

# MEMORANDUM TO THE BOARD

## 12 AUGUST 2009

### AGENDA ITEM 8

#### PLANNING CYCLE AND TIMELINES

##### Purpose

The Waikato DHB District Annual Plan (DAP) 2009 – 2011 has been signed by the Minister of Health. The process for developing the next DAP (2010 – 2012) now begins. This paper details key milestones for the DAP process. A summary of where the DAP fits into the overall statutory planning cycle is attached as Appendix 1.

##### Key Milestones

Initial work on the DAP 2010 – 2012 will include determining priorities and assumptions for 2010/11. The Executive will collate and review information over the next month to share with the Board at the September meeting. Milestones for Board input into the DAP process are shown in the table below.

<b>Board DAP Milestones 2010/11</b>	<b>Indicative Timing</b>
Regional Clinical Services Plan development commenced	May 2009
Paper proposing key DAP assumptions and seeking Board priorities for 2010/11	September 2009
Possible follow up Board discussion on Waikato DHB priorities for 2010/11	October 2009
Email summary of DHB planning package changes from 2009/10 to 2010/11	January 2010
Draft DAP to Board for review, discussion and feedback	February 2010
Draft DAP to Board for approval (note initial draft DAP is due at the Ministry in early March 2010)	March 2010
Updated draft DAP to Board responding to Ministry feedback (due at the Ministry in mid May 2010)	May 2010
Final DAP to Board for approval (updated final DAP due at the Ministry in mid June 2010)	June 2010

<b>Other strategic level plans</b>	<b>Indicative timing</b>
Draft Regional Clinical Services Plan due	June 2010
District Strategic Plan development commences	July 2010
Review of health needs to be complete	June 2011
Draft District Strategic Plan due	June 2011
District Strategic Plan finalised	December 2011

It should be noted that the Regional Clinical Services Plan referred to above is a new requirement. This is a major undertaking which could consume significant time and resource. The timing for completion of a draft document is tentative and will be reviewed as experience of this process unfolds. The process and timing for finalising the document will be determined once a draft has been developed and considered.

**Recommendation**

**THAT**

The above milestones for DAP, District Strategic Plan and Regional Clinical Services Plan development be noted.

**BRETT PARADINE**

**GENERAL MANAGER: PLANNING AND FUNDING**

## Appendix 1

### THE PLANNING CYCLE

#### Introduction

This brief paper is intended to provide context to development of the DAP by reiterating where the DAP sits in the overall DHB statutory planning cycle.

District health boards are required by legislation to produce the following plans:

#### Health Needs Analysis

Prior to completing a District Strategic Plan a DHB must assess the health status of its population, any factors that the DHB believes may adversely affect the health status of that population, the needs of that population for services, and the contributions that those services are intended to make towards the health outcomes and health status sought for that population.

#### District Strategic Plan

The DSP sets out the DHB's strategic objectives and or desired DHB population outcomes for 5 – 10 years. The District Strategic Plan must be reviewed at least every three years and must not be inconsistent with the National Health Strategy and National Disability Strategy that have been produced by the government.

#### District Annual Plan

The DAP sets out what the DHB intends to do over the financial year, how much is to be spent and how it will measure its success. The DAP must not be inconsistent with the District Strategic Plan. It is agreed with the Minister within the authority of the NZPHD Act section 39.

#### Statement of Intent

The SOI is the means by which the DHB demonstrates its accountability to Parliament. Within this context the Minister has legislative power to provide direction to DHBs through the process of agreeing the SOI.

#### Annual Report

At the end of each financial year DHBs must prepare an annual report, the requirements for which include:

- a statement of service performance; and
- annual financial statements.

In addition to these specific legislative requirements, district health boards are required to produce local and regional asset management plans and a regional clinical services plan.

The development of the first regional clinical services plan for the Midland region has commenced. Following completion of this plan it is intended to undertake District Strategic Planning on a more regionally focussed basis than has been the case previously.

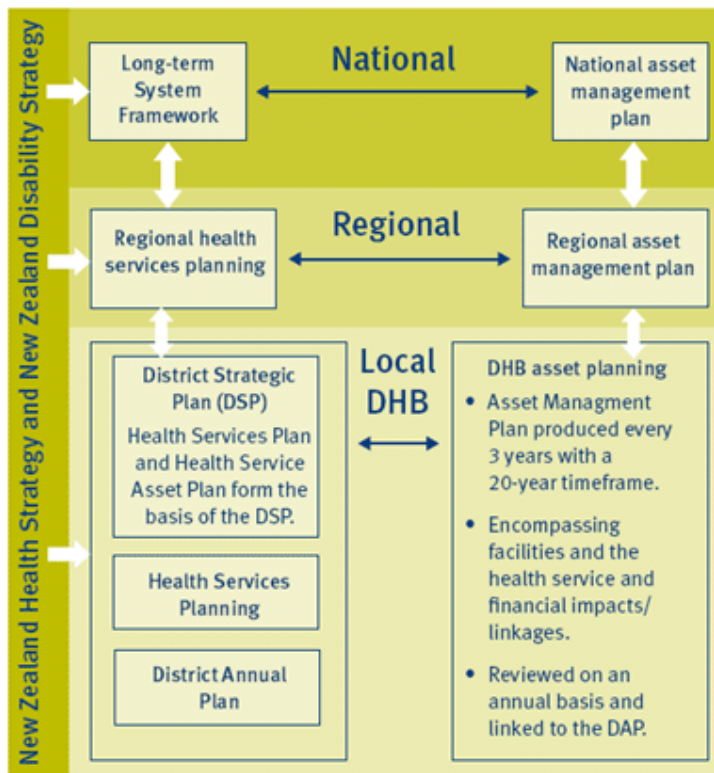
This is not by any means an exhaustive list of all planning that a DHB must do. The DHB provider, Health Waikato, is a large organisation that needs to ensure that focus is maintained through production of an annual operating plan. There is also a multiplicity of service level plans produced at local and regional level. The list above is simply a summary of the key plans for which specific legislative requirements exist.

A table showing a Ministry of Health view of the relationship of various planning requirements follows.

## Appendix 1

### Service and capital planning linkages

<http://www.moh.govt.nz/moh.nsf/indexmh/soi0811-figures>



Text description:

The diagram shows relationships between the different components of service and capital planning; at national, regional and local DHB level.

The national-level components are: the Long-term System Framework and the National asset management plan.

The regional-level components are: Regional health services planning and the Regional asset management plan.

The local DHB-level components are: the District Strategic Plan, Health Services Planning, District Annual Plan and DHB asset planning.

Arrows illustrate the relationships within and between the levels. All components are shown to sit within the New Zealand Health Strategy and New Zealand Disability Strategy.