

Te Pōari Hauora o Whanganui Whanganui District Health Board

He Kōrero Mo Ngā Kaitono Information for candidates – 2019

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Whanganui District Health Board's electoral contact:

Margaret Bell

Email: margaret.bell@wdhb.org.nz

Telephone: 06 348 3424

Postal address: Whanganui District Health Board, Private Bag 3003, Whanganui 4540

Further details regarding Whanganui District Health Board's plans and performance is contained in the following documents:

- WDHB Annual Plan and Statement of Performance Expectations, 2018/19
- WDHB Statement of Intent 2019 to 2022
- WDHB Annual Report 2017/18
- WDHB Pro-equity Check Up Report (2018)
- WDHB Public Health Annual Plan 2018/19
- WDHB Maternity and Maternity Quality and Safety Programme Annual Report 2017/18
- WDHB System Level Measures 2018/19
- Regional Services Plan 2018/19 – Parts 1, 2 and 3
- WDHB Quality Account 2017/18
- Manatu Whakaaetanga Memorandum of Understanding between Hauora a Iwi and Whanganui District Health Board 2017 to 2020
- WDHB Māori Health Profiles 2015

These documents are available on our website www.wdwb.org.nz.



The DHB in summary

Whanganui is one of 20 district health boards (DHBs) in New Zealand established under the New Zealand Public Health and Disability Act 2000. The Act sets out the roles and functions of DHBs. As Crown agents, DHBs are considered Crown entities and are covered by the Crown Entities Act 2004.

Whanganui DHB's health district is home to approximately 65,000 people. The DHB is responsible for promoting, improving and protecting the health of communities; promoting the integration of health services, especially community based and hospital services; promoting effective care or support of those in need of personal health services or disability support; and funding and providing public health services.

We align our intentions to our statutory objectives and to the Government's key goal of improving the wellbeing of New Zealanders and their families.

To fulfil its obligations, the DHB must meet the challenge of allocating resources amongst competing priorities. For example, deciding the balance between funding services to prevent illness and keeping people well, supporting children, youth and older people and those with chronic illness, caring for the dying and continuing to provide and improve acute and elective hospital and specialist services. The Whanganui DHB's budget for the 2019/20 year is built around baseline funding of \$234 million.

The DHB ensures services are available to its resident population, including those living rurally, either by contracting with external providers (such as GPs, rest homes, dentists, Māori health providers, pharmacists and mental health service providers) or providing the services directly (such as hospital and allied health services).

For more complex specialist care, patients and their families travel and receive services from other DHBs, usually in Palmerston North or Wellington, or at Starship children's hospital in Auckland.

The DHB is governed by a board of 11 members, seven of whom are elected by our community triennially, and four of whom are appointed by the Minister of Health. Acknowledging the demographic of our region, two elected members should identify as Māori. If this is not so, two Māori members will be appointed by the Minister of Health.

The board has a Memorandum of Understanding (MoU) with iwi through Hauora a Iwi (iwi Māori Relationship Board). The iwi are Whanganui; Ngā Rauru Kītahi; Ngā Wairiki Ngāti Apa; Mōkai Pātea; Ngāti Hauiti and Ngāti Rangī, representatives of the iwi (tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board district) and their organisations who represent tangata whenua (members of tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board district).

Whanganui DHB works with many other organisations and communities inside and outside the health sector, to deliver on local, regional and national health priorities.

An effective system is crucial in our intent to eliminate inequity, integrate care, partner for community wellbeing and empower whānau and individuals to make healthy choices.



Our strategic direction

Our vision is 'Thriving communities'.

We aim to deliver our vision by focusing on four key strategic drivers:

- Eliminating inequity – by targeting vulnerability, understanding need and measuring what matters, and focusing on access.
- Integrating care – by shifting to community and primary health care, reducing hospitalisation, and focusing on public health, health promotion, protection and prevention.
- Partnering for community wellbeing – by broad, integrated social mobilisation across all communities; good communication to keep the population engaged with the health sector.
- Empowering whānau and individuals to make healthy choices – by supporting wellness through Whānau Ora; promoting the '65,000 beds' campaign, and using helpful planning and case management tools.

Linking Government priorities to our population needs

Government priorities

Whanganui DHB will deliver on the Government's priorities for 2019/20, as outlined in the Minister of Health's Letter of Expectations, December 2018 as follows:

- Strong and equitable public health and disability system
- Mental health and addiction care
- Child wellbeing
- Primary health care
- Public health and the environment
- Strong fiscal management.

Equity is a key theme across all aspects of the work that we do. Our working definition of equity is taken from the 2018 Health and Disability Review panel:

"In Aotearoa New Zealand people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."¹

Eliminating inequities is one of our strategic drivers. With a significantly higher than average Māori population, and in honour of our Treaty obligations, the primary response to equity for WDHB is in the area of Māori health.

Other areas for equity consideration at WDHB include rural populations, youth and people needing support for mental health and addictions issues.

¹ www.health.govt.nz, accessed 22/03/19

Pro-equity check up

In December 2018, the DHB completed a 'Pro-equity check up' review to identify actions the organisation can take to create a strong foundation for the work that must happen as we work to eliminate inequity. The check up provided an independent and unbiased view of where we were at, which has been used to develop an implementation work plan. This plan outlines actions to focus efforts for the most sustained impact. Hauora a Iwi were engaged in the review process and have endorsed the report's recommendations. The report identified 11 findings under four themes: organisational leadership and accountability for equity; Māori workforce and Māori health and workforce capability; transparency in data and decision-making; and authentic partnership with Māori.

Whanganui DHB outcomes framework

The diagram below links our strategic drivers to the Government's vision and priorities:

OUR OUTCOMES FRAMEWORK



Our way of working

As outlined in the framework, we are committed to achieving equity in health outcomes for Māori and improving the health of our community. This influences what we do and how we do it, including:

- applying the philosophy of Whānau Ora as a key principle in how we partner with all health consumers and their families/whānau, and how we understand and acknowledge their cultural values and beliefs.
- applying the equity lens and Whānau Ora philosophy to ensure that governance, leadership and our wider workforce understand their responsibilities, are culturally aware and supported in their cultural practice.
 - Making whānau-centred best practice to guide how things are done.
 - Applied to planning and service improvement, the equity lens and whānau-centredness requires whānau, clinicians and the community to work together to build an understanding of what is happening and what needs to be done differently. This requires working across systems to support whānau goals and aspirations and building resilience in whānau and the community.
- investing in sustainable kaupapa Māori services, to provide whānau choice and support the building of the capacity and capability of the Māori workforce across our system.

Our values

We are a values-based, pro-equity organisation committed to whānau-based care and support. These values are depicted in the following diagram.



WHANGANUI DISTRICT HEALTH BOARD TE POARI HAUORA O WHANGANUI

*Kaua e rangiruatia te hāpai o te hoe, e kore to tātou waka e ū ki uta.
Do not lift the paddle out of unison or our canoe will never reach the shore.*

We foster an environment that places the patient and their family at the centre of everything we do - an environment which values:

- learning and improvement
- courage
- partnering with others
- building resilience.

We are:

- open and honest
- respectful and empathetic
- caring and considerate
- committed to fostering meaningful relationships
- family-centred.

He wāhi whakamana tangata whaiora, whakamana whānau! Ko te whai anō hoki i ngā waiaro:

- ka whai matauranga
- ka whai mana
- ka toro atu te ringa
- ka whai rangatiratanga.

Koi anei tātou:

- ka ū ki te pono
- ka aroha ki te tangata
- ka manaaki tangata
- ko te mea nui he tangata, he tangata me ōna āhuetanga katoa
- ko te whānau te pūtake.



Nothing about me without me, and my whānau/family
Ko au ko toku whānau, ko toku whānau ko au

Who we serve

Whanganui District Health Board serves a population of approximately 65,000.

We provide services to a wide geographical district stretching from Raetihi, Ohakune and Waiouru in the north; across to the Rangitikei River in the south, incorporating Hunterville, Marton and Bulls; and stretching across to Wanganui and Maxwell, encompassing the lower regions of the Whanganui River.

Whanganui district comprises the following territorial local authority districts:

- Whanganui territorial authority area
- Rangitikei territorial authority area
- Ruapehu territorial authority area – the wards of Waimarino and Waiouru known as south Ruapehu.

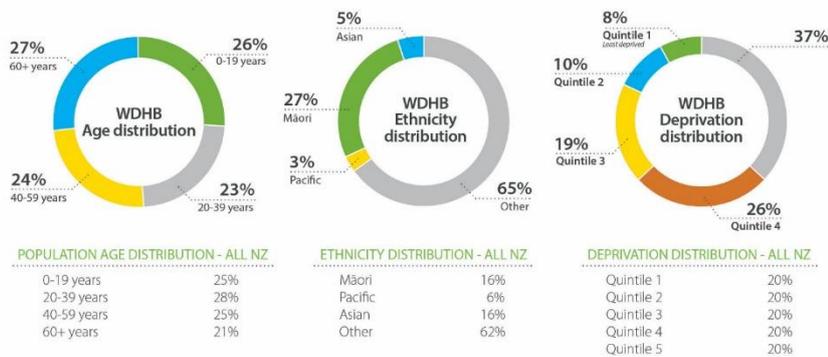
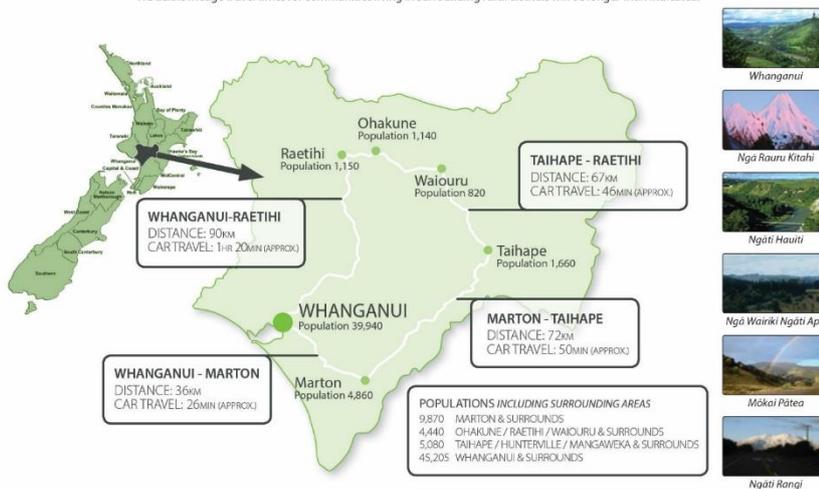
THE POPULATION WE SERVE HE TANGATA, HE TANGATA, HE TANGATA



One of 20 district health boards (DHBs) in New Zealand, Whanganui District Health Board (WDHB) was established under the New Zealand Public Health and Disability Act 2000. This Act sets out the roles and functions of DHBs.

WHANGANUI DHB DISTRICT | TOTAL POPULATION: 64,595 | 9,742KM²

We acknowledge travel times for communities living in surrounding rural districts will be longer than indicated.



Understanding health needs

Whanganui District Health Board maintains a good understanding of the health needs of the resident population, which is identified through comprehensive and ongoing health needs assessments.

Our population has a unique profile compared to the rest of New Zealand.

- Modest growth overall, impacting on the share of funding received.
- High rates of relative deprivation, which correlates to poor health status and high health need.
- A higher proportion of Māori (27%).
- A higher proportion of people aged over 65.
- A large geographical area with some pockets of isolated, small rural populations.
- A small hospital servicing a widely dispersed population base.
- Large travel distances to the bigger hospitals.

We are a district of high overall deprivation with 35% of our total population and 53% of Māori living in deciles² 9 and 10. Compared to the rest of New Zealand, the district has higher mortality rates and hospital admissions, a high level of chronic disease and a faster growing, higher proportion of older people. Population demographics and growth patterns are different for Māori, Pasifika, Asian and other population groups.

The major health issues identified in our district are poorer health status for Māori; cardiovascular (heart) disease; lung disease; cancer; diabetes; oral health and high health-risk factors. Many of these health problems are considered as being avoidable due to factors such as lifestyle, diet, prevention, early detection and treatment of conditions by general practice and community providers. It is important to also acknowledge the impact of the social determinants of health such as living conditions, employment, education, connections to family and cultural identity.

What guides us

There are key strategies and documents that guide and support us to understand and meet the needs of our population in partnership with iwi and with other local organisations, providers, agencies and Government organisations.

Te Tiriti o Waitangi

Commitment to the principles of partnership, participation and protection that underpin the relationship between the Government and Māori under the Treaty of Waitangi:

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- **Protection** involves the Government working to ensure Māori have equitable health outcomes, and safeguarding Māori cultural concepts, values and practices.

² An index of deprivation calculated by the Department of Public Health, University of Otago, Wellington, based on household income, access to car and telephone, household crowding, employment, home ownership status and people <65 in a single parent family. Decile 1 least deprived, decile 10 most deprived.

Partnership with iwi

To give effect to the principles of the Treaty of Waitangi the DHB's board has a formal governance relationship with Hauora a Iwi.

The primary aim of Hauora a Iwi is to contribute to the advancement of Māori health strategically to ensure equitable access and delivery of health services to Māori.

The Whanganui District Health Board and Hauora a Iwi (the Boards) formalise this through the Manatu Whakaaetanga, Memorandum of Understanding. The purpose of this memorandum is to describe how the boards work in partnership to improve equity in health outcomes for Māori people residing in the Whanganui District Health Board's area.

The boards agree that the following fundamental and guiding principles, aim and goals expands the purpose of the memorandum.

- A common interest and commitment to improving equity and advancing Māori Health.
- Building on understandings and gains already made in improving Māori Health.
- Acknowledge the impact of health determinants and the importance of across sector collaboration and participation.
- Taking responsibility for where we can influence and effect change.
- Recognising our various roles and accountabilities the boards will work collaboratively across the sector as a whole.
- Recognises the limitations and expectations of both boards.
- That the values, beliefs, practices of both organisations be considered and respected when taking into account any legal obligations of a Crown agency, public sector organisation or iwi entity.

Aim

Building a relationship that enables an effective partnership that takes us beyond our legislative requirements to achieve the goals.

Goals

1. Giving effect to Whānau Ora – the right service, at the right time, in the right place, in the right way.
2. Achieving health equity for Māori - monitoring performance through reporting.
3. Improving capacity and enhancing capability – systems, delivery options and workforce.

The boards meet quarterly and engage more frequently over strategic planning and priorities. Representatives of Hauora a Iwi sit on the DHB's Combined Statutory Advisory Committee

Māori Health Outcomes Advisory Group

Along with the iwi partnership at governance level, we have an operational partnership at management level between the DHB's leadership team and the Māori Health Outcomes Advisory Group.

The group is made up of the chief executive/general managers of the five local iwi health providers that hold health service contracts with the DHB. The organisations are Te Kotuku Hauora Ltd, Nga Iwi o Mōkai Pātea Services Trust, Ngāti Rangi Community Health Centre, Te Puke Karanga Hauora and Te Ōranganui Trust.

Formalised through a terms of reference, the intent of the group is to work together to identify health strategies and service solutions that will reduce inequities and improve the health for iwi communities and Māori living in the Whanganui DHB area.

He Korowai Ōranga 2014

Commitment to Māori Health Strategy: He Korowai Ōranga 2014, with the overall aim of **Pae ora** - healthy futures, which incorporates three interconnected elements:

- **Whānau ora** – healthy families – whānau wellbeing and support, participation in Māori culture and Te Reo.
- **Wai ora** – healthy environments – education, work, income, housing and deprivation.
- **Mauri ora** – healthy individuals – life stage from pepi/tamariki to rangatahi then pakeke and a section that includes individuals of all ages.

He Korowai Ōranga incorporates four pathways of action that are not mutually exclusive and are intended to work as an integrated whole. Te Ara Tuatahi, (pathway one) development of whānau, hapū, iwi and Māori communities; Te Ara Tuarua, (pathway two) Māori participation in the health and disability sector; Te Ara Tuatoru, (pathway three) effective health and disability services and Te Ara Tuawhā (pathway four) working across sectors.

Whānau Ora

We endorse the seven principles of Whānau Ora: That whānau are:

1. self-managing and empowered leaders
2. leading healthy lifestyles
3. confidently participating in te ao Māori (the Māori world)
4. participating fully in society
5. economically secure and successfully involved in wealth creation
6. cohesive, resilient and nurturing
7. responsible stewards of their living and natural environment.

The New Zealand Health Strategy

Incorporating five strategic themes (people-powered, care closer to home, high value and performance, one team, smart system).

The Healthy Ageing Strategy

The vision that 'older people live well, age well, and have a respectful end of life in age-friendly communities'.

The UN Convention on the Rights of Persons with Disabilities

The aim of 'promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'.

Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014 to 2018

To facilitate the delivery of high-quality health services that meet the needs of Pacific people

What we do

The functions of the district health board are governed and guided by an Operational Policy Framework, which is part of our agreement with the Crown for public funding.

Whanganui DHB has three key functions:

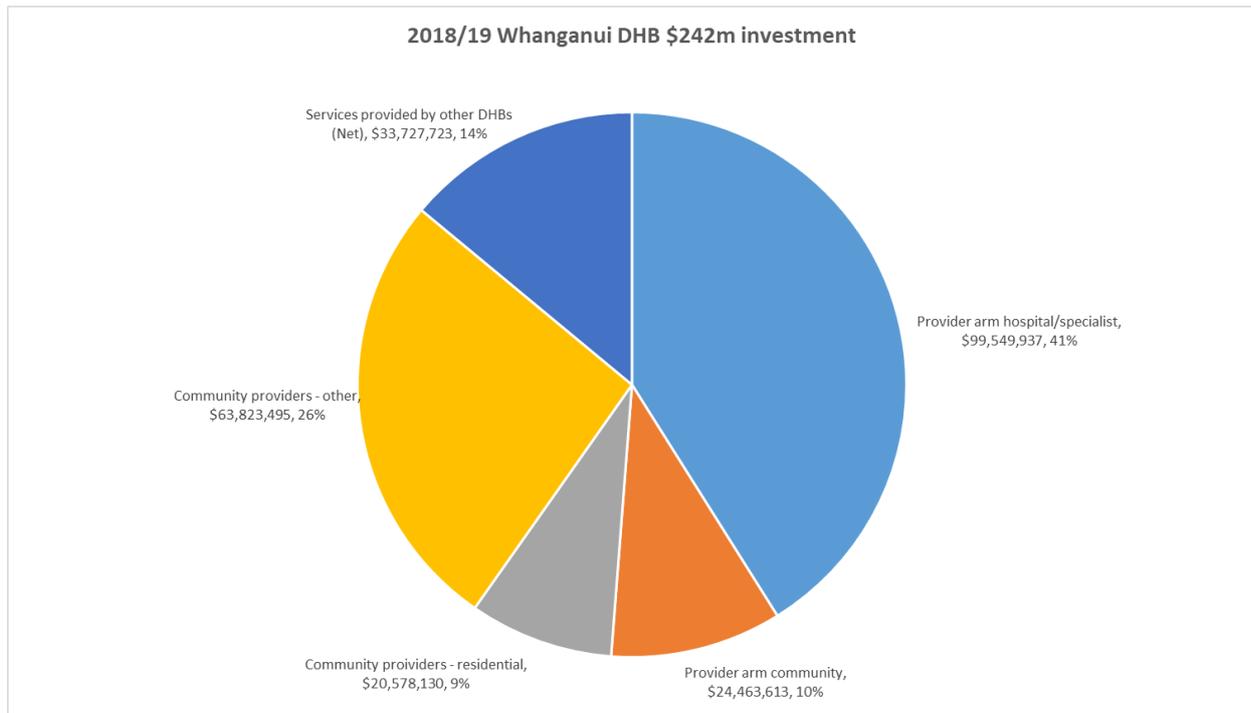
- Planning and purchasing health and disability services
- Providing health and disability services through Crown-owned hospital, health centres and associated health services
- Governing and managing the district health board.

(Note: Responsibility for public health services, primary maternity services and disability support services for persons under 65 years have not yet been devolved to district health boards and currently rests with the Ministry of Health).



How Whanganui District Health Board funds services

Where the money goes



How we do it

To carry out its functions, the DHB is monitored across three divisions:

- Health services funding
- Health services provision
- Governance and Corporate.

Whanganui District Health Board has a staff headcount of approximately 1050. The workforce is made up of:

- 9% medical staff
- 51% nursing staff
- 19% allied health staff
- 1% support staff
- 20% management/administration.

Employment issues and management matters, including the employment of staff, are the chief executive's responsibility. Whanganui DHB has a large staff and having sound employment relations strategies is critical. The district health board aims to ensure that the right number and skills mix of people are employed, and that all employment bargaining occurs in good faith. We are an equal employment opportunity (EEO) employer committed to increasing and developing an inclusive workforce that continues to embrace diversity. This must be undertaken within available funding.

Funding of health services

This function is primarily overseen by the Service and Business Planning team through:

- Health needs assessments
- Coordination of prioritisation activity
- Planning
- Funding services
- Monitoring and reporting.

Service and Business Planning is responsible for the funding division of the DHB and for leading the planning for both funding and provision of health services. The service is guided by, and must work within, key Government policies such as the National Service Framework and Service Coverage Schedule, which set out minimum requirements for service delivery.

We gather information about what is happening with the health of people in our district through health needs assessments, monitoring processes, evaluation and consultation. The latest reviews show that many of the health problems faced by our community are considered to be avoidable due to factors such as lifestyle and could be prevented by earlier detection and management through better access to primary and community-based services.

The findings of the health needs assessment reinforce Whanganui DHB's priority health areas of Māori health, cancer, respiratory, diabetes, cardiovascular, oral health and child health in the district.

Service and Business Planning also provide advice to the board on relative priorities to inform decisions about funding received by the DHB through Vote Health. We develop plans including the annual plan (our main accountability document), and other short, medium and long-term improvement plans and operational business plans. Key documents are available on the website (www.wdwb.org.nz) under 'Publications', including the annual plan.

The Service and Business Planning team currently has responsibility for purchasing health services and monitoring external contracts valued at around \$118 million per annum, in addition to the internal agreement with our own provider, which is valued at around \$124 million.

The services funded are broadly grouped as follows:

- Health of older people
- Māori health
- Mental health
- Personal health
- Primary health
- Health promotion and protection
- Secondary and tertiary health services.

Monitoring and reporting on DHB performance includes oversight of our own provider, contracted providers and the system as a whole. This is focused on non-financial reporting as financials are done through the Finance Department, which is part of Corporate Services.

Service and Business Planning is responsible, together with other district health boards in the central region, for ensuring a strong regional health system.

The Service and Business Planning team must also ensure that the district health board maintains financially sustainable and viable contracts with health service providers, while remaining within the budget agreed with the Minister of Health.

How Service and Business Planning works

We recognise that to improve health and equity we need to work with other government and non-government partners. We know that health and wellbeing in the broader context is determined by income, employment, education, housing, culture and ethnicity, social cohesion, resilience and hope for the future. Examples of our work with other agencies includes:

- Vulnerable children
- Nutrition and physical activity
- Smoke-free environments
- Family violence prevention
- Safer communities
- Healthy homes
- Pathways to employment.

We also have formal contractual and funding arrangements with a range of health providers including general practice services, community pharmacies, Māori health, rest homes, and community health providers. We are aware of, and make integral in our planning, the fact that the number of people who require hospital treatment is very small when compared to the number of individual interactions with health services in the community.

Partnership with iwi and relationships with Māori

Whanganui DHB recognises and respects the principles of the Treaty of Waitangi in accordance with the New Zealand Public Health and Disability Act 2000 and is committed to the advancement of Māori health priorities. The board recognises that partnership and participation are essential to enable iwi to participate and contribute to strategies for Māori health improvement and to foster the development of Māori capacity to participate in the health and disability sector.

Community engagement

We are committed to working with local communities through an open and transparent planning and decision-making process. We aim to keep the community informed at all times through consultation, communication, public board and committee meetings and the regular release of information.

Partnership with public health services

Our planning and provision of public health services is integrated with and informed by local population health priorities, in addition to national and regional direction. The regulatory function of public health is provided to Whanganui DHB by MidCentral Health through their health protection service.

Public sector cooperation

We recognise the importance of alliances with other agencies outside health and the crucial role other agencies play in assisting the board to address and improve the determinants of health.

Private sector cooperation

We work with a range of private sector providers to deliver and coordinate services to the community. The majority of health and disability providers contracted are private providers and we ensure we meet the requirements of the Ministry of Health's Operational Policy Framework when entering into contractual arrangements with private providers.

In all our work we are committed to partnering with individuals, their whānau, and broader communities, to fulfil our role and responsibilities, both as a DHB, and as members of our community.

Approach to prioritisation

As health sector funding will never meet unlimited demands, the board follows a prioritisation framework for decision-making to guide funding decisions according to current national, regional and local priorities.

Principles underpin the prioritisation process to ensure that we keep a constant focus on three overarching aims: Improving population health through reducing inequity in health status; increasing the value of services through better patient experience; and remaining clinically and financially sustainable. The principles that have been agreed by the board on which prioritisation decisions are made are:

- fairness and equity
- value for money
- effectiveness.

The Health Equity Assessment Tool³ (HEAT) is one tool that guides us and informs decision-making around priorities. The tool can be used to assess and compare proposals for changes to health services to ensure that current health inequities are being tackled.

Any significant changes to services requires approval from the Minister of Health. A 'significant change' is defined as:

- a controversial change to the provider
- a material change to the level, nature or volume of services provided
- a material change to the funding method or contracting arrangement.

Approach to monitoring performance

All WDHB contracts with providers include reporting mechanisms designed to give information on the provider's performance. We also access information from national data sets and other health information collections to provide intelligence on service and system performance.

Many primary health care providers are paid under regulatory arrangements based on national frameworks. These are usually fee-for-service arrangements. The DHB monitors service performance in these areas through reports and volumes analyses.

Regular audits of providers are carried out. Special and issues-based audits are also undertaken as required. The audit process is managed by the central region's Technical Advisory Service on behalf of Whanganui DHB, and by the Ministry of Health's HealthCert for providers that require licensing and registration. Registered auditors are all qualified to carry out service-based, financial or cultural audits.

Funding and financial management

Whanganui DHB's key financial indicators are reported through our performance management processes to the Ministry of Health, governance and management leaders on a regular basis.

Regional service planning

Whanganui DHB is one of the six DHBs of the central region, along with Wairarapa, Hawke's Bay, MidCentral, Hutt Valley and Capital and Coast. Our tertiary centre is Capital and Coast DHB (Wellington) and we also have strong sub-regional arrangements, through the centralAlliance, with MidCentral DHB (Palmerston North). The central region's Technical Advisory Service (the shared service organisation for all district health boards in the central region) supports regional service planning activities.

³ More information can be found on this tool on the Ministry of Health website www.moh.govt.nz.



The services Whanganui DHB provides

About Whanganui DHB's provider

Overview

The DHB is a provider of services and through its Provider division, operates:

- Whanganui Hospital – the district's publicly owned hospital and associated health service
- Waimarino Health Centre, located in Raetihi
- South Rangitikei Health Centre, located in Marton
- Taihape Health Centre facility, which is DHB-owned and is operated by the Whanganui Regional Health Network (primary health organisation).

The role of each unit is covered below.

About Whanganui Hospital

Whanganui Hospital provides hospital and associated services. Currently around 880 full-time equivalent staff are employed directly by the Whanganui DHB provider arm. Another 66 permanent and 32 casual staff work under commercial contracts (outsourced services such as catering and orderlies).

Who Whanganui Hospital serves

The hospital provides comprehensive secondary care to our entire resident population. We have formal and informal agreements with other DHBs to provide some higher level (tertiary and quaternary services). Some specialist health services and public health services are received from MidCentral District Health Board in Palmerston North, including regional cancer treatment services.

How Whanganui Hospital does its work

Whanganui Hospital provides services costing around \$121 million per annum. The hospital's largest service delivery agreement is our internal service level agreement with the DHB funder. The hospital also provides services under contract with other organisations, including:

- Accident Compensation Corporation
- Other district health boards
- Ministry of Health
- Health Workforce New Zealand.

Services Whanganui Hospital provides

The hospital's prime purpose is to provide specialist:

- Emergency medicine services
- Medical and surgical services, including day surgery
- Maternity services
- Child health services
- Māori health services
- Mental health and alcohol and drug services
- Diagnostic services
- Allied health services
- Disability support services
- Public health services
- Associated outpatient, clinical support and community-based services.

These broad categories include a range of services.

A primary health care practitioner, such as a general practitioner, usually refers people to the specialist services. The clinical assessment, treatment and care provided by the hospital is at the secondary intervention level.

Hospital inpatient services are provided in one location – Whanganui Hospital. The hospital also provides visiting specialist and outreach community-based services to rural communities at three rural health centres.

Rural health centres

There are three rural health centres in the DHB area: Rangitikei Health Centre located in Marton, Waimarino Health Centre in Raetihi, and the Taihape Health Centre in Taihape. The Taihape Health Centre is operated by the Whanganui Regional Health Network.

Services provided from rural health centres

The Waimarino and Rangitikei health centres provide a range of community-based services including community nursing, visiting specialists, specialist nurse, allied health professionals, physiotherapy, podiatry, community mental health and counselling.

Waimarino Health Centre has a visiting x-ray service one day a week. It also includes a birthing unit for women and their families in the district, supported by midwives working from the centre.

Taihape Health Centre provides a range of health services and houses the general practice and primary health nursing team, x-ray, social worker, counsellor, community nursing service, physiotherapy and visiting specialist clinics, including community mental health. A two-bed primary maternity inpatient unit is co-located on the same site as the health centre, staffed by midwives from the centre. There are also nurse-led outreach clinics held in Waiouru.

The St John health shuttle provides transport for rural families to access Whanganui and Palmerston North Hospital services.

The hospital and rural health centres work alongside, and in support of, primary providers such as general practice teams, community services and NGOs, pharmacies, Māori health services, independent midwives, rural health centres and providers. It also maintains close relationships with government agencies and secondary and tertiary health providers.



About Whanganui DHB's Governance and Corporate Services

About governance

A board of 11 members is responsible for the governance of Whanganui District Health Board. Seven members are elected as part of the triennial local authority election process, and the Minister of Health appoints four members. In making appointments, the Minister will ensure there are at least two Māori members of the board and must endeavour to ensure that the Māori membership of the board is proportional to the number of Māori in the DHB's resident population.

The current Whanganui District Health Board chair is one of the Ministerial appointments and was also appointed to chair the MidCentral District Health Board in 2016.

Powhiri to welcome the board

The newly-elected board is formally welcomed to their first meeting with a powhiri led by the WDHB kaumatua and kuia, supported by the chief executive and staff.

What governance does

The board's mandate is stated in the New Zealand Public Health and Disability Act 2000. The board is responsible to the Minister of Health.

Its key responsibilities include:

- Setting the strategic direction and developing policy that is consistent with the statutory framework
- Appointing the chief executive
- Monitoring the performance of the organisation and its chief executive
- Ensuring compliance with legal requirements, the Government's accountability framework and the Crown's expectations
- Maintaining appropriate relationships with the Minister, Parliament and the public
- Accountability for the performance and management of the organisation.

Board and committee structure

In accordance with the NZ Public Health and Disability Act 2000, the board is required to have three statutory committees. These are: the Community and Public Health Advisory Committee, the Disability Support Advisory Committee, and the Hospital Advisory Committee. Since March 2017, WDHB has combined these three committees into the Combined Statutory Advisory Committee (CSAC). Each board member is expected to sit on CSAC.

In accordance with good business practice and to meet the requirements of the Public Finance Act, the Risk and Audit Committee has been established. The board also operates a Remuneration Committee which meets as required.

The charts on the following page provide a diagrammatic representation of the organisational structure – both governance and management.

Governance

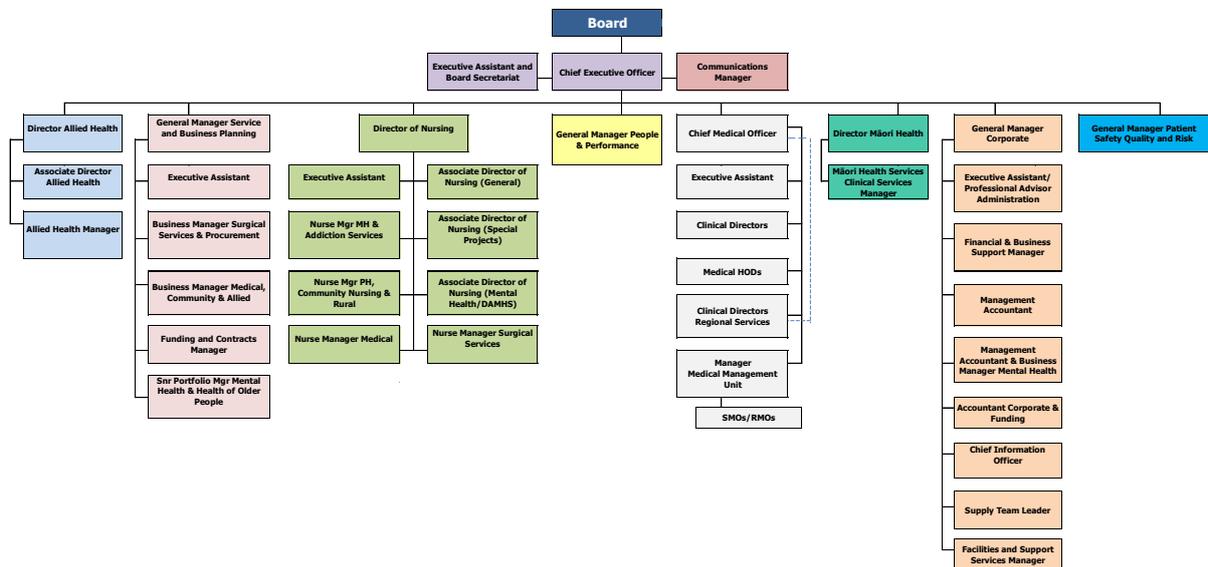
Whanganui District Health Board Governance Chart



Management



Whanganui District Health Board Organisation Chart as at 7 June 2019



Board/Committee meetings

Board meetings are held six-weekly on a Friday from 10am to approx. 3pm.

The Combined Statutory Advisory Committee also meets six-weekly, with meetings held two weeks prior to the board meeting, on a Friday from 9.30am to noon. Committee member only time may be scheduled prior to each meeting.

The terms of reference for the Risk and Audit Committee require that six meetings are held each year. Dates are set around planning for external audit and finalisation of annual accounts.

Combined Whanganui DHB and Hauora a Iwi meetings

Whanganui DHB and Hauora a Iwi meet four times a year and Hauora a Iwi members attend DHB board meetings for strategic and priority discussions.

Committee membership

Where necessary, the board appoints external experts to its advisory committees to ensure that the committee has the skills necessary to undertake its role. These positions are skills-based, and are publicly advertised. The term of appointment is usually for three years, to coincide with the board election.

Two members of Hauora a Iwi are also members of the Combined Statutory Advisory Committee.

Committee functions

Each committee has its own terms of reference which are reviewed regularly. Each committee also has an annual work programme. This is established by the board and includes monitoring arrangements in respect of annual plan initiatives.

Board training

An annual training programme is put in place to support the board members. This includes keeping up-to-date with advances in health and disability care, topical issues and health trends.

Prior to the first official meeting of the newly-elected board, all board and committee members attend the WDHB's two-day cultural education and awareness programme, Hapai te Hoe.

Community engagement

Whanganui District Health Board is committed to working with its community to achieve its vision and strategic direction and has an open and transparent decision-making process.

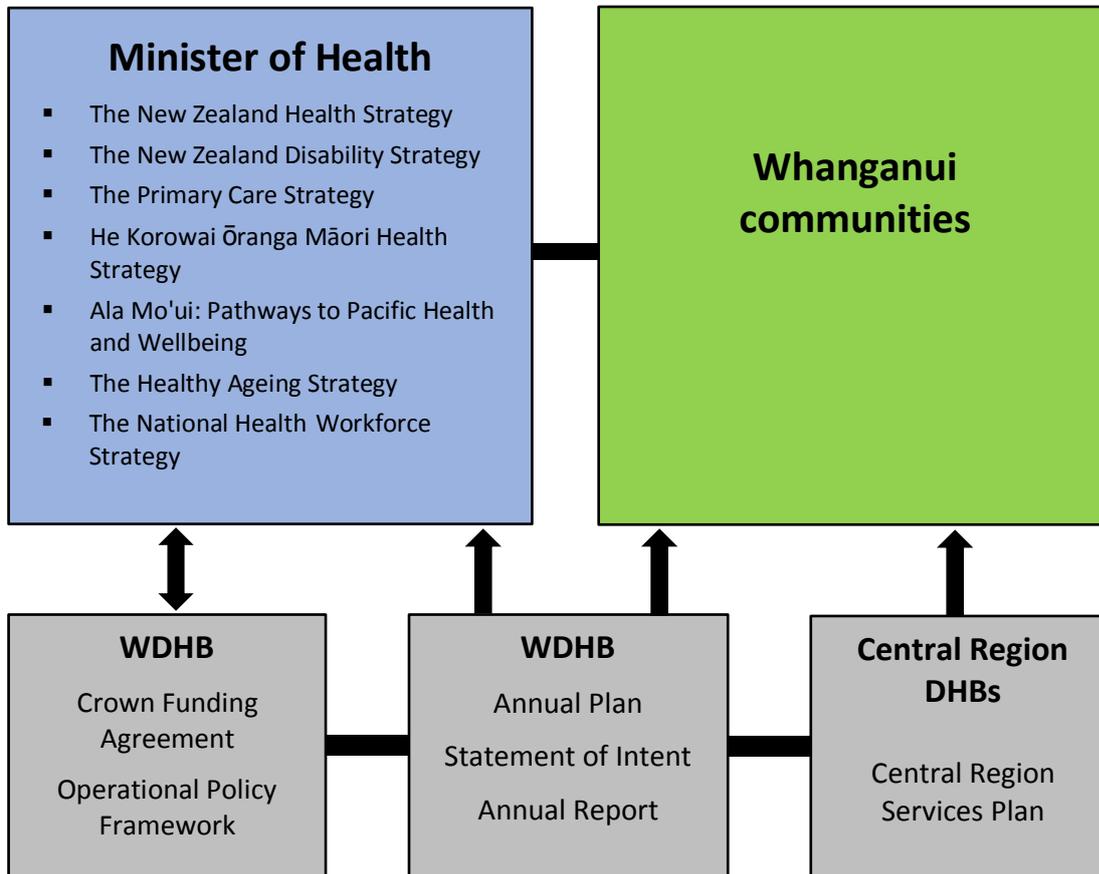
Our organisation is committed to consumer involvement in how we plan for and run our services. Each of the board's committees has community representation and we have consumer representatives on several of our significant operational committees.

The DHB's consumer council, Te Pukaea, carries the message (advice/experiences) of the people (users/consumers/whānau/families). The focus of Te Pukaea is to improve the way we work with patients and their families, improve their experiences under our care and service, and assist with making system improvements that keep patients and families safe while in our care.

Whanganui District Health Board welcomes feedback from the community on all matters and endeavours to keep the community informed at all times of its plans, progress, and achievements. It does this through engagement, communication and the public release of information. From time to time, formal consultation is undertaken.

Meetings of the board and its statutory advisory committee are open to the public. A public comment section is a part of the board's formal meeting process. Members of the public are invited to raise issues directly with the board during this section of the meeting. Often at commencement of the board meeting, members hear a consumer story or have a presentation from clinical staff on a service matter which is significant for the community.

National strategies accountabilities and documents



Crown Funding Agreement

The board is responsible to the Minister of Health. A 'Crown Funding Agreement' (CFA) is agreed on an annual basis between the district health board and the Minister of Health. The CFA outlines the funding that will be provided by the Crown and the services that must be provided in return. The CFA also contains the other two key accountability documents – the Operational Policy Framework (OPF) and the Service Coverage Schedule (SCS).

The CFA also links to the following plans that must be produced in terms of various statutory or regulatory obligations.

Statement of Intent (SOI)

This is a summary document specifying high-level district health board objectives, outputs, obligations and performance measures (statement of performance expectations, financial information for the year ahead, and a forecast for the next three years). It is a summary of the district health board's strategic intentions and is produced in terms of section 139 and 149C of the Crown Entities Act (2004) and provides accountability to Parliament and the public at least triennially. The Statement of Performance Expectations is a component of the SOI and is updated annually to provide accountability to Parliament and the public.

Annual plan

The annual plan is produced each year for approval by the Minister of Health, in accordance with section 38 of the New Zealand Public Health and Disability Act 2000. The annual plan contains the activity and associated performance expectations to be achieved in terms of the Minister's planning priorities for the year. It covers activity across the three main aspects of the district health board's role of funding, governance/management of the hospital and governance/management of the district health board. The plan also includes equity measures for Māori health gain.

Regional services plan

In terms of the New Zealand Public Health and Disability Act 2000, the Minister may direct a DHB to prepare or contribute to one or more other plans. As a result, the central region DHBs produce a regional services plan (RSP). The RSP covers areas of regional collaboration and strategic focus where a regional approach has been agreed by the combined DHB leadership. The RSP is prepared by Technical Advisory Services under the guidance of a regional forum made up regional executives, and its implementation is facilitated through the same collective approach.

Annual report

An annual report is produced each year in accordance with the NZ Public Finance Act 1989. A report from Hauora a Iwi is included in the annual report, along with statements of financial performance, a statement of service performance and accounts of quality. These statements are audited by the Office of the Auditor-General, and reflect an assessment of the service and financial measures projected in the annual plan and the statement of performance expectations against the actual results for the year. The annual report is a statutory accountability document and is tabled in Parliament by the Minister of Health.

centralAlliance

MidCentral and Whanganui DHBs have an established alliance to support shared planning and provision of services. This is underpinned by a foundation agreement.

The two DHBs already have a number of shared services or collaborations in place, including:

- Allied Laundry Services Ltd (along with other DHBs)
- Public health services
- A range of clinical services
- A range of non-clinical support services.

The centralAlliance does not change each district health board's responsibilities under legislation to plan, provide and govern health and disability services in their respective districts. Each district health board remains autonomous – legally and structurally independent of each other.

Regional collaboration

The six central region DHBs (Capital and Coast, Hawke's Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui) continue to build on a strong foundation of regional collaboration, to collectively achieve a shared vision, financial security and improve productivity.

The Central Region Regional Service Plan for 2018/19 articulates our region's strategic direction and provides a high-level overview of the central region DHBs' planned actions for the year. Through these actions we will continue to focus on the strategy's three strategic objectives:

- A digitally enabled health system
- A clinically and financially sustainable health system
- An enabled and capable workforce.

Our RSP prioritises focus on four areas of significant need: Cancer; cardiac; mental health and addiction; and regional care arrangements. We believe that this targeted approach will contribute significantly to improving the health outcomes of the people in our region.

We will also focus on achieving better outcomes for Māori through reducing the variations in disease rates and health outcomes among the population. Our work will align closely with *He Korowai Ōranga: Māori Health Strategy* and the Government's priorities, as well as our obligation to identify inequities and develop actions to improve outcomes.

Work on existing regional programmes also continues, including:

- diagnostic services
- elective services
- healthy ageing
- health quality and safety
- hepatitis C
- major trauma
- stroke
- technology and digital services
- the regional workforce.

As well as detailing our work programmes, the RSP explains the regional approach to improving quality, safety and the patient care experience, against an overall goal of improving patient health outcomes and equity. Planning and monitoring is led by the central region's chief operating officers, general managers planning and funding, and general managers Māori and Pacific.

National collaboration

Whanganui District Health Board is a participant in the 20 district health boards (20 DHBs) collaborative, through which all DHBs coordinate selected activities at a national level.

20 DHBs aims to:

- provide a forum and structure to represent matters of common interest.
- enable district health boards to take actions that are consistent with the sector's collective interests, and to build sector capacity and capability.
- create a forum in which district health boards can develop a coherent and considered strategic view on key policy and operational issues impacting on the health sector.
- recognise and protect the autonomy of district health boards in terms of their individual accountability to the Minister of Health.

The cost of operating the 20 DHBs is met by its members and it undertakes project work on behalf of DHBs, the cost of which is met by those participating.

The 20 DHB collaborative has three priority areas which are aligned to the Government's priorities:

- National services.
- Workforce development and employment relations.
- Supporting the collaboration.

About Corporate Services

The Corporate Services team includes the chief executive's and board office.

What Corporate Services does

Corporate Services support the governance and management activities for the district health board's activities. It provides the following services across the organisation:

- Organisational leadership
- Information systems
- Financial and asset management systems
- Risk management
- Payroll
- Human resource and workforce development
- Corporate communication service
- Commercial services.

In addition, Corporate Services plays a major part in responding to statutory requirements and the requirements of external stakeholders, such as the Ministry of Health and the community.

How corporate services does its work

There are three distinct roles carried out by corporate services.

The first, through the chief executive's office, is to provide leadership for the district health board. The executive management team includes clinical leaders and general managers. This team provides leadership and management across the DHB.

The second role of corporate services is to provide the strategic and business support needed to ensure the effective and efficient functioning of the clinical services and maintaining a high-performing organisation. These support services include information systems, facilities, finance, procurement and supply, risk management, legislative compliance, asset management and the relationships with the significant non-clinical contractors.

Lastly, the role of corporate services is to support the effective functioning of the governance structure.

Financial projections

There are financial pressures within the health sector at present due to increased service demand from an ageing population. This increase in services is requiring greater resources, impacting on costs which are not fully funded. Financial deficits in the health sector as a whole have been growing since 2017/18.

Whanganui DHB's forecast financial result for 2018/19 is a deficit of \$8.086 million.

The budget for 2019/20 has not been finalised at the time of preparing this information.