2016 Local Authority Elections
FAQs relating to DHB elections

Introduction
The following Frequently Asked Questions (FAQs) have been compiled by the SOLGM Electoral Working Party to assist Electoral Officers, Electoral Officials and Customer Service Staff to answer enquiries from persons in several guises: citizens, electors, ratepayers, potential candidates, etc. This information has been updated to include the recent changes to the Local Electoral Act 2001.

General

Q1 What is a DHB?
A District Health Boards are Crown entities responsible for providing, or funding the provision of, publicly funded health and disability support services for the population of a specific geographic area.

Q2 How many DHBs are there in New Zealand?
A 20.

Q3 How long have we had DHBs?
A Since 1 January 2001.

Q4 What do DHBs do?
A DHBs' statutory objectives include:
- improving, promoting and protecting the health of people and communities
- promoting 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 in order to meet local, regional and national needs
- promoting effective care or support of those in need of personal health services or disability support services
- promoting the inclusion and participation in society and independence of people with disabilities
- reducing health disparities by improving and aim to eliminate health outcomes for Māori and other population groups
- exhibit social responsibility
- fostering community participation in health improvement, and in planning for the provision of health services and for significant changes to the provision of services
- uphold ethical and quality standards
- exhibiting a sense of environmental responsibility by having regard to the environmental implications of their operations
- be a good employer

Q5 How many members are there on a DHB?
A Up to 11 members sit on each board - 7 of these are elected while up to 4 are appointed.

Q6 Who appoints the appointed members?
A The Minister of Health. In making appointments, the Minister looks at each board’s elected membership and any gaps in skills, expertise, experience and representation that may exist. The Minister then seeks to appoint people who can fill these gaps.
Q7 How are the chairperson and deputy chairperson decided?
A The Minister of Health appoints members to these positions and they may be elected or appointed members.

Q8 When do current elected board members relinquish their positions?
A When the new elected members assume their roles. The new board members take up their role 58 days after election day.

Q9 How soon after the election are people appointed by the Minister?
A Usually at the same time as elected members, or as soon after this as possible.

Q10 How long is the term of an elected DHB Board member?
A Three years. Elections are held every three years at the same time as the council elections.

Q11 How long is the term of an appointed DHB Board member?
A Up to three years but they may be appointed for a shorter time. The Minister can appoint them for further terms but they can only serve a maximum of 3 consecutive terms (ie, 9 years). Re-appointment is not automatic.

Q12 What do Board members do?
A They are responsible for the governance of the DHB. They must work in a financially responsible way, and in the best interests of the health of the whole population of the DHB. Governance is the strategic oversight of the DHB, to ensure that the DHB’s management implements the strategic vision developed by the board.

Board members do not manage the DHB. That is the responsibility of the Chief Executive Officer (CEO), who is appointed by the board, and staff who report to the CEO.

Q13 Who runs these elections?
A The DHB appoints an Electoral Officer (the DHBO) to run the DHB election. The DHBO must be the Electoral Officer for one of the Councils in the DHB district.

Q14 Who pays for the DHB Election?
A The DHB pays for its share of the election costs. Because the DHB election is run together with the Council election(s), many of the costs are shared between the parties on an agreed basis.

Q15 When are the elections this year?
A They are the same day as the council elections. Voting documents will be posted out between 16 and 21 September 2016 and they must be back with the Electoral Officer by noon on 8 October 2016 when the election closes.

Q16 Can the public attend DHB meetings?
A Generally yes but, as with council meetings, there may be some publicly excluded matters discussed from time to time. The grounds for excluding the public are listed under Clause 34 of Schedule 4 of the New Zealand Health and Disability Act 2000.

Q17 Does the DHB board appoint staff members?
A No. The board appoints the Chief Executive who has full responsibility for staff appointments.
Candidates

Q18 How much are DHB members paid?
A This varies according to size and an assessed complexity of the DHB.

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 $16,000 to $26,000 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 (e.g., 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.

Q19 Who is eligible to stand for the DHB?
A Most people qualify as candidates at an election of a DHB if they are registered as a New Zealand parliamentary elector and are a New Zealand citizen.

It is not necessary to live within the DHB district to stand as a candidate for election to that DHB.

Some people, such as those who are undischarged bankrupts and people convicted of offences punishable by imprisonment of two years or more, or have been sentenced to a prison sentence, and not yet served the sentence or otherwise suffered the relevant penalty, are not eligible to sit on DHB boards (more details can be found in Clause 17 of Schedule 2 to the New Zealand Public Health and Disability Act 2000).

Q20 Do you have to be resident in the DHB area to stand for that board?
A No you don’t, but the people who nominate you must be.

Q21 How many boards can I stand for?
A Only one.

Q22 I work for a DHB. Can I stand?
A Yes, the legislation allows staff members to stand for their DHB board (clause 7 of Schedule 2 to the New Zealand Public Health and Disability Act 2000)

Q23 When do nominations open?
A They open on Friday 15 July 2016 and close at 12 noon on 12 August 2016.

Q24 How much can I spend on my campaign?
A There is a campaign expenditure limit based on how many people live in the DHB’s district. The expenditure limit for MidCentral DHB candidates is $60,000.

Q25 How are candidates’ possible conflicts of interest handled?
A Many people in the community who have an interest in health services are already engaged in some way in health services or organisations which may do business with DHBs. Every person who stands as a candidate for election to a DHB is required to make a declaration as to conflicts of interest. The conflict of interest statements are included in the material made available to electors. All conflicts of interest declared by successful candidates will be included in the DHB’s interests register (to which all members, elected and appointed, contribute) and members are obligated to keep this up to date. Members cannot be involved in any DHB decisions where they have a conflict of interest. A member who has failed to declare an interest may be removed from office.
Voting

Q26 Is there any information available to all electors about the people who are standing?
A Candidates are entitled to complete a 150 word (maximum) profile statement about themselves. This and the conflict of interest statement will be published in a booklet with information about all candidates and sent out with voting documents. It will be available on the DHB’s website. Each candidate submitting a profile statement is also required to state whether their principal place of residence is within the MidCentral District Health Board area and must also specify every other position that the candidate is seeking to be elected to.

Q27 Who is eligible to be an elector?
A Registered New Zealand parliamentary electors may vote for members of the board in the district in which they live.

Q28 I have more than one property in different board districts. Can I vote for a member in each of those DHBs?
A No, you can only vote for the DHB where you are resident and on the parliamentary electoral roll.

Q29 What method of voting is used?
A All DHB elections use the Single Transferable Voting (STV) system. Under STV, voters mark their preferences with numbers instead of ticks. In doing so, they may rank as many or few candidates as they like, regardless of the number required to be elected.

Members

Q30 How much time would I need to spend on DHB work if I was elected?
A It does vary depending on the DHB but members should expect a commitment of around thirty days per year, which includes preparation for board and committee meetings, and community liaison. The rule of thumb is for every hour of board/committee meeting allow at least the same amount of time for preparation.

Q31 Do I need any special skills to be a board member?
A No, not necessarily. All boards need a mix of skills, backgrounds and experience. This includes people with governance and financial experience, but also community-oriented people who are passionate about health and disability services in their area.

Q32 What are DHB advisory committees?
A There are three committees required under the New Zealand Public Health and Disability Act 2000. They are:
- Community and public health advisory committee
- Disability support advisory committee
- Hospital advisory committee
The DHB may establish others in addition to these three committees (eg, an audit, risk and finance committee).

Q33 How are the members of these committees decided?
A The DHB appoints members to these advisory committees. In addition to board members, other members may be co-opted to these committees from outside the board.

Q34 Are there any provisions to ensure that the DHB board membership is representative of the various ethnic groups in New Zealand?
A The New Zealand Public Health and Disability Act 2000 requires the Minister to …"endeavour to ensure that:
(a) Maori membership of the board is proportional to the number of Maori in the DHB’s resident population (as estimated by Statistics New Zealand); and
(b) In any event, there are at least 2 Maori members of the board.”

The Crown Entities Act 2004 requires the Minister to “take into account the desirability of promoting diversity in the membership of Crown entities” when making appointments.

People from all backgrounds are encouraged to stand and the STV form of voting is considered to give better representation for minority groups.

Q35 What about women board members?
A There are no specific provisions around gender balance in the legislation but women are encouraged to stand – around 45% of current DHB board members are women.

Results

Q36 When will the results be known?
A As soon as possible after voting closes at 12 noon on 8 October. The DHBEO will collate the results and then provide a progress and/or preliminary result. Final results will not be known until later in the week after the election when special votes have been counted following confirmation of a voters’ eligibility to vote.