ROOM, CORPORATE OFFICE AT 12.45 PM

PRESENT:
Julie Kilkelly, Chair
Gregor Coster, Chairman WCDHB
Robyne Bryant, WCHB member
Cheryl Brunton
Barbara Greer
Greville Wood
Lindy Mason
Gerri Vanderzanden

IN ATTENDANCE:
June Robinson, WCDHB member
Malcolm Stuart, WCDHB member
John Luhrs, Chief Executive
Kevin Hague, General Manager Planning & Funding
Melanie Penny, Research and Planning Analyst
Gary Coghlan, Kaiarahi
Robin Williams, General Manager Primary Services / Director of Nursing
Debra Griffin, Minute Secretary

APOLOGIES:
Christine Robertson, Deputy Chair, WCDHB
Tamai Sinclair, WCDHB member

1. WELCOME, APOLOGIES

The Chair welcomed all committee members, Board members and management. Apologies were received from Christine Robertson, Deputy Chair, WCDHB and Tamai Sinclair, WCDHB member.

2. DISCLOSURES OF INTEREST

The following changes were made to the Disclosure of Interests.

Gregor Coster
- Chairman - Institute of Rural Health

3. AGENDA CHECK

No further items were added to the Agenda

The Chair advised that the Agenda item 7.1: West Coast PHO Update, had not been confirmed when the meeting papers were sent to committee members, and as neither she or the General Manager Planning & Funding had received any further advice from the PHO regarding their attendance today, they will be contracted again and invited to attend the next CPHAC meeting.

4. MINUTES OF THE LAST MEETING HELD 18 FEBRUARY 2004

Moved: Barbra Greer, Seconded: Cheryl Brunton - unanimous

Add to Apologies – Robyne Bryant
Page 8: No 6.2: 2nd paragraph: 1st sentence – Change 'two' to 'three' projects.
Page 8: No 6.2: 3rd paragraph: 2nd sentence – Change sentence to read 'Looking at trends in oral health good progress has been made in the last couple of years although Maori oral health has suffered a serious decline'.
Page 10: No 6.5: 7th paragraph: – Change paragraph to read 'The Chair advised that she had sent a letter to the PHO on behalf of CPHAC in November last year and the letter noted the risk of GP domination in the PHO structure and how this could be minimised'.

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 18 February 2004 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
The General Manager Planning & Funding tabled a letter on 'Smoking Cessation' from Peter Burton, Senior Locality Manager, Public Health Directorate, MoH received on 17 May. Included in the letter was mention that the Quit for Our Kids Programme was discontinued as the outcomes achieved, did not compare favourably with those achieved in other MoH funded smoking cessation programmes. Also mentioned was the Quit Line user data for the West Coast will be routinely collected and reported from 1 July 2004. The letter provided a list on the current Exchange Card (Quit Card) providers. and some commentary on the providers in the appendix. Committee members went through the list and advised on three people on the list that have left the West Coast.

The General Manager Planning & Funding will contact each of the providers on the list to determine how active their roles are and how they fit in with the scheme. A committee member advised that very few people on the West Coast are issuing NRT exchange cards.

The Chair advised that there is a PHO Health Promotion proposal sitting with the West Coast DHB awaiting sign off which ties in Smokefree Promotion and Smoking Cessation services. Perhaps the PHO could update regarding this at the next meeting. She advised that it would be prudent to wait until this has been evaluated by the DHB and then any concerns that CPHAC may have would then most likely be addressed once the status and content of the PHO proposal is known. The Chair will keep the committee members informed.

Action: Chair / PHO

The General Manager Planning & Funding suggested that perhaps Steve Cook, National Quit Card Manager, be approached to present at a CPHAC meeting and talk through how activity can be progressed and stimulated again. He added that this could happen after the PHO proposal to the West Coast DHB is completed.

Investigate obtaining data from New Zealand Health and information Service on the number of people calling Quitline from the West Coast
The Chair suggested that information from Steve Cook suggests numbers have been declining. The General Manager Planning & Funding advised that Steve Cook is investigating this further and further breakdown is required. Due to enquires from CPHAC there will now be routine reporting by DHB area on this from 1 July and the WCDHB will hopefully get data retrospectively as well.

Ask if South Link Health will be able to give a presentation to CHPAC on the West Coast PHO – 12 months on
The Chair advised as mentioned previously that this has been actioned and added to the Agenda for the next meeting.

Bring ideas back for organisations and pilot projects to be supported by CPHAC
The Chair informed committee members that this was covered at the District Annual Plan (DAP) workshop this morning. The Board and management will feed back and refer to CPHAC items or issues as they arise.

A committee member suggested that CPHAC's role in monitoring the PHO can add value to the Board.

The Chair added that the Youth Health Strategy is now to come to CPHAC in the first instance and will then progress back to the Board.

A committee member added that that it may be valuable from a population health focus to evaluate statistics on the following:

- Housing NZ - housing for the low income
- Air quality
- Water Quality
- Sanitation on the West Coast
- WINZ - beneficiary entitlements

The Chair agreed that these are good ideas but initially there needs to be a more specific focus. A committee member responded that if organisations or community groups could present for only a short time to most CPHAC meetings, then this would prove of benefit.

A committee member suggested that progress with fluoridation would come under water quality.

The General Manager Planning & Funding advised that there are social indicators reports across the health sector that can be accessed through the Ministry of Social Development. Examples include smoking statistics, beneficiary statistics, and employment numbers etc. The way is to start with meaningful monitoring for the West Coast environs. He will supply CPHAC with the Ministry of Social Development report. Committee members can look at this then send comments or suggestions to him prior to the next meeting.

Action: General Manager Planning & Funding / Committee members

Once meaningful and useful measures have been agreed the reports could be incorporated into the CPHAC meeting papers, along with PHO reports. A committee member added that the PHO is only one provider arm and there is a number of other service organisations that info should be requested from eg Rata Te Awhina, Plunket. The Chair added that forprimary health providers it would be ideal to develop a set of indicators to get reports on in order to gain a broader picture.

A committee member asked if Community & Public Health monitor public health programs and providers. Cheryl Brunton replied that not all of the sector capture monitors but there are ways to obtain indicators for reports and to provide planning for strategic direction.

Committee members discussed how this could be fed into the Health Assessment Plan. The Chair reiterated that a sensible way forward is to get the Ministry of Social Development report' passed on to committee members tomake comments on and then together we can develop a draft set of indicators to monitor on a regular basis.

Investigate community groups already started and provide comment on their suitability to join/become service development groups
This is on the Agenda.

Request the PHO delivers quarterly reports on contractual requirements affecting the DHB
This is on the Agenda.

4.2 Matters Arising

There were no matters arising.

5. CORRESPONDENCE

The Chair advised that on the 24 April, she had received a letter from Gareth Rees advising of his resignation as a CPHAC committee member. The Chair thanked Gareth for his valuable contribution to CPHAC. She informed the committee members that a response letter from the Chairman, WCDHB and the Chief Executive on behalf of CPHAC had been sent to Gareth. She noted that she has rang Gareth and expressed her gratitude to him for being a valuable member while on the committee. The Chair added that the Board have advised that CPHAC can advertise for another member to join the committee.

Action: PA to CEO

Also received on the 25 February, and not included on the correspondence list, was a letter addressed to the Chairman, WCDHB, and copied to the Chairs of, CPHAC and HAC from the New Zealand College of Midwives (Inc) re: Maternity Intervention Rates. A copy will be included in the correspondence folder.

Moved: Robyne Bryant, Seconded: Gregor Coster

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

6. GENERAL BUSINESS

6.1 Primary Health Organisation (PHO) Monitoring

The General Manager Planning & Funding tabled a list he had received from the West Coast PHO on Draft Key Performance Indicators for the Management Services Organisation. He informed committee members of highlighted items which where particularly relevant to CPHAC. He suggested that committee members take time to look through the areas and advise which are the ones/or not that CPHAC would like to see reported on.

The Chair informed the committee members that some of the indicators are mainly operational and would not need to be reported to CPHAC. The General Manager Planning & Funding mentioned to keep in mind what sort of reporting CPHAC want from the PHO once reporting starts. A committee member noted that there is a national working stream looking at PHO reporting to DHBs and requirements can be specific. The Chair added that some of these things would be easy to look at month to month and maybe the DAP can be used as a basis and implementation of activities in key areas monitored..

There was more discussion by committee members on the Key Performance Indicators. The Chair suggested that committee members take the paper away to look at and send comments back to her before the end of May so she can collate these for the next meeting.

Action: Chair / Committee members

The General Manager Planning & Funding advised that it will take awhile for the PHO reporting to come on line. Also there won't be reports on indicators straight away but CPHAC can refine the list as necessary.

4 initial key areas of interest identified were:

- Smoking
- Diabetes
- Immunisation
- Maori Health Plan

The General Manager Primary Services/Director of Nursing left the meeting at 1.35 pm

Discussion occurred on the need to promote and provide greater access to various trainings / seminars provided on the West Coast. Gregor Coster suggested an email database could be organised thatt could be used to circulate relevant information to a wide distribution of health professionals. The General Manager Planning & Funding will work on what fits into the principle in general and speak to management and colleagues about a distribution list. Gregor Coster suggested that any upcoming education events could be posted on the WCDHB website with one contact person and easy access menus. The need for someone to coordinate this was also discussed. Gregor then suggested that the PHO be approached regarding this issue .

Action: General Manager Planning & Funding / Chair

Committee members discussed Green Prescriptions and its inclusion in the DAP. The Chair advised that Kerri Miedema was working on possible utilization of Green Prescriptions within pharmacies. The Research & Planning Analyst informed committee members that Suzanne Le Hurray, Green Prescriptions Area Manager Canterbury/West Coast will be visiting the West Coast to meet with the General Manager Planning & Funding. There may be an opportunity for Suzanne Le Hurray to attend a CPHAC meeting to discuss Green Prescriptions.

Gerri Vanderzanden informed committee members that at a CME meeting last evening the Community & Public Health community nutrition programme was discussed. The group is looking at various ways of implementing this programme throughout the West Coast.

The Kaiarahi advised that he is in the process of getting community groups to participate in Treaty of Waitangi training. He added that he will be training teachers at Cobden school. He went on to say that as a Board member on the Tai Poutini Polytechnic there have been discussions around starting short course training for primary health, mental health and also a Maori training programme, to give people a better understanding of the various sectors in health.

6.2 Rural GP Training Scheme Update

Greville Wood updated members on the Rural GP Training Scheme. He advised that there needs to be 22 new GPs trained each year to replace those leaving. He added that if GPs are trained in rural areas, they are more likely to return and rural exposure is important. He advised that the Ministry are developing a nationally consistent GP training programme which will be funded by the CTA based on these guidelines. Local applications will be submitted to the CTA for approval for funding. A lot of groundwork has already been done on the West Coast and we are in a strong position to submit an early application.

Greville Wood advised the committee members that all indications are promising at this point and he will advise of any updates. The worst case scenario would be if the CTA declined funding for a West Coast programme.

The Chair will suggest to the Board that there is a contingency plan in place so that if funding is not granted from the CTA, other possible funding streams for Rural GP Training be considered.

6.3 WCDHB Primary Health Care Plan

The General Manager Planning & Funding tabled the 'Development of the West Coast District Health Board Care Plan: Draft scoping document for consultation January 2004', at the Board DAP Workshop. This has been circulated widely for comment.

The General Manager Planning & Funding advised that this will be a standing item on the Agenda to update on the planning and the implementation of the plan.

6.4 Youth Health Strategy

The General Manager Planning & Funding tabled 'Child & Youth Health Strategy - Building a Healthy West Coast Future'. He added that a 'Child' was classified up to 14 years old and 'Youth' 15-24 years. He went through the background information that in 1998 the MoH released its Child Health Strategy setting priority population groups, key principles and objectives around Child Health. There are 3 key population groups, relating specifically to the West Coast population, Tamariki Maori, Children with high health and disability support needs, and Children from families experiencing multiple social and economic disadvantage (47% of West Coast children live in a decile 8-10 area).

He added that in addition to the Child Health Strategy, there are several other strategies relating specifically to the development of child health services, such as the Child Health Information Strategy and the Well Child Framework. Additionally the New Zealand Health Strategy and the national Mental Health Strategy also cover child health.

Suggested Strategic Direction - Development of Child and Youth Health Strategy

- Development of a Multidisciplinary Steering Group
- Development of Child and Youth Health Plan for consultation
- Overview of current child and youth health status, and current access to services

- Community consultation prioritisation of health gain areas
- Draft Plan Written
- Consultation with key stakeholders
- Inclusion of plan in 2005/2006 WCDHB District Annual Plan

This will be an Agenda item for the next meeting.

Barbara Greer advised that she was working on a similar project from Child, Youth & Families and suggested to liaise so not to double up on work.

REMINDER: The Chair advised for committee members to send comments on PHO Monitoring to the Chair before end of month. Also comments re: broader monitoring based on the Ministry of Social Development report plus and any feedback on the Child Youth Strategy to the General Manager Planning & Funding as soon as possible, so this can be actioned for next meeting.

6.5 Complaint

Barbara Greer informed committee members that she has been approached with a waiting list problem. A 6 week old baby with a hearing problem has waited to see a specialist for 3 ½ months.

The Chair suggested that this should go through the West Coast DHB complaints process as it must be formally reported. The Chief Executive and management will then work through the correct channels to determine the exact nature of the problem, likely cause and ways to prevent this happening again.

Also discussed was travel assistance for families needing treatment outsdie the West Coast area. This is available through the community services department, Grey Hospital.

The Chair supported Barbara's efforts to aid this family and suggested she may be able to help the parents to lodge a complaint and apply for travel assistance grant.

7. NEXT MEETING

The next meeting will be held on Wednesday 16 June 2004 at 10.30 am in the Board room, Corporate Office.

There being no further business the meeting concluded at 2:15 pm

ACTION AND RESPONSIBILITY LIST

Page of Minutes	Task	Who Involved/Responsible
Meeting held on 03/12/03	Ask if South Link Health will be able to give a presentation to CHPAC on the West Coast PHO – 12 months on.	Chair
Page 2	Update on PHO Smokefree West Coast Health Promotion Plan.	Chair / PHO
Meeting held on 03/12/03	Obtain data from New Zealand Health and information Service on the number of people calling Quitline from the West Coast as available.	General Manager Planning & Funding
Page 3	Provide committee members with Ministry of Social Development reports for comment.	General Manager Planning & Funding
Page 3	Provide feedback to Chair by end May on PHO monitoring based on highlighted draft PHO Performance Indicators as distributed 19 May 2004.	Committee members
Page 3	Investigate community groups already started and provide comment on their suitability to join/become service development groups.	General Manager Planning & Funding
Page 4	Advertise CPHAC vacancy	PA to CEO
Page 5 No 6.1	Investigate the use of an email distribution list to advise health professionals of up and coming education sessions.	General Manager Planning & Funding
Page 6	Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding.	Committee members

DRAFT MINUTES OF THE DISABILITY SERVICES ADVISORY COMMITTEE MEETING

HELD ON WEDNESDAY 19 MAY 2004 IN THE BOARD ROOM, CORPORATE OFFICE COMMENCING AT 2.15 PM

PRESENT: John Vaile, Chairman, WCDHB member
Gregor Coster, Chairman WCDHB
Marguerite Moore, WCDHB member
June Robinson, WCDHB member
Elinor Stratford
Maureen Frankpitt
Gloria Hammond

IN ATTENDANCE: John Luhrs, Chief Executive
Kevin Hague, General Manager Planning & Funding
Hecta Williams, General Manager Mental Health
Melanie Penny, Research & Planning Analyst
Debra Griffin, Minute Recorder

APOLOGIES: Christine Robertson, Deputy Chair, WCDHB

1. WELCOME / APOLOGIES

The Chairman welcomed everyone to the meeting. Apologies were received from Christine Robertson, Deputy Chair, WCDHB.

2. AGENDA CHECK

The following items were added to the Agenda:
- Equipment

3. DISCLOSURE OF INTEREST

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

Gregor Coster
- Chairman - Institute of Rural Health

4. MINUTES OF LAST MEETING

Moved: Marguerite Moore, Seconded: Maureen Frankpitt

Throughout the minutes - Change "Melanie Penny" to "Research & Planning Analyst"

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 18 February 2004 were a true and correct record following the amendment listed as above.

The General Manager Mental Health joined the meeting 2.35 pm

The Chair advised that after receiving notification of Yvonne Anisy's resignation from DSAC, the vacant committee member position was advertised.

4.1 Action and Responsibility List

Letter from Active West Coast - Recent redundancy of West Coast's National Heart Foundation
The General Manager Planning & Funding asked guidance from the committee on what to do with this issue now. He advised that he has spoken with National Heart Foundation on the level of services on the West Coast and also to Rosie McGrath, Community & Public Health.

A committee member added that the Cardiac Club and Community & Public Health have both undertaken work on this and are going well. The General Manager Planning & Funding added that the National Heart Foundation has national funding.

A committee member advised that it is important to monitor the National Heart Foundation's delivery of services on the West Coast. This will be taken off the Action & Responsibility List but will continue to be monitored.

Planning for Disability Action Plan - New draft to be presented, also to CPHAC
The Research & Planning Analyst tabled the final draft 'Disability Strategic Action Plan' and presented the feedback which had been received.

Consultation on Disability Strategic Action Plan
Summary

- Support for the Plan was mainly positive:
- Of the 30% who didn't think the plan met the needs of those with disabilities, most said so because of their doubts around implementation
- Two-thirds thought the Plan addressed the strategies of the New Zealand Disability Strategy (NZDS)
- Overall, how does the Plan address issues for people when accessing services?
    - Very well - 16%
    - Well - 32%
    - Somewhat - 18%
    - Fails - 18%

West Coast District Health Board - Disability Strategic Action Plan
The West Coast DHB has developed this plan in response to the New Zealand Disability Strategy (NZDS). It presents a strategy to assist with the implementation of the NZDS on the West Coast. Accordingly, each action point in this plan has a link to the relevant objective of the NZDS and this plan is deliberately focused around the practicalities of ensuring successful implementation is achieved. This includes having regard for the diversity of residents of, and visitors to, the West Coast. This also requires the DHB to have particular regard for Maori as tangata whenua.

The Research & Planning Analyst informed committee members that the plan has been available to the community and the development group that had contributed to it. She added that general support for the plan was positive. The Research & Planning Analyst mentioned that as the committee members have seen the plan before, she would only go through the sections and indicate where any changes had been made.

The Research & Planning Analyst informed management that feedbackt from other DHB's has also been encouraging.

The General Manager Planning & Funding presented the plan today for committee members to endorse for this to go to the Board.

Moved: Gregor Coster, Seconded: Gloria Hammond - carried unanimously

Recommendation to the West Coast District Health Board that the Disability Service Advisory Committee recommends the adoption of the West Coast District Health Board - Disability Strategic Action Plan 2004-2010.

Grey District Council - Draft policy on equity and access for people with disabilities
The General Manager Planning & Funding advised that this has not yet been to the council for adoption.

Moved: Maureen Frankpitt, Seconded: Gloria Hammond

The General Manager Planning & Funding will write to the Buller District Council and Westland District Council enquiring on policy on equity and access for people with disabilities.

Integrated Continuum of Care - Planning Advisory Group to prepare a draft
The General Manager Mental Health advised on the draft plan to go to management. She added that the full plan will be presented to DSAC at the next meeting. This will be an item for the next Agenda.

What it covers:

<u>Community and Public Health Initiatives</u>
- Warm dry housing
- Maximum access to entitlements
- Health education
- Keeping people mobile
- Valuing older people
- Other

<u>Primary Care</u>
- Affordability
- Chronic illness
- Workforce

<u>Secondary Health Care</u>
- Support Disability Action plan
- Transfer of Care Processes
- Flexibility
- Clearly defined Older Persons Service

- Stronger focus on community based services
- Better management of funding

Continuing Care
- Community Care
- Workforce
- Residential Care

Whole Sector Initiatives
- Advocacy
- Coordination

The Chair thanked the Research & Planning Analyst and added that he is looking forward to viewing the draft before the next meeting

5. DEMENTIA UPDATE

The General Manager Mental Health advised that a management of change process is in place in relation to one of the two remaining villas at Seaview.

Once this is complete she will know how long it will take to close the unit.

The General Manager Mental Health informed management that staff have an understanding of what is happening. She added that the General Manager Operations will be talking to the owners of Seaview about lease implications when the decision on the timeframe is confirmed. Planning for the Dementia Unit is well underway.

6. GENERAL BUSINESS

6.1 Equipment

A committee member updated on the problem with 'Enable' (who provide equipment for the South Island) and its contract with the MoH. There will be a review of 'Enable" and 'Access Able'. The full year's funding has been used well before the end of the year lending to supply problems with equipment.

A committee member advised that the West Coast DHB can be proactive on this issue. The Chief Executive informed committee members that when the West Coast DHB had been advised of this issue, 'Enable" and the MoH were contacted and asked to provide a press release to all the DHB CEO's.

7. NEXT MEETING

The next meeting will be held on Wednesday 16 June 2004 at 8.30 am. The Chair noted his apologies for this meeting and advised that June Robinson will be acting Chair.

8. 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 business the meeting closed at 3.30 pm

ACTION & RESPONSIBILITY LIST

Task	Who Involved / Responsible	Completion Date
Planning for Disability Action Plan Plan presented to the Board for adoption.	General Manager Planning & Funding	
Write a letter to the Buller District Council and the Westland District Council - Draft policy on equity and access for people with disabilities.	General Manager Planning & Funding	
Integrated Continuum of Care Planning Advisory Group to prepare a draft.	Research & Planning Analyst	

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Disability Strategic Action Plan
2004-2010

INTRODUCTION

In 2001, the Ministry of Health released the *New Zealand Disability Strategy*. The *NZDS* recognises that we live in a disabling society and has a vision for "a fully inclusive society". New Zealand will be inclusive when people with impairments can say they live in "a society that highly values our lives and continually enhances our full participation".

The West Coast District Health Board has developed this plan in response to the *NZDS*. It presents a strategy to assist with the implementation of the *NZDS* on the West Coast. Accordingly, each action point in this Plan has a link to the relevant objective of the *NZDS* and this Plan is deliberately focused around the practicalities of ensuring successful implementation is achieved. This includes having regard for the diversity of residents of, and visitors to, the West Coast. This also requires the DHB to have particular regard for Maori as tangata whenua. Under *te Tiriti o Waitangi* (1840) and the *New Zealand Health and Disability Act* (2000) the West Coast DHB must ensure that Maori achieve equity of outcome, therefore we have included specific initiatives for, or acknowledgement of, Maori to improve outcomes for this priority population group.

It is intended that this Plan be implemented at all levels and by all areas of the District Health Board. This includes its provider and funder arms and organisations that the DHB contracts to provide services. In the development of this Plan, the DHB has gathered a group of health professionals, who will have an ongoing role in implementing and monitoring the implementation of the Plan.

People with disabilities are generally considered to be people who have a physical, intellectual, sensory, psychiatric and/or age-related impairment, which is likely to continue for at least six months and results in a reduction of independent function to the extent that ongoing support is required. During the development of, and consultation on, this Plan, there was some discussion regarding the appropriate use of the term "disability". Some discussion focused around whether people with, for example, psychiatric conditions have a disability, and the implication that a person who has a disability is un-able. Given the role of this Plan, which is to implement the *NZDS*, the term disability is used in this document as it is used in this national Disability Plan.

The West Coast DHB acknowledges the full, valuable and productive lives that people with disabilities can live. However, it also accepts that because of the nature of society, some people will experience difficulty accessing health services some or all of the time. Barriers that may be encountered are many and varied, and will affect people differently depending on the nature of their impairment. It is beyond the scope of this Plan to address each specific need of those who have impairments. The aim of this Plan is to ensure that the DHB's services are as accessible as possible; however we also recognise that no service can ever be one hundred percent accessible for all people. It hopes to ensure that encounters with the health service, whether brief, intermittent or long-term, maintain and build individual's strength, dignity and sense of value.

There will be some aspects of people's lives that impact on their ability to achieve health that are beyond the scope of the DHB to resolve. However, the DHB will examine its own role in the wider context, for example as an employer not just a service provider. The DHB does have a responsibility to advocate for the health of all people and will seek to build relationships with other sectors and providers. There are a wide range of groups on the West Coast providing services for people with disabilities. These groups have a variety of origins and structures – some are larger, national NGOs, others are smaller, independent providers. While this Plan cannot ask any specific obligation of these groups, it is hoped that they recognise the effort of the DHB to improve services for their clients, and the nature in which this Plan has been written. The West Coast is too small for us to not work together to make a difference for our population.

Not a lot is known about the level of disability on the West Coast. For the purposes of developing this Plan, we have drawn extensively from the information contained in the 2001 publication *Disability Counts*. The Plan also addresses information that was reported to us through the processes of consultation leading to the final version of this Plan. *Disability Counts* informs us that one-in-five New Zealander's reported some level of disability in 2001. There is no statistical difference in impairment rates by ethnic group, but Maori are more disabled by their impairments compared to the non-Maori population. Disability rates increase markedly with increasing age. 60% of disabled adults had more than one disability and severity of disability also increased with age. This document contains statistics and information throughout where it has been relevant to address the need that this information describes.

Abbreviations are used frequently throughout this document. A full glossary of these abbreviations can be found at the back of this document.

RAISING AWARENESS

Many comments were received during the consultation regarding the need to raise awareness of disabilities among mainstream health providers. These comments mainly addressed the environment for patients: "Lack of knowledge from health professionals on psychiatric illnesses" and "Staff have no understanding, especially if a client with an intellectual disability is an inpatient…" suggesting that we need to be "treating people with respect and seeing them as people" and providing "training for staff". The attitudes of people who do not understand the difficulties some people encounter can present barriers for people who have a disability.

The Actions set out in this section aim to raise awareness of the particular difficulties that people with disabilities face in day-to-day life – to improve the level of understanding of patient's needs and to improve the working environment of the DHB for employees with a disability. Improving levels of awareness of the difficulties for people with disabilities will improve service understanding and flexibility, ultimately making services more accessible for those people.

ACTION	IMPLEMENTATION	#	NZDS OBJECTIVE	MEASUREMENT
1. Provide opportunities for employees of the West Coast DHB to participate in disability awareness training. In particular, to increase staff awareness of the DHB's EEO Procedure, Prevention of Harassment Procedure, Recruitment Selection Procedure and Pre-employment Health Screening Procedure. Also the NZDS and the DHB's role in implementing the NZDS.	▪ Identify provider of and budget for Disability Awareness Training, and source of funding – HR and P&F ▪ Request that Disability Awareness Training is added to the mandatory training schedule for all staff. Refer to Education Committee – DAG ▪ Repeat survey of Disability Sector in 2007 to see if training has had positive impact – P&F	1. 2. 6.	Encourage and Educate for a non-disabling society Ensure rights for disabled people Foster an aware and responsive public service	▪ Identification of Training provider and funding source by Dec 2004 ▪ Disability Awareness Training added to Mandatory Training Schedule by June 2005 ▪ Number of staff attending Disability Awareness Training each year ▪ Survey repeated in 2007 ▪ Feedback from staff through Training Evaluation Forms
2. Develop / Obtain educational material to raise awareness of, and educate staff and the wider community about, issues relating to specific disabilities.	▪ Web-page developed and maintained – P&F ▪ Providers invited to display information about their service on a dedicated, public notice board – P&F	1. 2. 6.	Encourage and Educate for a non disabling society Ensure rights for disabled people Foster an aware and responsive public service	▪ Web-page is developed by Dec 2004 ▪ Site is reviewed and/or updated every 12 months ▪ Video idea scoped by June 2005

	▪ Explore possibility regarding the development of a video or obtaining video from external source – P&F, HR ▪ Includes information regarding Maori Disability Needs – Kaiarahi / General Manager Maori Health (GMMH)		▪ Any education material includes information about Maori Disability Needs

RESPONSIVENESS

Proportionately, fewer people with a disability are employed, and this is true for both males and females. There are also fewer people with disabilities who have formal qualifications compared to the rest of the population. Yet many people with a disability are willing and able to work, suggesting that there may be some form of discrimination in working and educational environments. People with disabilities also have higher unmet needs for health services, suggesting that increasing the responsiveness of services could improve access to services.

It is important that people with disabilities are given a chance to become involved in service development and other decision-making. The Actions set out in this section, are designed to improve the ability of the DHB to respond to the needs of employees and patients with disabilities by improving the ability of people with disabilities to participate.

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
3. Provide opportunities for *staff* with disabilities to provide feedback on and raise issues pertaining to their disability and employment, using an annual survey. Reinforce possible utilisation of Accident / Incident forms to identify risk or problem pertaining to a disability.	▪ Develop survey for staff to feedback issues – P&F ▪ Undertake survey of staff, on an annual basis, regarding disability awareness, with opportunity to identify areas needing specific attention – P&F, HR ▪ Staff are able to express their concerns and identify barriers or issues they encounter when necessary through the Accident / Incident forms – H&S	1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 4. Provide opportunities in employment and economic development for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote the participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life	▪ Survey tool developed – Oct 2004 ▪ Annual Survey undertaken – Dec each year from 2004

4. Review the satisfaction form to ensure that it is presents an opportunity for *patients* to provide feedback on and raise issues pertaining to their disability and access to the DHB's services. Ensure form is responsive to issues for Maori patients. Explore the variety of formats that could be used e.g. paper-based – including large print, audio-cassette, Braille…	▪ Review the current satisfaction forms and suggest changes if necessary – Disability Action Group (DAG) ▪ Explore formats for satisfaction feedback tools to be available in - DAG	1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote the participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life	▪ Review satisfaction forms by Dec 2004 ▪ Options for feedback tools are explored by June 2005
5. During consultation on any matter, and especially policy and facility development, the West Coast DHB ensures that consultation takes place with the disability sector. This ensures that people with disabilities are provided with an opportunity to have input to the strategic direction of local health services and that the DHB is aware of the needs of, and issues facing, people with disabilities.	▪ Meetings are held with people who have disabilities and groups who represent and advocate for people with disabilities – P&F ▪ Opportunity to have input can be made available as requested in a variety of formats e.g. public meetings, interviews, paper-based, audio, large print… - P&F ▪ Maori community is consulted with specifically – MMH	5. Foster leadership by disabled people 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 15. Value families, whanau and people providing ongoing support	▪ Opportunities for people with disabilities to have input *whenever* the DHB undertakes consultation ▪ Opportunities for Maori with disabilities to have input *whenever* the DHB undertakes consultation

6. Undertake a Health Needs Assessment that seeks to identify the needs of people with disabilities on the West Coast. This *may* be done in conjunction with other South Island DHBs and as part of the mandatory 3-yearly HNA, and *must* be done in consultation with the disability sector. Maori disability needs must be specifically identified, possibly as a part of a broader Maori HNA.	▪ Conduct Health and Disability Needs Assessment – P&F ▪ Conduct Maori H&DNA – P&F, MMH	10. Collect and use relevant information about people with disabilities and disability issues. 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life 15. Value families, whanau and people providing ongoing support	▪ Health & Disability Needs Assessment completed by December 2004 ▪ Maori H&DNA by December 2004
7. Establish a database of disability sector organisations. Explore options for the development and maintenance of this database.	▪ Means of developing this database explored – P&F ▪ Database developed and maintained – P&F to coordinate	10. Collect and use relevant information about people with disabilities and disability issues.	▪ Database established by December 2004
8. Utilise opportunities for closer collaboration with intersectoral groups to raise awareness, identify and address issues and advocate for people with disabilities e.g. Regional Intersectoral Fora, work with Councils, education (schools, Polytechnic)	▪ DHB participates in Regional Intersectoral Fora – CEO, Senior Managers ▪ DHB participates in or seeks to receive feedback during consultation on West Coast and broader disability issues – P&F ▪ Invite and encourage Councils and Education providers to attend the Disability Network Meetings coordinated by the local	1. Encourage and educate for a non-disabling society 2. Ensure rights for disabled people 3. Provide the best education for disabled people 4. Provide opportunities in employment and economic development for disabled people 6. Foster an aware and responsive public service 8. Support quality living in the community for disabled people	▪ Councils and education providers are invited to and attend Disability Network Meetings – by March 2004 ▪ Disability Awareness Training is attended by DHB staff in conjunction with a wide range of other providers and organisations – each year ▪ DHB makes submissions / attends public meetings on the Plans or Strategies of West Coast

	Disability Information Centre – CEO ▪ West Coast DHB staff training is available to external health providers	9. Support lifestyle choices, recreation and culture for disabled people 10. Collect and use relevant information about disabled people and disability issues 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 13. Enable disabled children and youth to lead full and active lives 14. Promote participation of disabled women in order to improve their quality of life	organisations, including Councils, Polytechnic etc – as required

BUILD SECTOR CAPACITY

Communication and coordination were frequently mentioned during consultation as being important areas to improve upon. Indeed, 60% of disabled people have more than 1 disability[1], highlighting the importance for agencies and health professionals to be working together. Additionally, about one person in 7 with a disability has some unmet need for a health service. Building the sector's capacity will enhance the ability of the sector to respond to and meet the needs of people with disabilities.

ACTION	IMPLEMENTATION	LINK TO NZDS OBEJECTIVES	MEASUREMENT
9. Staff of the provider arm should build relationships with the disability sector and ensure that, where appropriate, patients are referred to the relevant community support group.	▪ A range of DHB staff should attend monthly Disability Network Meetings ▪ Raise awareness of the availability of the DIS '0800' phone number within DHB funded providers – especially in outlying areas – P&F ▪ Encourage DHB funded providers to attend monthly Disability Network Meetings – P&F	1. Ensure rights for disabled people 3. Provide the best education for disabled people 5. Foster leadership by disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual 8. Support quality living in the community for disabled people 9. Support lifestyle choices, recreation and culture for disabled people 11. Promote participation of disabled Maori 12. Promote participation of disabled Pacific peoples 14. Promote participation of disabled women in order to improve their quality of life	▪ Number and type of staff of the provider arm attending monthly Disability Network Meetings – each year ▪ Appropriate referrals from CHC to community support groups (including Maori providers) ▪ Information available within hospitals about the DIS 0800 number – by June 2004

[1] *Disability Counts*, 2001

10. Planning and Funding Staff of the District Health Board should develop an understanding of, and relationship with, the disability sector – including with the Disability Services Advisory Committee (DSAC)	▪ Planning and Funding representatives should endeavour to attend the monthly Disability Network Meetings – P&F ▪ Planning and Funding staff should support the work and attend the meetings of DSAC as appropriate – P&F	6. Foster an aware and responsive public service	▪ Planning and Funding staff and/or the CEO attend Disability Network Meetings – ongoing ▪ Planning and Funding staff attend DSAC meetings - ongoing

PREVENTING DISABILITIES AND OPTIMISING FUNCTION

74% of adult disabilities can be described as being caused by disease or illness (especially for women), or accident or injury (especially males and Maori). 36% of child disabilities were caused by disease or illness, accident or injury. This suggests that a significant proportion of these disabilities may be preventable.

A disability is defined as "a physical, sensory, psychiatric, intellectual or age-related impairment that is likely to continue for at least six months and results in a reduction of independent function to the extent that ongoing support is required".

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
11. Prevention: Foster a safe workplace through the maintenance of existing programmes and especially: the provision of manual handling training and equipment as required and promote safety	▪ Support the ongoing work of the H&S Advisor – HR		▪ Attendance at mandatory Manual Handling Training Sessions – each year ▪ Utilisation of Accident / Incident Register – each year
12. Explore opportunities to liaise with ACC and CPH to promote safety in the home and on the road. Support the ongoing work of both organisations and Public Health Nurses (PHN's) in promoting health and preventing disability.	▪ Investigate opportunities for closer liaison with CPH and ACC regarding safety – P&F ▪ Support the ongoing work of PHN's, ACC and CPH		▪ Possibilities for closer liaison explored by December 2004 ▪ PHN's, ACC, CPH are supported - ongoing
13. Optimising Function: Maintenance of existing support available and return to work / re-ease programmes	▪ Support the ongoing work of existing programmes and networks	4. Provide opportunities in employment and economic development for disabled people 15. Value families, whanau and people providing ongoing support	▪ Programmes are supported – ongoing ▪ Return to work programmes available for all staff as required – ongoing

ACCESS

In the 2001 Statistics NZ Disability Survey, 86% of adults with disabilities have seen a GP in the last 12 months and 88% of children. 76% of adults had seen a pharmacist in the last 12 months and 31% had been to a dentist. 71% of children with disabilities had been to a dentist or dental therapist in the last 12 months. However, the survey identified a number of groups with significant unmet need for a health service[2], which notably included the 15-44 years age group (24%), Maori (23%), people with psychiatric or psychological disabilities (31%) and people with severe limitations (22%). People with sensory disabilities had the greatest unmet need for special equipment (25%).

ACTION	IMPLEMENTATION	LINK TO NZDS OBJECTIVES	MEASUREMENT
14. Undertake a specific review of physical access to all DHB services and make recommendations to improve physical access to services where necessary to ensure maximum usability.	▪ Review undertaken in consultation with the disability sector - DAG ▪ Implementation of recommendations to maximise access to services in line with the Barrier Free Trust Standards - EMT	2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual	▪ Disability Sector consulted with during review process ▪ Review completed by December 2004 ▪ Implementation of recommendations underway by March 2005
15. Undertake a review of access to DHB services with regard for people with all types of disability in order to reduce non-physical-barriers to services – possible link with Action 15.	▪ Review undertaken in consultation with the disability sector - DAG ▪ Make recommendations to Board based on outcome of review - DAG	2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual	▪ Disability Sector consulted during process ▪ Review completed by December 2004 ▪ Recommendations received by June 2005 ▪ Implementation of recommendations by December 2005
16. Develop a tool to monitor access to DHB services (physical and non-physical).	▪ Tool developed (possibly using Accreditation Audit) which monitors progress towards compliance with NZS 4121[3] and the NZDS – OT, Q&R	2. Ensure rights for disabled people 6. Foster an aware and responsive public service	▪ Tool developed by June 2006

[2] Unmet need for at least one type of health service – *Disability Counts*, 2001.
[3] Building standards

17. Undertake audit of Provider Arm using the monitoring tool developed in 13 above.	▪ Audit completed – OT, Q&R	2. Ensure rights for disabled people 6. Foster an aware and responsive public service 7. Create long-term support systems centred on the individual	▪ First audit completed by December 2006 ▪ Ongoing audits every 24 -months

GLOSSARY

ACC	Accident Compensation Corporation: The Accident Compensation Corporation (ACC) administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand. In return people do not have the right to sue for personal injury, other than for exemplary damages.
CEO	Chief Executive Officer: The Chief Executive overviews the operation of the general managers and reports on the company's performance to the Board and external agencies
CHC	Coast Health Care: The provider arm of the DHB
CPH	Community and Public Health: The West Coast's public health unit
DAG	Disability Action Group: an internal reference group who are responsible for monitoring and some implementation of this Action Plan
DHB	District Health Board: Responsible for providing or buying Government funded health care services for the population of a specific geographical area. There are 21 DHBs in New Zealand and they have existed since 1 January 2001 when the New Zealand Public Health and Disability Act 2000 came into force.
DIS	Disability Information Service: A free, community service with accurate and up-to-date information on a wide range of disability and related health issues.
DSAC	Disability Services Advisory Committee: One of four statutory committees with the following roles - Provide the West Coast District Health Board with advice on the disability support needs of the resident WCDHB population; priorities for use of the disability support funding provided; and to set priorities for the use of health funding provided.
EEO	Equal Employment Opportunity:
EMT	Executive Management Team: A team of senior managers within the DHB, includes CEO, General Managers of Planning and Funding, Mental Health, Operations, Finance, Maori Health and the Director of Nursing and General Manager of Primary Care Services
GMMH	General Manager Maori Health
GP	General Practitioner or Family Doctor
H&DNA	Health and Disability Needs Assessment: A process of determining the health and disability needs of a defined community and how well these needs are meet by health and disability services.
H&S	Health and Safety Officer:
HNA	Health Needs Assessment: A process of determining the health needs of a defined community and how well these needs are meet by health services
HR	Human Resources: Provides advice on the following – Health & Safety, Workforce Planning, EEO, Remuneration, and Employee Assistance Programme (EAP)
NZDS	New Zealand Disability Strategy: A strategic document produced by the Ministry of Health which presents a long-term plan for changing New Zeland from a disabling to an inclusive service.
NZS	New Zealand Standard: Credible and widely accepted specifications that can be used in contract agreements and, as means of compliance with regulations. Standards "help to shape your day, make it easier, more comfortable and prosperous, safer and simply more convenient".

OT	Occupational Therapy: Helps people of all ages with physical, emotional, social and developmental disabilities. Provides specialised assistance to learn skills to enable people to lead independent and satisfying lives.
P&F	Planning and Funding: The purpose of the Planning and Funding group is to a) Develop and implement plans for the procurement of Health and Disability services for the people of the West Coast, b) Monitor performance of providers against funding agreements; manage external relationships, and c) Ensure the District Health Board complies with all relevant legislation.
PHN's	Public Health Nurses: Carry out health education, health promotion, health assessment and disease prevention activities in schools and the community.
Q&R	Quality and Risk Manager
RIF	Regional Intersectoral Fora: Established by Te Puni Kokiri to develop a collaborative working arrangement between government departments that have an interest in promoting Maori outcomes. On the West Coast, RIF has been in operation for approximately 3 years and focuses primarily on education.
WCDHB	West Coast District Health Board: One of 21 DHBs, serves the population from Karamea to Jacksons Bay.

DRAFT MINUTES OF THE MENTAL HEALTH ADVISORY COMMITTEE MEETING

HELD ON WEDNESDAY, 19 MAY 2004 IN THE BOARD ROOM, CORPORATE OFFICE COMMENCING AT 3.45 PM

PRESENT: June Robinson, Chairperson, WCDHB Member
Gregor Coster, Chairman, WCDHB
Marguerite Moore, WCDHB Member
Robyne Bryant, WCDHB Member
Elizabeth Rock
Judith Maloney
Roger Berwick
Shona McLeod
Pauline Southorn

IN ATTENDANCE: John Luhrs, Chief Executive
Hecta Williams, General Manager Mental Health Services
Margaret De Lore
Debra Griffin, Minute Secretary

Karakia by June Robinson

1. WELCOME / APOLOGIES

The Chairperson welcomed everyone to the meeting. Apologies were received from Christine Robertson Deputy Chair, WCDHB and from Pauline Southorn for lateness.

2. DISCLOSURE OF INTEREST

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

Gregor Coster
- Chairman - Institute of Rural Health

3. AGENDA CHECK

- Item 10: The General Manager Mental Health advised that the Regional Mental Health Plan Update has not yet been to CEO level for approval. This will be discussed by the Chief Executive at the SISSAL/DHBNZ Southern Region - Teleconference this Friday.

Pauline Southorn joined that meeting 3.50

4. MINUTES OF THE LAST MEETING HELD 18 FEBRUARY 2004

Moved: Marguerite Moore, Seconded: Roger Berwick - unanimous

It was RESOLVED that the Minutes of the Mental Health Advisory Committee meeting held 19 May 2004 were a true and correct record.

5. BLUEPRINT ANALYSIS - STRATEGIC PLANNING

The General Manager Mental Health advised that the Blueprint was not available but forwarded instead a 'Report on the Progress 2002-2003 towards implementing the Blueprint for Mental Health Services in New Zealand', which provides a summary of national and regional progress towards implementation of the MoHs national mental health strategy and the Mental Health Commission's *Blueprint for Mental Health Services in New Zealand*. It is the Commission's fifth progress report and covers the period form 1 July 2002 to 30 June 2003.

General Manager Mental Health suggested discussing the timeframe of the Strategic Plan and how this ties into the District Annual Plan (DAP). At the DAP Workshop, it was noted that there are tight time frames around the formation of the DAP – from drafts going to the MoH, then final compilation. The ideal is to identify a timeframe that covers the whole year til June. To then identify issues around the provision of mental health services on the West Coast together with the Blueprint. She added that the Blueprint is being revised to cover smaller DHB such as the West Coast DHB. She suggested that as a planning process usually 5 out of 12 months will be set aside in compiling the DAP itself so there are 7 months beforehand to identify strategic issues that could be worked on before the compilation of the DAP.

Suggestions to the Scoping Planning Process to fed into the DAP

- June - Scoping the planning process
- July - Identifying service requirements matching the blueprint to the West Coast population
- August-Gap analysis obtain through consultation process
- September-Identify Strategic Objectives - Takes us through the rest of the year Nov-Dec
- Then to feed into the DAP

General Manager Mental Health suggested a comprehensive mental health plan rather than a secondary health plan. To cover prevention, promotion etc as these are important building blocks. This will give MHAC input into the process of the DAP and intimate involvement.

General Manager Mental Health advised that this year the West Coast DHB is scheduled for a visit by the Mental Health Commission.

General Manager Mental Health informed committee members that funder reports for access to services, ethnicity access information etc were not available but are being refined. She added that through the MoH's service profiles that are reported on a 6 monthly basis for the West Coast DHB, the data from the service profiles would be beneficial for the committee.

Also discussed was information reported to the Hospital Advisory Committee on the provider monitoring report on mental health activity (essentially based around the numbers of patients in the service etc), could be given to MHAC.

General Manager Mental Health will ask the General Manager Planning & Funding for help in the strategic planning process for guidelines for the next meeting.

General Manager Mental Health advised that there is a Child Mental Health service on the West Coast and Jessie Anderson is the child psychiatrist.

Moved: Marguerite Moore, Seconded: Robin Bryant – carried unanimously

Recommendation to the West Coast DHB that the Mental Health Advisory Committee support the General Manager Mental Health's proposal to implement a Scoping Planning Process to feed into the District Annual Plan.

6. MAORI MENTAL HEALTH SERVICE DEVELOPMENT

The General Manager Mental Health gave apologies for the absence of Moira Geer, Mental Health Worker. She then went through the Executive Summary of the 'Maori Mental Health Service Reconfiguration' which was provided in the meeting papers.

Also discussed was the proposed areas of responsibility of the:
Hokitika based worker (existing position), Greymouth based worker (existing position).

The Chairperson advised of commitment to Maori health to improve status and provide better mental health services.

General Manager Mental Health added that work on paper was in conjunction with Gary Coghlan, Kaiarahi/General Manager Maori Health and Gary lent strength to the project. She advised that Gary has gained connections and continues to provide services and positive Whanau concepts and which upholds the name of Manaakitanga.

7. REHABILITATION REVIEW UPDATE

The General Manager Mental Health informed committee members that work has been ongoing on this project. She advised that Paul Rout, SISSAL, the Coast Care Trust Board Representative, PACT Representatives and herself have fortnightly teleconferences. She added that all are in agreement and in harmony with the key concepts of the review and are seeking a suitable facility. Also that the responsibility for the facility lies with the provider of the service.

General Manager Mental Health advised that this is several months behind the timeline but the pace has increased and there are no outstanding issues.

General Manager Mental Health added that the facility will be a basic concept building which will house around 14 people and provide varying levels of care. She is looking into 1and 2 bedroom units.

8. PRIMARY MENTAL HEALTH PROJECT UPDATE

Shonia McLeod advised the West Coast DHB is developing a primary mental health strategy to inform service development decisions over the next 5 years. The MoH has commissioned the development of a primary mental health tool kit which provides advice to PHO's on the development of a primary mental health plan as a required component of its

annual business plan. The MoH recently issued a Request for Proposals for Mental Health Initiatives and Innovations by PHO's. The closing date for RFP's is May 31.

Shonia McLeod tabled an occasional paper on 'Our Physical Health.... Who cares? - released by the Mental Health Commission.

The Chairperson thanked Shona McLeod for her presentation.

9. FUNDING

The Chairperson advised the committee members to look out for funding not just from the DHB.

10. REGIONAL MENTAL HEALTH PLAN 2004/2005

This will be added to the next meetings Agenda.

11. GENETIC ASSESSMENT AND DATA COLLECTION

The Chairperson updated on a paper that was sent to her re genetic assessment in the united States. She will send the paper to the General Manager Mental Health for distribution to committee members for their information.

12. GENERAL BUSINESS

The Chairperson thanked Margaret De Lore for attending the meeting.

12.1 Congratulations

The Chairperson congratulated Pauline Southorn on her membership on the Mental Health Advocacy Coalition (MHAC).

12.2 Ex Officio Position

Shona McLeod no longer is the Consumer Advisor for the Greymouth Mental Health Services. A letter of resignation will be sent to this committee.

The Chairperson thanked Shona for being an valuable committee member and for adding important contributions to the committee. Shona advised she will still provide work to MHAC and will attend some of the meetings to present issues.

12.3 Case Consultation

Pauline Southorn informed committee members that she has been appointed to the project group for Case Consulting looking at providing advice around the appointment and employment of consumer advisors.

13. NEXT MEETING

The Chairperson advised that the next meeting will be held on 16 June at 1.30 pm

There being no further business the meeting concluded at 4.55 pm

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.