

# REGIONAL SERVICES PROGRAMME



## Central Region Equity Framework

*DHBs' Central Region Service Planning Forum*

*August 2019*

# Foreword

**Whitiora ki te Wheiao  
Ki te Ao Marama  
Whiti ki runga, Whiti ki raro  
E ngungu ki te pōhatu  
E ngungu ki te rākau  
Titaha ki tēnei taha  
Titaha ki tērā taha  
Tihei mauri ora**

*Cross over to the life in the changing world  
To the world of light and understanding  
Cross upwards, downwards  
Turn to the rock  
Turn to the tree  
leaning this side  
leaning that side  
Sneeze the breath of life*

Mauri Ora ki a tātou!

Our karakia is a poetic metaphorical prose that we believe challenges the seeker of knowledge to draw from all facets of the known world all-inclusive and encompassing to attain enlightenment. Behold tis the breath of life!

My Central Region Chief Executive colleagues and I are pleased to sign this Central Region Equity Framework.

We all live within the Central Region. Our families and friends live here too. These are our communities. We want nothing but the best health and wellbeing provision for everyone within this region. This includes our District Health Board (DHB) local populations and our people that are required to travel to neighbouring DHBs for specialist services. We recognise that as a system we have much to be proud of, we also know that in respect to some groups we fall short of being the best we can be. We do know there are certain segments of the population who are not receiving acceptable levels of support. Health inequities are differences in health between population groups that are avoidable and unfair.

A well embedded, all-inclusive Central Region Equity Framework that is understood, used and supported by all of our staff across the Central Region is a critical enabler for addressing these current inequities. We are committed to the Treaty of Waitangi partnership and will reflect this across all we do. We will also ensure we have robust understanding of the equity issues across our Region and within our service provision. We are committed to driving pro-equity approaches, actions and measures to ensure the people currently not accessing or receiving care are supported to do so. We are committed to improving the quality of care delivered in ways that meet and address the current inequities across the Central Region.

The implementation approach has been agreed, the regional activities will be included in the Regional Service Plan and our local implementation activities will be captured in the DHB Annual Plans. Alongside this we have identified local actions to develop and support staff knowledge and capability on equity and pro-equity actions and measures.

The Ministry of Health “Equity of Health Care for Māori: A framework” was used to develop the Equity Framework. It is essential that we have a focus across leadership, knowledge and commitment to advance our equity of health outcome goals.

The signing of this Equity Framework by all Central Region Chief Executives is a visible demonstration of our commitment to address and improve the current inequities that exist across our health system of care. It will take concentrated, concerted effort and focus by all if we are to really make a difference.

Nā reira,

**Ehara taku toa I te toa takitahi ēngari he toa takitini**

*Achievement will not be attained by any individual alone  
but only by our united collectivity.*

Tēnā koutou, tēnā koutou tēnā tātou katoa.

**Kathryn Cook**

*Chair of Central Region DHB Chief Executives  
Chief Executive MidCentral DHB*

# The Central Region Equity Framework

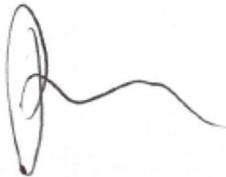
The Central Region Equity Framework has been developed by the Central Region and was endorsed by the Central Region Chief Executives in April 2019. The Central Region is a combination of MidCentral DHB, Hawke's Bay DHB, Whanganui DHB, Wairarapa DHB, Hutt Valley DHB and Capital and Coast DHB.



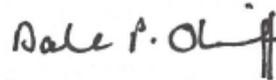
**Kathryn Cook**  
Chief Executive MDHB



**Kevin Snee**  
Chief Executive HBDHB



**Russell Simpson**  
Chief Executive WDHB



**Dale Oliff**  
Chief Executive WrDHB



**Fionnagh Dougan**  
Chief Executive CCDHB and HVDHB

# The Central Region Equity Framework

The Central Region Service Planning Forum (CRSPF) commissions health and disability services that aim to improve health outcomes and achieve equity for all populations living in the central region district health board areas. This Framework<sup>1</sup> provides guidance to the CRSPF on strengthening their commissioning to achieve equity within activities identified within the Central Region's Regional Service Plan (RSP).

In the Central Region, equity in health is based on the WHO definition of equity – the absence of avoidable or remediable difference among groups of people. The concept acknowledges that these differences in health status are unfair and unjust. However, they are also the result of differential access to the resources necessary for people to lead healthy lives.

People who are poor, have chronic conditions/diseases, live with disabilities, live rurally and are of different ethnicities, will have poorer health, greater exposure to health risks and poorer access to health services<sup>2</sup>. These variables are unlikely to exist in isolation as they are deeply interwoven. The concept of intersectionality is vital when exploring the fundamental causes of inequity.

In New Zealand, inequalities between Māori and non-Māori are the most consistent and compelling inequities in health. The Central Region Chief Executives and the Central Region Māori General Managers hold the view that these differences are not random. They exist because of institutional racism<sup>3</sup> and the impact of colonisation and its continuing processes<sup>4</sup>. Achieving equity for Māori is a priority, as the health gaps across the life-course are significant for Māori.

The Treaty of Waitangi was signed to protect the interests of Māori. It is not in the interest of Māori to be disadvantaged in any measure of social or economic wellbeing<sup>5</sup>. A companion Treaty of Waitangi document will be developed, with the purpose of providing direction to the Central Region DHBs on what they need to do to meet their Treaty of Waitangi obligations.

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<sup>1</sup> Australian Government Department of Health and PricewaterhouseCoopers (PwC). 2016. "Planning in a commissioning environment – a Guide"

<sup>2</sup> Ministry of Health.2002. "Reducing Inequalities in Health"

<sup>3</sup> Jones C. 2000. Levels of racism: a theoretical framework and a gardener's tale. American Journal of Public Health 90: 1212–15.

<sup>4</sup> Ministry of Health. 2018. "Achieving Equity in Health Outcomes: Highlights of important national and international papers".

<sup>5</sup> Te Puni Kokiri 2000. "Progress towards Closing Social and Economic Gaps between Maori and non-Maori" in Ministry of Health.2002. "Reducing Inequalities in Health"

## The Central Region Equity Framework

Adapted from "Planning in a Commissioning Environment – A Guide" developed by the Australian Government Department of Health and PricewaterhouseCoopers (PwC) 2016.



## The Central Region Equity Framework

Role	Leadership	Knowledge	Commitment
<b>Capability</b>	Establish recruitment, retention and training targets that increase equity capacity and capability in the Central Region District Health Board (DHB) organisations.	Ensure all people have the skills or are supported to gain the skills in equity planning methodologies and approaches to inform design implementation.	Increase the number of people employed in the Central Region DHB organisations with the capacity and understanding of what to do to achieve equity.
	Set expectations that all health practitioners, managers and contracted organisations are focused on actions to achieve equity outcomes for all people.	Support all staff employed by the Central Region DHBs to keep abreast of the latest information on what works to achieve equity.	Disseminate the latest equity literature, information and data, and establish forums focused on sharing what is working.
	Make transparent Central Region DHBs' accountabilities and responsibilities	Develop processes to ensure that all Central Region DHBs are able to improve their cross region working.	Increase the focus on integration of the health system to achieve equity.
		Increase health leaders' awareness on how "in-equity" is acting at all levels of the system.	Commit to eliminating inequity at all levels of the system.
<b>Strategic Planning</b>	Initiate a systematic process to determine the equity gap for a given condition/disease of interest for a defined population (health needs assessment).	Gather all the relevant data and information available.	Allocate the resources needed to complete an equity focused health needs assessment.
	Set an expectation that the right people will be involved in the process, particularly Māori and service users.	Gather all the people who: <ul style="list-style-type: none"> <li>• Know about the issue</li> <li>• Care about the issue</li> <li>• Can make change happen.</li> </ul>	Establish administrative systems and information that make it easier for those who should participate to do so.



Role	Leadership	Knowledge	Commitment
<b>Strategic Planning</b>	Set timelines for the delivery of a strategic plan complete with equity objectives and tasks using appropriate planning methodologies.	Use the planning tools most appropriate to achieve the outcomes being sought, like the Health Equity Assessment (HEAT Tool) <sup>6</sup> Whānau Ora Health Impact Assessment (WoHIA) <sup>7</sup> , and keep abreast of new equity tools as they are developed.	Ensure the plan is based on the equity needs, opportunities, priorities and options identified in the health needs assessment.
	Set expectations that strategic plans and actions are based on what people feel and need, rather than an imposition of planners' thinking.		Allocate appropriate resources to ensure that General Managers Māori and Pacific Peoples are involved in all work that is focused on equity for Māori and Pacific Peoples.
	Focus all policy and accountability levers and mechanisms available to funders and planners on achieving equity.	Build funders' and planners' knowledge about the use of policy, accountability levers and mechanisms and how they can be used to progress equity.	Demonstrate a genuine commitment to decentralising power and decision-making.

<sup>6</sup> Ministry of Health. 2008. "The Health Equity Assessment Tool – A User's Guide".

<sup>7</sup> Ministry of Health. 2007. "Whānau Ora Health Impact Assessment".

Role	Leadership	Knowledge	Commitment
<b>Procuring Services</b>	Establish a process for determining whether the procuring of equity services will be a purchasing or a commissioning process.	Ensure that procurement decisions are based on evidence that existing services are able to deliver these equity services or there is a need to design new services.	Make transparent to relevant stakeholders the process for deciding on purchasing or commissioning as the preferred procurement process.
	Ensure in procuring services, that all the relevant stakeholders: communities, clinicians, service providers are involved in the design or co-design of new services.	Make sure that the design or co-design process is acceptable to stakeholders, informed by evidence, incorporates an equity lens and is consistent with agreed standards of quality and clinical safety.	Establish transparent decision-making processes that are directed at increasing equity outcomes, agreed and known by all the participants in the procuring process.
	Establish transparent processes for identifying the most appropriate delivery mechanisms.	Develop and support health practitioners and health provider organisations who are best placed to provide culturally and clinically safe services to the population identified.	All investment decisions are transparent and directed at increasing equity of outcome.
	Promote an environment in which it is safe to ask the question ‘how is racism acting here?’	Encourage staff to keep abreast of the latest literature on institutional racism and use that to inform the way in which services are designed.	Put in place policies, practices and programmes that are focused on abolishing institutional racism.
	Make reducing the health literacy burden imposed on individuals and their whanau and families by health organisations, services and practitioners a core requirement in the design of new services.	Ensure health service design that enables individuals, whānau and families to obtain, process and understand basic health information and services needed to make informed and appropriate health decisions.	Embed the guide ‘Becoming a health literate organisation’ <sup>8</sup> into the procuring and design of services.

<sup>8</sup> Ministry of Health. 2015. “Health Literacy Review – A Guide”.

Role	Leadership	Knowledge	Commitment
<b>Procuring Services</b>	Prioritise investment decisions that are focused on achieving equity ensuring that they are applying a 'simplify and intensify' approach.	Build knowledge and understanding about the concept of 'simplify and intensify' as a New Zealand model of 'universal proportionalism' <sup>9</sup> .	Establish ways for the Central Region Service Planning Forum to disseminate knowledge, evidence and information on how these concepts have been used and can be used.
	Ensure that investment decisions reflect what people feel and want.	Establish processes for identifying people's wishes about service provision.	Establish gold standard guidelines for appropriate consultation processes.
<b>Monitoring and evaluation</b>	Ensure the collection of high quality, complete and consistent equity and ethnicity data.	Require all performance data to be stratified and analysed by ethnicity, deprivation, age, gender, disability and location.	Ensure that any equity report comparing differences between two populations compares the population of interest with the rest of the population.
	Agree co-designed performance improvement and monitoring/evaluation methods.	Invest in building knowledge about validated tools and methodologies that support the evaluation of service changes focused on achieving equity.	Set an expectation of having appropriate resources to implement quality evaluation.
	Contribute to the development of specific co-designed health equity measures that can educate, influence, and accelerate improvements to achieve improved health equity for everyone.	Gather all relevant evaluation material, including the voice of defined population, service providers, and planners.	Ensure that the person and whānau voices are captured in evaluation methodologies, particularly Māori and service users.

<sup>9</sup> European Portal for Action on Health Inequalities – Marmot Reviews.