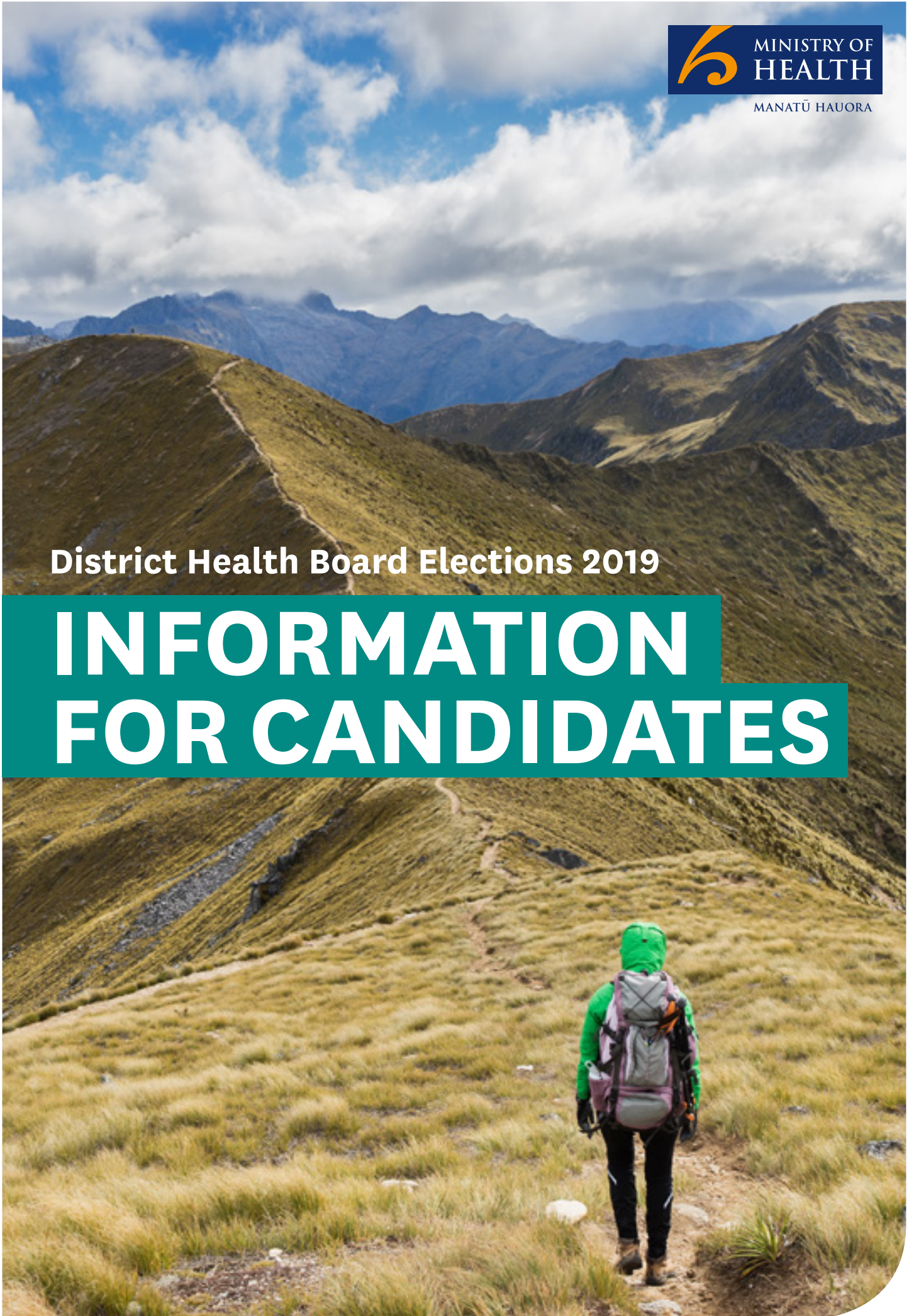


District Health Board Elections 2019

INFORMATION FOR CANDIDATES



DISCLAIMER

This booklet is intended as a general guide for those people who may be considering standing for a District Health 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

 www.health.govt.nz/dhbelections



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Foreword



Kia ora koutou

If you are thinking about how you can make a contribution to your local community, I would encourage you to put your name forward for this year's District Health Board (DHB) elections.

DHB boards have a critical leadership role in our health and disability system and play an important part in the sector's work to improve the health and wellbeing of all New Zealanders.

Every day thousands of people interact with our health system – whether it's through participating in a screening programme, taking a sick child to the GP, being seen in an emergency room or receiving care in one of our many hospitals.

Our health and disability system is serving New Zealanders well. However, there are a number of challenges, most notably our Māori and Pacific populations continue to experience disproportionately poorer health outcomes.

There are also challenges as a result of increased demand for services, a growing and ageing population, changing expectations, emerging technologies, and global health workforce demands.

With these challenges come opportunities, and we need people who can help steer our DHBs to realise those opportunities.

We need committed people with a wide range of skills, backgrounds and experiences and who have a strong understanding of their communities.

A significant portion of the government's budget goes into health - over \$18 billion this year alone. Just over \$13 billion of this is provided to New Zealand's 20 DHBs to meet the needs of their local population.

Being a DHB board member is important. It's a valuable experience as well as challenging, working in a complex and continually evolving health and disability system.

I speak from personal experience when I say that working within New Zealand's health and disability system is incredibly rewarding.

If you decide to submit your nomination, I wish you the best of luck, and thank you for making a contribution to your community.

Ngā mihi maioha

DR ASHLEY BLOOMFIELD
Director-General of Health

Important dates

Intending candidates should be aware of the following important dates for the 2019 DHB elections.

2019	
19 JULY	Nominations open
16 AUGUST	Nominations close (at 12 noon)
20-25 SEPTEMBER	Voting documents are issued – the start of the voting period, special votes are issued and early processing of votes begins
12 OCTOBER	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)
17-23 OCTOBER (or as soon as possible afterwards)	Special votes are counted and official results declared
9 DECEMBER	Newly elected board members take office

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About District Health Boards

DHBs' responsibilities

District health boards (DHBs) are responsible for providing health services in their area. There are currently 20 DHBs in New Zealand (see Figure 1).

The legislation governing them, the New Zealand Public Health and Disability Act 2000, 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 best arrangement for the most effective and efficient delivery of health services to meet local, regional and national needs
- ▶ promote effective care and support for those in need of personal health services or disability support.

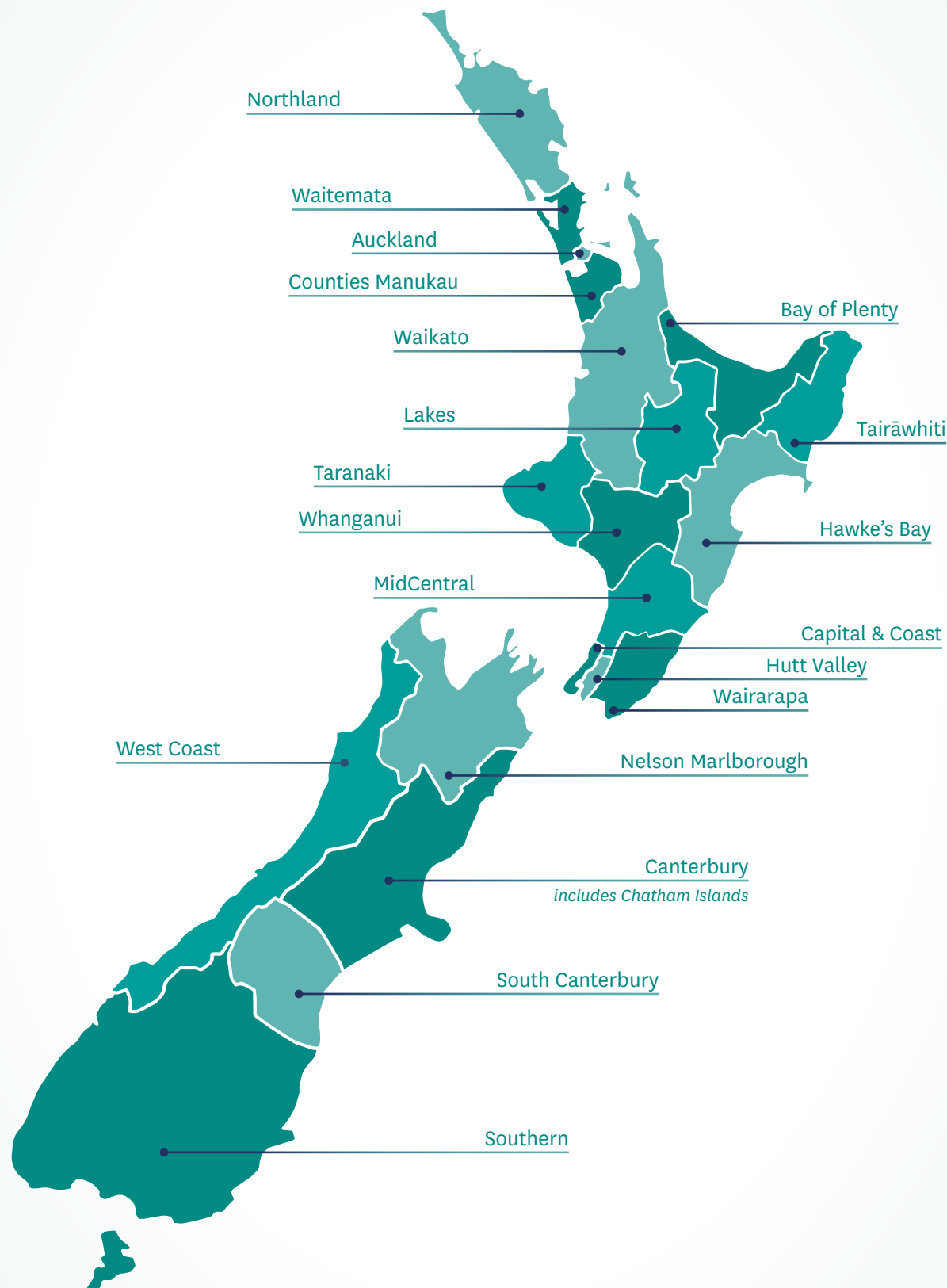
Under the Act DHBs are also expected to show a sense of social responsibility, to foster community participation in health improvement, and to uphold the ethical and high quality standards expected of providers of services and public sector organisations.

DHBs are required to work to improve the health and wellbeing of Māori and other population groups with inequity outcomes. This includes developing Māori capacity for participating in the health and disability sector and providing for the needs of Māori.

DHBs are also required to help people with disabilities to be independent and to promote their inclusion and participation in their communities.

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

Figure 1: District health boards



DHB	2018/19 Devolved Funding <i>as at Budget 18</i>	2018/19 Funded Population*
Auckland	1,320,441,404	545,640
Bay of Plenty	724,426,074	238,380
Canterbury	1,415,800,233	567,870
Capital & Coast	765,468,222	318,040
Counties Manukau	1,439,818,935	563,210
Hawkes Bay	497,190,390	165,610
Hutt	397,108,626	149,680
Lakes	326,158,911	110,410
MidCentral	511,655,201	178,820
Nelson Marlborough	437,785,441	150,770
Northland	599,291,655	179,370
South Canterbury	181,418,793	60,220
Southern	876,321,930	329,890
Tairāwhiti	165,254,758	49,050
Taranaki	345,172,155	120,050
Waikato	1,197,658,853	419,890
Wairarapa	140,016,931	44,905
Waitemata	1,531,569,051	628,970
West Coast	130,684,266	32,410
Whanganui	225,114,979	64,550
Total	13,228,356,806	4,917,735

*2018/19 Funded population refers to the population count used for the 2018/19 funding package.

Full Time Equivalents for each DHB <i>as at February 2019</i>	
Auckland DHB	9,425
Counties Manukau DHB	6,576
Northland DHB	2,539
Waitemata DHB	6,674
Northern Region Total	25,215
Bay of Plenty DHB	2,756
Lakes DHB	1,310
Tairāwhiti DHB	742
Taranaki DHB	1,529
Waikato DHB	6,516
Midland Region Total	12,853
Capital & Coast DHB	5,113
Hawke's Bay DHB	2,408
Hutt Valley DHB	1,911
MidCentral DHB	2,317
Wairarapa DHB	495
Whanganui DHB	914
Central Region Total	13,158
Canterbury DHB	8,506
Nelson Marlborough DHB	1,994
South Canterbury DHB	629
Southern DHB	3,754
West Coast DHB	655
Southern Region Total	15,538
All DHBs	66,764

What DHBs do

DHBs are large and complex organisations. They are responsible for most of the day-to-day business of the health system and administer around three-quarters of the funding. They plan, manage, provide and purchase health services for their population to ensure services are delivered effectively and efficiently.

This includes 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 priorities set each year by the Government, as reflected in the Minister of Health's annual letter of expectations to DHBs. The latest letter of expectations can be found in the link below.

 <https://nsfl.health.govt.nz/dhb-planning-package/201920-planning-package/supplementary-information-201920-planning-guidelines-1>

You can also find out more about your local DHB by visiting the link below, or by going to the relevant DHB website:

 www.health.govt.nz/dhbelections

A full list of DHB websites is available at:

 <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards>

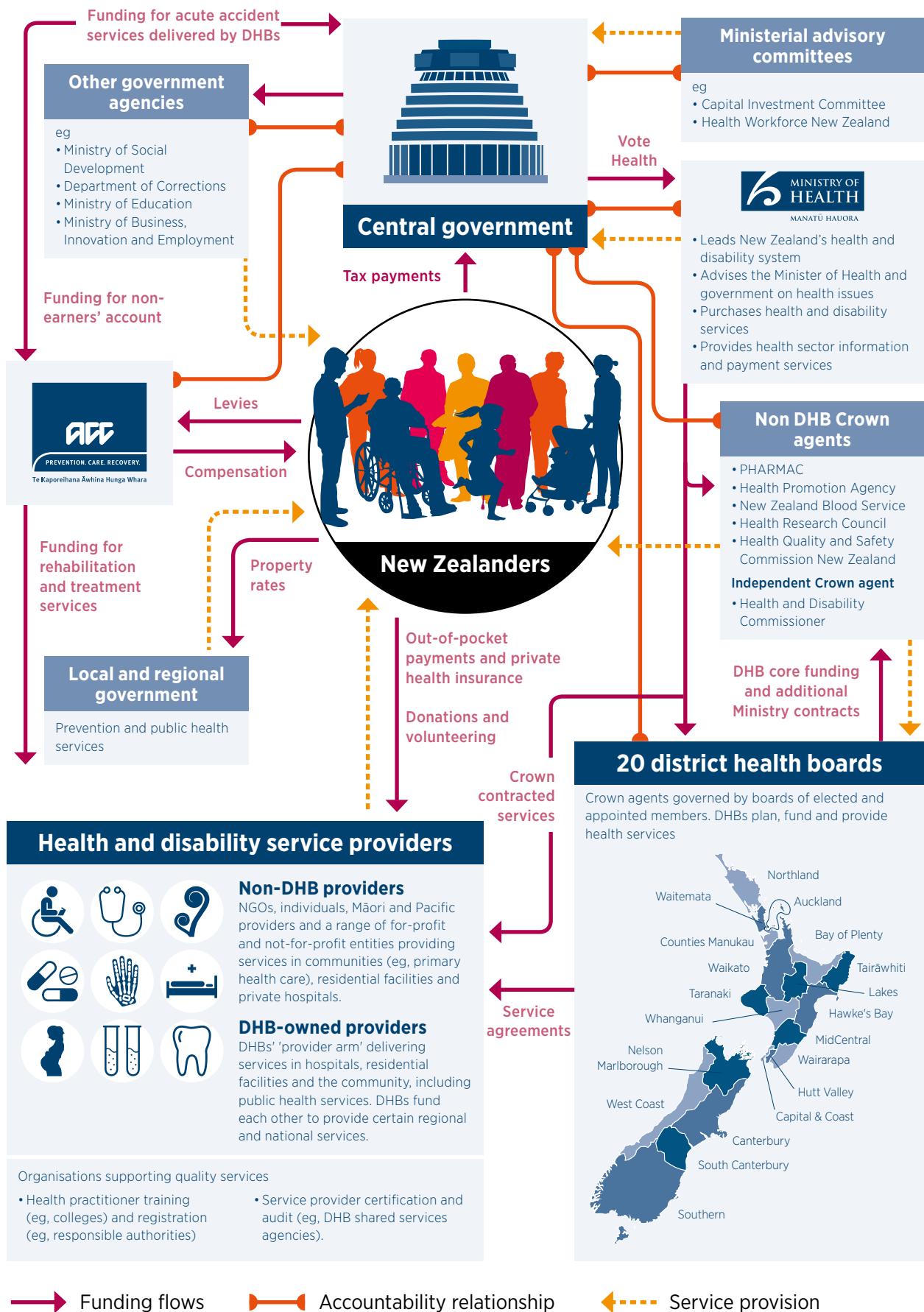
DHBs: where they fit in

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 the sector.

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

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 are elected members, and after each election the Minister of Health can appoint up to four members to ensure the board covers a range of perspectives, skills and knowledge.

For example, the Minister may wish to appoint people with financial or 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. This sits with the chief executive who makes decisions on management issues and is responsible 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 are directly responsible and accountable to the Minister of Health. DHBs are Crown entities and funded by the Government using taxpayer dollars.

Board members have an important role in ensuring their local community's voice is heard at the DHB board table.

Boards make decisions in a transparent environment. Agendas and board papers are made available to the public unless there are good reasons for them to be withheld under the law.

Board and statutory advisory committee meetings are also held in public, but in some circumstances parts of the meeting may 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:

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

DHBs are also required to produce other documents that satisfy the need to be accountable to Parliament, and 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 plans. It relates 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:

- ▶ 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 is required to perform its functions efficiently and effectively, and 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.

Generic skills for a board member will usually include:

- ▶ a wide perspective on social, health and strategic issues
- ▶ integrity and a strong sense of ethics
- ▶ financial literacy and critical appraisal skills
- ▶ strong reasoning skills and an ability to actively engage with others in making decisions
- ▶ knowledge of a board member's responsibilities, including an ability to distinguish governance from management.

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 - including reports from various operating parts of the DHB (eg, finance, mental health) and from subsidiary companies and trusts where the DHB may have an interest.

Board members are asked 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 these matters. Looking at past board agendas, minutes and papers is a good way of seeing what is discussed at a typical meeting. These are available from DHBs. Contact details and website addresses for DHBs are available on the Ministry of Health website.

DHB boards are free to regulate their own procedures at meetings and establish their own policies as long as these are not inconsistent with the legislation.

Board members are expected to treat all business before the board as strictly confidential. Members are also expected to comply with all relevant legislation concerning privacy, especially regarding individuals.

The board may also have a media policy that guides members' dealings with media. A code of conduct may also be in place for board members.

Do board members receive any training?

Yes, board members unfamiliar with their obligations and duties are expected to undertake and complete any necessary training. DHBs fund this training and keep a record 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 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 role.

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 9 December 2019 and ends on 12 December 2022. 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 one DHB board. However, this is not automatic - there is no guarantee an appointed member will be reappointed.

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, and fee levels vary from DHB to DHB, depending on the size and 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. DHB employees who meet the eligibility criteria are also able to stand for election. There are some exceptions, and 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 and you have not yet served that sentence or the relevant penalty.

You will not be eligible to stand if you have been removed as a DHB member since the last elections in 2016 or if you failed to declare a material conflict of interest before accepting nomination as a candidate at the last election.

More details can be found in clause 17 of Schedule 2 to the New Zealand Public Health and Disability Act 2000, available at www.legislation.govt.nz

What experience do I need?

You don't need to have experience as a director to stand, and you don't need any particular qualifications. You will be able to make a stronger contribution if you have an understanding of how a large organisation works.

People with different backgrounds, skills, expertise and qualifications are desired, as they help to 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 \$131 million. They are also large employers. The largest DHB has a staff of over 9000 while the smallest employs over 400 staff.

For a list of the personal qualities and skills required, see page 12.

Can I stand for any DHB?

Yes, you don't have to live in the DHB's district to stand for election to its board, but you can't stand for election in more than one DHB. For example, if you live on the North Shore (and within Waitemata DHB boundaries), you can be a candidate for the Auckland DHB board but you can't 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/her conduct the election. They 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 the Ministry of Health website.

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 where you wish to stand). You can't nominate yourself. Nomination forms are available from electoral officers (go to www.health.govt.nz for details).

Your nomination must meet certain criteria - it must be handwritten, dated and addressed to the relevant electoral officer. It is important to get the full names, addresses and signatures of the two electors who are nominating you, and include a conflict of interest statement. For more information, see page 18.

You may like to include a profile statement and a recent passport-sized photo with the nomination documents. For more information, see page 19.

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 the required documents together, along with your deposit (see page 18).

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

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 conflicts of interest that 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 transparency and public confidence in the DHB board decision-making. It is in everyone's best interests for candidates to be as open and as frank as possible. This helps to avoid any suggestion that the public was not 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 legislation. If you are in any doubt on whether you have a conflict 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 purchased or subsidised, or could be at some point in the future. These could be conflicts of interest.

A practical test of whether an interest is significant is whether a 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.

Being employed directly by a DHB does not constitute a conflict of interest. DHB employees are eligible to stand for election to the board.

For the legal definition of conflict of interest and more details, refer to the relevant sections of the NZPHD Act available at 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 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 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 board decisions in relation to matters affected by the conflict.

Members 'sitting out' 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 other board members agree, the member with the conflict of interest may take part in the discussion on the issue but is 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. Profile statements can include:

- ▶ relevant information about you, 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 the option of including a passport-sized photograph.

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 identify local candidates, you should identify your suburb and city 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.

Election campaigns

How do I run an election campaign?

We can't advise 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 for individual candidates to make. You may want 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:

DHB resident population	Maximum electoral expenses
Up to 4,999	\$3,500
5,000 – 9,999	\$7,000
10,000-19,999	\$14,000
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 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 papers will be sent out to all enrolled electors between 20 and 25 September 2019. All votes must be in the hands of the electoral officer by 12 noon on Saturday 12 October 2019.

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, or 'pseudo-random' where names are 'drawn out of a hat' and that order appears on every document), or in random order (where every document 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 there is a unique first preference on the voting document.

An STV voting document looks similar to Figure 3. Sample STV voting form.

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?

You may withdraw from the election at any time before the close of nominations (Friday 16 August 2019 at 12 pm).

You can withdraw 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 have your deposit refunded.

If you become incapacitated from serious illness/injury after the close of nominations but before the close of voting, the two electors who nominated you may apply to the electoral officer to cancel your nomination.

The application must be witnessed by a Justice of the Peace or a solicitor and be accompanied by a certificate signed by a medical practitioner. If your nomination is cancelled because of incapacitation you are entitled to be refunded your deposit.

Figure 3: Sample STV voting form

SOMEWHERE DISTRICT HEALTH BOARD ELECTION OF SEVEN (7) MEMBERS	
NOTE: THIS IS AN STV ELECTION	
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.	
2. You can rank as many or as few candidates as you wish.	
There are 10 candidates	Number here
APPLE, Anaru	7
BANANA, Belinda	3
CARROT, Christine	2
DATE, Daniel	
EGGPLANT, Etevis	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 Etevis 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.

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 12 October 2019.

DHB election results may take longer to come out than local government results. Local government elections are mostly held under the First Past the Post system where 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 2019 elections will take office on Monday 9 December 2019 (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 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 filed no later than 55 days after the final election result is declared (ie, the deadline will be around mid-December 2019).

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.

Can unsuccessful candidates be considered for appointment to the board?

Yes, once the elections have taken place the Minister of Health considers whether there is a need to make up to four additional appointments to each board.

In appointing those additional members the Minister considers a range of people who are 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

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 (see www.health.govt.nz). Your DHB will be able to provide general information about health and disability services in your area.

You can 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.

✉ dhbappointments@health.govt.nz
🌐 www.health.govt.nz/dhbelections

Local Government New Zealand

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

☎ (04) 924 1200
✉ info@lgnz.co.nz
🌐 www.lgnz.co.nz

Electoral Commission

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

☎ 0800 36 76 56
☎ (04) 801 0709
✉ enrol@elections.org.nz
🌐 www.elections.org.nz

Single Transferable Voting

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

✉ stv@dia.govt.nz
🌐 www.stv.govt.nz

Legislation

The Acts and regulations that apply 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

Most libraries also hold copies, although it is important to check whether they are current.

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

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: _____

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: _____

