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25 March 2019

Marie Daly  
NZ Rural Hospital Network Executive Committee

**Email: [fyi-request-9713-610de5e9@requests.fyi.org.nz](mailto:fyi-request-9713-610de5e9@requests.fyi.org.nz)**

Dear Marie

**Official Information Act Request – The NZ Rural Hospital Network wants to clearly understand each DHB’s process for allocating, monitoring and reporting the annual DHB Rural Adjuster Fund**

I write in response to your email of 28 February 2019 and provide you with the following information in regard to your request: around alcohol harm reduction activities for the financial year 2017/18, namely:

1. *For each of the past three years ending June 2016, June 2017 and June 2018 what was the DHBs Rural Adjuster funding component of the PBFF funding pool?*

This question has been transferred to the Ministry of Health as per a letter dated 6 March 2019 from Jenny McLennan, PA to the Chief Executive Taranaki District Health Board.

2. *Does the DHB fund and provide rural hospital services?*

No definition of a rural hospital has been provided. The DHB’s role is to allocate resources that provide the best possible outcomes for the population in accordance with our legislative function which is to improve, protect and promote the health of our community.

The urban and rural populations in Taranaki access hospital services directly at Base Hospital New Plymouth and Hawera Hospital as well as access to hospital via Inter District Flows.

- 2.1 *Please provide the following information about the rural hospitals in your DHB*
  - *Name or location of hospital*
  - *List of services the hospital provides*
  - *The business structure of the hospital eg DHB owned and operated / NGO or Iwi owned and operated*
  - *Annual Budget*

Hawera Hospital delivers acute medical and rehabilitation adult inpatients, primary maternity, and a 24/7 emergency department. A range of community and outpatient services are also delivered from Hawera Hospital.

Hawera Hospital is DHB owned and operated.

Hawera Hospital does not have an individual budget with many services delivered from Hawera as part of the wider TDHB services.

**2.2** *How is the annual budget for each of the rural hospitals listed in the table in 2.1 set?*

The budget is set as part of the wider hospital and specialist service budgeting process. As per the point above there is not a single Hawera Hospital budget.

**2.3** *How does the DHB apply the annual rural adjuster funding to the benefit of each of the rural hospitals listed in the table in question 2.1?*

The rural adjuster funding within the Population Based Funding Formula (PBFF) is not a funding line to be allocated. This forms part of the Population Based Funding the DHB receives on which it plans, funds and provides services. The rural adjuster is not specific to rural hospital funding. There is therefore no direct relationship between PBFF funding, adjuster funding and rural hospital funding.

**3** *Does the DHB fund and provide rural community services?*

**3.1** *Provide the following information about the rural community services in your DHB. If there are none please report this.*

- *Location of services*
- *List of community services in each location*
- *The business structure of the service provider eg DHB owned and operated / NGO or iwi owned and operated*

**3.2** *How is the annual budget for the community services listed in the table in 3.1 set?*

There is no definition of what is considered a rural community service. Taranaki is a rural area with both rural and urban populations and so significant proportion of the community services the DHB funds and provides is to support the health needs of people living in rural area but they may not be specifically labelled as rural services. Further definition is required before a response can be considered for 3.1 and 3.2

**3.3** *How does the DHB apply the annual rural adjuster funding to the benefit of each of the rural community listed in the table in question 3.1?*

The rural adjuster funding within the Population Based Funding Formula (PBFF) is not a funding line to be allocated. This forms part of the Population Based Funding the DHB receives on which it plans, funds and provides services. The rural adjuster is not specific to funding rural community services. There is therefore no direct relationship between PBFF funding, rural adjuster funding and rural community funding.

4. *For each of the past three years, under each of the components of the Rural Adjuster, quantify the allocation of Rural Adjuster funding through the DHBs contracts with its contracted providers or Service Level Alliance Teams.*
- *Small hospital facilities*
  - *Community services*
  - *Offshore Islands*
  - *Travel and Accommodation*
  - *Inter hospital transfers*
  - *Governance*
  - *Rural GP/PHO payments*

The DHB understands there are no components of the Rural Adjuster specified.

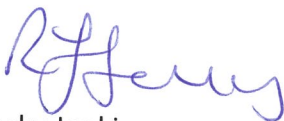
- 5.1 *Does the DHB include reporting requirements specific to the use of rural adjuster funding in its contracts with service providers whose contract includes rural adjuster funding.*

No

- 5.2 *If yes, provide a list of the reporting requirements included in the DHB contracts with these providers.*

Not applicable.

Yours sincerely



Becky Jenkins  
GENERAL MANAGER  
PLANNING, FUNDING & POPULATION HEALTH