About Whanganui District Health Board

Information for candidates – 2013

Contents

About Whanganui District Health Board (DHB) .................................................. Page 1
How Whanganui District Health Board funds services ........................................ Page 7
The service Whanganui District Health Board provides ........................................ Page 10
About Whanganui DHB’s Governance and Corporate Division ............................ Page 12

Please note:
Figures quoted in this information are based on the 2010/11 Annual Plan unless otherwise stated.

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

- Whanganui District Health Board’s Strategic Plan
- Whanganui District Health Board’s Annual Report 2011/12
- Whanganui District Health Board’s Annual Plan 2010/11

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

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The DHB in summary

Whanganui District Health Board is the Crown entity responsible for planning and purchasing most health services for its district.

It was established under the New Zealand Public Health and Disability Act 2000 that came into force on 1 January 2001. It operates under this Act, and the Crown Entities Act 2004.

Whanganui District Health Board is responsible for ensuring the people of its district have access to a wide range of health and disability support services.

Currently around 62,210 people live in Whanganui DHB’s district and the DHB is responsible for “improving, promoting and protecting” their health and the health of the communities in which they live.

This involves assessing the health status and needs of the district, and determining what funds must be directed to preventing illness via primary health and public health services while continuing to provide and improve existing hospital and other services.

To do this, the DHB needs to meet the challenge of deciding the balance between funding services to prevent illness and keeping people well, supporting older people and those with chronic illness, care for the dying and continuing to provide and improve acute and elective hospital and community-based services.

The quantity, value and diversity of health and disability support services is large, and Whanganui DHB receives around $202 million each year. The DHB ensures services are available to its communities either by contracting with external providers (such as GPs, rest homes, dentists, pharmacists, Māori and mental health providers) or providing the services directly (eg hospital and allied health services).

When possible, services are provided locally within the DHB area. More complex services are provided for the Whanganui population in the larger centres – usually Palmerston North and Wellington.
Our vision and priority areas

Whanganui District Health Board’s vision is:

"Better health and independence”

Minister’s expectations and our planning framework

The Government’s health strategy sets the national direction for health and this guides the planning at Whanganui DHB. The annual plan describes how Whanganui DHB will action the Government’s expectations.

The Government has established six health priorities and a range of DHB performance measures for 2013/14. Whanganui DHB sets specific targets across all these priorities which are included in the annual plan.

The Government priorities are:

- Better public services: results for New Zealanders
- National health targets
- Care closer to home
- Health of older people
- Regional and national collaboration
- Living within our means.

The national health targets are:

- Shorter stays in emergency department
- Improved access to elective surgery
- Shorter waits for cancer treatment
- Increased immunisation
- Better help for smokers to quit
- Better diabetes and cardiovascular services.

Whanganui DHB has a vision for its district of improving health, reducing inequalities and promoting recovery, wellbeing and independence. Each year, the board reviews its progress towards achievement of this vision and identifies what further steps it will take over the coming three years.

Locally, Whanganui DHB is giving priority to improving the patient experience and fostering clinical leadership.
Our strategic goals

Whanganui District Health Board has three strategic goals which are designed to set the path and direction for the Whanganui District Health Board, particularly in relation to increasing the focus of population health and the outcomes of services that it funds and provides. These strategic goals will be reviewed early in the term of the new board.

Goal One: Improving health

- Focus on prevention strategies, health promotion and education
- Ensure access to appropriate, timely, early intervention to improve health
- Achieve seamless integrated service delivery and break down barriers, especially across primary and secondary services
- Undertake activities with other government and social agencies to help improve health
- Achieve improved health status in target areas.

Goal Two: Reducing inequalities

- Implement He Korowai Oranga through Whakatātaka: Māori Health Action Plan
- Improve Māori health status in target areas
- Maintain access to services for rural people
- Reduce avoidable hospital admissions for target groups – older people, children and Māori and Pacific peoples
- Reduce affordability as a barrier to accessing services
- Undertake activities with other agencies to help reduce inequalities.

Goal Three: Promoting recovery, wellbeing and independence

- Ensure recovery models are central to all health services and especially mental health services
- Ensure restoration and independence models are central to all services and especially services for older people and those with a disability
- Undertake activities with other agencies to promote community wellbeing
- Promote family, whanau, hapu and community wellbeing.
We understand what our health needs are

Whanganui District Health Board has a good understanding of the health needs of its population and the key issues that have been identified through a comprehensive health needs assessment.

Our district’s high level of deprivation is the biggest factor in the health of the district. As there is a direct link between socio-economic status and health, the impact on the district’s overall health is significant. We are a district of high overall deprivation with 34.8% of our population living in deciles 9 and 10. This percentage increases to 53.3% for Māori in our region. The district has higher rates of death and hospital admissions compared to the rest of New Zealand. Māori in the district have higher rates of death (1.6 times) and hospital admission rates (1.3 times) than non-Māori. The growing number of older people will place an increasing burden on health services as health problems associated with older people will also increase.

The major health issues that have been identified in the district health board region are cardiovascular (heart) disease; lung disease; cancer; diabetes; oral health; health of Māori. Many of these health problems are considered to be avoidable due to factors such as lifestyle, prevention and early detection and treatment of conditions by a general practitioner. The Whanganui district has a high rate of hospital admissions from these conditions and the rates are rising despite increased investment in primary care services.

Relative to New Zealand, the Whanganui district has higher rates of:
- Smoking especially in Māori, where 49% smoke
- Smoking in our youth, especially females, where 29% of 14-year-olds smoke regularly
- Heart disease, with high mortality and hospitalisation rates, especially in non-Māori
- Respiratory infections in Māori children are 1.6 times that of non-Māori and 1.5 times the national rate for Māori children
- Hospitalisations of children from injury are 1.3 times the national rate
- Mortality rates from diabetes in Māori are six times the rate for non-Māori and 1.4 times the national rate for Māori
- Colorectal (bowel) cancer in non-Māori
- Hospital admissions for dental conditions.

1 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.
Who we serve

Whanganui District Health Board serves a population of 62,210 (Census 2006, Statistics New Zealand).

Whanganui District Health Board services 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:
- Wanganui Territorial Authority Area
- Rangitikei Territorial Authority Area
- Ruapehu Territorial Authority Area – the Wards of Waimarino and Waiouru known as south Ruapehu.

The district’s population is estimated to decline 9% over the next 15 years (based on 2006 Census data projections).

WDHB has a higher older population compared to NZ, particularly in Whanganui Territorial Authority and Rangitikei. It also has a higher Māori population than the national average.
What we do

Whanganui DHB has three key functions:

- Planning and purchasing health and disability services
- Providing health and disability services through Crown-owned hospital, health centre 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 we do it

To carry out its functions, Whanganui District Health Board is organised into three divisions:

- Service and Business Planning
- Provider Division
- Governance, Strategic and Corporate Division

Approximately 900 staff are employed. The workforce is made up of:

- 10% medical staff
- 50% nursing staff
- 18% allied health staff
- 2% 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, all employment bargaining occurs in good faith; both of which must be undertaken within available funding.
Financial projections

Whanganui District Health Board currently has approved deficit funding but is planning a break-even financial position over the next two years. The last three years has seen financial performance well ahead of plan.

Where the money goes

![Whanganui DHB $202 million Investment 2012/13](chart)

About Whanganui DHB’s Service and Business Planning Division

The key responsibility of the Service and Business Planning Division is to plan and fund health and disability services.

The role of the Service and Business Planning Division is to prioritise and operationalise the key national health and disability strategies in relation to local need as identified in our health needs assessments. The division 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.

Service coverage information demonstrates how Government policy is translated into the required minimum level and standard of services to be made available to the public.

Staff levels within the Division

The Service and Business Planning Division also has responsibility, together with other district health boards in the central region, for ensuring a strong regional health structure.

The Service and Business Planning Division is a relatively small unit, comprising approximately 12 staff.
Areas of service and services provided by the Division

The Service and Business Planning Division currently has responsibility for purchasing health services and monitoring contracts valued at around $202 million per annum. The services funded are as follows:

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

How the Division works

The Service and Business Planning Division undertakes its role in a collaborative manner, working alongside our communities, providers, other non-health related agencies (inter-sectorally) and with other district health boards and is supported by the Central Region's Technical Advisory Service (the shared service organisation for central region district health boards).

Approach to funding

The Service and Business Planning Division carries out an assessment of the district’s health status on a regular basis. The latest review shows that many of the health problems outlined on page 4 are considered to be avoidable due to factors such as lifestyle, prevention and early detection and treatment of conditions by a general practitioner. The Whanganui district has a high rate of hospital admissions from these conditions and the rates are rising, despite increased investment in primary care services.

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

To this end, the Service and Business Planning Division has worked to develop comprehensive planning processes. Key documents are available on the website (www.wdhb.org.nz), including the annual plan.

The Service and Business Planning Division 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.
Approach to prioritisation

As health sector funding will never meet the unlimited demands for expenditure, the board has developed a prioritisation framework for decision-making to make sure it results in funding decisions that reduce the current inequalities in health status across the district and provide maximum value for money.

Principles underpin rationing decisions as Whanganui District Health Board is required to live within its share of the population-based funding allocated through Vote Health each year. The principles that have been agreed by the board on which prioritisation and rationing decisions are made are:

- fairness and equity
- value for money
- effectiveness.

The Health Equity and Assessment (HEAT) Tool\(^2\) guides Whanganui District Health Board in its decision-making. The tool is used to assess and compare proposals for changes to health services to make sure that current health inequalities are being tackled.

Prior to making any significant changes to service agreements with nationwide providers of local services, Whanganui District Health Board will notify and gain the approval of the Ministry of Health. A significant change means:

- 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 Service and Business Planning Division contracts with providers include reporting mechanisms designed to give information on provider 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.

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. The registered auditors are all qualified to carry out service-based, financial or cultural audits.

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\(^2\) More information can be found on this tool on the Ministry of Health website [www.moh.govt.nz](http://www.moh.govt.nz).
About Whanganui DHB’s Provider Division

Overview

As well as being responsible for funding and planning health services, Whanganui District Health Board is a provider of services.

Whanganui District Health Board, through its Provider Division, operates:
- Wanganui Hospital – the district’s publicly owned hospital and associated health service
- Waimarino Health Centre, located in Raetihi
- South Rangitikei Health Centre, located in Marton.

The role of these units is covered below.

About Wanganui Hospital

Wanganui Hospital provides hospital and associated services. Currently around 900 full-time equivalent staff are employed directly by Whanganui DHB, another 70 staff work full-time under commercial contracts (outsourced services such as catering).

Staff are categorised into five professional groupings being medical, nursing, allied health, support, and management/administration personnel.

Who Wanganui Hospital serves

The hospital provides comprehensive secondary care, to Wanganui City, Rangitikei and South Ruapehu areas including the Wards of Waimarino and Waiouru. We receive some specialist health services and public health services from MidCentral District Health Board in Palmerston North. This includes regional cancer treatment services.

How Wanganui Hospital does its work

Wanganui Hospital provides services costing around $100 million per annum. The hospital’s largest service delivery agreement is with the Whanganui District Health Board’s Service and Business Planning Division for providing most of the services described in this section. It also provides services under contract with other organisations, including:

- Accident Compensation Corporation
- Other district health boards
- Ministry of Health
- Clinical Training Agency.
What Wanganui Hospital health services are provided

The hospital operates under an internal service level agreement for services with the Service and Business Planning Division.

The hospital also provides visiting specialist and outreach community-based services to the surrounding rural communities.

The hospital’s prime purpose is to provide specialist:

- Emergency medicine services
- Medical and surgical services
- Maternity services
- Child health services
- Mental health and alcohol and drug services
- Disability support services
- Public health services
- Associated clinical support and community-based services.

These broad categories include a range of services.

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

Hospital inpatient services are provided in one location – Wanganui Hospital. Outpatient and community services are also provided from this site, as well as the 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 Primary Health Organisation.

The hospital works alongside, and in support of, primary providers such as general practice teams, community services, pharmacies and independent midwives. It also maintains close links with other providers such as Taihape Health Limited, Māori health services and secondary and tertiary health providers.
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. There are currently three board members who have been appointed to both the Whanganui and MidCentral District Health Boards.

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 are:

- 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

Three statutory committees of the board have been established to help the board carry out its functions. These are: the Community and Public Health Advisory Committee, the Disability Support Advisory Committee, and the Hospital Advisory Committee. The role of these committees is in accord with the NZ Public Health and Disability Act 2000.

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 when needed.

Each board member is expected to sit on at least one committee.

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

The board appoints, where necessary, external experts to its three 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 for three years.

Function of each committee

Each committee has its own terms of reference and these are reviewed regularly. Each committee also has an annual work programme. This is established by the board on an annual basis, 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. Cultural training is undertaken by all board members.

Board/Committee meetings

Board meetings are held six-weekly on a Friday from 12.30 to 3.30pm.

The Community and Public Health Advisory Committee and Disability Support Advisory Committee meet two weeks prior to the board meeting on a Friday from 9.15 to 11am. The Community and Public Health Advisory Committee and Disability Support Advisory Committee meetings are combined but management reports separate issues relevant to each committee and those applicable to both committees.

The Hospital Advisory Committee meets two weeks prior to the board meeting on a Friday from 12.30 to 3pm. This may be followed by a workshop with management from 3pm to 4pm.

Committee member only time may be scheduled prior to each meeting.

Statutory committee workshops are not open to members of the public.

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.
Community engagement

Whanganui District Health Board is committed to working with its community in the achievement of its vision, and has an open and transparent decision-making process.

Formal consultation is undertaken regarding Whanganui District Health Board’s strategic intentions, as well as significant projects. Community feedback on all matters is welcomed, and Whanganui District Health Board endeavours to keep the community informed at all times of its plans, progress, and achievements. It does this through consultation, communication, engagement and the public release of information.

Meetings of the board, hospital advisory, community and public health advisory, and disability support advisory committees 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 direct with the board during this section of the board meeting.

Iwi partnership

To give effect to the principles of partnership, protection and participation, the board has a formal governance relationship with Hauora a Iwi. The purpose of this relationship is for Hauora a Iwi to provide leadership and guidance to the board on the health and disability needs and priorities of Iwi/Māori within the DHB area, together with strategies to improve Māori health outcomes. Representatives of Hauora a Iwi sit on each statutory committee.

Hauora a Iwi are representatives of the iwi (tribal entities whose area of influence falls within or partly within the Whanganui DHB region) and their organisations who represent tangata whenua (members of tribal entities that fall within or partly within the Whanganui DHB region) who are committed to upholding their responsibilities to manaaki (care and support) and tiaki (protect) all people who reside within their tribal areas that are concurrent with the area of the board. The iwi are Whanganui Iwi, Ngā Rauru Kitahi, Ngāti Apa, Otaihape Iwi, Ngāti Hauiti and Ngāti Rangi.

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

The shared commitment to this relationship is contained in a memorandum of understanding between the Whanganui District Health Board and Hauora a Iwi.
Whanganui District Health Board and Hauora a Iwi share these fundamental principles:

- A common interest and commitment to advancing Māori health
- Building on the gains and understandings already made in improving Māori health
- For the Whanganui DHB applying the principles of the Treaty of Waitangi to work to achieve the best possible outcomes for Māori health and for Hauora a Iwi applying its principles and values as contained in its strategic plan
- Partnership and mutual regard.

The memorandum of understanding is put into effect through the Māori Health Annual Plan and the work programme of the WDHB Māori Health Strategy Huarahi Oranga and Māori Health and Annual Plans.

Over the past three years the emphasis has been on building capacity and capability of Māori provider services, moving Māori providers to outcomes-based service agreements to support whanau ora service models and kaupapa Māori delivery systems, working on Māori responsiveness of district health board services, and participation in/influencing roll-out of the national Whanau Ora Strategy and ‘Better Sooner More Convenient’ primary care initiatives locally.

In 2013/16 the focus will be on the implementation of the recommendations from the review of Huarahi Oranga and the WDHB whanau ora concept paper, and the completion of the Māori health needs assessment for the DHB area.

The recommendations of Huarahi Oranga identified two areas that require the most focus: to improve the journey and experience of health services for the patients and their families, coordination and integration of services, culturally responsive services and Māori workforce development.

The concept paper provided the Whanganui District Health Board with a clearer understanding of the concept of whanau ora in the DHB context. It will support the DHB to lead planning, funding, provision and other activities that will advance whānau ora locally. The paper identified that whānau ora, although variously defined, has long been advocated by Whanganui Māori as the preferred approach to advancing Māori health locally.

The WDHB has committed to implement a family and whānau-centred approach to its core business. That is, an approach based on the Māori concept of whanau ora that focuses on health but recognises the wider dimensions of wellbeing and empowers whanau/families to gain greater control over their own health.

The concept paper notes that whānau-centred best practice is not only about what is done, but rather how it is done. It is about ensuring that the lens through which governance, other leadership and the wider workforce understand their responsibilities and what constitutes effective practice, is whānau/family centred and available to all families.

Along with this formal iwi partnership arrangement at governance level, we have an operational partnership at management level between the service and business planning 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 district health board. The organisations are Te Kotuku Hauora Ltd, Nga Iwi o Makai Patea Services Trust, Ngāti Rangi Community Health Centre, Te Puke Karanga Hauora and Te Oranganui Iwi Health Authority.
This relationship is formalised through terms of reference. The intent of the group is to work together to identify health strategies and service solutions that will reduce inequalities and improve the health for Iwi communities and Māori living in the Whanganui DHB area. The monthly hui (meetings) are held in two parts: part one as an iwi provider hui and part two focused on joint areas of interest, projects, service planning, monitoring and performance. Hui are held around the rohe (region) hosted alternately by each iwi health provider. A key focus over the two years for the group has been the leadership alongside the service and business planning team to refine, monitor and evaluate the kaupapa Māori community mental health services devolved from Wanganui Hospital services. This model of care has been presented as an exemplar by the iwi providers nationally at health seminars and conferences.

The focus for 2013/16 will be to advise and monitor the implementation of the recommendations from the Huarahi Oranga review, the actions outlined in the Māori Health Plan and the whanau ora concept paper, to provide advice regarding KPIs (Key Performance Indicators) to measure service provision that is responsive to Māori, and participation in the local Whanau Ora services to maximise gains for Māori.

**Key governance accountability documents**

<table>
<thead>
<tr>
<th>Minister of Health</th>
<th>Whanganui community</th>
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<tr>
<td>WDHB</td>
<td>WDHB</td>
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<td>Crown Funding Agreement</td>
<td>Annual Plan</td>
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<tr>
<td>Operational Policy Framework</td>
<td>Statement of Intent</td>
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<td></td>
<td>Annual Report</td>
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<td>WDHB</td>
<td>Central Region DHBs</td>
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<td>Central Region Services Plan</td>
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**National Health and Disability Strategies**

District health board planning is to be consistent with national health strategies and guidelines, including:

- The New Zealand Health Strategy
- The New Zealand Disability Strategy
- The Primary Care Strategy
- The Māori Health Strategy
- The Health of Older Persons Strategy
- The National Health Workforce Strategy.
Crown Funding Agreement

The board is responsible to the Minister of Health. A "Crown Funding Agreement" is agreed on an annual basis between the district health board and the Minister of Health. This document outlines the money to be provided by the Crown in return for the provision, or arranging for the provision, of specific services. The Crown Funding Agreement also contains the other two key accountability documents – the statement of intent and the annual plan.

Regional services plan

District health boards are also required to develop an annual regional services plan. This plan is to be based on the needs of the region’s population. It informs the development of the annual plan and statement of intent in each of the central region DHBs.

Regional plans have a three year focus. They require the Minister of Health’s endorsement to ensure they are aligned to the Government’s overall policies.

Statement of intent

This is a summary document specifying high level district health board objectives, outputs, obligations and performance measures (statement of service performance), financial information for the year ahead, and a forecast for the next two years. It is a summary of the district health board’s strategic and annual plan.

Annual plan

The annual plan contains the outputs and associated performance expectations to be achieved 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 annual plan is linked to the regional services plan, so the various outputs and performance expectations lead to the achievement of the district health board’s long-term health outcomes.

Māori health plan

The Māori health plan describes our approach for Māori health and reducing inequalities. The plan is informed by the district health board’s Māori health needs and identified priorities, within the context of the DHB’s strategic objectives, annual plan and its commitments under the regional clinical services plan. The Māori health plan includes a set of regional, national and local indicators of performance, and priority actions that are specific to measuring Māori health gain.

For 2013/16 Hauora a Iwi outlined a clear focus on child and maternal health particularly related to proactive and timely engagement and enrolment in health services. This includes continuity of care for women and infants with additional focus on oral health, mental health and sudden unexpected death of an infant (SUDI).

Annual report

Each year, district health boards are required to publish an annual report, in accordance with the NZ Public Finance Act 1989. This report includes a statement of financial performance and a statement of service performance. These statements are audited by the Office of the Auditor-General, and reflect the service and financial measures contained in the statement of intent and the actual results for the year.
Central Alliance

MidCentral and Whanganui DHBs have established an alliance between both organisations 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 in place, including:
- Allied Laundry Services Ltd
- Financial systems
- Payroll information systems
- Public health services
- Human resources
- A range of clinical services.

Through the centralAlliance, a road map has been developed to guide further shared service arrangements. The road map includes the full range of DHB responsibility areas (governance/corporate, service and business planning, and service delivery). Each project within the road map will have key milestones and measures of success that will be communicated to the public. This work is now getting under way on a progressive basis.

The centralAlliance will 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 will remain autonomous – legally and structurally independent of each other.

Regional Collaboration

Central region DHBs (Capital and Coast, Hawkes 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.

Since 2008, the central region DHBs have collaborated to strengthen regional clinical services. A conceptual document setting out a vision for the future to the year 2020 has provided a framework for the region’s future service.

The vision is to create a regionally coordinated system of health service planning and delivery, thus creating lasting improvements in the sustainability, quality and accessibility of clinical services.

Underpinning this vision are two aims:
1) Improved clinical outcomes; and
2) Patients and their families and whanau to have an enhanced experience of the central region health service. These aims are balanced with the need for an affordable health service that is able to demonstrate value for money and to live within available resources.

A key component of regional collaboration is regional clinical networks. These have been established for cancer (part of the national cancer programme), cardiology, mental health, plastic surgery and renal services. These networks solve identified regional issues for a service or group of ‘like’ services through an agreed work programme. They provide the opportunity for clinical leadership, coordination and information sharing across the continuum of care (primary, secondary and tertiary level settings).

A regional governance and decision-making framework supports regional decision making whilst still recognising the autonomy of the local district health boards.
National collaboration

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

The 20 DHB collaborative 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 DHB collaborative is met by its member DHBs. It undertakes a lot of project work on behalf of DHBs and the cost of these is met by participating DHBs.

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 to all divisions of the organisation, enabling them to carry out their work:

▪ 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 has a major part in responding to statutory requirements and the requirements of external stakeholders, such as the Ministry of Health and the community. Whanganui District Health Board has an asset management plan.
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. There are three clinical leaders (medical, nursing and allied health), a director of Māori health, three general managers (service and business planning; strategic and corporate; human resources and organisational development) and a communications manager, who make up the executive management team and provide 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.