phn
BRISBANE NORTH
An Australian Government Initiative

Equity and Access Framework

phn
BRISBANE NORTH

An Australian Government Initiative

Equity and Access Framework

Contents

Acknowledgements

We acknowledge the Traditional Custodians within our region: the Jagera, Turrbal, Gubbi-Gubbi, Waka Waka and the Ningy Ningy peoples of where we meet, work and learn. Brisbane North PHN is committed to reconciliation. Our vision for reconciliation is where the stories of our First Nations' people are heard and shared, and networks are formed.

Foreword

On behalf of all of us at Brisbane North PHN, I am pleased to share this Equity and Access Framework.

The framework represents a commitment across our organisation to ensuring we're focused on addressing the barriers that people and communities face in having their health needs met, and to eliminating inequities in experiences and health outcomes that we know exist.

It also recognises what we're already doing in applying an equity lens to our work as one of Australia's 31 Primary Health Networks in coordination, commissioning and capacity-building.

Health equity is about fairness. It is not fair or just that some people living within our region experience greater barriers to maintaining good health and wellbeing that are often determined by factors outside of their control, such as their identity, gender, cultural background, circumstances and where they live.

This framework outlines how we will use our influence within the local health system to remove barriers and address inequities in how people access and experience health services.

It outlines guiding principles, priority populations and four aims that we will set out to achieve our vision for a community where good health is available to everyone.

These aims include:

1. Drive equity through our organisational strategy and be accountable to our community through our governance arrangements.
2. Listen, understand and respond to the diverse needs of our communities.
3. Embed access and equity in our commissioning processes.
4. Be a diverse, culturally capable and connected organisation.

We are confident that through the collective efforts of our staff together with local communities, consumers, carers, health professionals, hospitals and community providers, this framework will lead to a more equitable and inclusive health system across our region, which covers Brisbane's northern suburbs, Moreton Bay city, parts of Somerset Regional Council and support to the people of Norfolk Island.

Libby Dunstan

CEO

Brisbane North PHN

Framework at a glance

Our vision is a community where good health is available to everyone.

Our Guiding Principles

1. Drive equity through our organisational strategy and be accountable to our community through our governance arrangements
2. Listen, understand and respond to the diverse needs of our communities.
3. Embed access and equity in our commissioning processes.
4. Be a diverse, culturally capable and connected organisation.

Our priority populations

- Aboriginal and Torres Strait Islander people
- Multicultural communities
- People identifying with LGBTIQA+ communities
- People living with a disability
- People experiencing homelessness
- People impacted by rurality
- People experiencing socioeconomic disadvantage
- Women experiencing gender-based violence

Our ways of working

A rights-based approach

Respecting diversity

Recognising the wider determinants of health

Co-production

An intersectional approach

Key terms and concepts

Equity or health equity	The absence of unfair, avoidable or remediable differences in health outcomes among groups of people, where those differences are determined by social, economic, demographic or geographic factors. Health equity is achieved when all have a fair and equitable opportunity to attain good health and wellbeing.[1]
Access or accessibility	The opportunity or ease with which individuals or communities are able to find and utilise services that meet their needs, which incorporates the aspects such as their availability (e.g. location, timing), affordability and acceptability.[2]
Determinants of health	The factors that influence people's health and wellbeing, which are often non-medical in nature and reflect the circumstances in which they grow, live, work, play and age. These factors may be protective factors for good health or risk factors that contribute to adverse health outcomes.[3]
Cultural safety	The experiences of people accessing services, where the care they are given is regarded by them as being respectful of their cultural identity and differences, supports equitable access to quality services, and provides opportunities to voice concerns. This particularly recognises that cultural safety is an important enabler of access to services for Aboriginal and Torres Strait Islander peoples, and works to eliminate institutional racism, while empowering recipients of services as active decision makers in their own health and wellbeing.[4]
Intersectionality	The ways in which different aspects of an individual's identity can expose them to overlapping and compounding forms of discrimination and marginalisation, such as sexism, racism, homophobia, transphobia, intersex discrimination, ableism, ageism and stigma.[5]

Background and context

Introducing health equity

Health equity means that all individuals, groups, and communities have a fair opportunity to achieve their optimal health and wellbeing without being disadvantaged by social, economic, or environmental factors.

The concept of health equity includes direct factors such as ensuring there is equitable access to the health services, professionals and providers that people need to maintain good health, and the health outcomes that people enjoy relative to others in the community. Health equity also considers indirect factors that are commonly recognised as the wider determinants of health.

Equity rather than equality

Health equity is distinct from health equality. While equality provides the same resources and opportunities to every individual or group, equity recognises there are differences within populations and certain groups face barriers or have fewer opportunities that are unfair and unjust.

Equity means treating people differently based on their needs, which may require more resources or opportunities to attain good health and wellbeing.

Drivers of health inequities

Inequities and disparities in health status and outcomes generally arise from social, cultural, environmental and historical determinants. These determinants encompass the conditions in which individuals are born, grow, live, work, and age, as well as the systems established to support health and address health issues. These circumstances are further shaped by political and economic structures, dominant cultural norms, and social policies.

In Australia, examples of health inequities can be observed across various population groups, by geography and other demographic characteristics. Some of the most common drivers in people or groups have inequitable access or outcomes include:

- **First Nations Peoples:** Aboriginal and Torres Strait Islander people experience significantly lower life expectancy and higher rates of chronic health conditions and other health-related issues (e.g. incarceration, homelessness) than non-Indigenous Australians as the ongoing impact of colonisation, intergenerational trauma resulting from historic policies and ongoing institutional racism.6
- **Cultural background, identity and experiences of trauma and marginalisation:** people from diverse cultural backgrounds, particularly asylum seekers and refugees, and those who primarily communicate in a language other than English, as well as people who identify as lesbian, gay, bisexual, transgender, and queer or questioning (LGBTIQ+), and those who have experienced trauma as a result of violence, abuse or other harmful experiences, often face stigma and discrimination, systemic barriers and may have trauma-related responses that negatively impact on their access to and experience of health services.

- **Disability:** the experience and impact of disability occurs on a spectrum from mild to profound and can both contribute to and result from long term health conditions. People living with a disability often experience disparities in health and wellbeing relative to the wider population as a result of both the nature and extent of their disability, but also inter-related factors such as economic disadvantage, social isolation, and discrimination experienced within their communities (including health services).
- **Socioeconomic status:** people living in poverty, particularly intergenerational social disadvantage, often lack the same resources and opportunities as others to maintain health and address health issues by accessing relevant services. These resources can range from income and financial security through to food security, safe and appropriate housing, education, and employment.
- **Rurality:** people living in rural and remote areas across Australia generally experience disparities in accessing health services and health outcomes as a result of geographical isolation, limited resourcing of rural and remote communities, workforce shortages, and practical barriers such as cost, travel/transport and digital connectivity.

Equity and access in health systems

In the context of health systems change and service commissioning, health equity is about ensuring fair and equitable access to the health services that people need. This may determine the types of services that are available, how they are designed and delivered, and how they seek to eliminate barriers and gaps that impact on equity of access.

As an example of the integration of health equity as a core component in health systems, the widely cited Quadruple Aim of healthcare was recently revised to the Quintuple Aim, which incorporates equity of access and outcomes in healthcare as a priority aim alongside other aims such as population health outcomes, patient and provider experience, and efficiency.[7]

Equity is also often described as a lens through which the core activities of health system organisations and the people working within them are understood and undertaken.

Brisbane North PHN's role in health equity

About Brisbane North PHN

Brisbane North PHN is one of 31 PHNs across Australia that are funded by the Australian Government to improve the efficiency and effectiveness of health services through coordination, capacity building and commissioning which aims to increase access for target populations at risk of poor health outcomes. PHNs play an important role in supporting health reform and the delivery of national programs using a place-based approach that responds to their local population's health needs.

Our work in coordination, commissioning and capacity-building

Brisbane North PHN, in partnership with local Hospital and Health Service (HHS) Metro North Health, the Institute for Urban Indigenous Health (IUIH), primary healthcare services, and non-government community organisations, undertakes a range of planning, commission and system integration activities including:

- conducting health needs assessments to monitor how people are accessing services, identify populations and geographic areas experiencing inequities, and determine priorities
- collaborating with local communities, service users, people with lived experience and service providers to develop strategic plans and initiatives that address identified health needs
- facilitating collaboration and integration among stakeholders to improve access to comprehensive and coordinated care, especially for underserved populations
- supporting the development of referral pathways, care coordination models and multidisciplinary teams improve integrated care
- supporting initiatives focused on health literacy, early intervention, self-management and addressing the wider determinants of health in various communities
- leading workforce development activities that build the capacity and capability of primary health care professionals and community workers to deliver services that are high quality and inclusive
- undertaking quality improvement, program monitoring and evaluation to strengthen the effectiveness and equity of healthcare services, identify gaps in services and systems, and contribute to a better understanding of the needs of our diverse communities
- engaging in collaborative efforts at local, regional, statewide and national levels to inform, advocate for and participate in policy/system reform that reflects the needs and preferences of our region.

Equity as a key priority for Brisbane North PHN

Brisbane North PHN's Strategic Plan 2024-2027 reflects our commitment to health equity in all that we do. Equity is one of the quintuple aims that we use to monitor progress against our Strategic Plan, and equity is embedded within several of our strategic goals as outlined below:

Informed and led by community

- engage and work with consumers, providers and other partners to understand the diverse and changing needs of our community
- partner with First Nations organisations to identify gaps and commission services for First Nations people

Address health gaps and inequities:

- commission services to address previously identified gaps with a focus on delivering new solutions and building evidence

Facilitate care closer to home:

- invest in community-based models of care that support consumers to access care in ways that best support their needs
- enable consumers to access healthcare when needed, by improving the accessibility and awareness of available health services.

Purpose and process of developing this framework

The purpose of developing the Equity and Access Framework is to describe how Brisbane North PHN will seek to ensure health equity is achieved, and barriers to accessing health services and disparities in the health experiences and outcomes of people in our region addressed, as a result of our activities. This framework sets out and defines:

- our commitment to access and equity principles in our work
- building a shared understanding internally and externally of the need to apply an 'equity lens' to all of our activities by demonstrating the policy commitments and health inequities that exist currently
- providing direction and guidance about what equity and access looks like in the context of a regional commissioning organisation like Brisbane North PHN and how we intend to deliver on these priorities
- introducing our approach to implementing, monitoring and overseeing our continued execution of the framework.

The framework sits within Brisbane North PHN's existing strategy environment, including our Strategic Plan 2024-2027, Performance Framework, Commissioning Framework, Health Needs Assessment and Reconciliation Action Plan.

The process for developing this framework included:

- initial exploration, sharing existing knowledge and idea generation led by an internal working group
- desktop review of key policy and strategy documents, contemporary evidence in the area of health equity in a systems and service commissioning context, and leading examples of access and equity-related frameworks in comparable organisations
- analysis of relevant data indicators
- iterative development and refinement of the priorities outlined in the framework through internal and external feedback.

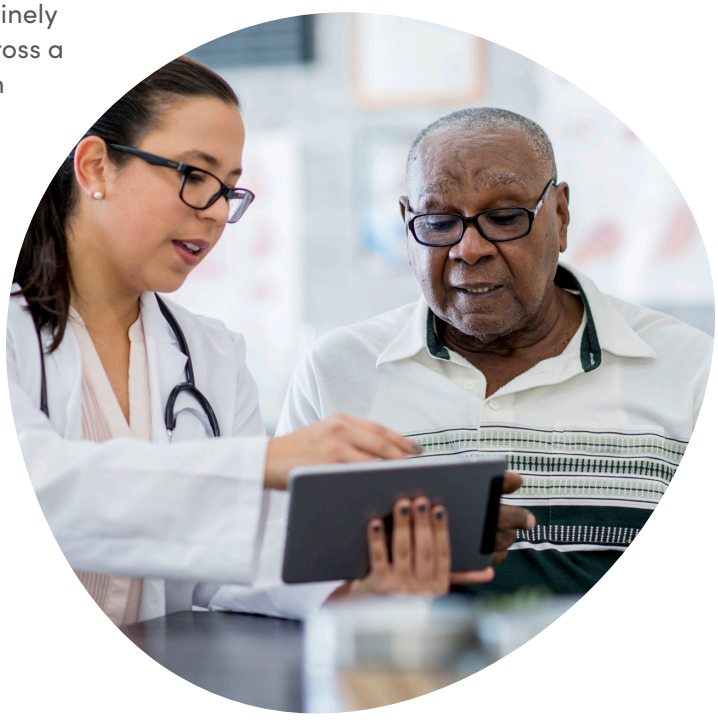
Rationale for an Equity and Access Framework in Brisbane North

Summary of policy and evidence

Issues of equity and access are increasingly being identified as crucial priorities for health system reform in Australia through in policy documents at a national, statewide and regional level, as well as being presented in evidence-based examples of frameworks published by various organisations working within Australia's health system.

Key developments in the policy environment and evidence base relating to health equity in a PHN context presents a strong rationale for Brisbane North PHN to take a dedicated focus on addressing health inequities and improving access by developing this framework for our region:[8] These findings are summarised in brief below:

- Recent policy documents and comparable frameworks developed by PHNs across Australia have adopted the Quintuple Aim of effective primary health care, which includes the recently added aim relating to health equity to "improve the health equity of the population by reducing economic, social and other obstacles to accessing health care".
- There are several population groups commonly identified by policy documents and comparable frameworks including First Nations Peoples, multicultural communities (with refugees and new migrants emphasised as particular priorities), LGBTIQ+ communities, people with a disability, people experiencing homelessness, people living in rural and remote communities, children and older people, women experiencing violence, people who are in contact with carceral or child protection systems and people who are socioeconomically disadvantaged.
- Health system organisations such as PHNs routinely incorporate principles of equity and access across a broad range of organisational documents such as strategic plans, community engagement frameworks, topic-specific regional planning documents (e.g. mental health, older people), commissioning frameworks, health needs assessments, and inclusion frameworks for specific population groups.



- Equity-related actions that health system organisations such as PHN have adopted cover a broad range of areas, such as:
  - organisational leadership, strategic planning and accountability mechanisms
  - community engagement, partnerships and representation in governance mechanisms
  - targeted and/or community-led initiatives for identified populations and places
  - system navigation and 'no wrong door' approaches
  - evidence and data to understand the needs and monitor access of priority populations
  - cultural capability and building a diverse and inclusive workforce and sector
  - needs-based allocation of resourcing and investment
  - applying an equity lens to strategy, planning, commissioning and evaluation processes.
- Within the mental health, suicide prevention, and alcohol and other drugs context of PHNs, there is considerable reference to the importance of lived experience engagement and participation, while the wider health system generally refers to the critical importance of consumer and community engagement in addressing access and equity issues.
- Language is a powerful way of communicating principles of equity and appropriate and contemporary language continues to evolve. There has been a shift away from disempowering and potentially stigmatising language (e.g. vulnerability) to more objective and constructive language (e.g. priority populations).

Summary of regional data

About the data

Over one million people reside in the Brisbane North PHN region, which takes in part or all of the local government areas (LGAs) of Brisbane, Moreton Bay and Somerset.9 Our PHN region is characterised by a population with rich diversity and varied health needs. Our population generally has more positive health outcomes compared to the rest of Queensland and nationally.

A snapshot of data indicators that describe the population groups that are most likely experience access barriers and inequities in health outcomes in our region is provided below.

Aboriginal and Torres Strait Islander people

- Over 32,373 Aboriginal and/or Torres Strait Islander people live in our region, which is about 3.0 per cent of the total population (2021)10.
- Areas with the highest proportion of First Nations people include Caboolture (7.9 per cent), Deception Bay (7.5per cent) and Caboolture-South, (6.8per cent).
- First Nations people within our region have a lower life expectancy, higher rates of chronic conditions and a higher burden of disease[11].
- First Nations people have higher rates of disability and indicators of social disadvantage (e.g. unemployment, children living in jobless families).

Multicultural communities

- 257,220 people or 24.6 per cent of our region's population were born overseas, and almost half of that cohort were born in a country where English in not the first language (140,863 people; 13.5per cent)[9]
- Nationally, prevalence of chronic health conditions varies between multicultural communities but for dementia, heart disease, stroke, diabetes and kidney disease there are many countries of birth with a higher prevalence than for the Australian-born population[12].
- Multicultural communities generally report poorer mental health outcomes and difficulties navigating the healthcare system with underrepresentation in service usage[11].

People identifying as part of lesbian, gay, bisexual, transgender, intersex, queer or questioning, and asexual.

The "+" represents the many other identities that may be part of the community, such as non-binary, pansexual, agender, and gender fluid, as well as allies of the community (LGBTIQA+) communities.

- National data suggests that up to 11 per cent of Australia's population may have a diverse sexual orientation, sex or gender identity.[13] However, availability of data and reliable estimates of the LGBTIQA+ population is limited and has several methodological issues, including definitional issues, lack of consistent recording in population data sets, and the sensitivities around disclosure and identification of LGBTIQA+ status.
- Nationally, LGBTIQA+ people are more likely to experience and be diagnosed with a mental health condition and have higher risk of suicidal behaviours than the general population[14].
- more than one in three LGBTIQA+ people report hiding their sexuality or gender identity when accessing services (34 per cent), at work (39 per cent) or when participating in social and community events (42per cent).

People living with a disability

- 47,124 people in our region (or 4.8 per cent of the total population) live with a profound or severe disability[9] as of 2018, with a further 83,154 (or 8.6 per cent) living with a mild or moderate disability.
- Some local areas have relatively higher rates of people with a profound or severe disability, such as Bribie Island (11.0 per cent), Caboolture (10.5 per cent), Clontarf/Rothwell-Kippa Ring (10.3 per cent) and Beachmere-Sandstone Point (10.3 per cent)[9].
- Nationally, people living with a disability generally report poorer general health, higher rates of health risk factors and higher levels of psychological distress than people without disability[15].

People experiencing homelessness

- Almost 3,600 people experiencing homelessness are? residing within the region, with the highest numbers and rates in Fortitude Valley/Spring Hill, New Farm and Caboolture[16].
- Most commonly people in our region who are vulnerably housed are living in boarding houses (28.8 per cent), living in severely crowded dwellings (23.6 per cent) and living in supported homeless accommodation (22.6 per cent)[10].
- People experiencing homelessness are amongst the most socially and economically disadvantaged groups in Australia and are more likely to report having poorer chronic health and mental health outcomes compared to the general population[10].

People impacted by rurality

- Our region has a diverse geography with people residing in inner city and metropolitan areas through to regional centres, large rural towns and small rural towns[8].
- People impacted by rurality face unique challenges and often have poorer health outcomes with higher rates of hospitalisations, deaths and injury and face barriers accessing and using primary health care services[17].
- Brisbane North PHN has been supporting the community of Norfolk Island, a remote external territory of Australia and one of Australia's most isolated communities, since 2022. A range of risk behaviours, health conditions, service needs and priority populations exist within the complex social, historical, and political context that is unique to Norfolk Island.[18]

People experiencing socioeconomic disadvantage

- Approximately one in eight people (11.9per cent) reside in areas of our region that are considered most disadvantaged (i.e. bottom quantile) relative to other parts of Australia[8].
- By geography, there tends to be clustering of areas of socioeconomic disadvantage in northern parts of the region, particularly in Moreton Bay North and Redcliffe-North Lakes.
- People experiencing socioeconomic disadvantage often have complex needs, experience high levels of psychosocial stress, and face barriers to accessing appropriate and affordable health and social services.[19]

Women experiencing gender-based violence

- National data suggests one in six women have experienced physical and/or sexual violence by a current or previous cohabiting partner since the age of 15, and one in four women have experienced emotional abuse[20].
- Domestic and family violence disproportionately affects women in Australia and in our region[21].
- Family, domestic and sexual violence often leads to physical injury, psychological trauma and emotional suffering that can be long-lasting[22]

Addressing health inequity in the Brisbane North PHN region

Our guiding principles

Our approach to addressing health inequity and improving access will be guided by a set of principles including:

1. **A rights-based approach:** this means empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. It means giving people greater opportunities to participate in shaping the decisions that impact on their right to health.
2. **Respecting diversity:** this means respecting differences and celebrating diversity in cultural beliefs and practices, age, gender, sexual orientation, abilities, faith and ethnicity is fundamental to quality healthcare. Respect involves the ongoing fostering of shared meaning, shared knowledge and affirming different identities and experiences. This includes creating cultural safety, which is about how care is provided in a way that eliminates systemic or institutional forms of discrimination, equalities power imbalances and privileges their knowledge and perspectives.
3. **Co-production:** this means raising the bar for working with communities, shifting from seeking involvement or participation after an agenda has already been set, to seeking community leadership from the outset. A co-production approach sees community members, service users and people with lived experience involving in setting initial priorities, defining the problem, designing and delivering the solution and evaluating the outcome.
4. **Recognising the wider determinants of health:** this means recognising the influence of settings and systems on the health outcomes of people and communities. It means seeking to deeply understand and address the barriers and enablers that people to access the services that they need, particularly for those groups who experience inequitable access and outcomes.
5. **An intersectional approach:** this means recognising how people may experience overlapping forms of discrimination or disadvantage based on their identity, cultural background and circumstances that intersect. This can the severity and frequency of the adverse impact while also creating new and compounding barriers to accessibility.

Our priority populations

- Aboriginal and Torres Strait Islander people
- Multicultural communities
- People identifying with LGBTIQ+ communities
- People living with a disability
- People experiencing homelessness
- People living in rural and remote communities
- People experiencing socioeconomic disadvantage
- Women experiencing gender-based violence

A note about identity and intersectionality

In identifying priority populations by applying an equity lens, is important for organisations to understand the barriers to access that some groups within the wider population may experience. However, it is also important to acknowledge the complexity around:

- how people may choose to identify (or not) with some of the groups described above
- the use of language and terminology in how identity is described and understood
- intersecting identities or circumstances of an individual may have a compounding impact on equity and access.

Our aims

Aim 1:

Drive equity through our organisational strategy and be accountable to our community through our governance arrangements.

Outcome:

An equity lens will be applied to our organisational strategy, planning and performance monitoring activities, and the diversity of our communities will be appropriately represented in our governance mechanisms.

What we will do:

- drive a focus on access and equity at levels of leadership and governance, including through our Board, Clinical Council, Clinicians Advisory Group, Consumer Advisory Committee, Executive and management teams
- ensure that access and equity-related priorities are explicitly included in all key strategic and corporate documents, such as our Strategic Plan, Commissioning Framework, regional plans, Health Needs Assessments and annual reports
- maintain accountability to our communities and stakeholders by embedding access and equity-related indicators as part of our performance management and monitoring system
- ensure that our feedback, complaints and compliments mechanisms are accessible, culturally safe and effective in responding to issues identified by community members and stakeholders
- continue to advocate at a regional, state and national level for system reform that provides more equitable opportunities for optimal health and wellbeing for our priority population groups.

Aim 2:

Listen, understand and respond to the diverse needs of our communities.

Outcome:

By understanding the diverse needs and preferences of people and communities across our region, we will be able to improve access to appropriate, inclusive and effective health services, support quality improvement in how services are delivered, and commission new services to fill identified gaps.

What we will do:

- continue to regularly review and identify the health needs of our region through our Health Needs Assessments, with a strong focus on profiling the needs of our priority population groups
- engage deeply with community representatives, people with lived experience, service users and other key stakeholders to understand current experiences of services, barriers and enablers to access, and aspirations for optimal experiences and health to help understand how and where inequities exist and inform potential solutions
- continue to improve the maturity of our approach to lived and living experience participation and engagement that reflects diverse perspectives, leverages this unique form of expertise and appropriately remunerates and recognises people for their contributions
- apply co-design and co-production principles when undertaking key pieces of work that involve or impact on priority population groups
- develop more accessible and inclusive ways of engaging with communities, including considering health literacy in all information materials, communication and programs
- listen to, use and report back on the insights shared with us by community members and service users through various mechanisms, including our Community Advisory Committee and other advisory groups.

Aim 3:

Embed access and equity are in our commissioning processes.

Outcome:

The services we commission and the commissioning processes we use will prioritise access and equity as key outcomes.

What we will do:

- prioritise access and equity as key outcomes of interest for service/program models across the full commissioning cycle, including in initial design, issuing and assessing requests for proposals (RFPs), managing contracts and in monitoring and evaluation of performance
- drive equitable access for priority population groups within our commissioned services by setting equity-based key performance indicators and measurable targets
- invest in targeted initiatives to address health inequities and access issues for priority population groups where it is identified that mainstream services are not adequately responding to their needs
- ensure services that are funded have the capacity and capability to be responsive to service gaps and the diverse needs of the community.
- provide opportunities for diverse organisations who hold trusted relationships within communities and with priority population groups to participate in procurement processes in different ways (e.g. as lead agencies, consortium partners, advisors)
- progress opportunities for community-led and/or self-determined commissioning models for First Nations communities and other community-controlled organisations
- ensure that data collection and reporting systems used by the PHN and commissioned providers are adequately capturing access and equity indicators, such as consistent and routine collection of Aboriginality, ethnicity, preferred language, gender identity, sexual orientation, disability status, and housing situation.

Aim 4:

We will be an organisation that is culturally capable, reflects the diversity of the communities we support, and is connected to our partners in the local health system.

Outcome:

By understanding the diverse needs and preferences of people and communities across our region, we will be able to improve access to appropriate, inclusive and effective health services, support quality improvement in how services are delivered, and commission new services to fill identified gaps.

What we will do:

- continue to develop the capability of our PHN workforce (including staff, suppliers, management and Board) in health equity-related skills and knowledge, particularly around cultural safety, diversity and inclusion, trauma-informed practice and community engagement
- embed organisational processes and workforce development activities that attract and support PHN staff from diverse backgrounds, identities and circumstances, and prioritises cultural capability and respect in recruitment and selection
- partner and collaborate with our local health system partners, including Metro North Health, primary healthcare providers and community services, to explore opportunities for better service navigation and integrated care models to support better access to care
- continue to strengthen our approach to access and equity by regularly reviewing and learning from contemporary evidence, emerging policy and sector engagement.

Implementation

While this framework articulates our commitment to improving access and equity in our region, it is crucial that we follow through on its implementation to achieve our four aims. Implementing the framework will involve governance, action planning, collaboration and monitoring, evaluation and learning.

Governance

Our Executive and Management Team will guide and oversee the implementation of our Equity and Access Framework across all of our activities, as well as modelling equity and our guiding principles across all that we do.

We will work closely to leverage our governance mechanisms, including our Board, Clinical council, Clinicians Advisory Group, Community Advisory Committee, collaborative arrangements with our system partners and other initiative-specific working groups, to raise awareness of the framework's aims and help to build a collective approach to improving access and equity in our region.

Action planning

We will develop and refine an action plan that reinforces the aims and supports the implementation of the actions outlined in the framework. This action planning will be evidence-informed and involve consultation and co-design with our workforce Board, Clinical Council, Clinicians Advisory Group, Community Advisory Committee, and other community stakeholders. Action planning will seek to outline what activities or programs of work we will undertake to take action towards our equity and access aims, along with how it will be delivered, who will be involved, and when it will be done.

Collaboration

We will take a collaborative approach to working with community groups, commissioned providers, primary health care professionals and other stakeholders to help build a shared understanding of health equity across our region and to widen our efforts in addressing inequities and access barriers.

Monitoring, evaluation and learning

We will develop and share an annual update on our progress against the priority actions that we have taken to implement the framework.

We will undertake monitoring, evaluation and learning activities that seek to demonstrate how our activities are improving access and equity in our region, identify process learnings, and inform how we continuously strengthen our approach.