

# WCDHB BACKGROUND INFORMATION

## 1.0 INTRODUCTION

West Coast DHB is one of 21 DHBs established on 1 January 2001 in accordance with section 19 of the New Zealand Public Health and Disability Act 2000 (NZPHD Act 2000). West Coast DHB is categorised as a Crown Agent under section 7 of the Crown Entities Act 2004 (CE Act 2004). The CE Act 2004 (section 49) states that the Board of West Coast DHB must ensure that the DHB acts in a manner consistent with its objectives and functions.

## 2.0 VISION STATEMENT AND VALUES

### OUR VISION:

*“To be the New Zealand centre of excellence for rural health services”*

### HE MIHI

*E ngā mana*

*E ngā reo*

*E ngā iwi o te motu*

*Tēnei te mihi ki a koutou katoa*

### HE WHAKATAUKI

*“Ko tau rourou, ko taku rourou, ka ora ai te iwi”*

With your contribution and my contribution we will be better able to serve the people

### OUR PRINCIPLES

Improved Health for the people of the West Coast through better:

- **ACCESS**

Provide the people of the West Coast with equitable access to a comprehensive range of primary and secondary health services in the most appropriate location.

- **INTEGRATION**

Establishment of closer working relationships between all health care professionals to provide more comprehensive, better coordinated person centered health care services and to ensure seamless continuity of care for patients.

- **QUALITY**

The degree to which services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- **EQUITY**

Increasing our understanding of the cause of health inequalities; and the action we can take to reduce these inequalities through the funding and service provision decisions we make at a local level

## **Our Values**

All activities of the West Coast DHB will reflect the values of:

- Manaakitanga – caring for others
- Whakapapa –identity
- Integrity
- Respect
- Accountability
- Valuing people
- Fairness

Whanaungatanga- family and relationships

## **3.0 OUR PEOPLE**

This section describes West Coast DHB's region. It outlines the geographical location and the population profile, identifies health issues for the West Coast district, and describes how this operating environment influences the choices West Coast DHB makes.

### **3.1 *Population Information***

The West Coast DHB region occupies 8.5% of New Zealand's total land-mass, but is home to just 31,326 "West Coasters" (Usually Resident, Census 2006). Significant population decline was recorded in 2001, with a fall of 6.7% since the 1996 Census. This decline was projected to continue, although the 2006 census shows a 3.4% increase in population<sup>1</sup>. However, in terms of total national population, the West Coast fell from 0.8% to 0.7% of the total population.

Overall the West Coast has an aging population with 14% of all residents currently aged over 65. This is predicted to grow 20.9% in the next ten years. The Maori population however, does not follow this pattern with 54% of the current Maori population aged under 25 (compared to 31% of the total) and just 4% of Maori are aged over 65. The Maori population aged over 65 years predicted to grow in the next ten years. The average age of West Coasters is one of the oldest in the country at 52 years of age

The West Coast region has a lower proportion of its population identifying as Maori with just 9% compared to 15% of the Total New Zealand population. This differs for youth however, as 16% of 0-24 year olds identify as Maori. The Maori population on the West Coast is expected to grow to 13.3% by 2021.

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<sup>1</sup> The increase was not equal across all territorial authorities with a decline in population continuing in the Buller District by -0.8% an increase in the Grey District of 2.5% and the Westland District Increased by 8%.

The West Coast has very small Pacific Island population with just 279 usually resident Pacific Islanders at the 2006 census, just 0.9% of West Coast population. While the number and percentage of the total population remains small there was significant growth in the Pacific Island population since the 2001 census with the population almost doubling from less than 150 in 2001 to 279 in 2006. 14.7 % of NZ's population is Pacific.

The West Coast region differs significantly from the New Zealand Average as the most sparsely populated DHB in the country; it has a population density of 1.3 people per square kilometer – less than 10% of the New Zealand average. With a large number of small towns, approximately 41% of the West Coast population lives rurally, which is considerably higher than the national average of 15%.

Just 64% of West Coast residents reside within 60 minutes ("The Golden Hour") travel time by car from secondary hospital services. Nationally at least 90% of people are able to access health care and social support services within 30 minutes' travel time from their homes. Only 2% are within 180 minutes travel time by car from the nearest tertiary hospital at Christchurch.

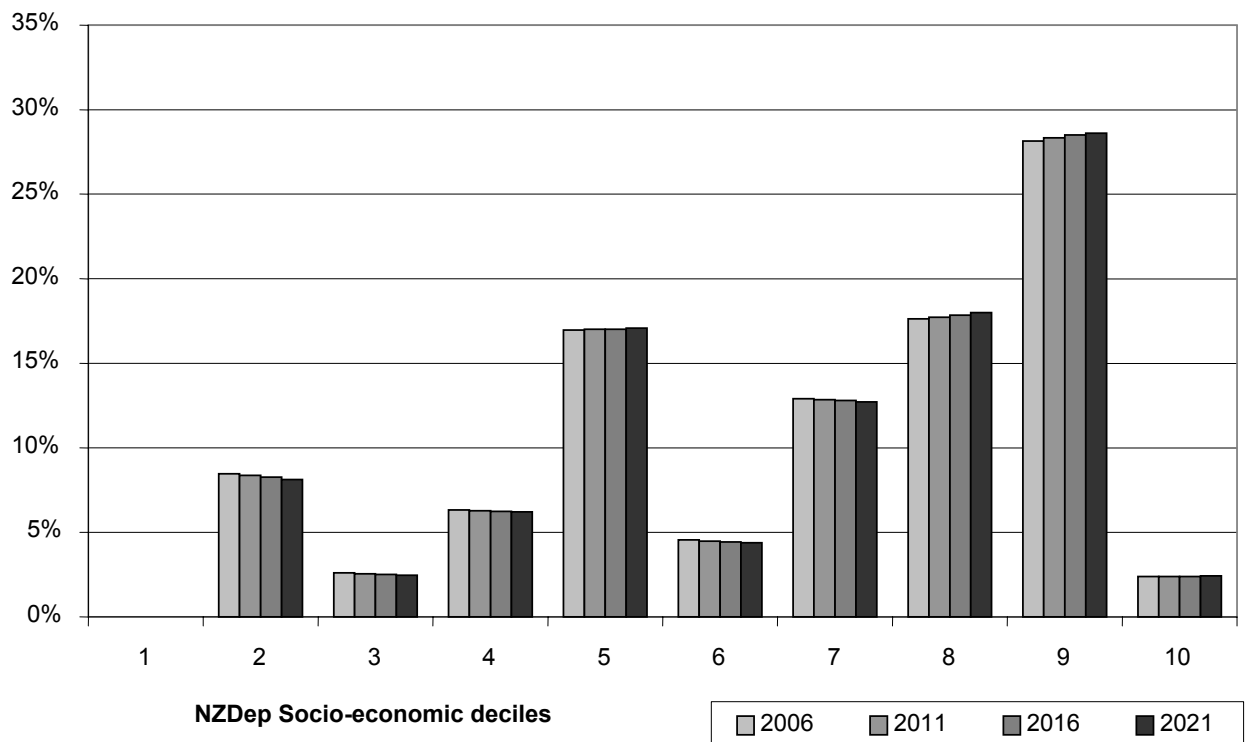
Socio-economic status is low on the West Coast compared to the rest of the country and the Buller district consistently has the highest level of deprivation when compared to the Westland and Grey districts.

Almost 50% of the West Coast population lives in NZDep 8, 9 and 10 areas. This includes 50% of children, and the percentage of Maori and Pacific population residing in NZDep 8, 9 and 10 areas is also high.

High levels of deprivation on the West Coast are associated with low income levels and educational achievement of West Coast residents. The 2006 census shows that 34% of the West Coast population over the age of 15 earn less than \$15,000 per annum with a further 9.5% earning between \$15,000 and \$20,000 higher than the national figures of 30% and 8% respectively.

The level of educational attainment in the regional is lower than the national figures with 32% of usually resident West Coast residents aged over 15 years without formal qualifications compared to 22% nationally.

### West Coast population projections by NZDep 2006-2021



Statistics New Zealand forecast a very slight worsening of socio-economic status for West Coasters by 2021. In 2021, 35% of West Coast Maori will live in an area considered to be a NZDep decile 9 or 10, compared to 30% of non-Maori, non-Pacific people and 37% of Pacific people.

## **4.0 NATURE AND SCOPE OF ACTIVITIES**

The activities of our DHB fall into three groups (or “output classes”):

- Governance
- Planning and Funding
- Provision of Services.

### **4.1 DHB Governance**

The governance structure for DHBs is set out in NZPHD Act 2000. The Board consists of eleven members and they have overall responsibility for the operation of West Coast DHB. Seven of the members are elected as part of the three yearly local body election process (last held in October 2004) and up to four are appointed by the Minister of Health.

The Board can delegate matters to the Chief Executive Officer of our DHB. There are a number of sub committees to the Board and these are made up of Board members, DHB staff and community representatives. Three of these committees are requirements of the NZPHD Act 2000, that is they are statutory committees. The Board is required to publish when and where it, or any of its subcommittees, are meeting.

#### ***Hospital Advisory Committee (HAC)***

The HAC is a statutory committee covering the hospital within our DHB. The HAC monitors the financial and operational performance of the hospitals and assesses strategic issues relating to the provision of hospital services.

#### ***Community and Public Health Advisory Committee (CPHAC)***

The role of the CPHAC, which is also a statutory committee, is to provide the Board with advice on the health and disability needs of our region's population. The committee reports on anything significant that may affect our population's health and it also advises the board on which issues are most important.

The CPHAC advises the Board on how services funded and/or provided by the DHB, and how the DHB's policies, will impact on our population. The Committee also analyses relevant reports and makes recommendations to the Board. CPHAC makes sure that any advice it provides the Board is consistent with the national strategies and government policy.

#### ***Disability Support Advisory Committee (DSAC)***

The role of the DSAC, another statutory committee, is to tell the Board about the needs of the people with disabilities in our region and prioritise the use of the money provided for those with a disability. The committee makes sure that the services provided or funded, and the policies adopted, promote the inclusion and participation of people with disabilities in our society, to maximise their independence.

### ***Tatau Pounamu Advisory Committee***

Tatau Pounamu is the new Maori health advisory committee which is working with the West Coast DHB concerning DHB Treaty-based relationships. The West Coast DHB expects that Tatau Pounamu will continue to maintain effective Iwi involvement (both Mana Whenua and Mata Waka) in service monitoring and evaluation generally. It will also be an appropriate forum for monitoring progress towards the implementation of He Korowai Oranga.

### ***The West Coast DHB Board***

The Board provides leadership and is responsible for:

- Monitoring and evaluating the achievement of strategic and operational results and quality, both clinical and non-clinical
- Establishing and reviewing the mission, values, vision and strategic directions of the West Coast DHB
- Facilitating the appropriate involvement of clients in service development, delivery and review
- Ensuring the West Coast DHB is adequately resourced to meet its objectives
- Developing and monitoring governance policies that provide an adequate risk management framework and clear delegations to the Chief Executive.

The Board clearly defines documents and works within its scope of authority, roles and responsibilities, regularly reviews them and makes changes as necessary.

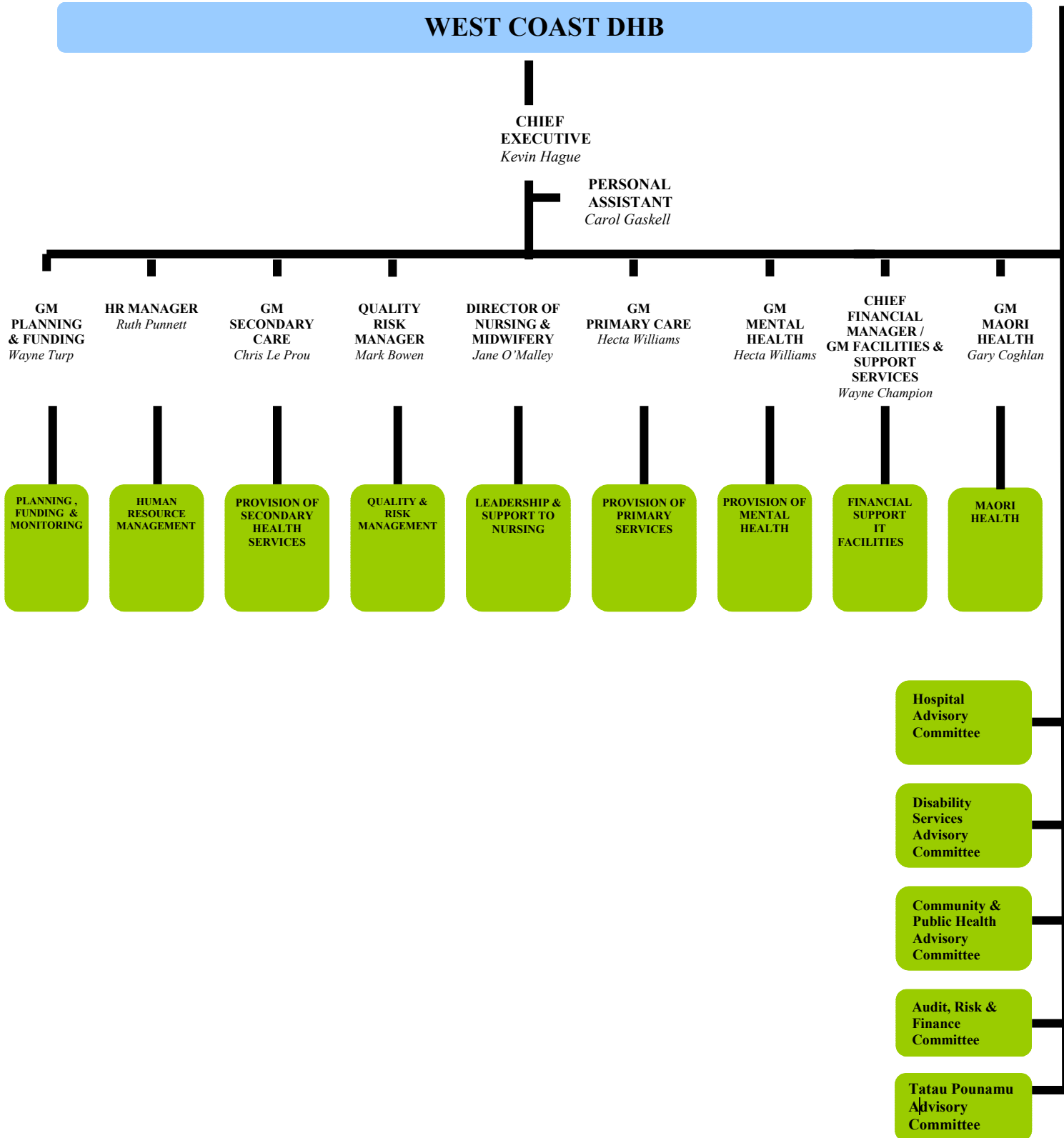
The Board operates according to a deed, constitution, bylaws, legislation or articles of association, and the corporate policies that it sets.

The West Coast DHB has Treaty-based relationships with Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Maori community both directly and through Tatau Pounamu – its Maori Health Advisory Group.

Members of the public are welcome to observe most of the meetings of the groups mentioned above. The meetings are held six weekly. Details of the meetings (such as agendas, minutes, membership of the committee, people who attended a meeting) are publicly available on [www.westcoastdhb.org.nz](http://www.westcoastdhb.org.nz) or Corporate Office Grey Base Hospital, Greymouth.

Occasionally these groups may need to have discussions about some subjects where it is better if the public does not attend and this is allowed for in the NZPHD Act 2000.

# WCDHB ORGANISATIONAL STRUCTURE



## **5.0 Quality and Safety**

The West Coast DHB is committed to ensuring all the health services that it provides and that it funds are of the highest quality. To achieve this, the West Coast DHB operates a quality audit and monitoring function, and actively encourages an organisational culture that is supportive of continuous quality improvement and quality initiatives through a systems approach. Implicit in this systems approach is the requirement for the effectiveness of these systems to be measured against agreed best practice standards. Such a systems approach must also ensure that delivery of care occurs in a systematic manner and is based on agreed best practice.

The purposes of this Quality Programme is to make explicit to all interested parties how the WCDHB will ensure that delivery of care is of the highest quality through the establishment, monitoring, improvement and evaluation of a management system. The Quality Programme has to make quite clear the intentions of the WCDHB with regard to:

- development of the management system;
- monitoring the performance of the system;
- making improvements to the system;
- evaluating the improvements.

In developing its Quality Programme, the WCDHB has to take into account:

- the size and geographic spread of the area that it serves;
- personnel factors;
- the need to be client-focused including the needs of current and potential clients;

financial framework within which the Service operates.