- fair and non-discriminatory recruitment and employment of the people delivering the services
- experience in delivering solutions related to the act

Framework and evidence

By asking the following questions, providers can develop a framework to demonstrate their focus on equality practices and outcomes.

- Does the proposed service meet the needs of everyone in the community that will use it?
 - o If so, what is the evidence for this?
 - o If not, which groups are affected negatively? What is the evidence to demonstrate this?
 - o When were problems identified and what measures have been put in place to minimise current and future impact?
- Has the service made a difference to the promotion of equality for all groups using it or related services?
- Is there a group that has benefited more from current and/or previous services?
- What factors have been most effective in promoting equality for those groups of people?

Evidence can be produced by:

• reviewing quantitative data collected, including analysis of complaints, and monitoring of the protected characteristics of patients, clients and staff

- practices of sub contractors
- reporting and monitoring systems.

• consulting with a range of people who have been involved as both service providers and users. including potential users.

NHS organisations participating in the equality delivery system (2011) are ideally placed to deliver positive equality outcomes to patients, communities and staff. by helping them to drive up equality performance and embed equality into all NHS business, thus meeting the requirements of the general and specific duties within the Equality Act 2010.

Furthermore, communication and partnership between commissioners and service providers will enable organisations to share evidence and good equality practices.

Monitoring of performance

How success is measured should include equality outcomes through research, consultation, monitoring and actively seeking feedback from staff and people using services, being regularly reported on and evaluated against project aims and objectives.

Useful sources of information

RCN website: www.rcn.org.uk/diversity

Home office website: www.homeoffice.gov.uk/equalities/ equality-act

EHRC website: www.equalityhumanrights.com/ advice-and-guidance

References

Department of Health (2010) Equality analysis: standard template for DH staff, London: DH. Available at: www.dh.gov.uk

Equality and Human Rights Commission (2011) *The public sector equality duty:* a way forward for the health sector. Manchester: EHRC. Available at: www.equalityhumanrights.com

NHS Employers website: www.nhsemployers.org/ EmploymentPolicyAndPractice/ EqualitvAndDiversitv

Local Government Association website: www.local.gov.uk/equalityframeworks

Government Equalities Office (2011) Equality Act 2010: public sector equality duty: what do I need to know? A quick start quide for public sector organisations, London: Home Office. Available at: www.homeoffice.gov.uk

NHS (2011) The Equality Delivery System for the NHS: Making *sure everyone counts*, Amended 2012. Available at: www.eastmidlands.nhs.uk/eds



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Publication code 004 222







A guide to commissioning for equality

Commissioning is how we assess people's needs and introduce services to meet these needs.

Good commissioning: improves health; reduces health inequalities; ensures high-quality service provision; and protects patients' dignity – all especially important given the current reforms proposed to the UK health service.

"Strong equality and accessibility policies lead to services being used more, meaning they are more cost effective and sustainable." Dr Will Elliott GP

Getting it right

To achieve, you'll need a list of service requirements to guide the commissioning process. It should cover:

- What service will be delivered? Is it relevant and in demand?
- Who will access it? Groups: think geographically, demographically, by characteristic.
- How will it be delivered? Including factors that promote equality eg would women from certain ethnic or religious groups feel more

The process is often described as a cycle:

Strategic planning through commissioning, led and coordinated by commissioners. Processes that specify services, outcomes and

This guide looks at these key themes, discussing measures to ensure equality of service delivery across

all sectors. It will help commissioners and providers alike recognise how they can achieve compliance.

comfortable accessing a service

delivered by a female health

• Where will it be delivered? eg is

it physically accessible to all?

Consider your target audiences'

lifestyles and whether tailoring

service delivery would benefit

them, for example, providing it

People and patients

at different times of day.

care professional?

• When will it be accessed?

The Equality Act 2010 and what it means for the public sector

procurement needs.

The Equality Act 2010 replaced the previous anti-discrimination laws with a single piece of legislation. It has simplified the law, removed inconsistencies and makes it easier for people to understand it and comply with it. It also strengthens the law in terms of tackling discrimination and inequality.

To fulfil the legal obligations of the Act throughout the procurement process, commissioners must consider the equality records

of all service providers, whatever the sector.

The Department of Health expects that equality analysis should form an integral part of policy development and review. It should identify actions to promote equality and eliminate discrimination.

The Act protects people from discrimination on the basis of 'protected characteristics'.

These characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnerships
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Public sector equality duties

Organisations are required to prepare and publish equality objectives that are SMART (specific, measurable, achievable, realistic and time constrained).

Schedule 1 – Public authorities are required to publish information demonstrating compliance with the Public Sector Equality Duty (PSED) annually from 31 January 2012.

Schedule 2 – Public authorities are required to publish equality objectives by 6 April 2012 and every four years thereafter.

This information shows how public sector organisations will comply with the PSED, also known as the General Equality Duty. The aims of the act are to:

- eliminate unlawful discrimination. harassment and victimisation, along with other prohibited conduct
- advance equality of opportunity between people who share a protected characteristic and those who do not
- encourage good relations between people who share a protected characteristic and those who do not.

In addition, it is important that other identified groups of people are considered during the commissioning process. Carers, for example, are likely to have an interest in service provision and may be impacted by changes. Every effort should be made to ensure their wellbeing is also taken into account.

Organisations that can show a robust equality analysis of their services and people using those services, are able to identify and prioritise key equality objectives and address them more successfully.

The Equality and Human Rights Commission (2011) suggests that certain groups of people are more likely to experience poor health, or find it more difficult to access services that are suitable for them. Your own specific analysis will aid identification and solution in your organisation's situation.

For example:

- men may be less likely to use their GP
- women may have concerns about maternity provision
- there may be poorer than average health within some ethnic communities
- there is evidence to suggest that assumed heterosexuality is an issue for people who identify as lesbian, gay or bisexual
- the travelling community may find it difficult to register with a GP.

External suppliers

Be mindful that equality is the responsibility of the commissioner. There is always a risk that a third party supplier may stray from the policy you have laid down, but suitable checks and monitoring must be in place to demonstrate your commitment to everyone working for you to act in the spirit and ethos of your organisation's equality beliefs and values.

Commissioners should consider:

- what the contract specifications need to include
- how a provider will measure and report progress and compliance

at the heart of commissioning.

How can we achieve equality?

- The Equality Duty helps public sector organisations fulfil their obligations from the act. The Home Office (2011) says that public bodies should ensure:
- **knowledge** about the requirements of the duty through a conscious approach and active outlook
- timeliness the duty must be complied with throughout policy development as well as at the final decision stage
- real consideration the duty is not a box-ticking exercise. It must be approached with rigour, as well as with an open mind
- sufficient information the decision maker must be clear about what information is available, and what other information is required to properly consider the duty

- no delegation public bodies are responsible for all ensuring compliance through all of the services provided by them. or on their behalf. This includes service providers in the independent sector delivering services commissioned by the public sector
- review the duty is not just for the implementation stage of policy, but should be carried through the evaluation and review stages too.

There is no explicit requirement to refer to the General Equality Duty when recording your consideration, but it is good practice to do so. Keeping a record of how decisions were reached will help demonstrate consideration of the duty.

- service providers' level of commitment to equality – ask for examples of where they've improved their existing services to ensure their actions are a match to your organisation's equality commitments
- the weighting given to equality during the evaluation process.

What to look for:

 strong customer care standards, including access to services, quality of services, and attitudes and behaviour of staff engaging with service users