

# **District Health Board Elections 2016**

**Information for candidates**

## Disclaimer

This booklet is intended as a general guide for those people who may be considering standing for a DHB board. The information and advice it contains are correct at the date of publication. Candidates should obtain specific professional advice on their own circumstances in relation to election matters.

For more information, visit [www.health.govt.nz/dhbelections](http://www.health.govt.nz/dhbelections)

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# Foreword

As the Minister of Health, I appreciate the commitment to public service that every person who stands to be a district health board (DHB) member displays.

Being a board member is important as DHBs have a critical role in ensuring all New Zealanders live well, stay well and get well. People who take on this role are contributing significantly to their communities.

New Zealand's 20 DHBs are significant businesses in their own right, responsible for spending between \$1.3 billion and \$121.3 million of taxpayer funding each year and being major employers in their regions.

Most importantly, they are part of a health system that, under the refreshed New Zealand Health Strategy, is organising itself to meet the challenges of changing demographics, technology and cost pressures in order to improve New Zealanders' lives.

The New Zealand Health Strategy and Roadmap of Actions I released in April 2016 provides the health sector with a framework to guide it for the next 10 years. I urge you to read it – you will see the potential we have to continue building on our gains in the health of the nation.

The Strategy has five themes – people-powered, closer to home, value and high performance, one team and smart system. It recognises the power of the consumer, and the need for consumers to have greater involvement in determining their own care; it acknowledges that rapid advances in technology will mean changes to service delivery, in ways we do not yet understand. It puts greater focus on keeping people well; on early intervention; and on reducing health disparities between population groups.

The Health Strategy is designed to deliver a much more focused, collaborative and effective health sector in the future and DHB boards have a huge role to play in implementing it.

So, we need people with a wide range of experience and skills, who are willing and able to work in a complex sector that is changing rapidly.

If you are keen to contribute towards better health in your community, I encourage you to think seriously about putting your name forward for this year's DHB elections. This handbook describes DHBs' functions and explains what board members do. It tells you what is involved in standing for election and sets out some key dates to keep in mind.

Being a board member is not a simple task, but it is an important one. Board membership is a worthwhile and valuable experience, and if you are successful in being elected, I look forward to working with you soon.

Hon Dr Jonathan Coleman  
Minister of Health

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# Important dates

Intending candidates should be aware of the following important dates for the 2016 DHB elections.

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15 July 2016	Nominations open.
12 August 2016	Nominations close (at 12 noon).
16–21 September 2016	Voting documents are issued – the start of the voting period, special votes are issued and early processing of votes begins.
8 October 2016	Election day – the end of the voting period (at 12 noon) and announcement of preliminary results (as soon as practical after the close of voting).
From 8 October 2016	Special votes are counted and official results declared.
5 December 2016	Newly elected board members take office.

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## Did you know?

In the 12 months to 30 June 2015 there were over 15.6 million GP and nurse visits.

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# About district health boards

## DHBs' responsibilities

District health boards (DHBs) are responsible for providing, or funding the provision of, health services in their area. There are currently 20 DHBs in New Zealand (see Figure 1). Public hospitals are owned and funded by DHBs, but the boards' mandate goes beyond the hospital system. The legislation governing them, the New Zealand Public Health and Disability Act 2000 (the NZPHD Act), requires them to:

- improve, promote and protect the health of people and communities
- promote the integration of health services, especially primary and secondary care services
- seek the optimum arrangement for the most effective and efficient delivery of health services to meet local, regional and national needs
- promote effective care for, or support of, those in need of personal health services or disability support.

Under the NZPHD Act, DHBs are also expected to show a sense of social responsibility, to foster community participation in health improvement, and to uphold the ethical and quality standards commonly expected of providers of services and public sector organisations.

DHBs are required to work to improve the overall health and wellbeing of Māori and other population groups whose health outcomes are below the standard enjoyed by the general population. This includes continuing to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori. They are also required to help people with disabilities to be independent and to promote their inclusion and participation in society.

DHBs are Crown entities subject to the Crown Entities Act 2004, which provides the framework for their governance and operation.

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### Did you know?

Every day, tens of thousands of people are involved in some way with the New Zealand health system – as health professionals, service providers or members of the public.

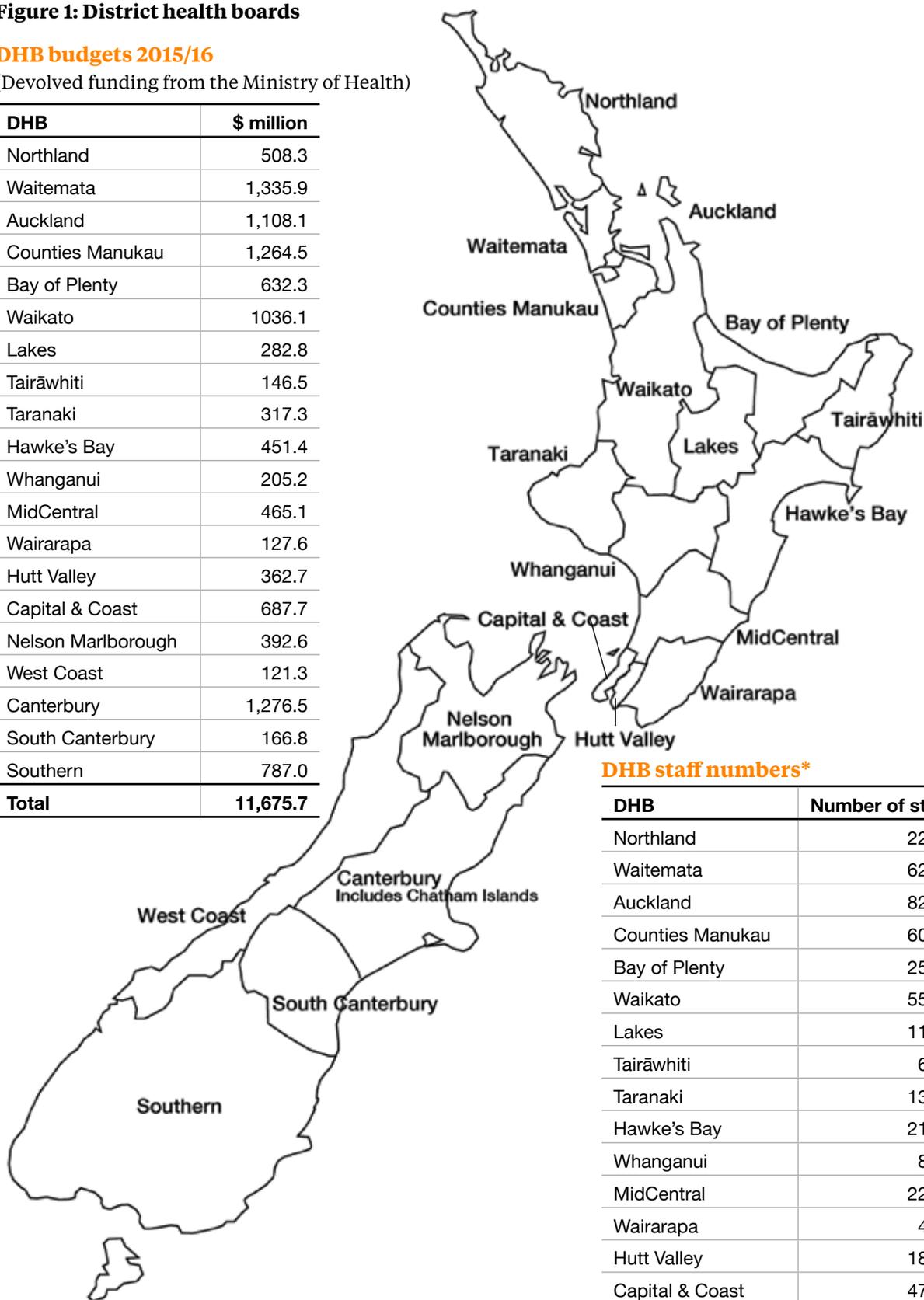
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**Figure 1: District health boards**

**DHB budgets 2015/16**

(Devolved funding from the Ministry of Health)

DHB	\$ million
Northland	508.3
Waitemata	1,335.9
Auckland	1,108.1
Counties Manukau	1,264.5
Bay of Plenty	632.3
Waikato	1036.1
Lakes	282.8
Tairāwhiti	146.5
Taranaki	317.3
Hawke's Bay	451.4
Whanganui	205.2
MidCentral	465.1
Wairarapa	127.6
Hutt Valley	362.7
Capital & Coast	687.7
Nelson Marlborough	392.6
West Coast	121.3
Canterbury	1,276.5
South Canterbury	166.8
Southern	787.0
<b>Total</b>	<b>11,675.7</b>



**DHB staff numbers\***

DHB	Number of staff
Northland	2277
Waitemata	6289
Auckland	8286
Counties Manukau	6035
Bay of Plenty	2539
Waikato	5558
Lakes	1164
Tairāwhiti	655
Taranaki	1338
Hawke's Bay	2131
Whanganui	820
MidCentral	2229
Wairarapa	443
Hutt Valley	1844
Capital & Coast	4758
Nelson Marlborough	1855
West Coast	685
Canterbury	7643
South Canterbury	664
Southern	3594
<b>Total</b>	<b>60,807</b>

\*Based on accrued full-time equivalents (FTEs) as at 29 February 2016.

## What DHBs do

DHBs are large and complex organisations. They account for most of the day-to-day business of the health system and administer around three-quarters of the funding. Their basic function is to plan, manage, provide and purchase health services for their resident population to ensure services are arranged effectively and efficiently for all of New Zealand.

This covers funding for primary care, hospital services, public health services, aged care services, and services provided by other non-government health providers, including Māori and Pacific providers.

DHBs are required to deliver on specific health targets set each year by the Government. The 2015/16 health targets are:

- shorter stays in emergency departments
- improved access to elective surgery
- faster cancer treatment
- increased immunisation
- better help for smokers to quit
- more heart and diabetes checks.

You can find out more about your local DHB by visiting [www.health.govt.nz/dhbelections](http://www.health.govt.nz/dhbelections) or by going to the relevant DHB website (see pages 19 to 22).

## DHBs: where they fit in

DHBs do not work in isolation. The Minister of Health and the Government set the overall strategic direction for the health and disability sector. There is also a wide range of advocacy and consumer groups, health care providers and health professional groups, as well as non-governmental and voluntary groups that make significant contributions to community health.

DHBs also work alongside other Crown entities and government organisations to deliver health services to their community. These include the other health and disability sector Crown entities, such as the Pharmaceutical Management Agency (PHARMAC) and the New Zealand Blood Service, and the Ministry of Social Development.

Figure 2 provides a detailed description of the structure of the health and disability sector.

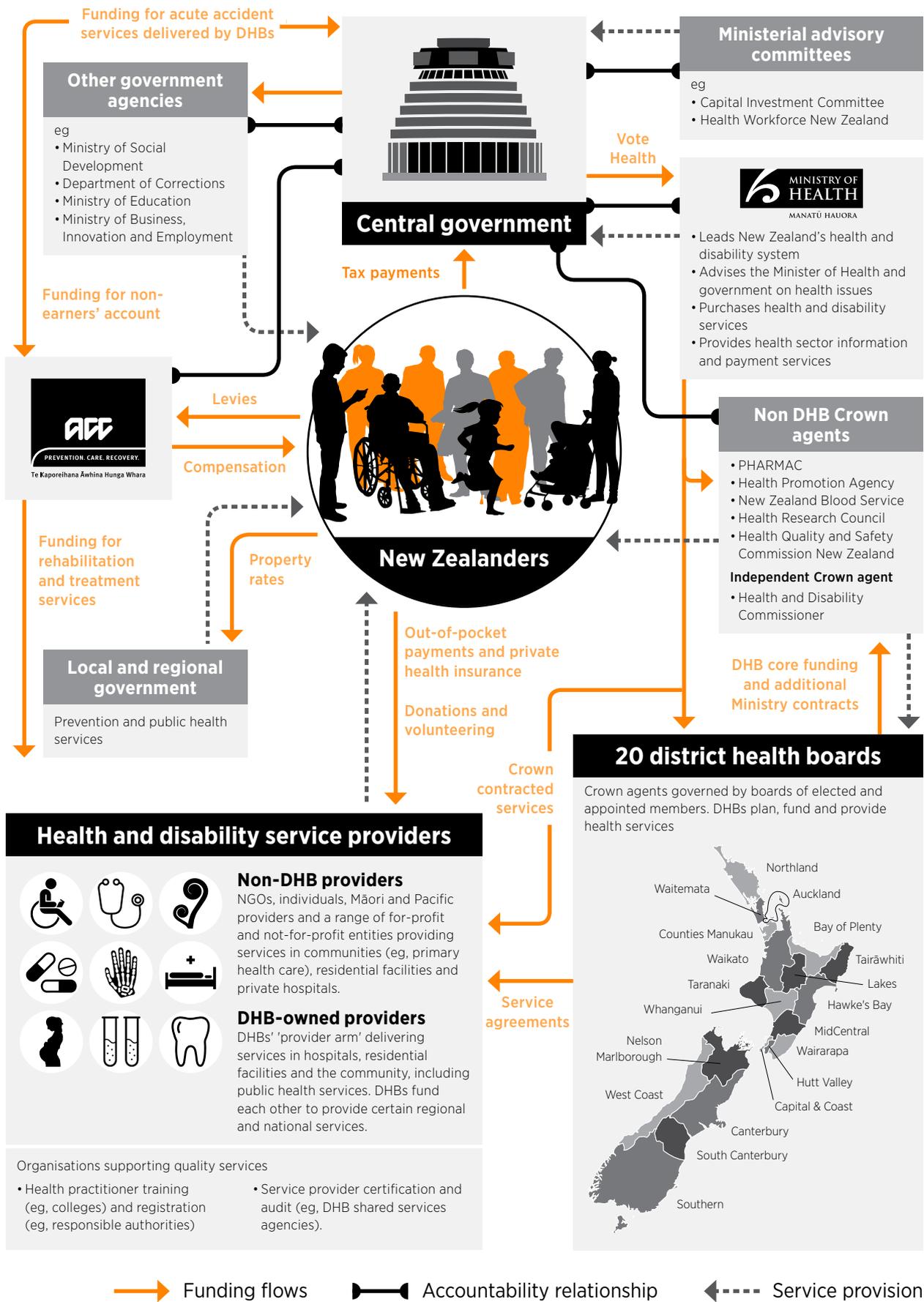
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### Did you know?

In the 12 months to 30 June 2015, there were 1,090,700 visits to emergency departments around the country.

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**Figure 2: Overview of the New Zealand health and disability system**



# How DHB boards work

Each DHB board consists of up to 11 members. Seven of these are elected members. After each election, the Minister of Health can appoint up to four more members to ensure the board encompasses a range of perspectives, skills and knowledge. For example, the Minister may wish to appoint people with financial or other large entity governance experience, or people from groups not represented among the elected members.

The chair and deputy chair are appointed by the Minister of Health from among the board's elected and appointed members.

## What is the role of a DHB member?

DHB members are there to govern the organisation. This means setting the direction for the DHB and monitoring its performance against its goals, as laid out in its annual plan, regional services plan and statement of intent.

Board members are not involved in day-to-day management. That is the role of the chief executive, who makes decisions on all management matters and is responsible for these to the board. The board appoints the chief executive, but otherwise it has no role in employment decisions and, by law, cannot interfere in matters relating to individual employees.

## Who are board members responsible to?

Although most board members are elected by the public, all board members (both elected and appointed) are directly responsible and accountable to the Minister of Health. This is because DHBs are Crown entities and funded by the Government, using taxpayer dollars. It is acknowledged, though, that elected members have an important role in ensuring the community's voice is heard at the DHB board table.

For that reason, boards make decisions in a transparent environment. Agendas and board papers must be available to the public unless good reasons exist for them to be withheld under the law. Board and statutory advisory committee meetings are also held in public, but under some circumstances parts of the meeting may need to be closed to the public.

Many DHB decisions are subject to public consultation processes.

## How are boards held to account?

Each year DHBs produce two key documents that outline the objectives they will work towards. They are part of each board's accountability to the Government through the Minister of Health. The documents are:

- an annual plan that includes detailed outputs for which the DHB will be held to account, both as a funder of services for its population and as a provider of services
- a regional services plan that contains a strategic element (around the region's health goals) and an implementation element (about how these goals will be achieved).

DHBs are also required to produce other documents that satisfy the need to be accountable to Parliament, and through Parliament, to the public.

The statement of intent is a strategic document produced at least every three years to provide a high-level focus on the DHB's key strategic intentions and medium-term undertakings. It will relate to the forthcoming financial year and at least the following three financial years. The DHB also produces an annual statement of performance expectations that details financial and non-financial objectives and targets.

The annual report covers the year's activities, measured against the statement of intent, including service and financial performance.

Board decisions need to be consistent with the objectives and directions laid out in these documents.

## What qualities and skills are required of board members?

The legislation governing DHBs outlines the standards of behaviour expected of members in their governance role. Board members are expected to:

- act with honesty and integrity
- act in good faith and not at the DHB's expense
- act with reasonable care, diligence and skill
- not disclose information acquired as a member.

The board as a whole is required to perform its functions efficiently and effectively, and in a manner consistent with the spirit of service to the public. It must operate in a financially responsible manner, prudently managing its assets and liabilities to ensure the DHB's long-term financial viability as a successful going concern.

For this, board members need the skills to:

- provide positive leadership to the DHB (eg, appreciate the roles of governance and management, think strategically)
- understand the DHB's business (eg, ensure the DHB responsibly meets its service and financial obligations)
- add value to the board table (eg, understand performance measures, be a 'critical friend' to management)
- engage with DHB colleagues, communities and the wider health sector (eg, understand the DHB's relationships, work constructively with fellow board members).

## Do boards have committees?

Yes. DHB boards are legally required to have three statutory advisory committees:

- the hospital advisory committee
- the community and public health advisory committee
- the disability support advisory committee.

Some committees have a common membership and combined agendas and meetings. The board is also able to form its own specialist committees (such as audit and finance committees) or advisory committees to deal with particular issues (eg, Māori health or rural health).

Committee members are appointed by the DHB board. They can consist of either board members or members of the public, or a mixture of both.

## What happens at board meetings?

At board meetings members discuss a range of matters to do with the DHB's business. These include reports from various operating parts of the DHB (eg, finance, mental health, elective services) and from subsidiary companies and trusts in which the DHB might have an interest. Board members are asked, among other things, to make decisions on the DHB's strategic direction and to monitor the DHB's performance.

Decisions taken by the board are formalised as resolutions and voted on by members after the board has discussed the matters at hand. Looking at past board agendas, minutes and papers is a good way of seeing what is discussed at a typical meeting. These are available directly from DHBs or their websites. Contact details and website addresses for each DHB are listed on pages 19–22.

DHB boards are free to regulate their own procedures at meetings and establish their own policies so long as these are not inconsistent with the legislation. Board members are expected to treat all confidential business before the board as strictly confidential. Members are also expected to comply with all relevant legislation concerning privacy, especially with regards to individuals. The board may also have a media policy that guides members' dealings with media organisations. A code of conduct may also be in place for board members.

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### Did you know?

In the 12 months to 30 June 2015, there were 1,107,429 in/day-patient hospital discharges.

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## **Do board members receive any training?**

Yes. Board members who are not familiar with their obligations and duties as members are expected to undertake and complete any necessary training. DHBs fund this training and keep records of it.

Both the Ministry of Health and DHBs provide induction/refresher sessions for board members when they take office.

## **How much time is involved in being a board member?**

Time requirements for board members vary from DHB to DHB, depending on the way the board works and how efficiently members work. An individual board member's level of experience can also have a bearing on how much time is required for the job.

In general, board members should be prepared to commit the equivalent of about 30 days a year to board business. This includes preparation time, as board members are required to read a number of papers and reports before each meeting. Time also needs to be set aside to attend board meetings, committee meetings and community liaison activities.

## **How long do board members serve for?**

An elected member serves a three-year term. The coming term begins on 5 December 2016 and ends on 4 December 2019. Board members may stand for re-election every three years.

Appointed members serve terms of up to three years. They may be reappointed, subject to an upper limit of nine consecutive years on the board. However, this is not automatic: there is no guarantee an appointed member will be reappointed on the expiry of their term.

## **Are board members paid for their work?**

Yes. The Minister of Health determines board members' terms and conditions of office and levels of remuneration, in accordance with the Cabinet Fees Framework. Board members are paid an annual fee for their service on the board, and fee levels vary from DHB to DHB (depending on the size and assessed complexity of the DHB). Fees currently range from around \$16,320 to \$26,520 per annum. The board chair and deputy chair receive a higher fee.

Board members are paid an additional fee of up to \$2,500 per annum for each statutory advisory committee of which they are a member. Members serving on certain other committees (eg, audit, risk and finance committees) also receive an additional annual fee.

Members are covered for reasonable expenses associated with board and committee business, such as travel costs.

# Standing for election

## Who can be a candidate?

As a general rule, anyone who is a New Zealand citizen and a parliamentary elector can stand for election to a DHB board, but there are some exceptions. You may not be eligible to stand if you:

- are an undischarged bankrupt
- are prohibited from being a director of an incorporated or unincorporated body under the Companies Act, the Securities Act, the Securities Markets Act or the Takeovers Act
- are subject to a property order under the Protection of Personal and Property Rights Act, or a personal order under that Act in some circumstances
- have been convicted of an offence punishable by a prison term of two years or more, or have been sentenced to a prison sentence, and you have not yet served the sentence or otherwise suffered the relevant penalty.

You will not be eligible to stand if you have been removed as a DHB member since the last elections in 2013 or if you failed to declare a material conflict of interest before accepting nomination as a candidate at the last election.

More details of exclusions can be found in clause 17 of Schedule 2 to the New Zealand Public Health and Disability Act 2000, available online at [www.legislation.govt.nz](http://www.legislation.govt.nz)

DHB employees who meet the eligibility criteria are also able to stand for election.

## What experience do I need?

You don't need to have experience as a director to stand, nor do you need any particular qualifications. You will be able to make a stronger contribution if you have a basic understanding of how a big organisation works.

People with different backgrounds, skills, expertise and qualifications are welcomed, and in fact desired, because they can help ensure more informed decision-making. Boards work best when members have informed views on many aspects of the DHB's work rather than a narrow focus on one or two issues.

Board budgets are significant. Some get over \$1 billion a year in funding while even the smallest DHB has a budget of \$121.3 million. They are also large employers. The largest DHB has a staff of nearly 8000 while the smallest employs more than 400 staff.

For a list of the personal qualities and skills required, see page 6.

## Can I stand for any DHB?

Yes. You do not have to live in the DHB's district to stand for election to its board, but you cannot stand for election in more than one DHB. For example, if you live on the North Shore (and therefore within Waitemata DHB boundaries), you can still be a candidate for the board of Auckland DHB but you cannot be a candidate for both Auckland DHB and Waitemata DHB.

Anyone standing as a DHB candidate may also stand for a local government body such as a council, community board or licensing trust.

# The nomination process

## Who runs DHB elections?

Each DHB chooses its own independent electoral officer. That person must also be the electoral officer of one of the city or district councils within the DHB's boundaries. The electoral officer appoints a deputy and other officials to help him or her conduct the election. The electoral officer may also choose to contract a specialist election services provider to perform parts of the electoral process.

A list of electoral officers and their contact details can be found on pages 19 to 22 of this booklet.

## How can I be nominated?

To stand for election you must be nominated by any two qualified electors (ie, two people who are on the electoral roll in the district of the DHB for which you wish to stand). You are not permitted to nominate yourself. Nomination forms are available from electoral officers (see pages 19 to 22 for contact details).

Your nomination must meet certain criteria: it must be handwritten, dated and addressed to the relevant electoral officer. It is important that you get the full names, addresses and signatures of the two electors who are nominating you and include a conflict of interest statement (see pages 23 and 24).

You might like to include a profile statement and a recent passport-sized photo with the nomination documents. For more information, see page 13.

Please note that nominations will only be accepted if you give your consent to being nominated, and this is done by giving written notice to the electoral officer before the close of nominations.

It is usual practice to file all the documents needed together, along with your deposit (see below).

Please do not leave lodging your nomination until the last minute. If you do leave it too late, and if the electoral officer identifies a problem with your nomination paper, there may not be enough time to correct the mistake before the nomination period closes.

## Do I have to pay a deposit?

Yes. A deposit of \$200 (including GST) must be received by the electoral officer before nominations close. If you withdraw from the election before election day, it will be refunded.

The deposit is also refunded to candidates who are elected to the board or who receive 25 percent or more of the final quota of votes. If you poll lower than 25 percent of this quota, your deposit will not be returned to you.

## What is a conflict of interest statement?

As a DHB candidate you are required to provide the electoral officer with a statement of your current conflicts of interest and any you believe might emerge in the future. All candidates are legally required to complete a conflict of interest statement on consenting to being nominated. Failure to disclose a conflict of interest may result in your removal from the board if you are elected.

Conflict of interest statements serve to increase public confidence in, and the transparency of, DHB decision-making. It is in everyone's best interests for candidates to be as open and as frank with the public as possible. This helps to avoid any suggestion that the public was not made aware of actual or potential conflicts of interest when considering candidates for election.

The existence of a conflict of interest does not disqualify you as a potential board member. Disclosing the conflict enables it to be managed, using the procedures set out in the NZPHD Act. If you are in any doubt as to whether you have conflicts of interest, you should seek professional advice.

## What constitutes a conflict of interest?

Many DHB candidates will have connections to the health and disability sector through their own or a family member's employment. They may also have business connections to the DHB, such as providing services that are currently being purchased or subsidised, or could be at some point in the future. These could be deemed to be conflicts of interest.

A practical test of whether an interest is significant is whether any voter would consider it relevant to their voting decision. Would they care if the interest was not disclosed and they found out about it later? If they might care, then the interest should be declared.

The best advice is: if in doubt, declare it.

Please note, however, that being employed directly by a DHB does not constitute a conflict of interest. Such people are, by law, eligible to stand for election to the board.

For the legal definition of conflict of interest and more details about the law, you should read the relevant sections of the NZPHD Act. This is available online at [www.legislation.govt.nz](http://www.legislation.govt.nz)

## What should the conflict of interest statement say?

The conflict of interest statement needs to disclose any conflicts of interest you have with the DHB as at the date of your notice of consent to nomination, or state that you have no such conflicts of interest as at that date. If you believe there could be conflicts of interest that are likely to arise in future, you need to mention those in the statement. If you believe there will be no future conflicts of interest, you should also note that.

Your conflict of interest statement will be supplied to all voters with their voting documents. Some sample conflict of interest statements can be found in Appendix A of this booklet.

## What happens with conflicts of interest after the election?

If you are successful in the election, you must ensure your conflict of interest statement is included in the DHB's interests register. You must also ensure that any changes to your circumstances described in your statement are incorporated into the register.

Conflicts of interest should always be at the front of a board member's mind. The process for their disclosure and management is an ongoing one. Board members must disclose interests as soon as practicable after the relevant facts have come to their knowledge. These interests are then recorded in the minutes of the board meeting and entered into the interests register.

## How do conflicts of interest affect board meetings?

Having disclosed a conflict of interest, a board member is not permitted to take part in any decisions made by the board in relation to matters affected by the conflict. Members 'sitting out' in this manner are also removed from the meeting's quorum (the minimum number of members necessary for a valid decision to be made). If a majority of the other board members agree, the member with the conflict of interest may take part in the board's discussion on the issue but is still excluded from voting.

## What are candidate profile statements?

As a candidate, you have the opportunity to complete a candidate profile statement. These statements are sent to voters with their voting documents. Candidate profile statements can include:

- relevant information about you, such as where you live and what you do
- whether you are an independent candidate or claim an affiliation to a group or organisation, as identified in your nomination form
- an outline of your policies and intentions if elected
- your contact details.

Statements can be written in:

- English or Māori, or both (to a maximum of 150 words in each language), or
- in any other language (to a maximum of 150 words in total for both the statement and any translation into another language).

If candidate profile statements are submitted in more than one language, profiles must contain substantially the same information in each.

Statements must be sent to the electoral officer before the close of nominations. There is also the option of including a recent passport-sized photograph, which appears alongside your statement in the voting pack that goes to all voters.

DHBs are mostly elected 'at large'. Unlike ward or constituency arrangements, this means that every voter living in a DHB district is able to express a preference for every candidate who stands for the board. To help voters to identify local candidates, you should identify your suburb and city, or other locality of residence, at the start of your candidate profile statement.

Voters will be told whether you live in the wider DHB district and whether you are standing for election to any other local body.

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# Election campaigns

## How do I run an election campaign?

We cannot advise you on how to conduct a campaign. Some successful candidates spend very little on their campaigns; others spend a lot. Decisions on the best way to tackle an election are yours. You may wish to discuss your campaign with friends and family/whānau, or talk to people who have stood at previous local or DHB elections.

## How much can I spend on my campaign?

The maximum amount of money candidates can spend on electoral expenses (including GST) depends on the size of the DHB's population, as follows.

DHB resident population	Maximum electoral expenses
20,000–39,999	\$20,000
40,000–59,999	\$30,000
60,000–79,999	\$40,000
80,000–99,999	\$50,000
100,000–149,999	\$55,000
150,000–249,999	\$60,000
250,000–1 million	\$70,000

The electoral officer will be able to inform you of the electoral expense limit in the DHB you are standing for.

## The election

Voting for the DHBs takes place in conjunction with local elections. Voting is by postal vote and the papers will be sent out to all enrolled electors between 16 and 21 September 2016. All votes must be in the hands of the electoral officer by 12 noon on Saturday, 8 October 2016. The material sent out to voters will include your candidate profile and conflict of interest statement.

Only registered residential electors in the DHB you stand for will be able to vote for you.

## Where will my name be on the voting document?

DHBs decide the method for ordering candidate names on the voting document. Names can be arranged alphabetically by surname, in 'pseudo-random' order (where names are 'drawn out of a hat' and that order appears on every document), or in random order (where every voting document effectively has a different order on it). The electoral officer will be able to tell you what method the DHB has selected.

# What voting system do DHBs use?

DHB elections use the Single Transferable Voting (STV) system to elect candidates to boards. Under STV, voters rank their preferred candidates in order of preference. Candidates are elected when they reach a specific level of support from voters ('the STV quota').

When casting an STV vote, voters write a '1' beside the candidate they most prefer, a '2' beside the candidate they next prefer, and so on. Voters can rank as many or as few candidates as they wish: their vote will be valid as long as a unique first preference appears on the voting document.

An STV voting document looks similar to this:

**Figure 3: Sample STV voting form**

<p>SOMEWHERE DISTRICT HEALTH BOARD ELECTION OF SEVEN (7) MEMBERS</p>	
<p>NOTE: THIS IS AN STV ELECTION</p>	
<p>1. Please rank the candidates in order of preference (ie, '1', '2', '3' etc) by clearly writing a '1' within the box immediately after the name of the candidate you most prefer, a '2' within the box immediately after the name of your second most preferred candidate, and so on.</p>	
<p>2. You can rank as many or as few candidates as you wish.</p>	
<p>There are 10 candidates.</p>	<p>Number here</p>
APPLE, Anaru	7
BANANA, Belinda	3
CARROT, Christine	2
DATE, Daniel	
EGGPLANT, Etevise	1
FIG, Fiona	5
GRAPE, Gerald	8
HARICOT, Helen	
ILAM-HARDY, Ingrid	4
JALAPENO, Jose	6

The way the voter has completed the sample voting document means they are saying, 'I prefer Etevise Eggplant the most, so I'll put a 1 beside her name, then my next preferred candidate is Christine Carrot, so I'll put a 2 beside her, then I like Belinda Banana, so I'll put a 3 beside her,' and so on. The voter decided to stop ranking candidates at Gerald Grape (who the voter marked '8'), remembering that voters can express preferences for as many or as few candidates as they wish – it is not necessary to rank all the candidates on the voting document.

## How much support do I need to be elected?

To be elected to a DHB you will need to get a little over 12.5 percent of the vote.

## Can I withdraw from the election once I've been nominated?

Yes. You may withdraw from the election at any time before polling day (Saturday, 8 October 2016). You can do so by giving written notice to the electoral officer for the DHB you were nominated for. If you withdraw before polling day, you are entitled to be refunded your deposit.

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### Did you know?

For 1 February 2015 to 31 January 2016 a total of 42.67 million initial prescriptions were dispensed in community pharmacy.

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# After the election

## When do election results come out?

A preliminary result will be issued by the DHB electoral officer as soon as practicable after 12 noon on Saturday, 8 October 2016. DHB election results may take longer to come out than local government results. This is because local government elections are mostly held under the First Past the Post system, in which the counting process is normally quicker.

A final result cannot be calculated until all votes (including special votes) have been processed. Final results are likely to be released in the week following election day.

## When do new board members take office?

Board members elected at the 2016 elections will take office on Monday, 5 December 2016 (58 days after the election). If you are elected to the board, the DHB will contact you shortly after the final result is announced to discuss further arrangements.

## Do I have to declare my electoral expenses?

Yes. All candidates have to file an electoral expense return with the electoral officer. This must be completed and filed no later than 55 days after the final election result is declared (ie, the deadline will be around mid-December 2016).

An electoral expense return will accompany your nomination paper. You should hold onto this and complete and return it to the electoral officer after the election. Further information on electoral expense returns is available from the electoral officer (see pages 19 to 22 for a list of electoral officers and their contact details.)

## Can unsuccessful candidates be considered for appointment to the board?

Yes. Once the elections have taken place, the Minister of Health considers the need to make up to four additional appointments to each board.

In appointing those additional members, the Minister considers a range of people who may be able to assist the DHB in best achieving its functions and objectives. This may include people who stood for election but missed out on being elected.

The Ministry of Health assists the Minister in the appointment process and maintains a register of people who have expressed an interest in serving as appointed members. More information is available on the Ministry's website at [www.health.govt.nz/dhbappointments](http://www.health.govt.nz/dhbappointments)

## Who becomes the board's chair and deputy chair?

The Minister of Health appoints each board's chair and deputy chair. These positions can be filled by elected or appointed board members.

# Further information

For further information about election procedures and processes, please contact your DHB's electoral officer. Your DHB will be able to provide general information about health and disability services in your area.

Contact details for DHBs and electoral officers are provided on the following pages. You can also get information on DHB elections and local elections in general from the following organisations.

## Ministry of Health

The Ministry of Health provides national information on DHB elections.

Email: [vote2016@moh.govt.nz](mailto:vote2016@moh.govt.nz)

Web: [www.health.govt.nz/dhbelections](http://www.health.govt.nz/dhbelections)

## Local Government New Zealand

Local Government New Zealand is the representative body for district, city and regional councils.

Tel: (04) 924 1200      Email: [info@lgnz.co.nz](mailto:info@lgnz.co.nz)

Web: [www.lgnz.co.nz](http://www.lgnz.co.nz)

## Electoral Commission

To stand as a candidate and to vote in DHB elections, you must be on the electoral roll.

Tel: 0800 36 76 56      Email: [enrol@elections.org.nz](mailto:enrol@elections.org.nz)

Fax: (04) 801 0709      Web: [www.elections.org.nz](http://www.elections.org.nz)

## Single Transferable Voting

The Department of Internal Affairs provides public information on Single Transferable Voting (STV).

Email: [stv@dia.govt.nz](mailto:stv@dia.govt.nz)      Web: [www.stv.govt.nz](http://www.stv.govt.nz)

## Legislation

The acts and regulations that apply to the information in this booklet are:

- the New Zealand Public Health and Disability Act 2000
- the Crown Entities Act 2004
- the Local Electoral Act 2001 and Local Electoral Regulations 2001.

This legislation can be accessed online at [www.legislation.govt.nz](http://www.legislation.govt.nz)

Most libraries also hold copies, although it is important to check that those copies are the most up-to-date ones.

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# DHB and electoral officer contact information

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## Northern region

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### Northland DHB

PO Box 9742  
WHANGAREI  
Tel: (09) 430 4104  
Fax: (09) 470 0001  
Web: [www.northlanddhb.org.nz](http://www.northlanddhb.org.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

### Waitemata DHB

Private Bag 93 503  
Takapuna  
AUCKLAND  
Tel: (09) 486 8900  
Web: [www.waitematadhb.govt.nz](http://www.waitematadhb.govt.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

### Auckland DHB

PO Box 92 024  
Auckland Mail Centre  
AUCKLAND 1142  
Tel: (09) 630 9943 ext 22345  
Email: [marlenes@adhb.co.nz](mailto:marlenes@adhb.co.nz)  
Web: [www.adhb.govt.nz](http://www.adhb.govt.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

### Counties Manukau DHB

Private Bag 94 052  
Manukau  
AUCKLAND  
Tel: (09) 262 9500  
Fax: (09) 262 9501  
Web: [www.cmdhb.health.nz](http://www.cmdhb.health.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

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## Midland region

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### **Waikato DHB**

PO Box 934  
HAMILTON  
Tel: (07) 834 3622 (for candidate enquiries only)  
Web: [www.waikatodhb.govt.nz](http://www.waikatodhb.govt.nz)

Electoral Officer: Warwick Lampp  
Tel: 0800 666 048  
Email: [wdhb@electionz.com](mailto:wahb@electionz.com)

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### **Lakes DHB**

Private Bag 3023  
ROTORUA 3046  
Tel: (07) 349 7944  
Mobile: 027 242 3652  
Email: [sue.wilkie@lakesdhb.govt.nz](mailto:sue.wilkie@lakesdhb.govt.nz)  
Web: [www.lakesdhb.govt.nz](http://www.lakesdhb.govt.nz)

Electoral Officer: Warwick Lampp  
Tel: 0800 666 048  
Email: [lakesdhb@electionz.com](mailto:lakesdhb@electionz.com)

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### **Bay of Plenty DHB**

Private Bag 12 024  
TAURANGA 3143  
Tel: (07) 579 8000  
Fax: (07) 571 5434  
Web: [www.bopdhb.govt.nz](http://www.bopdhb.govt.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

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### **Tairāwhiti DHB**

Private Bag 7001  
GISBORNE  
Tel: (06) 869 050 ext 8093  
Fax: (06) 869 0542  
Web: [www.tdh.org.nz](http://www.tdh.org.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

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### **Taranaki DHB**

Private Bag 2016  
NEW PLYMOUTH 4310  
Tel: (06) 753 7781  
Fax: (06) 753 7770  
Web: [www.tdhd.org.nz](http://www.tdhd.org.nz)

Electoral Officer: Dale Ofsoske  
Tel: 0800 922 822  
(09) 973 5212  
Fax: (09) 307 7443  
Email: [dale.ofsoske@electionservices.co.nz](mailto:dale.ofsoske@electionservices.co.nz)

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## Central region

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### **Hawke's Bay DHB**

Private Bag 9014  
HASTINGS 4156  
Tel: (06) 873 2159  
Fax: (06) 873 2175  
Email: ken.foote@hbdhb.govt.nz  
Web: www.ourhealthhb.nz

Electoral Officer: Warwick Lampp  
Tel: 0800 666 048  
Email: hbdhb@electionz.com

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### **Whanganui DHB**

Private Bag 3003  
WANGANUI 4540  
Tel: (06) 348 3424  
Fax: (06) 348 3009  
Email: Margaret.Bell@wdhb.org.nz  
Web: www.wdhd.org.nz

Electoral Officer: Noeline Moosman  
Tel: (06) 349 0001  
Fax: (06) 349 0000  
Email: noeline.moosman@wanganui.govt.nz

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### **MidCentral DHB**

PO Box 2056  
PALMERSTON NORTH 4410  
Tel: (06) 350 8061  
Fax: (06) 355 0616  
Web: www.midcentraldhd.govt.nz

Electoral Officer: John Annabell  
Tel: (06) 356 8199  
Fax: (06) 355 4115  
Email: john.annabell@pncc.govt.nz

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### **Hutt Valley DHB**

Private Bag 31 907  
LOWER HUTT  
Tel: (04) 570 9488  
Fax: (04) 570 9228  
Web: www.huttvalleydhd.org.nz

Electoral Officer: Bruce Hodgins  
Tel: (04) 570 6839  
Fax: (04) 570 6871  
Email: Bruce.Hodgins@huttcity.govt.nz

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### **Capital & Coast DHB**

Private Bag 7902  
WELLINGTON SOUTH  
Tel: (04) 385 5999  
Fax: (04) 385 5881  
Web: www.ccdhd.org.nz

Electoral Officer: Warwick Lampp  
Tel: 0800 666 048  
Email: ccdhd@electionz.com

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### **Wairarapa DHB**

PO Box 96  
MASTERTON  
Tel: (06) 946 9800  
Fax: (06) 946 9801  
Web: www.wairarapa.org.nz

Electoral Officer: Milan Hautler  
Tel: (06) 379 4031  
Fax: (06) 379 7832  
Email: milan@cdc.govt.nz

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## South Island region

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### **Nelson Marlborough DHB**

Private Bag 18  
NELSON  
Tel: (03) 546 1723  
Fax: (03) 546 1747  
Web: [www.nmdhb.govt.nz](http://www.nmdhb.govt.nz)

Electoral Officer: Warwick Lampp  
Tel: 0800 666 048  
Email: [nmdhb@electionz.com](mailto:nmdhb@electionz.com)

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### **West Coast DHB**

PO Box 387  
GREYMOUTH  
Tel: (03) 364 4113  
Web: [www.westcoastdhb.health.nz](http://www.westcoastdhb.health.nz)

Electoral Officer: Anthony Morton  
Tel: 0800 666 048  
Email: [wcdhb.electionz.com](mailto:wcdhb.electionz.com)

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### **Canterbury DHB**

PO Box 1600  
CHRISTCHURCH  
Tel: (03) 364 4144  
Fax: (03) 364 4101  
Web: [www.cdhb.govt.nz](http://www.cdhb.govt.nz)

Electoral Officer: Anthony Morton  
Tel: 0800 666 048  
Email: [cdhb.electionz.com](mailto:cdhb.electionz.com)

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### **South Canterbury DHB**

Private Bag 911  
TIMARU  
Tel: (03) 687 2100  
Fax: (03) 688 0238  
Web: [www.scdhb.health.nz](http://www.scdhb.health.nz)

Electoral Officer: Mark Low  
Tel: (03) 687 7280  
Fax: (03) 687 7205  
Email: [mark.low@timdc.govt.nz](mailto:mark.low@timdc.govt.nz)

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No elections will be held for this DHB in 2016

### **Southern DHB**

Private Bag 1921  
DUNEDIN 9054  
Tel: (03) 476 9443  
Email: [board@southerndhb.govt.nz](mailto:board@southerndhb.govt.nz)  
Web: [www.southerndhb.govt.nz](http://www.southerndhb.govt.nz)

Electoral Officer: Pam Jordan  
Tel: (03) 477 4000  
Fax: (03) 474 3594  
Email: [pam.jordan@dcc.govt.nz](mailto:pam.jordan@dcc.govt.nz)

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# Appendix A: Sample conflict of interest statements

Conflict of interest statements help provide transparency in decision-making. The statements allow voters to be fully aware of the conflicts of interest that candidates may have. They also provide boards with the information required to manage any conflicts appropriately.

The following examples of conflict of interest statements are designed to help you to complete your own statement. Remember: it should cover past, present and future conflicts of interest you may have. Bear in mind the best approach is: if in doubt, declare it.

## Conflict of Interest Statement

I have the following current conflicts of interest with the Somewhere District Health Board (DHB).

- (a) I am a senior employee of DEF Company Ltd, a health service provider, which is funded in part by the DHB.
- (b) My wife is currently employed by the DHB as a medical specialist.
- (c) My brother is a community pharmacist in Smallville and is subject to a contractual arrangement with the DHB.
- (d) My daughter is a community health advocate.

To the best of my knowledge and belief, I have no other conflicts of interest with the DHB at the date of my notice of consent to being nominated as a candidate for membership of the board of the DHB.

I do not believe that any conflicts of interest are likely to arise in future, other than the continuation of the conflicts of interest stated above.

Signed: \_\_\_\_\_

Full name of candidate: \_\_\_\_\_

Dated: \_\_\_\_\_

## Conflict of Interest Statement

I am currently employed by the Somewhere District Health Board (DHB) as a medical radiologist. To the best of my knowledge and belief, I have no other conflicts of interest with the DHB at the date of my notice of consent to being nominated as a candidate for membership of the board of the DHB.

I do not believe that any conflicts of interest are likely to arise in the future, other than my intended continued employment by the DHB.

Signed: \_\_\_\_\_

Full name of candidate: \_\_\_\_\_

Dated: \_\_\_\_\_

## Conflict of Interest Statement

To the best of my knowledge and belief, I have no conflicts of interest with the Somewhere District Health Board (DHB) at the date of my notice of consent to being nominated as a candidate for membership of the board of the DHB.

I do not believe that any such conflicts of interest are likely to arise in future, except that my current employer, the ABC Company Ltd, is tendering for the provision of cleaning services for Somewhere DHB. In the event that they are successful in this tender, I may have a conflict of interest in this regard.

Signed: \_\_\_\_\_

Full name of candidate: \_\_\_\_\_

Dated: \_\_\_\_\_

## Conflict of Interest Statement

To the best of my knowledge and belief, I have no conflicts of interest with the Somewhere District Health Board (DHB) at the date of my notice of consent to being nominated as a candidate for membership of the board of the DHB, and I do not believe that any such conflicts of interest are likely to arise in future.

Signed: \_\_\_\_\_

Full name of candidate: \_\_\_\_\_

Dated: \_\_\_\_\_