TABLE OF CONTENTS

AGENDA

FOR THE WEST COAST DISTRICT HEALTH BOARD MEETING TO BE HELD AT THE WHITE STAR RUGBY FOOTBALL CLUB, CNR LYNDHURST & PEEL STREET, WESTPORT ON FRIDAY 3 SEPTEMBER 2004 COMMENCING 9.15 AM

Karakia

1. Welcome
2. Apologies
3. Standing Orders
4. Disclosures of Interests
6. Minutes of the Meeting held Friday 6 August 2004
7. Matters Arising
8. Correspondence
9. Chairman's Report
10. Chief Executive's Report
11. Finance Report
12. Early Vote Processing
13. Reports from Board Advisory Committees
14. Board Member Items

    Nursing Review update – Julie Kilkelly

    Dementia Unit update – Julie Kilkelly

    GP Practice ownership – Julie Kilkelly

    Ophthalmology update – Julie Kilkelly
15. Rural Undergraduate Training – presentation by Dr John Adams and Dr Pat Farry, Dunedin School of Medicine
16. Date of next Meeting – Friday 1 October 2004 at 10.15 am
17. Information Papers

IN COMMITTEE

- Minutes of the Meeting held Friday 6 August 2004 and matters arising
- Crown Financing Agency Loan Renewal
- Risk Register

OIA 1982 5.9(2)(i) Commercial
NZPHDA Sch 3 cl 32(a)

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 Maori Mental Health Worker. This will take effect from 6 September 2004. • 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 • Chairman - Buller Branch of the NZ Labour Party • Member - Grey Power • Chairperson - Buller Labour Party 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 • Member - New Zealand Institute of Directors
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 • Member - Association of Salaried Medical Staff As a self employed person: • Medical advisor - St John Ambulance service
Mr John Vaile	• Member - CCS Westport Branch • Director - Vaile Hardware Ltd

ABBREVIATIONS

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

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

DRAFT MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING

HELD FRIDAY 6TH AUGUST 2004 AT 10.20 AM IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH

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

IN ATTENDANCE John Luhrs, Chief Executive
Kevin Hague, General Manager Planning and Funding
Ebel Kremer, General Manager Operations (for part)
Wayne Champion, Chief Financial Manager (for part)
Vikki Carter, Community Liaison Officer

Alison McDougall, Minute Secretary

APOLOGIES June Robinson

Karakia – Tamai Sinclair

1. APOLOGIES, WELCOME

The Chair welcomed everyone to the meeting. Apologies were received from June Robinson.

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 amendments were made to Board Members' disclosures of interest:

Mohammed Shahadat

- Add – "Member – New Zealand Institute of Directors"

Robyne Bryant

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

John Vaile

- Remove "Wife employed by the WCDHB"

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

There were no amendments to the minutes of the previous meeting.

Moved: Chair, Seconded: Deputy Chair

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

5. MATTERS ARISING

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

Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papatipu Runanga
The Chief Executive advised the DHB and Poutama Ora are still awaiting feedback from the Ministry of Health.

Meet with Maori Board members to discuss initiatives for pathways of care and report back to the Board
Due September 2004.

Liaise with the Chair, CPHAC and Research and Planning Analyst to write a letter to the Ministry of Health on oral health issues
The General Manager Planning and Funding advised that this has not yet been completed. The Chair, CPHAC advised she will provide an update in the CPHAC report.

Investigate and confirm details of Ron Hibbs' appointment to the Mental Health Advisory Committee
AND
Investigate grounds for assumed resignation of Advisory Committee members as per the Board Members' Manual
The Chief Executive confirmed that the Board Member's Manual and legislation do not provide grounds for assumed resignation for Advisory Committee members. The Chief Executive suggested the best way forward is to write to Mr Hibbs requesting he confirm his intentions on remaining a member of MHAC. The Chair requested the Chief Executive write to Mr Hibbs to confirm this.
Completed.

Action: Chief Executive

Consider staggering the date of expiry for Advisory Committee members terms

For Board consideration March 2005.

6. CORRESPONDENCE

A Board member advised he has received a letter of complaint from a person in Westport who wrote to the Board in March of this year and has not yet had a reply. The Chief Executive will follow this matter up.

Action: Chief Executive

Moved: Chair, Seconded: Mohammed Shahadat

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

7. CHAIRMAN'S REPORT

7.1 National Health Committee

The Chairman advised he attended a visit to the West Coast by the NHC this month. A number of presentations were made to the NHC during their visit. The Chairman gave an overview of health services on the West Coast at the NHC dinner and presentations were made by Julie Kilkelly and Maureen Pugh on the WCPHO, Greville Wood on the Rural GP Training Scheme, Adrian Hendry on the PriSM project, WCDHB rural team on nursing based primary care, Carol Atmore on the role of the GP Liaison and Melanie Penny and Elinor Stratford on integrated care for the elderly. The NHC has written a letter of thanks to the Chief Executive and the Board for the visit.

A Board member noted his disappointment that all Board members were not invited to meet with the NHC and did not receive a programme of events. He suggested all Board members should be invited to Board functions. The General Manager Planning and Funding clarified that the NHC's visit was to the West Coast rather than specifically the WCDHB. The agenda is set by the NHC around issues affecting the West Coast which fit into the NHC's work programme. The presentations made to the NHC were a reflection of current strategic issues identified in the strategic planning process that intersect with the NHC programme. The General Manager Planning and Funding apologised for not providing a programme to all Board members. He noted the dinner the NHC hosted on the Monday evening was open to the Board Chair and Deputy Chair and Advisory Committee Chairs only.

7.2 RACS

The Chief Executive and Chairman met with RACS in Wellington on Monday of this week to discuss a follow up visit by RACS. Progress will be reported to the board in due course.

7.3 South Island Chairs and CEOs Meeting

The Chairman advised he attended the Chairs and CEOs meeting in Christchurch this month with the main discussion including industrial relations issues, PHO development, IT systems and shared services arrangements. A whole of South Island meeting of senior management and clinicians is scheduled for later this month.

7.4 Hon Damien O'Connor

The Chairman met with Damien O'Connor this month to update him on progress within the Board. Damien is pleased with progress being made by the Board.

7.5 South Canterbury DHB

The Chairman, Chief Executive, General Manager Operations and Chief Finance Manager visited a number of departments at SCDHB including nursing services, laundry, health care for the elderly, Information Technology and Finance. They met several times with the SCDHB Chairman, Joe Butterfield and CEO, Craig Climo. The Chairman advised that he and Management found it to be a very instructional visit. Almost all of SCDHB's facilities are on one site, which is Timaru based. They describe their model as minimalist in order to keep costs down and they been successful in achieving this. SCDHB have done some interesting work in the Mental Health are and are looking to send back blueprint funding for mental health services as they have found they do not need all their funding. The Ministry of Health is conducting a review of funding for SCDHB mental health services. The Chief Executive advised he found the visit most useful as an opportunity for two-way communication with the ability to meet peers in their own environment and initiatives.

Moved: Deputy Chair, Seconded: Marguerite Moore

It was RESOLVED to accept the Chairman's Report

8. CHIEF EXECUTIVE'S REPORT

8.1 Recruitment

The Chief Executive queried the Board's opinion on whether they see the recruitment report as being relevant to the role of the Board (noting that HAC received the report at its bi-monthly meeting). The Board discussed the value of the recruitment report and it was decided it should continue to be provided in the papers.

A Board member informed the Board that one of the Buller Medical Service's permanent GPs, Grahame Jelley, has recently resigned. There are patients who wait 8 – 10 weeks to see Dr Jelley as the number of locums at BMS creates a situation where each time patients visit BMS they see a different GP and there is no continuum of care. He stated in the past the Buller District Council has put potential applicants forward to Management and it appears they have not been followed up. With the outcome of the Grafton report a panel was set up to consult with the community and the Board members from Buller have not been approached to participate. The Board member suggested the Grafton process should continue with BMS becoming part of a Trust. The Chief Executive advised that in his discussions with GPs, it is it is clear that there is a significant change in the medical profession in GPs coming to rural areas to take advantage of the opportunity to locum without having to own their own practice. Recruitment and retention issues are a national problem and WCDHB has an active recruitment programme which pays market rates. The Board has committed significant capital to improving facilities at BMS to improve them. The Chairman noted that the Board has decided to partially fund the Grafton project that has been commissioned by BDC and the Chief Executive and Board member can discuss this with BDC. The Chief Executive advised that on conclusion of the consultation process outcomes will be reported back to the Board. The new facilities will be officially opened with a tentative date in early September and Damien O'Connor has been invited to attend.

The Grafton Group has advertised public meetings which are open for attendance by any member of the public. In terms of the GP who has resigned, the Chief Executive is mindful of his privacy. He has spoken to Grahame to thank him for his service and the DHB is actively recruiting a replacement. He noted that Grahame came to BMS as a locum originally for six months and has stayed four years. The latest statistics show a reduction of GPs in rural areas and it is important to consider innovative ways of providing services. A Board member suggested that the Chief Executive should be empowered by the Board to facilitate innovative ways of retaining staff.

The Chief Executive advised in terms of GP applicants put forward by BDC, that there is a significant issue with applicants from overseas as far as registration with the NZ Medical Council is concerned. The DHB has had GPs apply who have got to the Medical Council stage and were not approved to work unsupervised. They would not be suitable to work in terms of sole practice. The amount of supervision required if in a larger practice depends on the Council's requirements for the individual. The Medical Council has indicated that requirements are likely to be more difficult to meet following the introduction of the new Health Practitioners Competency Assurance Act. A Board member suggested an exit interview should be conducted with Grahame Jelley to provide a forum for regular debriefing of issues through the GP Liaison. The Chief Executive confirmed he had already arrange to conduct such an interview with Grahame.

A Board member queried progress with PHO access funding for Buller. The General Manager Planning and Funding advised that he has heard from the Ministry of Health that none of the practices on the West Coast are close to the threshold for access funding including the Buller practice, however the GP Liaison Officer is working on matching the health needs on the West Coast to the health need in areas of the country where PHOs are access funded and how the West Coast compares to those levels.

8.2 <u>District Annual Plan 04/05</u>

The Chair noted that the DAP is not in the public domain until signed off by the Minister of Health. This is a Ministry of Health requirement. The Ministry of Health is seeking rewording of the DAP which Management is comfortable with.

A Board member queried the new adolescent oral health initiative and access for Maori. From an operational point of view how can the Board ensure the deliverables to Maori are met and who is going to service Maori in terms of oral health promotion? The General Manager Planning and Funding advised that WCDHB does not have funding for public health services. The Ministry of Health funds Canterbury DHB to provide services to the West Coast through Community and Public Health, a division of CDHB. C&PH does have a presence on the West Coast and WCDHB has a collaborative planning relationship with C&PH however there is not a big resource for Maori services. A Memorandum of Understanding has been developed between C&PH, CDHB and SCDHB, who are also clients of C&PH. It could be possible to amend the profile to include Maori services. The Board member complimented Management on the employment of a Kaiawhina.

Moved: Deputy Chair, Seconded: Tamai Sinclair

It was RESOLVED to accept the Chief Executive's Report

The Chief Financial Manager joined the meeting at 11:25am

9. FINANCE REPORT

The Chief Financial Manager advised the annual result included in papers is unaudited and likely to change due to two major items which were not finalised at the time the report was prepared. Both items are likely to lead to a further reduction in the reported deficit which could be substantial. Currently there is a deficit of $1.86m which is $220,000 better than budget, this is after absorbing the unbudgeted $300,000 effect of the Holidays Act. The result for June is distorted by one off year end items like Interest Depreciation Capital Charge funding, PAYE and staff accommodation costs.

A Board member noted that Outsourced Services are always consistently over budget and this should be pointed out to the Ministry of Health to make them aware of the cost of locum cover. The Board member queried Governance and Administration being over budget. The Chief Financial Manager responded this is due to invoicing for the Grafton project and SISSAL audit services.

9.1 Change In Accounting Practice

The Chief Financial Manager explained the change in accounting practice. The provider arm claims for services funded by the Ministry of Health such as publicly funded rest home patients and laboratory claims. All of these have been now been devolved to the funder arm. In the past this has been treated as external revenue but now it has been corrected to show that the money is coming from the funder arm as opposed to the Ministry of Health. The claims process has not changed and the change in accounting practice has not affected the organisation's overall result.

9.2 Stat Dispensing

The General Manager Planning and Funding provided an update on stat dispensing changes. The audits have occurred on pharmacies. The General Manager Planning and Funding advised the level of savings as reported to the Board previously is not to the level Pharmac originally projected although the exact figures were not to hand. WCDHB indicated to the Ministry of Health that Pharmac's projections were unrealistic. The General Manager Planning and Funding is looking at the development of contractual services.

9.3 RHMU Loan

A Board member queried the relationship between the RHMU loan and DAP. The Chief Financial Manager advised that when the Minister of Health approves the DAP this encompasses approval to fund the deficit for the following year. The RHMU is saying it isn't sure it can provide the loan because the Minister has not yet approved the DAP and therefore hasn't approved funding for the deficit. As a result, the loan is continually extended on a short term basis. The Chairman noted that a letter of support from the Ministers of Finance and Health is required, as it was last year. The Chief Executive informed the Board that the RHMU is required to apply commercial principles to its lending (hence the short term lending). The Chief Financial Manager advised that as the loan is being renewed for short terms and interest is rising, so it is costing the DHB money.

9.4 Capex

A Board member queried where the money saved in each year's Capex budget goes. The Chief Financial Manager advised that any money that is not spent on Capex is retained for the next financial year. The Chief Executive advised for example that the IT proposals such as the Patient Management System are going to rely on the accrued capital from Capex and the money cannot be used for other areas.

The Chief Executive recorded his thanks to all staff for achieving the interim end of year result.

The General Manager Operations left the meeting at 11:30am

Moved: Julie Kilkelly, Seconded: Mohammed Shahadat

It was RESOLVED to accept the Finance Report.

The Chief Financial Manager left the meeting at 11:36am

10. REPORTS FROM ADVISORY COMMITTEES

10.1 CPHAC

The Chair, CPHAC advised there was not a quorum present at the 21 July meeting so the minutes and all formal "decisions" will need to be endorsed at the next meeting.

10.1.1 Recommendations to the Board

No formal recommendations were put forward from the meeting.

10.1.2 Reporting Back on Board Referred Items

Rural GP Training Programme
Greville Wood informed the committee that he had presented this proposal to the National Health Committee during their recent visit to the West Coast and thanked the WCDHB for their support of this project. It was suggested that for forward progression a small steering group should be established to work on more detailed planning and budgets. As this proposal requires management support it was suggested that it be put on the EMT agenda with a view to EMT helping establish the steering group. It was also acknowledged that PHO support and involvement is also vital to this programmes development. The Chair, CPHAC requested an update from Management on progress with a steering group. The General Manager Planning and Funding advised that since the CPHAC meeting on 21 July EMT has had two meetings where there have been few attendees. It is on the agenda for discussion at the next meeting with a larger group in attendance.

Oral Health Initiatives
The Chair, CPHAC advised the Research & Planning Analyst will provide an update at the next CPHAC meeting on possible ways forward for improving Oral Health promotion, education, and funding as discussed at the last WCDHB meeting.

PHO Presentation
Maureen Pugh, Chair WCPHO, attended and updated the committee on the WCPHO's progress over the last 12 months. Maureen stated that the PHO is now coming to terms with it's role and is starting to become more independent. Raising the identity of the PHO through the media and having a local spokesperson that people can access are important issues on the PHO's agenda as is developing ways to engender community involvement in the PHO. Maureen updated the committee on new WCPHO service proposals including:

- Under 22 Contraceptive/Sexual Health Services
- A service to improve access to Healthcare for Corrections Service Clients

- A West Coast Smokefree proposal
- Primary Care Mental Health Proposals

Progress has been slower than hoped on Retinal Screening, development of a West Coast Maori Health Plan and reporting mechanisms, but work is continuing in these areas.

Child & Youth Health Strategy
The Chair, CPHAC advised that a steering group has been set up to further develop this plan and their first meeting is in early August.

10.1.3 Items Requiring Board Support to Further Progress

CPHAC Vacancy
Four applications for this position have been received and interviews are now required. The Chair, CPHAC has liaised with the Chair, HAC regarding a base set of questions for interviewees to ensure consistency of Advisory Committee appointment processes. The Chair, CPHAC recommends:

THAT an interview panel consisting of the Chair, CPHAC; Chair, HAC and the General Manager Planning and Funding (due to his experience with national advisory committees) interview candidates and follow through with the selection process

The Chair, WCDHB advised that a resolution is not necessary for this and the Board supports the proposal.

10.1.4 Other Key Issues/Items Of Interest

Multidisciplinary Health Professional Education
The WCDHB is investigating the use of an email distribution list to advise health professionals of up and coming education sessions and are liaising with the PHO on this issue.

Incongruence With "New" Government Over 65 Funding & Special Areas
Inequity issues surrounding this and other "new" funding initiatives were discussed. It was decided that the correct process would be for the General Manager Planning and Funding to again raise this issue with the Ministry (as expectations are in place) and discuss alterations in the Provider Arm charging policy with the General Manager Primary Services/Director of Nursing.

Meningitis Vaccine Rollout
The Chair, CPHAC advised discussion occurred around vaccine rollout for the West Coast next year. It was suggested that in the interim it would be good to do a meningitis awareness campaign involving C&PH and the WCDHB highlighting points such as recognition of signs/symptoms, appropriate treatment, strains covered by the vaccine and any other relevant information. This is to be facilitated by the WCDHB General Managers Planning and Funding and Maori Health and Community and Public Health. The Chair, WCDHB suggested there is a need to be careful in raising public expectations around availability and access to the vaccine. The Chair, CPHAC advised that there have been letters to the editor of local papers wondering why the West Coast is at the end of the rollout. There is a low incidence of meningitis on the West Coast and there is a need for education to increase meningitis awareness.

The Deputy Chair noted her apology for the CPHAC meeting on 21 July was not recorded and she will not be able to attend the August meeting. The Deputy Chair queried if CPHAC is having difficulties with achieving a quorum as this is the second meeting where this has occurred. The Chair, CPHAC advised it is probably a one off situation.

10.2 Hospital Advisory Committee

10.2.1 Reporting Back on Board Referred Items

GP Liaison
HAC is to receive a report in October on the GP Liaison position as to whether expectations of outcomes and outputs are being achieved.

Trendcare
Trendcare is on track and further data is to be supplied to HAC in December. The Nursing Review is off the HAC agenda as per the last Board meeting.

Credentialling
Credentialling is on track with a final report due in December. Reports will then be provided on an ongoing basis to determine monitoring of the process.

Health and Disability Standards Audit
The Chair, HAC advised that the auditors postponed the desktop exercise so there was an issue with timing for the June meeting. The audit is currently underway and it is expected results will go to the ARFC then to the Board to refer to HAC if relevant.

Disability Strategic Action Plan
There appear to be no implications on hospital and associated services from the Disability Action Plan. This item is off HAC's agenda unless something appears of interest to HAC.

Impact of Seaview Relocation
HAC received a report on the implications of the changes at Seaview (reduction from two villas to one). There appear to be no implications for hospital and associated services. An update will be provided to HAC in December. It is expected that the second stage of the relocation will be a matter for the Board which will pass the matter on to HAC if relevant.

Other
- HAC was given a brief update on the meeting between WCDHB and SCDHB. HAC expects a formal report will go to the Board, which will then delegate to HAC if relevant.
- HAC had a presentation from Tony Daly of the South Island Advocacy Service and it was a very useful discussion. HAC suggests copies of the information provided by the Advocacy Services be checked and covering comments from the minutes be sent to Board members for their information.
- HAC commends Management on the article featuring the WCDHB in the West Coast Messenger and the WCDHB participation in an upcoming expo.

10.2.2 Recommendations to the Board

The Chair, HAC advised that the Committee discussed the possibility of a morning tea or lunch will clinicians, HAC and the Board to develop relationships.

A Board member suggested that such an event should be open for all Advisory Committee members to attend. The Chair, HAC advised that the idea was proposed by Tamai Sinclair Tamai Sinclair informed the Board he was talking to a surgeon in Christchurch and asked what would be a good connection between Board members and senior clinicians and the surgeon suggested a meeting. When the idea was discussed at the HAC meeting the Chair, HAC raised senior nurses being included as well to prevent building a gap between senior clinicians and nurses. A Board member suggested that it may also be appropriate to include EMT in such a meeting.

The Board discussed the possibility of holding a lunch meeting with clinicians and EMT and discussed appropriate times for this to occur. The Chair, WCDHB advised that the next Board meeting will be too soon to co-ordinate clinicians for a meeting. The Board could hold the function quarterly as part of the lunch time monthly clinicians meetings held on a Friday. The Chair, WCDHB requested Management look into arranging a meeting with clinicians, EMT, Board and HAC members.

Action: Chief Executive

Moved: Deputy Chair, Seconded: Robyne Bryant

Motion:
THAT the Board request the Chairs of the Board and HAC, the Chief Executive and General Manager Operations liaise over establishing social meetings to enable clinicians, EMT, HAC and Board members to foster their relationships.

Motion carried.

A Board member queried the figures on outpatient clinics in the HAC papers for the Buller region. In the past the Charge Nurse in Outpatients in Buller and Malcolm Stuart ran pre-anaesthetics assessments in Buller. The Board member understands these clinics are currently not being held in Buller. Instead a questionnaire is sent to patients to fill out and return to Greymouth. The Chief Executive advised he is unable to comment on this operational matter in the absence of the General Manager Operations. Malcolm Stuart advised that as an anaesthetist the information form is vital to ensure patients have a safe experience and that the right anaesthetic is used. There are procedures that are done as day procedures in other hospitals that are inpatient procedures on the West Coast because of travelling time involved for the patient. The clinics have been difficult to schedule due to issues with emergency anaesthetics cover in Greymouth. Malcolm would envisage the clinics will start again in future. The Chairman noted that these are operational matters and requested Management investigate the number of outpatient clinics being held in Buller.

11. ACC CONTRACTS

The Chief Executive advised he is advancing this paper from the In Committee section to the public section as there are some aspects of such contracts which can be discussed in the open section. For this reason the dollar values have been removed as this information is not appropriate for the public section. If necessary the Board could move In Committee to discuss the dollar value and move back to pass the motion. The first contract is an overarching contract which covers issues such as disputes and the nature of the relationship and has no dollar value. The second contract deals with elective orthopaedic services and has a dollar value. The provider arm has previously held this contract and it is similar to contracts held in the past.

Malcolm Stuart left the meeting at 12:05pm

The Board discussed whether it should move In Committee to discuss dollar value and decided to pass the motions in the open section and note the value of the contract in the In Committee section.

Moved: Deputy Chair, Seconded: Mohammed Shahadat

Motion:
THAT the West Coast District Health Board enters into the ACC Master Agreement – Version 2 (Contract No. HW286 - WCDHB Sequence No. 26/04) and authorises the Chief Executive to execute the document accordingly.

Motion carried.

Moved: Deputy Chair, Seconded: Mohammed Shahadat

Motion:
THAT the West Coast District Health Board enters into the ACC Master Agreement – Version 2 (Contract No. HW286 - WCDHB Sequence No. 07/04) and authorises the Chief Executive to execute the document accordingly.

Motion carried.

Malcolm Stuart rejoined the meeting at 12:13pm

12. SCHOLARSHIPS

Julie Kilkelly advised the issue of scholarships is relevant to the West Coast due to recruitment and retention issues as well being an area with a lower socio-economic population. Julie would like to the Board encouraging young people in the community who would be capable of entering the medical professions who would find it financially difficult. The Board could discuss the matter with the PHO and West Coast Development Trust to look at providing scholarships.

A Board member raised a recent announcement by the Minister of funding for 20 places for medical students at Otago University. The Chairman advised that this is part of the ROMPE scheme of which he is the author. The scheme provides 40 places, 20 in Wellington and 20 in Otago for rural medical students. The Government initiative has benefited rural areas. The Board discussed various scholarship programmes underway around the country and in Australia and ways of providing scholarships.

The Chairman suggested the Board could write to the Institute of Rural Health to seek information to assist the Board for quantification and administration in the scholarships area. The Chairman will investigate this and bring a paper back to next meeting. There is also quite a lot of information available in Australia for scholarship schemes. The Associate Minister is seeking this information and has commissioned the Chairman in his role as Chair of the Institute of Rural Health to obtain this information. The Chairman will share this information with Management for consideration.

Action: Chairman

13. RURAL UNDERGRADUATE TRAINING

Julie Kilkelly advised that Jim Reid and Pat Farry spoke at a recent PHO meeting about establishing an undergraduate medical training hub on the West Coast. There are already hubs in the lower half of the South Island. The programme is very popular and once students get involved with the community and other health professionals in rural areas they are more likely to want to come back. Jim and Pat

spoke a lot about the programme and talked about getting assistance from the WCDHB and WCPHO. They are looking to begin work on this next year and Julie suggests the Board invite Jim and Pat to present to the Board.

The Board discussed options for undergraduate medical training on the West Coast including available resources and accommodation. The Chief Executive advised he has communicated with Jim Reid via email and expressed interest in the proposal. The Chairman informed the Board he has discussed the proposal with Jim Reid and the concept is to have students working within the hospital and GP practices. There is strong evidence that students who learn in rural environments learn better than those in urban environments and there is a proposal before Government to fund medical, dental and pharmacy students in rural areas for three months at a time. The Chairman supports the initiative as it is a great opportunity for the Board in assisting with improvement of recruitment and retention strategies. The Chairman requested the Chief Executive work with Jim Reid and Pat Farry to develop a proposal for the next Board meeting.

Action: Chief Executive

14. ACTING CHAIRMAN

The Chairman advised he will be out of the country from August 10 to August 27. The Deputy Chair will be the Acting Chair in his absence as per legislation. The Deputy Chair will be absent from August 18 to August 27 so it is necessary for an Acting Chair to be appointed to cover her absence. The Chair suggests Mohammed Shahadat act as Chairman in the absence of the Deputy Chair. If a meeting is called during this time the Board can elect it's own Chair. The Board agreed that Mohammed Shahadat will act as Chairman in the absence of the Deputy Chair from 18 August to 27 August.

15. POST-ELECTION BOARD MEETING

The Chair advised that the Board would ordinarily meet on 6th December which means the new Board would not meet until late January or early February. New Board members would be contacted by the Chairman to invite them to attend all public Board and Advisory Committee meetings but there is no legislation to invite them to attend as Board members. A workshop will be held in Wellington to provide training for the new Board. The question for the current Board is whether it is appropriate to have the December meeting in mid December after the new Board has taken effect. The Board Members' Manual states that a Board meeting should be held as soon as practicable after the election.

The Deputy Chair advised that it may be difficult to hold a meeting in mid December as the appointed Board members may not be known at this time. The Chairman advised he would seek clarification from the Minister's office on the timing of the appointment process for Board members.

Action: Chairman

A Board member queried the expiry dates of many of the community Advisory Committee members and that expertise could be lost in the changeover. The Chairman advised that the appointment process for Advisory Committees an issue for the incoming board and this has been included in the Action and Responsibility List for consideration by the Board in March 2005. The Board member queried the term for Board members appointed to Advisory Committees and when their term ceases. The Chair advised that the Board appoints a certain number of Board members to each committee. Those terms expire when the Board changes. If the same people are still

Board members they can be reappointed to the Advisory Committees. The Board member noted that if the new Board does not meet until January or February then Advisory Committee appointments will not be made until then and Advisory Committees may be left without a quorum for some time. The Chair advised this is a matter for the incoming Board Chair and will clarify this with the Minister's office.

16. IN COMMITTEE

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

- **Minutes of the Meeting held Friday 2 July 2004 and matters arising**
- **ACC Contracts**
- **Laboratory Services**
- **Fox Clinic**

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

- **Industrial Relations**

Moved: Chairman, Seconded: Mohammed Shahadat

It was RESOLVED to move into In Committee at 12:56pm

17. MOVING OUT OF IN COMMITTEE

Moved: Deputy Chair, Seconded: Julie Kilkelly

It was RESOLVED to move out of In Committee at 5:21pm

18. ITEMS TO BE REPORTED FROM THE IN COMMITTEE SECTION

18.1 Salary Negotiations

Remuneration negotiations for DHB staff were discussed by the Board.

18.2 Industrial Relations

Three separate Multi Employer Collective Agreements were discussed by the Board.

18.3 District Annual Plan

The Board noted that the WCDHB is one of a few nationally that remains unsigned by the Minister. The Board had significant discussion in relation to funding issues.

18.4 Fox Clinic

The Board discussed progression of the proposal to refurbish the Clinic at Fox Glacier.

19. NEXT MEETING

Friday 3 September 2004, 9:15am, White Star Rugby Football Club, Westport

There being no further business the meeting concluded at 5:30pm

MATTERS ARISING FROM THE WEST COAST DHB BOARD MEETINGS

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
11	7 November 2003	Complete the scoping phase of the impacts of Transport on health report and provide Board members with a paper.	General Manager Planning & Funding	Originally due April 2004 – now due September 2004	Completed
5	5 March 2004	Discuss the written advice received from the MoH with Poutama Ora on the Memorandum of Partnership with Papatipu Runanga.	Chief Executive	Completed but awaiting feedback from MoH	
8.5	4 June 2004	Meet with Maori Board members to discuss initiatives for pathways of care and report back to the Board.	General Manager Maori Health & Maori Board members	September 2004	
10.3.1	2 July 2004	Liaise with the Chair, CPHAC and Research and Planning Analyst to write a letter to the Ministry of Health on oral health issues.	Chief Executive, General Manager Planning and Funding	August 2004	
11	2 July 2004	Consider staggering the date of expiry for Advisory Committee members terms.	For Board consideration	March 2005	
5	6 August 2004	Write to Mr Ron Hibbs to ascertain intentions with regard to membership of MHAC.	Chief Executive	September 2004	
6	6 August 2004	Investigate a reply to Lawrence Smith's letter to the Board of 22 March 2004.	Chief Executive	September 2004	
10.2.2	6 August 2004	Arrange a meeting at an appropriate time with clinicians, EMT, Board and HAC members.	Chief Executive	ASAP	
13	6 August 2004	Write to the Institute of Rural Health to seek information to assist the Board for quantification and administration in the scholarships area and obtain information regarding Australian scholarship programmes for consideration by the Board and Management.	Chairman	September 2004	
14	6 August 2004	Work with Jim Reid and Pat Farry to develop a proposal regarding undergraduate medical training.	Chief Executive	September 2004	

Item No.	Board Meeting Date	Action Item	Action Responsibility	Reporting Status	Agenda Item Ref
15	6 August 2004	Seek clarification from the Minister's office on the timing of the appointment process for Board members in order to determine whether a full new Board can meet on the scheduled day of 6 December.	Chairman	September 2004	

BOARD CORRESPONDENCE FOR AUGUST 2004

Date:	Sender:	Details:	Response Date	Response Details
30 July 2004	Fr Peter Costello	Compliments to hospital staff at Grey Base Hospital.	12 August 2004	Letter to Fr Peter Costello and memorandum of thanks to Grey Hospital staff.
5 August 2004	Na Tina Ratima, Contracted Researcher, Massey University	Health Reforms 2001 Research Project: Assessing governance purchasing and accountability in the New Zealand health sector.		
11 August 2004	Prof. Gregor Coster	Response to Lawrence Smith, Ascot Funerals letter of 22 March 2004		
13 August 2004	Maureen Pugh, Chair West Coast PHO	Rural Ranking Score – Information to Board members		
17 August 2004	Eugene Bawl	Concern over departure of Marie Vaile, as outpatients nurse at Buller Hospital.		
Various in August	John Vaile/John Luhrs	Request for information by individual Board members		

CHAIRMAN'S REPORT

The Chairman will give a written update at the West Coast District Health Board meeting on Friday 3 September 2004.

CHIEF EXECUTIVE'S REPORT

2003/04 INTERIM RESULT UPDATE

The 2003/04 end of year position (yet to be audited) has further improved following clarification of several large items, refer Chief Financial Manager's report, resulting in an additional $1.3m reduction in our reported deficit. Accordingly, our interim result of a deficit of $438,000 actual against a budgeted deficit of $2,078,000 represents a very positive outcome. I record my thanks to staff for their commitment in managing their budgets and containing costs over the past year.

2004/05 DISTRICT ANNUAL PLAN

Over the next few weeks there will be further engagement with the Ministry with a view to finalising the 2004/05 DAP. Despite the very encouraging 2003/04 financial performance, a significant proportion of the improvement related to "one off" adjustments which will not be repeated in the current financial year. We will also have to contend with cost increases arising from employment contract negotiations, interest rate movements and costs relating to coverage of gaps in clinical services pending appointment of permanent staff.

SOUTH ISLAND CLINICAL FORUM

On Friday 13 August all South Island DHBs attended a forum in Christchurch entitled "Facing the Challenges". The forum was organised by SISSAL with significant input from Dr Philip Bagshaw. The Chair was Dr Peter Brennan who has led a number of significant changes in the delivery of clinical services both in Australia and New Zealand. Also in attendance were Dr Karen Poutasi, Director General of the Ministry of Health, Mr Gordon Davies, Deputy Director General of DHB Funding and Performance Directorate in addition to over 50 senior clinical and non clinical staff or the six South Island DHBs. Seven staff attended from the WCDHB. The focus of the meeting was on identifying potential models for improving delivery of medical/surgical services in the South Island. Whilst there is only so much that can be achieved in a single day there was an enormous amount of goodwill and projects have been identified in the areas of vascular services, general surgery, oncology, cardio vascular disease management and psychogeriatric services. The various groups will continue to work on their projects with progress to be reported back by the calendar year end. Canterbury DHB has seconded a staff member as a project manager and we are looking forward to working with her, especially in the area of General Surgery.

CEO EXTERNAL MEETINGS

- National CEO Meeting – Wellington
- Rotary – Greymouth
- Ministry of Social Development – Greymouth
- South Island Clinical Forum – Christchurch
- PSA Clerical/Admin MECA pre-negotiation meeting – Christchurch

- DHB Electoral Officer - Greymouth

Author: Chief Executive – 26 August 2004

WHAKATATAKA UPDATES

NATIONAL MAORI PROVIDER CAPABILITY AND CAPACITY PLAN WHAKATATAKA 2.2.1

A first draft of the Plan has been received from the contractors. Further work is required from them before the Plan can be completed.

NATIONAL MAORI WORKFORCE DEVELOPMENT PLAN WHAKATATAKA 2.3.1

The final draft report has been received from the contractors and is currently under review by the Ministry of Health (MOH) in preparation for an extensive consultation round.
Pathways for Care and Best Practices Whakatataka 3.2.2 & 3.3.1
A report has been received from Brian Emery & Associates. Brian was contracted by the MOH to review 'Pathways of Care' within DHBs and to facilitate the sharing of existing guidelines for clinicians to help ensure clinical and cultural competence of services to Maori patients based on the interviews he carried out throughout the country. Brian visited the West Coast on the 12 May 2004 and met with a number of clinical staff as well as members of the Executive Management Team. Several DHBs have been recommended to carry out particular roles in the development of these two sub-projects. Discussions are being planned with those DHBs on how to progress this work.

ETHNICITY DATA COLLECTION TRAINING

When the *Ethnicity Data Protocols for the Health and Disability Sector* were released in May 2004, DHB Chief Executives were also informed that the implementation process was to include the development of a training materials package. The package was developed by the MOH with sector input. The West Coast also provided input to the MOH regarding ethnicity data collection.

The MOH is keen to see that ethnicity data collection activities occur in a standard manner. Quality Managers of twenty one DHBs and three Independent Practitioners Associations (IPAs) were surveyed to find out what ethnicity data training and resources they had, how effective they were and what ethnicity resources have to be developed. In total, thirteen surveys were returned and several organisations sent in samples of their resources.

Three workshops were held with the Ethnicity Data Protocols review panel, which had provided valuable assistance in the preparation of the protocols. External representation on the panel was from DHB Quality Managers, DHB Maori Managers, ACC Statistics New Zealand and Te Rōpū Rangihau Hauora a Eru Pomare. The result was the development of a 'package' that consists of a 'training component' plus educational material that can be used throughout the health sector.

The training will use the 'train the trainers' approach. These trainers will then provide sessions for data collectors in their organisations or for staff in other organisations. It is expected that DHBs will be the main providers of training to their own provider arms, and to agencies that they have agreements with. The training module will also be embedded in the NHI Education and Training

Programme to ensure that ethnicity training is provided alongside NHI training. The training package should be finalised by mid August. Four regional 'train the trainers' workshop sessions will be held from 20 September through to the 8 October with invitees from DHBs.

Further stages of the programme will include the implementation of feedback loops to data providers to give feedback on the quality of ethnicity data being provided to national collections like the NHI. Data collectors themselves will be expected to take responsibility for data quality by reviewing their own processes and by participating in audits where appropriate.

Author: General Manager Maori Health – 23 August 2004

FINANCE REPORT

Financial Overview July 2004

	Actual Month	Budget Month	Variance	Variance	Last Yr Month	Actual YTD	Budget YTD	Variance	Variance	Last Yr YTD	Full Yr Forecast	Full Yr Budget	Full Yr Act Last Yr
REVENUE													
Provider	4,181	4,335	(154)	(3.6%)	4,159	4,181	4,335	(154)	(3.6%)	4,159	51,519	52,019	52,013
Governance & Administration	103	84	19	22.6%	81	103	84	19	22.6%	81	1,008	1,008	997
Funds & Internal Eliminations	2,857	2,139	718	33.6%	1,760	2,857	2,139	718	33.6%	1,760	25,669	25,669	25,209
	7,141	6,558	583	8.9%	6,000	7,141	6,558	583	8.9%	6,000	78,196	78,696	78,219
EXPENSES													
Provider													
Personnel	2,567	2,698	131	4.9%	2,530	2,567	2,698	131	4.9%	2,530	32,713	32,713	31,158
Outsourced Services	414	365	(49)	(13.4%)	324	414	365	(49)	(13.4%)	324	4,323	4,323	3,858
Clinical Supplies	514	500	(14)	(2.8%)	431	514	500	(14)	(2.8%)	431	5,888	5,888	5,447
Infrastructure	1,002	998	(4)	(0.4%)	992	1,002	998	(4)	(0.4%)	992	12,010	12,010	11,965
	4,497	4,561	64	1.4%	4,277	4,497	4,561	64	1.4%	4,277	54,934	54,934	52,428
Governance & Administration	155	174	19	10.8%	128	155	174	19	10.8%	128	2,094	2,094	1,731
Funds & Internal Eliminations	2,446	2,053	(393)	(19.1%)	1,737	2,446	2,053	(393)	(19.1%)	1,737	24,636	24,636	24,498
	7,098	6,788	(310)	(4.6%)	6,142	7,098	6,788	(310)	(4.6%)	6,142	81,664	81,664	78,657
Net Result	43	(229)	272	(118.7%)	(142)	43	(229)	272	(118.7%)	(142)	(3,468)	(2,968)	(438)

OPERATING RESULTS

The monthly result for July 2004 is a surplus of $43k, which is $272k better than budget ($229k). The provider deficit of $394k is $90k worse than budget ($304k). Other areas were better than budget (governance and administration $38k and the funder arm $325k).

The year to date (July) result matches the monthly result, as July is the first month of our financial year.

It should be noted that the budget in this report is indicative only. The West Coast DHB is in the process of finalising its 2004/05 District Annual Plan (DAP) with the Ministry of Health. Our budget will be revised when our DAP is finalised.

REVENUE

Revenue for the month was $7,141k. This was $583 (8.9%) above budget of $6,558k. Provider revenue is down $154k on budget, mainly due to wash-up liability to the funder arm for underproduction against contracted volumes of $243k[1].

Funder revenue is up $494k due to adjustments to the funding envelope since the budget was set (March 2004), including the devolution of funding responsibility for Med Lab South, He Oranga Ponamu and an adjustment relating to the level of MoH funding.

[1] We have **not** assumed that overproduction will be offset against underproduction except for where a specific trade-off has been agreed between the funder and provider.

EXPENSES

Expenses for the month of July 2004 ($7,098k) were $310k higher than budget ($6,788k).

Provider expenses for the month under budget by $64k. Personnel costs are under budget ($131k). Medical Costs are down on budget ($116k) due to the difficulty in medical staff vacancies. Nursing costs are over budget principally due to delays in exiting Huia Villa at Seaview. At the time that the budget was set (March), it was assumed for budgeting purposes that we would exit in June 2004.

Outsourced services are above budget ($49k) as we have engaged locum RMOs due to an inability to recruit directly. Patient appliances are slightly over budget due to a push to complete as much orthopaedic surgery as possible before the departure of one of our orthopaedic surgeons. Facilities costs are over budget ($20K) due to increased usage of heating (coal and electricity) over winter.

Funder arm expenditure has increased due to the devolution of contracts with Medlab South and He Oranga Ponamu (these increases are matched by increased revenue), which have been partially offset by the credit for the wash-up liability owed back to the funder arm by the provider for underproduction against contracted volumes.

FORECAST

We are forecasting that our 2004-05 result will be worse than budget due to reduced surgical throughput during the time taken to recruit a replacement orthopaedic surgeon. The extent of this deterioration in financial performance will depend on the mix of patients presenting for surgery, our ability to attract locum staff and the time taken to secure the services of a permanent surgeon.

2004-05 DISTRICT ANNUAL PLAN (DAP)

The West Coast DHB is currently reviewing its unapproved DAP in order to try and meet Ministry expectations.

CHANGES TO THE 2003-04 FINAL RESULT

In our last board meeting I explained that there were still some outstanding items that may cause our audited result to vary materially from the reported interim result.
We have now clarified the outstanding matters;

- an independent valuation of long term employee liabilities has lead to a $0.2M improvement in our result.
- We have clarified an area of uncertainty around recently received Ministry of Health funding, leading to a $1M improvement in our result.
- Other minor adjustments have lead to a further $0.1M improvement in our result.

Overall, our 2003-04 interim result (still subject to audit) has been restated, resulting in a $1.3M reduction in our reported deficit.

Our corrected interim result is a deficit of $438k, $1,640k better than the budgeted deficit ($2078k). This is after absorbing the (approx $300k) impact of new holidays act.

A breakdown of the corrected result is included in the "last full year" column of the financial statements in this report.

STATEMENT OF FINANCIAL POSITION

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

Overall our Balance Sheet has improved significantly, with our debt to debt plus equity ratio now at 45.0%, compared with 49.6% this time last year. This improvement reflects our favourable adjustment to the 2003-04 financial result.

CASHFLOW

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

Due to this uncertainty, as in recent years, the West Coast DHB is seeking a letter of comfort from the Ministers of Health and Finance in order to satisfy the assumption that it is a going concern for annual accounts and audit purposes.

CAPEX

Approved capital expenditure for the 2004-05 financial year ($239k) is slightly ahead of budget ($216k).

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.

Author: Chief Financial Manager – 20 August 2004

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue													
Core MoH Funding	6,455	5,981	474	7.9%	5,146	6,455	5,981	474	7.9%	5,146	71,277	71,777	69,867
Other MoH Funding	402	352	50	14.2%	592	402	352	50	14.2%	592	4,222	4,222	5,278
Patient / Consumer Sourced	212	191	21	11.1%	216	212	191	21	11.1%	216	2,290	2,290	2,504
Non Health Related	72	34	38	112.3%	46	72	34	38	112.3%	46	407	407	570
	7,141	6,558	583	8.9%	6,000	7,141	6,558	583	8.9%	6,000	78,196	78,696	78,219
Payments to Providers	2,446	2,053	(393)	(19.1%)	1,736	2,446	2,053	(393)	(19.1%)	1,736	24,636	24,636	24,497
Personnel Costs													
Medical Personnel	435	551	116	21.1%	486	435	551	116	21.1%	486	6,656	6,656	6,041
Nursing Personnel	1,085	1,046	(39)	(3.7%)	1,043	1,085	1,046	(39)	(3.7%)	1,043	12,775	12,775	12,979
Allied Health Personnel	649	685	36	5.3%	601	649	685	36	5.3%	601	8,238	8,238	7,379
Support Personnel	99	102	3	2.9%	100	99	102	3	2.9%	100	1,225	1,225	1,184
Management / Admin	386	407	21	5.2%	365	386	407	21	5.2%	365	4,934	4,934	4,491
	2,654	2,791	137	4.9%	2,595	2,654	2,791	137	4.9%	2,595	33,828	33,828	32,074
Outsourced Services	428	377	(51)	(13.5%)	335	428	377	(51)	(13.5%)	335	4,472	4,472	4,019
Clinical Supplies													
Treatment Disposables	98	95	(3)	(3.2%)	80	98	95	(3)	(3.2%)	80	1,120	1,120	1,015
Diagnostic Supplies	10	10	0	0.0%	11	10	10	0	0.0%	11	125	125	153
Instruments & Equipment	94	104	10	9.6%	99	94	104	10	9.6%	99	1,187	1,187	1,017
Pt Appliances, Implants, Prostheses	117	105	(12)	(11.4%)	68	117	105	(12)	(11.4%)	68	1,090	1,240	1,170
Other Clinical & Client Costs	195	186	(9)	(4.8%)	173	195	186	(9)	(4.8%)	173	2,366	2,216	2,092
	514	500	(14)	(2.8%)	431	514	500	(14)	(2.8%)	431	5,888	5,888	5,447
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	231	225	(6)	(2.5%)	225	231	225	(6)	(2.5%)	225	2,694	2,694	2,630
Facilities	261	242	(20)	(8.1%)	288	261	242	(20)	(8.1%)	288	2,893	2,893	3,274
Transport	87	95	8	8.6%	90	87	95	8	8.6%	90	1,171	1,171	1,109
IT Systems & Communication	97	101	4	4.3%	95	97	101	4	4.3%	95	1,222	1,222	1,148
Democracy	17	32	15	47.2%	21	17	32	15	47.2%	21	393	393	239
Professional Fees & Expenses	45	49	4	8.7%	44	45	49	4	8.7%	44	600	600	464
Other Operating Costs	318	322	4	1.2%	282	318	322	4	1.2%	282	3,868	3,868	3,756
	1,056	1,067	11	1.0%	1,045	1,056	1,067	11	1.0%	1,045	12,840	12,840	12,620
Expenses Total	7,098	6,788	(310)	(4.6%)	6,142	7,098	6,788	(310)	(4.6%)	6,142	81,664	81,664	78,657
Surplus (Deficit)	**43**	**(229)**	**(272)**	**118.7%**	**(142)**	**43**	**(229)**	**(272)**	**118.7%**	**(142)**	**(3,468)**	**(2,968)**	**(438)**

DHB PROVIDER ARM - STATEMENT OF FINANCIAL PERFORMANCE FOR THE MONTH OF JULY 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	3,646	3,877	(231)	(6.0%)	3,421	3,646	3,877	(231)	(6.0%)	3,421	46,027	46,527	45,077
Other MoH Funding	267	235	32	13.8%	481	267	235	32	13.8%	481	2,811	2,811	3,943
Patient / Consumer Sourced	212	191	21	11.1%	216	212	191	21	11.1%	216	2,290	2,290	2,504
Non Health Related	56	33	23	71.9%	41	56	33	23	71.9%	41	391	391	489
	4,181	4,335	(154)	(3.6%)	4,159	4,181	4,335	(154)	(3.6%)	4,159	51,519	52,019	52,013
Personnel Costs													
Medical Personnel	435	551	116	21.1%	486	435	551	116	21.1%	486	6,656	6,656	6,041
Nursing Personnel	1,085	1,046	(39)	(3.7%)	1,043	1,085	1,046	(39)	(3.7%)	1,043	12,775	12,775	12,979
Allied Health Personnel	649	685	36	5.3%	601	649	685	36	5.3%	601	8,238	8,238	7,379
Support Personnel	99	102	3	2.9%	100	99	102	3	2.9%	100	1,225	1,225	1,184
Management / Admin	299	314	15	4.8%	300	299	314	15	4.8%	300	3,819	3,819	3,575
	2,567	2,698	131	4.9%	2,530	2,567	2,698	131	4.9%	2,530	32,713	32,713	31,158
Outsourced Services	414	365	(49)	(13.4%)	324	414	365	(49)	(13.4%)	324	4,323	4,323	3,858
Clinical Supplies													
Treatment Disposables	98	95	(3)	(3.2%)	80	98	95	(3)	(3.2%)	80	1,120	1,120	1,015
Diagnostic Supplies	10	10	0	0.0%	11	10	10	0	0.0%	11	125	125	153
Instruments & Equipment	94	104	10	9.6%	99	94	104	10	9.6%	99	1,187	1,187	1,017
Pt Appliances, Implants, Prostheses	117	105	(12)	(11.4%)	68	117	105	(12)	(11.4%)	68	1,090	1,240	1,170
Other Clinical & Client Costs	195	186	(9)	(4.8%)	173	195	186	(9)	(4.8%)	173	2,366	2,216	2,092
	514	500	(14)	(2.8%)	431	514	500	(14)	(2.8%)	431	5,888	5,888	5,447
Infrastructure Costs													
Hotel Services, Laundry & Cleaning	230	224	(6)	(2.7%)	225	230	224	(6)	(2.7%)	225	2,678	2,678	2,615
Facilities	260	241	(19)	(7.9%)	288	260	241	(19)	(7.9%)	288	2,887	2,887	3,271
Transport	82	89	7	7.9%	83	82	89	7	7.9%	83	1,096	1,096	1,021
IT Systems & Communication	97	101	4	4.0%	95	97	101	4	4.0%	95	1,217	1,217	1,144
Interest	189	182	(7)	(3.8%)	168	189	182	(7)	(3.8%)	168	2,188	2,188	2,002
Professional Fees & Expenses	23	29	6	20.7%	20	23	29	6	20.7%	20	354	354	244
Other Operating Costs	121	132	11	8.3%	113	121	132	11	8.3%	113	1,590	1,590	1,668
	1,002	998	(4)	(0.4%)	992	1,002	998	(4)	(0.4%)	992	12,010	12,010	11,965
Expenses Total	4,497	4,561	64	1.4%	4,277	4,497	4,561	64	1.4%	4,277	54,934	54,934	52,428
Allocated from Governance & Admin	78	78	0	0.0%	75	78	78	0	0.0%	75	936	936	936
Surplus (Deficit)	**(394)**	**(304)**	**(90)**	**29.7%**	**(193)**	**(394)**	**(304)**	**(90)**	**29.7%**	**(193)**	**(4,351)**	**(3,851)**	**(1,351)**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	Last Full Yr
Revenue	103	84	19	22.6%	81	103	84	19	22.6%	81	1,008	1,008	997
Personnel Costs													
Management / Admin	87	93	6	6.5%	65	87	93	6	6.5%	65	1,115	1,115	916
Outsourced Services	14	12	(2)	(16.7%)	11	14	12	(2)	(16.7%)	11	149	149	161
Infrastructure Costs	0												
Transport	5	6	1	19.4%	7	5	6	1	19.4%	7	75	75	88
IT Systems & Communication	0	0	0	100.0%	0	0	0	0	100.0%	0	5	5	4
Professional Fees & Expenses	22	20	(2)	(8.4%)	24	22	20	(2)	(8.4%)	24	246	246	220
Other Operating Costs	12	13	1	5.5%	5	12	13	1	5.5%	5	154	154	126
Democracy	15	29	14	48.6%	16	15	29	14	48.6%	16	350	350	216
	54	69	15	21.5%	52	54	69	15	21.5%	52	830	830	654
Expenses Total	155	174	19	10.8%	128	155	174	19	10.8%	128	2,094	2,094	1,731
Allocated to Provider	(78)	(78)	0	0.0%	(75)	(78)	(78)	0	0.0%	(75)	(936)	(936)	(936)
Surplus (Deficit)	**26**	**(12)**	**38**	**(320.3%)**	**28**	**26**	**(12)**	**38**	**(320.3%)**	**28**	**(150)**	**(150)**	**202**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD	Forecast	Full Budget	YTD Actual
Personal Health													
Funding Received	4,760	4,291	469	10.9%	4,209	4,760	4,291	469	10.9%	4,209	51,491	51,491	52,590
Provider Payments	(4,287)	(4,238)	(49)	1.2%	(4,252)	(4,287)	(4,238)	(49)	1.2%	(4,252)	(50,850)	(50,850)	(52,043)
	473	53	420	786.1%	(43)	473	53	420	786.1%	(43)	641	641	547
Mental Health													
Funding Received	795	794	1	0.1%	774	795	794	1	0.1%	774	9,532	9,532	9,268
Provider Payments	(793)	(799)	6	(0.7%)	(711)	(793)	(799)	6	(0.7%)	(711)	(9,588)	(9,588)	(9,259)
	2	(5)	7	(143.2%)	63	2	(5)	7	(143.2%)	63	(57)	(56)	9
Disability Support													
Funding Received	840	835	5	0.6%	0	840	835	5	0.6%	0	10,018	10,018	7,277
Provider Payments	(920)	(798)	(123)	15.4%	0	(920)	(798)	(123)	15.4%	0	(9,570)	(9,570)	(7,202)
	(80)	37	(117)	(314.3%)	0	(80)	37	(117)	(314.3%)	0	449	448	75
Funds Management													
Funding Received	86	83	3	4.0%	80	86	83	3	4.0%	80	992	992	997
Interest on Funds Account	16	0	16	0.0%	4	16	0	16	0.0%	4	0	0	81
Allocation to DHB Governance	(86)	(83)	(3)	4.0%	(80)	(86)	(83)	(3)	4.0%	(80)	(992)	(992)	(997)
	16	0	16	0.0%	4	16	0	16	0.0%	4	0	0	81
Totals													
Total Funds Revenue	6,497	6,003	494	8.2%	5,067	6,497	6,003	494	8.2%	5,067	72,033	72,033	70,213
Total Funds Expenditure	(6,086)	(5,917)	(169)	2.9%	(5,043)	(6,086)	(5,917)	(169)	2.9%	(5,043)	(71,000)	(71,000)	(69,501)
Surplus (Deficit)	**411**	**86**	**325**	**377.4%**	**24**	**411**	**86**	**325**	**377.4%**	**24**	**1,032**	**1,033**	**712**

DHB CONSOLIDATED - STATEMENT OF FINANCIAL POSITION AS AT JULY 2004

	Actual	Budget	Variance	Variance	Last Yr Act
Current Assets					
Cash	2,808	(560)	3,368	(601.5%)	875
Short term Investments	2,256	1,250	1,006	80.5%	906
Debtors & Prepayments	6,874	7,186	(312)	(4.3%)	5,376
Inventory	586	650	(64)	(9.8%)	601
Assets for Sale	364	364	0	0.0%	364
	12,888	8,890	3,998	45.0%	8,122
Non Current Assets					
Land & Buildings	20,124	20,138	(14)	(0.1%)	21,292
Equipment (incl IT)	5,120	5,570	(450)	(8.1%)	4,928
Vehicles	144	126	18	14.3%	144
Investments	2	0	2	0.0%	2
	25,390	25,834	(444)	(1.7%)	26,366
Current Liabilities					
Accounts Payable	6,770	6,511	259	4.0%	5,192
Employee Entittlements	4,047	3,261	787	24.1%	3,293
Current Portion of Term Loans	11,400	183	11,217	6129.5%	11,683
	22,217	9,955	12,262	123.2%	20,168
Net Funds Employed	**16,061**	**24,769**	**(8,708)**	**(35.2%)**	**14,320**
Term Liabilities					
Employee Entittlements	2,132	2,255	(123)	(5.4%)	2,007
Other Term Liabilities	6	11,195	(11,189)	(99.9%)	215
	2,138	13,450	(11,312)	(84.1%)	2,222
Crown Equity					
Crown Equity	43,208	43,069	139	0.3%	41,130
Retained Earnings	(29,330)	(31,794)	2,464	(7.8%)	(29,077)
Trust Funds	45	45	0	0.0%	45
	13,923	11,320	2,603	23.0%	12,098
Net Funds Employed	**16,061**	**24,769**	**(8,708)**	**(35.2%)**	**14,320**

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

	Actual	Budget	Variance	Variance	Last Yr Act	YTD Actual	YTD Budget	Variance	Variance	Last YTD
Operating Activities										
Operating Receipts	7,151	6,558	593	9.0%	5,284	7,151	6,558	593	9.0%	76,276
Payments to Personnel	2,464	2,787	323	11.6%	2,574	2,464	2,787	323	11.6%	31,364
Payments to Providers	1,030	1,157	127	10.9%	707	1,030	1,157	127	10.9%	12,879
Interest & Capital Charge	894	180	(714)	(396.7%)	150	894	180	(714)	(396.7%)	1,104
Payments to Suppliers, GST, etc	3,799	2,436	(1,363)	(56.0%)	2,660	3,799	2,436	(1,363)	(56.0%)	27,314
Operating Payments	8,187	6,559	(1,628)	(24.8%)	6,091	8,187	6,559	(1,628)	(24.8%)	72,661
Net Cashflow from Operating	**(1,036)**	**(1)**	**(1,035)**	**91542.8%**	**(807)**	**(1,036)**	**(1)**	**(1,035)**	**91542.8%**	**3,615**
Investing Activities										
Sale of Fixed Assets	0	0	0	0.0%	0	0	0	0	0.0%	(26)
Increase (Decrease) in Investments	1,000	0	1,000	0.0%	0	1,000	0	(1,000)	0.0%	350
Purchase of Fixed Assets	164	220	56	25.6%	133	164	220	56	25.6%	1,632
Net Cashflow from Investing	**(1,164)**	**(220)**	**1,056**	**(479.4%)**	**(133)**	**(1,164)**	**(220)**	**(944)**	**428.3%**	**(2,008)**
Financing Activities										
Financing Receipts										
Equity Injections	0	0	0	0.0%	0	0	0	0	0.0%	2,078
Loans Raised	0	(26)	26	(100.0%)	0	0	(26)	26	(100.0%)	11,195
	0	(26)	26	(100.0%)	0	0	(26)	26	(100.0%)	13,273
Financing Payments										
Repaid Debt	4	0	(4)	0.0%	5	4	0	(4)	0.0%	11,688
	4	0	(4)	0.0%	5	4	0	(4)	0.0%	11,688
Net Cashflow from Financing	**(4)**	**(26)**	**22**	**(84.6%)**	**(5)**	**(4)**	**(26)**	**22**	**(84.6%)**	**1,585**
Opening Cash	5,012	(313)	5,325	(1703.8%)	1,820	5,012	(313)	5,325	(1703.8%)	1,820
Net Cashflow	(2,204)	(247)	43	(17.6%)	(945)	(2,204)	(247)	(1,957)	790.6%	3,192
Closing Cash	**2,808**	**(560)**	**5,368**	**(958.6%)**	**875**	**2,808**	**(560)**	**3,368**	**(601.5%)**	**5,012**

WEST COAST DISTRICT HEALTH BOARD DEBT REGISTER
AS AT JULY 2004

Lender's name	**RHMU**	**BNZ**	**Toyota**	**BNZ**
Loan Identified As	Renewal	CT Scanner	Lease	Overdraft
Debt Amount - face value	$11,195,000	$104,562	$100,724	$1,500,000
Instrument type	Term Loan	Amortised Loan	Lease	Overdraft
Fixed / Floating interest rate	Fixed	Fixed	Fixed	Floating
Fixed rate	6.15%	8.64%	Various	
Floating rate base and margin				BKBM+0.225%
Interest payment frequency	Quarterly	Quarterly	Monthly	Daily
Covenants (Debt to Debt + Equity ratio)	55%	55%		55%
Covenants (Interest Cover EBID)	1.3x	2.5x		3.0x
Next Payment Due				Yes
When	30/9/04	28/8/04	17th of month	any time
How much	$11,195,000	$26,140	$3,834	any amount
Next Rollover / Refinance Due				
When	30/9/04	N/A		
How much	$11,195,000	N/A		
Plan	Refinance RHMU 3 month roll over	Pay off over 5 years		

Upcoming Loan Repayments

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

(Excludes Overdraft and Lease Payments)

Interest Rate Hedging

The West Coast DHB has engaged in a 5 year interest rate swap, effectively fixing the refinancing rate of $4.3M of its RHMU loan at 6.78% per annum for 5 years. This swap comes into effect 1 July 2004.
This swap is effectively "in the money" as it has locked in a fixed 5 year rate which is cheaper than the 5 year rate that would currently be offered by RHMU.

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

Fortnight Ended	13/07/2004	27/07/2004	10/08/2004	24/08/2004	07/09/2004	21/09/2004	05/10/2004	19/10/2004	02/11/2004	16/11/2004	30/11/2004
Opening Balance	**1,742,998**	**4,623,421**	**767,293**	**2,768,685**	**353,202**	**2,317,062**	**198,562**	**2,239,808**	**1,660,795**	**- 531,098**	**1,959,861**
Cash In											
Revenue	5,027,278	656,504	4,429,559	573,745	4,250,000	890,000	4,188,246	700,987	649,747	4,150,959	798,443
Loan Funds	-	-	-	-	-	-	-	-	-	-	-
Equity	-	-	-	-	-	-	-	-	1,000,000	-	-
Asset Sales	-	-	-	-	-	-	-	-	-	-	-
Cash Out											
Payroll Costs	557,143	904,314	842,683	861,827	1,160,000	860,000	860,000	880,000	1,380,000	860,000	860,000
Creditors Payments	1,296,685	2,982,494	775,249	1,405,401	500,000	1,613,500	500,000	400,000	1,413,500	500,000	1,613,500
GST	-	-	476,845	-	300,000	-	300,000	-	300,000	-	300,000
PAYE / ACC	293,027	390,824	333,390	300,000	300,000	300,000	300,000	-	300,000	300,000	300,000
Loan & Interest Pmts	-	-	-	-	26,140	-	-	-	26,140	-	-
Capex	-	235,000	-	422,000	-	235,000	187,000	-	422,000	-	422,000
Closing Balance	**4,623,421**	**767,293**	**2,768,685**	**353,202**	**2,317,062**	**198,562**	**2,239,808**	**1,660,795**	**(531,098)**	**1,959,861**	**(737,196)**

Assumptions

That the $11.195M CFA loan will be renewed in September

That $1M of deficit support will be received in October

WEST COAST DISTRICT HEALTH BOARD
DIRECTORS SCHEDULE

SUMMARY OF EXPENDITURE YEAR TO DATE TO 31 JULY 2004
Note: Figures GST exclusive

	Actual	Budget	Variance	Annual Budget
Directors Fees	13,650	15,500	-1,850	186,000
Directors Expenses				
Travel Expenses	908	3,333	-2,425	39,996
Other	2,936	416	2,520	4,992
Total	3,844	3,749	95	44,988
Advisory Committee Costs	1,064	8,500	-7,436	102,000
TOTAL EXPENSES	4,908	12,249	-7,341	146,988
WCDHB BOARD OF DIRECTORS FEES & EXPENSES	$18,558	$27,749	($9,191)	$332,988

Financial Performance Indicators for July 2004				
		Month Actual	**Month Budget**	**Month Last Yr**
Net result after tax	$000	43	-229	-142
Net Result/Net Funds Employed % (Annualised)	%	3.2	-11.1	-11.9
Earnings* /Net Funds Employed % (Annualised)	%	33.8	8.5	8.3
Revenue/Net Funds Employed (Annualised)	times	5.3	3.2	5.0
Debt** /Debt + Equity (BNZ definition)	%	63.6	67.4	64.9
Debt*** /Debt + Equity (CFA definition)	%	45.0	50.1	49.6
Revenue/Fixed Assets (Annualised)	times	3.4	3.0	2.7
Interest cover	times	7.6	2.4	3.6

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

NOTES

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

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

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

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

Author: Chief Financial Manager – 21 August 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.

Author: Chief Financial Manager – 20 August 2004

MEMORANDUM

17 August 2004

Memo To: Board

From: John Luhrs, Chief Executive

SUBJECT: **EARLY VOTE PROCESSING**

Attached is a report from the Quality Risk Manager relating to amendments to Local Electoral Legislation allowing early processing of voting documents

I support the content of the report and proposed resolution.

John Luhrs

AMENDMENTS TO LOCAL ELECTORAL LEGISLATION

EARLY PROCESSING RESOLUTION

RECOMMENDATION

THAT **the returned voting documents be processed during the voting period in accordance with Section 79 of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the Society of Local Government Managers Code of Best Practice.**

AMENDMENTS TO LOCAL ELECTORAL LEGISLATION EARLY PROCESSING RESOLUTION

Both the Local Electoral Act 2001 (the LE Act) and the Local Electoral Regulations 2001 (the LE Regulations) have been recently amended. As elected DHB Board members are elected under the provisions of the New Zealand Public Heath & Disability Act (NZPHD Act), the LE Act and the LE Regulations (a DHB is a local authority for the purposes of the LE Act and LE Regulations), this change affects elected DHB Board members. This amendment permits all local authorities to pass resolutions enabling the early processing of voting documents, not just territorial authorities, as was previously the case

Allowing early processing enables electoral officers to open the envelopes containing returned voting documents, to reject invalid voting documents, to record votes from voting documents, and so forth. It does not permit the actual counting of votes, which cannot be performed until 12 noon on election day (9 October 2004).

Therefore, early processing enables preliminary and final results to be delivered faster (as all the 'behind the scenes' work has been completed). It also reduces the cost of the election, as this preparatory work can be conducted progressively over the voting period. Early processing was almost universally adopted at the 2001 local elections, with 71 out of 73 territorial authorities opting for it.

As the elections draw closer and time is of the essence, any such resolution would need to be passed at the next Board meeting. A resolution permitting early processing could take the following form:

RECOMMENDATION

THAT the returned voting documents be processed during the voting period in accordance with Section 79 of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the Society of Local Government Managers Code of Best Practice.

If the Board does not pass an early processing resolution, the DHB's electoral officer will be unable to commence processing DHB voting documents until 12 noon on election day. This will result in unacceptable delays in delivering DHB election results and may cause the Board to incur additional election related costs.

Author: Risk and Quality Manager – 20 August 2004

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEETINGS

PLEASE NOTE: **THE DRAFT MINUTES OF THE HOSPITAL ADVISORY COMMITTEE MEETING HELD 6 AUGUST 2004 AND DRAFT MINUTES OF THE MENTAL HEALTH ADVISORY COMMITTEE MEETING HELD 18 AUGUST 2004 WILL BE SENT UNDER SEPARATE COVER.**

DRAFT MINUTES OF THE DISABILITY SERVICES ADVISORY COMMITTEE MEETING

HELD ON WEDNESDAY 18 AUGUST 2004 IN THE BOARDROOM, CORPORATE OFFICE COMMENCING AT 8.35 AM

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

IN ATTENDANCE: Hecta Williams, General Manager Mental Health
Melanie Penny, Research & Planning Analyst
Kevin Hague, General Manager Planning & Funding
Bianca Kramer, Minute Recorder

APOLOGIES: John Luhrs, CEO
Gregor Coster, Chair WCDHB
June Robinson, WCDHB member

1. WELCOME / APOLOGIES

The Chairman welcomed everyone to the meeting. Apologies were received from John Luhrs, CEO, Gregor Coster, Chair WCDHB, June Robinson, WCDHB member, Kevin Hague, General Manager Planning & Funding (lateness)

2. AGENDA CHECK

The following items were added to the Agenda:
- Dementia Unit update
- Huia Villa update

3. DISCLOSURE OF INTEREST

The following changes were made to the "Disclosure of Interests"
- Wife employed by the WCDHB
  [Wife no longer employed by the WCDHB – exact wording to be confirmed]

4. MINUTES OF LAST MEETING

Page 4 It was stated that Maureen Frankpitt seconded the minutes of the last meeting, Maureen Frankpitt was not in attendance at this date, an apology had been received and noted.

Page 5 Under the heading Integrated Continuum of Care – Transport, the word 'agency' at the end of the second line in the second paragraph be changed to 'interagency'.

Moved: Elinor Stratford, Seconded: Marguerite Moore

It was RESOLVED that the Minutes of the Disability Services Advisory Committee meeting held 16 June 2004 were a true and correct record following the amendment listed as above.

4.1 MATTERS ARISING FROM LAST MEETING

Page 9 ***Residential Care –*** *The West Coast has proportionately more residential care beds per head of population than other areas in the South Island. It is unclear whether this is due to the lack of alternatives, a shortage of rehabilitation, or otherwise increased need. In the interests of maximising the use of a finite pool of money, a better understanding is needed to manage the bed numbers on the West Coast.*

Economically a rest home needs 40 – 45 beds. Under this number the home is still required to have the same number of staff in attendance (cooks, attendants, managers etc), then when over 45 extra numbers are needed to cater for the residents.

The cost of bringing some older rest homes up to compliance standard, the installation of sprinkler systems etc, is not economical,

It was brought to the committee's attention that it is not necessary to have a registered nurse on duty 24 hours a day at a rest home but if there is a hospital component of the home it is a requirement for those residents.

The General Manager Mental Health joined the meeting 8.45 am

Page 9 ***Advocacy*** *– During our public consultation we were repeatedly told that older people need to have the services of an advocate available to them. The provision of advocacy from Christchurch is not appropriate – the service needs to be available on the Coast in each of the Buller, Grey and Westland areas*

The Chair informed the committee that at the last HAC meeting, held on Friday 6th August, there was a presentation from the HDC Advocacy Service. The Chair confirmed that it was a very informative presentation. The Chair noted that the majority of queries to the service were from people residing in the Buller area.

After consultation with patients who use the DHB's services, one of the biggest concerns brought to our attention was that isn't anyone to advocate for patients if they didn't understand what the doctor or GP has said to them. This is advocacy at a different level to the health & disability advocate. The nursing staff do a lot of this form of advocacy when

time permits. It is difficult to help patients with these problems if they do not tell you they do not understand.

When the nursing staff can assist in these matters, it is obviously good for the nurse/patient relationship, and also a considerable cost saving to the board. Some indicated it was a time factor, they couldn't ask the nurse outside as she was waiting to take the next person in.

It was mentioned that there was a need for an independent person who had the time to spend with them. It was mentioned there was the possibility of some retired people who could do this on a voluntary basis, but this also brought up the need for confidentiality.

A lot of it is educating the doctors to feel comfortable with patients bringing support people in. Some doctors say no to advocates being present, as they want to talk to the person and not the advocate. Even though the advocate is only there to listen and support it isn't well accepted. Currently we appear to be in a phase where consultants and GP's come from other areas throughout the world and the way they conduct their consultation is totally different from what we are accustomed to. This makes it very difficult for people to relate to them, and also the doctors to them.

Page 10 *Recommendation to the West Coast District Health Board on the adoption of the Integrated Continuum of Care Plan that this be endorsed by the Board*.

It was asked if the above recommendation had been followed through and whether it had been endorsed, the answer was yes to both questions.

5. GENERAL BUSINESS

5.1 Dementia Unit Update

It was thought that an "Update on the Dementia Unit" was to be a standing item on the agenda. In future it will be on the agenda.

General Manager Mental Health proceeded to give an update on the unit.

We are in the final stages of the management of change process which will close the Huia Villa as first part of the whole programme in terms of shifting the dementia services. There will be a reduction in staff numbers as a consequence,

Final details around the dementia project are being discussed with the Ministry of Health. The numbers (beds) that we provide for dementia patients are higher here than they are in other regions and one reason that there are no specialised dementia rest home beds purchased on the West Coast because of the small numbers. But that taken into account the unit was scoped on the basis of the current and historical occupancy. There is some risk to that and there is also a need at the same time to ensure that we have adequate specialist community support services so if at all possible those that may otherwise manage in another environment have got the opportunity to do that. It is more than a community support service it is a support process for existing rest homes so that they can perhaps manage with some advice and consultation, rather than having to transfer patients to the specialist unit.

General Manager Mental Health said that from time to time some patients are able to return to their regions after a period of time in a dementia unit. It's not very often that you can

discharge from a specialist dementia unit, but you have to make sure that the appropriate supports are available in the new environment.

The Chair gave an example that Dunsford Ward in Buller has had 3-4 people back from Seaview who are now able to be catered for in the hospital. It also saves family members from having to travel long distances to visit family members.

The General Manager Mental Health pointed out that we are fortunate to have secured the services of a psychiatrist who has a special interest in psychogeriatrics. This is a real plus for us, because of our size we are not normally able to attract people with specialised areas of expertise like psychogeriatrics.

As part of the closure of Huia Villa the NASC has facilitated the transfer of some long term intellectually disabled patients to other facilities that meet their needs, closer to their family members. There have been 2-3 others that have been discharged to older persons services receiving 24 hour care.

The General Manager Planning & Funding joined the meeting 9.06 am

There are still two younger people in Huia for whom we are seeking alternative placements.

We do not offer any specialised facilities for intellectually disabled patients from out of the district to be transferred here. Where as previously if we transferred a patient to Templeton or a similar hospital, a place would have to be made for our patient, so in turn we would admit a patient from out of the district, a one for one transfer. GPs' no longer actively encourage families to admit from a very early age anyone with children with a disability. There are now very few people admitted to long term care unless they have specialised needs such as forensic care issues. The pattern has been for many years to provide as much support in the community as we possibly can so that people can remain in the community rather than hospitalising them.

5.2. Committee member wanted to discuss her concern around the role of the committee. The member has made enquiries of what of Disability Advisory Committees are doing in other regions. Are there any statutory requirements of the committee, things we could be better involved in. Other areas get frequent presentations on current themes, for example the advocacy presentation. This advisory committee is a disability committee and could look at access issues, the PHO disability strategy and would be interested in more feedback from the Board on disability issues.

The Chair advised "he believes that the terms of reference for this committee are too narrow, if he is lucky enough to get back on the board he would like to have a lot of these issue revisited. With the terms of reference being narrow they cut out a lot of the things this committee could be doing. The Chair recalled he had brought this up with the board approximately 12 months ago, he was of the understanding that they were going to get the terms of reference from other DHBs throughout New Zealand and compare them to our terms of reference to check if they were too narrow,"

Maybe we should be more proactive and gather the information and then forward it to the board. The terms of reference will be on next meetings agenda. Everyone is to go through them and then a recommendation can be put to the board.

General Manager Planning & Funding stated the role that both he and the General Manager Mental Health play in relation to this committee is a planning & funding role, the issue that they are going to tend to focus on are the ones where they have the responsibility eg older adult services. We are going to start seeing reports coming back to

this committee on the implementation of the of the Disability Action Plan and the ICC (Integrated Continuum of Care for the older adult)

The Chair indicated he felt it is very important that the managers attend Board meetings to hear what the board members have to say, they are busy people but the time should be allocated for them to be able to attend those meetings.

General Manager Planning & Funding felt Monitoring of both the ICC Plan and Disability Action Plan become regular agenda items. General Manager Mental Health agreed and felt it was quite timely that there is a plan for the next 12 months where areas of particular interest can be developed. People can come and talk about the particular theme or issue and this committee can make conclusions about what it thinks should be happening and what they need to do to bring it to peoples attention.

General Manager Planning & Funding is to bring back a report to the next DSAC meeting, what do the terms of reference say, does DSAC have the power to consider matters that are currently funded by the Ministry as well as the ones funded by the DHB, a bit of a look at what some of the other DSACs around the country are doing.

Even though they are not services directly funded by the DHB, but still with the ministry, there is nothing to be lost in discussing those matters as we are suppose to be helping to represent the views of the community and if they come to us with concerns about equipment, for example, we have a responsibility to help and maybe advocate on their behalf to the ministry.

General Manager Planning & Funding envisions that by the next meeting he will be in a position to start producing the Traffic Lights Report on the ICC and the Disability Action Plan.

6. NEXT MEETING

The next meeting will be held on Wednesday 13 October 2004 at 8.30 am.

The interview process has taken place and there is a new Disability Services Advisory Committee member, Sharon Ramson. Sharon will be at the next meeting, 13 October

7. 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 9.36 am

DRAFT MINUTES OF THE COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

HELD 18 AUGUST 2004, IN THE BOARDROOM, CORPORATE OFFICE, GREYMOUTH AT 10:37 AM

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

IN ATTENDANCE:
Kevin Hague, General Manager Planning & Funding
Melanie Penny, Research and Planning Analyst
Shona McLeod, Planning and Funding Analyst
Gerri Vanderzanden, Community and Public Health
Marguerite Moore, WCDHB member

Alison McDougall, Minute Secretary

APOLOGIES:
Gregor Coster
Tamai Sinclair
Cheryl Brunton
Robin Williams
Christine Robertson, Deputy Chair, WCDHB
Lindy Mason (for lateness)
Greville Wood (for lateness)

1. WELCOME, APOLOGIES

The Chair welcomed all committee members, Board members and management. Apologies were received from Gregor Coster, Tamai Sinclair, Cheryl Brunton, Robin Williams, Christine Robertson, and Lindy Mason and Greville Wood for lateness.

2. DISCLOSURES OF INTEREST

The following changes were made to the disclosures of interest.

Barbara Greer

- Member - Rata Branch Maori Women's Welfare League
- Member - Poutama Ora

- Member - Runanga O Makaawhio
- Shareholder - Mawhera Corporation
- Tumuaki Rata Te Awhina Trust

3. AGENDA CHECK

- Meningitis roll out
- Scholarships

Greville Wood joined the meeting at 8:41am

4. MINUTES OF PREVIOUS MEETINGS

Minutes of Meeting Held 16 June 2004

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 16 June 2004 were a true and correct record.

Minutes of Meeting Held 21 July 2004

- Page 13, Item 4, replace "19 May" with "16 June"
- Page 13, Item 4, resolution should read, "It was MOVED that the Minutes of the Community and Public Health Advisory Committee meeting held 16 June 2004 were a true and correct record to be formally resolved at the next meeting"
- Page 14, second paragraph, third sentence, replace "wise" with "wide".
- Page 15, Item 6, last paragraph, last sentence, add "Robyne Bryant raised concerns about issues of double dipping regarding community services card use, free alcohol and drug counselling and methadone counselling programmes."

Moved: Robyne Bryant, Seconded: Barbara Greer

It was RESOLVED that the Minutes of the Community and Public Health Advisory Committee meeting held 21 July 2004 were a true and correct record subject to the amendments listed above.

4.1 Action & Responsibility List

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

The General Manager Planning and Funding advised that there is no new information. The Chair noted that the Ministry of Health indicated information would be available around July. The General Manager Planning and Funding will go back and see if more information has now come through. The Chair advised that this information would be a useful baseline measure for CPHAC to look at in terms of rolling out smoking cessation programmes on the West Coast. The Chair advised it would be useful to include a quarterly update of these figures in papers. The Chair suggested pharmacies could provide information on the number

of cards redeemed and a Committee member suggested that information could also be obtained through PHO reports. The Chair advised she will be attending a Smokefree project meeting this afternoon and will mention provision of baseline data prior to programme rollout.

Investigate the use of an email distribution list to advise health professionals of up-coming education sessions
AND
Investigation a co-ordinator to distribute training events, etc. on the WCDHB website.
The General Manager Planning and Funding advised the WCDHB website does have the facility to list training events. The distribution list isn't running yet but should be completed shortly and in the meantime if people have events they would like to advertise they should advise the Community Liaison Officer. Training providers will be advised the resource is available when it is finalised.

Provide comment on Child & Youth Health Strategy to General Manager Planning & Funding
Now a standing agenda item for reporting therefore to be removed from the Action and Responsibility List.

Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives
In Tamai Sinclair's absence, the Chair requested Committee members advise her if they hear of any initiatives that may be of interest to CPHAC. Carried over.

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

Identify provider performance indicators and social determinants of health performance indicators for CPHAC
The General Manager Planning and Funding tabled copies of the interim PHO reports. He had requested the PHO comply with the quarterly report requirement starting with the April to June quarter of this year. This information has still not been received though was due 20 July 2004. He also asked the PHO to prepare consolidated reports from the start of PHO through to the beginning of the April quarter. The General Manager Planning and Funding advised he will go through the reports and provide a more developed version. The report tabled deals with matters that the PHO is required to report on as per it's contract and this information will help to build new KPIs for the next contract.

CPHAC discussed the information provided in the PHO reports including diabetes. The General Manager Planning and Funding advised that there does not appear to be adequate numbers of diabetes annual checks occurring. Southlink Health report that their estimate is approximately 800 diabetics on the Coast. Each of these people should be receiving an annual review. The information in the report indicates that around half appear to have actually received a review. The Chair queried how many reviews are done by the hospital diabetes team. This may be an issue for the GP Liaison Officer to explore and requested the General Manager Planning and Funding liaise with the GP Liaison Officer on the number of diabetes reviews conducted at the hospital.

Action: General Manager Planning and Funding

The General Manager Planning and Funding will provide data on reviews undertaken by hospital staff at the next meeting then look at the total number of people who received a review so that CPHAC can then look at whether the Committee is satisfied with the proportion of diagnosed diabetics on the Coast receiving reviews. If CPHAC is not comfortable with the data then it could look at whether the mix between PHO and DHB

service is appropriate. A Committee member suggested that not only the PHO should report but nurses and WAKA could also report on the number of people screened or referred for screening as we do not really have an accurate picture of those people who remain undiagnosed. These figures may then give a picture of expected numbers. The Chair advised this would be useful to estimate targets. The General Manager Planning and Funding advised there were no targets set in the PHO contract. CPHAC could look at this data by obtaining information from the DHB, PHO, Rata and WAKA. This information could also be broken down geographically to ensure appropriate and equitable levels of access, targets agreed with the Ministry and benchmarking data on expected level of diabetes prevalence. A Committee member suggested this type of reporting could eventually be used to monitor prevalence and treatment of other diseases. The Chair requested Rata and the DHB be approached to provide figures.

Action: General Manager Planning and Funding

CPHAC discussed diabetes screening and the Chair suggested that once all additional data is reported CPHAC can then identify if health promotion or education around risk factors, etc. is needed and make recommendations to the Board as appropriate. The General Manager Planning and Funding suggested that in addition to receiving new data CPHAC could also invite the local diabetes team to present at the next meeting.

Action: Chair

A Committee member suggested that other community providers could be invited to submit data such as primary care nurses with the Appetite for Life program and Rata Te Awhina on various work within their area. The Chair requested that data also be obtained from other providers as required.

The GM Planning & Funding advised that it appears that the PHO is underspent in some areas possibly due to few GPs and Practice Nurses taking up opportunities provided in the contract. The Chair requested that the General Manager Planning and Funding as funder ask if GPs and Practice Nurses know these opportunities exist. The General Manager Planning and Funding will follow this up with the PHO.

Action: General Manager Planning and Funding

CPHAC discussed underspent areas in the PHO's budget including terminal care and rural health practice development. The General Manager Planning and Funding suggested he can query if the PHO has plans for how this money will be spent and as funder signal categories for spending and agree plans for how the underspend is to be used. The Chair suggested it would be helpful if reports were provided in a form more closely aligned with identified provider performance indicators.. A Committee member suggested CPHAC could have an ex officio PHO representative on the Committee. This would give the PHO the opportunity to give broader advice to CPHAC on issues being discussed. A Committee member suggested that CPHAC could write to the PHO with a standing invitation to attend meetings. The Chair agreed that it would be useful for CPHAC to have a PHO representative at meetings. The Chair mentioned that other providers have been formally invited to attend meetings in the past but they have not taken advantage of the offer and reiterated that CPHAC meetings are public and ideally the media and Community Liaison Officer should also attend.

Moved: Lindy Mason, Seconded: Robyne Bryant

Motion:

THAT CPHAC write a letter to the PHO extending a standing invitation to attend CPHAC meetings.

Motion carried.

A Committee member queried if the PHO underspend is ring fenced for each budgetted area. The General Manager Planning and Funding advised that the PHO is not required to report on this however based on the information that has been reported it would appear the money is being ring fenced. A Committee member queried how many people are now enrolled with the PHO on an NHI basis? The Chair advised the number is approximately 27,000. The Committee member advised that she is aware of NHI duplicates becoming more of a problem. Many people have two numbers, one for hospital treatment, one for GP treatment. Barbara Greer advised she is attending an NHI Advisory Group meeting and will present this information at the meeting. The Chair suggested that if the Committee member identifies anyone with two NHI numbers then she should notify Bill Eschenbach at the PHO.

Liaise with the PHO to assist with the development of a website and other communications functions
The General Manager Planning and Funding informed the Committee this has not been actioned yet. He is looking to ensure WCDHB has the capacity to assist the PHO.

Discuss the establishment of a working group to assist Greville Wood with the Rural GP Training Scheme with EMT
The General Manager Planning and Funding advised that EMT have not yet discussed the establishment of a working group but he is aware that Greville has met with the Chief Financial Manager. The Chair requested EMT discuss and action the matter to report back to the next meeting with a steering group.

Raise the issue of pharmacy subsidies and special areas with the Ministry and discuss an amendment to the charging policy with the General Manager Primary Services/Director of Nursing
The General Manager Planning and Funding advised he has not discussed this item with the General Manager Primary Services/Director of Nursing yet as she has only just returned from leave. The General Manager Planning and Funding advised he did flag the issue to the Ministry and has not had any feedback. The General Manager Planning and Funding is preparing a paper to be presented to the Ministry recommending a way forward for special areas in order to smooth them into the mainstream system.

A Committee member suggested that the Board should advocate for over 65s in special areas to be entitled to a community services card and request the Prime Minister retract the letter she has written or write a new letter clarifying the situation.

Gerri Vanderzanden left the meeting at 12:00pm

Moved: Greville Wood, Seconded: Robyne Bryant

Recommendation:
That CPHAC recommends the WCDHB Chairman raise with the Minister of Health the inability to deliver on the benefits for those over 65 in special areas as outlined in the Prime Minister's personal letter to them and address ways of removing this anomaly.

Carried.

Liaise with the Community Liaison Officer to explore a media campaign on the meningitis vaccine rollout
AND
Liaise with Rata Te Awhina Trust to ensure they are involved in a media campaign on the meningitis vaccine rollout
Completed and further discussion as per agenda item 8.

Primary Health Care Plan
The General Manager Planning and Funding advised that SISSAL is working on the Plan and a draft should be completed in a few months. The General Manager Planning and Funding suggested the item is left on the Agenda for regular updates. The PHO doesn't have a Primary Health Care Plan and once the DHB's plan is formulated then it will hopefully spark greater involvement/engagement from the PHO on this issue.. Drafts of the Plan will go out for discussion once completed.

CPHAC Vacancy
The Chair advised she is conducting interviews for the CPHAC vacancy next week with the General Manager Planning and Funding.

5. CORRESPONDENCE

No correspondence was received or sent.

6. CHILD AND YOUTH HEALTH

The Chair read from a media release by the WCDHB calling for participants in a working group of young people for the Child and Youth Health Strategy. The General Manager Planning and Funding advised that the first meeting of the Committee went well with good energy and people enthusiastic about the work programme

7. ORAL HEALTH

Research and Planning Analyst (Melanie Penny) provided an update on oral health matters. She advised she attended the launch of the new adolescent oral health initiative on 1 July in Christchurch, which was also attended by the Minister of Health. This initiative is the first of its type to be implemented and is a collaboration between WCDHB, CDHB and SCDHB. The initiative has been now picked up nationally and will be funded nationally. There are television advertisements being shown and posters and pamphlets made available to nurses, dentists, etc. The Research and Planning Analyst played the television advertisements for the Committee.

The Chair queried whether there was anything further that CPHAC could do at present to aid with the progression of the Oral Health Recommendations from the recent Hui . The Research and Planning Analyst said things were progressing well at this stage.

The Planning and Funding Analyst joined the meeting at 12:05pm

8. MENINGITIS VACCINE ROLLOUT

The Chair tabled copies of a paper prepared by Cheryl Brunton on the Meningitis Vaccine roll out. Shona McLeod (Planning and Funding Analyst) is the co-ordinator for the West Coast

roll out. The Planning and Funding Analyst informed CPHAC that public awareness campaigns have not yet been started but campaigns will be based on raising awareness of meningococcal disease. The Ministry has not released all resources yet and information will be disseminated as the roll out progresses nationally. It is expected more information will be received about the vaccine and where to go for vaccination closer to the time. At this stage the roll out is expected to be in July 2005 and awareness and training for primary health providers and public health nurses will start at end of this year. The Chair noted that there have been 11 cases of meningitis on the West Coast in the past 4 years and 4 of these were Type C (the most common strain which the vaccine actually doesn't cover) and it would be good to include these figures and information about different types in education campaigns.

9. SCHOLARSHIPS

The Chair advised that she raised the matter of scholarships at the last Board meeting. No significant progress was made. She has also been talking with some members of the PHO about ways to assist with recruitment such as providing scholarships to West coast adolescents who are entering University to study medicine and other key health professions. The scholarships could be tailored to wherever a shortage exists and provide scholarships not only to assist students but to also attract them back to the West Coast. The WCDHB did not develop a way forward at their last meeting but there was a general interest in a scholarship programme. The Chair asked for suggestions from CPHAC. A Committee member advised that he developed a paper and gathered data in relation to providing scholarships on the West Coast a few years ago and provided this information to the General Manager Operations. The information is based on programmes that are running in Australia. The Committee member advised that he feels the project could be advanced by a separate trust set up for scholarships possibly under the West Cost Development Trust. The scholarship trust could have contributions from all sectors to a pool for scholarships with the DHB being one of the contributors. The Chair suggested that CPHAC recommend the Board look at formally setting up ways of working with other providers to establish a scholarship programme..

Moved: Chair, Seconded: Greville Wood

Recommendation:
THAT CPHAC recommends that the WCDHB instruct the Chief Executive to further the concept of developing scholarships for West Coast students entering key health professions and, in particular, the concept of a regional trust to administer scholarships.

Carried.

10. NEXT MEETING

The next meeting will be held on Wednesday 13 October 2004 at 10:30am in the Boardroom, Corporate Office, Greymouth.

There being no further business the meeting concluded at 12:43 pm

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

Page of Minutes	Task	Who Involved/Responsible
Meeting held on 03/12/03	Obtain data from New Zealand Health and Information Service on the number of people calling Quitline from the West Coast as available.	General Manager Planning & Funding
Meeting held on 19/05/04	Co-ordinate distribution of information about up and coming education sessions to various groups of health professionals..	General Manager Planning & Funding
Meeting held on 16/06/04	Investigate the success of smoking cessation initiatives for Maori and plans put in place to achieve objectives.	Tamai Sinclair
Meeting held on 16/06/04	Prepare reports on provider performance indicators and social determinates of health indicators for CPHAC to monitor.	General Manager Planning & Funding
Meeting held on 21/07/04	Liaise with the PHO to assist with the development of a website and other communications functions.	General Manager Planning and Funding
Meeting held on 21/07/04	Discuss the establishment of a working group to assist Greville Wood with the Rural GP Training Scheme with EMT.	General Manager Planning and Funding
Meeting held on 21/07/04	Raise the issue of pharmacy subsidies and special areas with the Ministry and discuss an amendment to the charging policy with the General Manager Primary Services/Director of Nursing.	General Manager Planning and Funding
4.1	Liaise with the GP Liaison Officer to collect information on the number of diabetes reviews conducted at the hospital.	General Manager Planning and Funding
4.1	Invite the local diabetes team to the next CPHAC meeting.	Chair
4.1	Follow up with the PHO to ensure GPs and Practice Nurses are aware of funding opportunities in the PHO contract.	General Manager Planning and Funding
Meeting held on 18/08/04	Approach Rata Te Awhina and DHB Diabetes Nurse to establish reports on annual diabetes reviews performed in these areas.	General Manager Planning and Funding
Meeting held on 18/08/04	Prepare standing invitation letter to the PHO to attend all CPHAC meetings	Chair

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.