

REGIONAL SERVICES PROGRAMME



Central Region Service Planning Forum (CRSPF) Equity Framework

April 2019

The CRSPF Equity Framework

The Central Region Service Planning Forum (CRSPF) commission 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 framework¹, provides guidance to the CRSPF on strengthening their commissioning to achieve equity within activities identified within the Central regions, Regional Services 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, but 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 services². These variables are unlikely to exist in isolation, they are deeply interwoven, this concept of intersectionality is vital to take into account 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 racism³ and the impact of colonization and its continuing processes⁴. 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 and it is not in the interest of Māori to be disadvantaged in any measure of social or economic wellbeing⁵. A companion Treaty of Waitangi document will be developed, with the purpose of providing direction to the Central Region District Health Boards on what they need to do to meet their Treaty of Waitangi obligations.

¹ Australian Government Department of Health and PricewaterhouseCoopers (PwC). 2016. “Planning in a commissioning environment – a Guide” downloaded at www.health.gov.au/internet/main/publihsing.nsf/Content/5FB77FB5E6B07121CA25 on 12 November 2018.

² Ministry of Health.2002. “Reducing Inequalities in Health” downloaded at <https://www.health.govt.nz/system/files/documents/publications/reducinegal.pdf> . on 5 December 2018.

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

⁴ Ministry of Health. 2018. “Achieving Equity in Health Outcomes: Highlights of important national and international papers”.

⁵ 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” downloaded at <https://www.health.govt.nz/system/files/documents/publications/reducinegal.pdf> . on 5 December 2018.

The CRSPF Equity Framework

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



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Role	Leadership	Knowledge	Commitment
Capability	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.
Strategic Planning	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"> • Know about the issue • Care about the issue • Can make change happen. 	Establish administrative systems and information that make it easier for those who should participate to do so.

Role	Leadership	Knowledge	Commitment
Strategic Planning	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) ⁶ Whānau Ora Health Impact Assessment (WoHIA) ⁷ , 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.

⁶ Ministry of Health. 2008. "The Health Equity Assessment Tool – A User's Guide", downloaded at <https://www.health.govt.nz/system/files/documents/publications/health-equity-assessment-tool-guide.pdf>, on 13 November 2018.

⁷ Ministry of Health. 2007. "Whānau Ora Health Impact Assessment", downloaded at <https://www.health.govt.nz/system/files/documents/publications/whanau-ora-hia-2007.pdf>, on 13 November 2018.

Role	Leadership	Knowledge	Commitment
Procuring Services	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, and 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, whanau and families to obtain, process and understand basic health information and services needed to make informed and appropriate health decisions.	Imbed the guide 'Becoming a health literate organisation' ⁸ . into the procuring and design of services.

⁸ Ministry of Health. 2015. "Health Literacy Review – A Guide", downloaded at <https://www.health.govt.nz/system/files/documents/publications/health-literacy-review-a-guide-may15-v2.pdf> on 13 November 2018.

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Procuring Services	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' ⁹ .	Establish ways for the Central Region Service Planning Forum to disseminate knowledge, evidence and information how these concepts have been used, 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.
Monitoring and evaluation	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.

⁹ European portal for Action on Health Inequalities – Marmot Reviews. <http://www.health-inequalities.eu/resources/marmot-reviews/> downloaded on 14 November 2018.