

Building Equality into Commissioning and Procurement – Guide

Introduction:

This guide has been specifically developed for Managers involved in Commissioning, to ensure that issues relating to Equality and Diversity are adequately and appropriately considered during commissioning processes and decision making. The guide is to be used as aid to ensure that appropriate consideration of Equality Diversity and Human Rights within the commissioning cycle as outlined in the Equality Act 2010. The guide has been broken down into 4 stages of commissioning and contracting (Needs Assessments, Service Design/Redesign, Contract Development and Procurement and Contract Monitoring/Service Review), so as to be flexible to the stage of the 'Commissioning Cycle' you are at, recognising that not everything will always go through all 4 stages.

You should ensure that an Equality Analysis is undertaken during each of the above stages you go through. A plan to do this and how and issues identified will be picked up, should be specifically outlined in your Project Initiation Document (PID) or project plan where it is not a priority workstream. You will then be expected to report on the completion and identification of risks as part of your regular PID risk reporting to Management Team.

Undertaking an Equality Analysis during our decision making processes is a **legal requirement**. This guide replaces the need to undertake use the PCTs formal Equality Impact Assessment Tool, and provides a much more flexible and tailored approach to an Assessment. However, if this guide is not followed and applied then an EIA using the PCTs toolkit is still necessary.

To allow for flexibility, it is not necessary to complete a set template / proforma, in fact it is encouraged that you build a description of your finding of an Equality Analysis into your existing documentation – For example, within your wider needs assessment, in your service design options appraisal, in your service specification and contracts. If you do include your equality analysis in your existing documentation it must be clearly identifiable (as required by law). If you prefer to use standard format, an optional format is provided in Appendix 4.

Your completed assessment should be sent to the Equality & Diversity & Human Rights Co-ordinator so it can be published on the website.

Stage 1 - Needs Assessment

Assessing population need is a crucial part of the commissioning cycle whether it's identifying a service need at the beginning of the cycle, or as part of an ongoing monitoring and assessment of services commissioned.

In order to provide high quality accessible services to all sections of the population, the PCT needs to have a robust understanding of the health needs and experiences of whole population. Therefore looking at variations within populations, whether that's at an area level or by equality groups, is an essential component of fully understanding the varied needs of our diverse communities.

Summary of Outcomes

- Clear up to date picture of local population in relation to all strands of equality, and where possible cross cutting.
- Clear analysis of health needs, covering all sections of the population (including equality target groups) and includes:
 - Analysis by mortality & disease groups
 - Lifestyle behaviours, health risks and experiences.
 - Service use information by equality strand is also available
 - Insight from equality target groups (both qualitative and quantitative)
- Detailed map of profiles (not just population level) of those who need service against those who are referred to service and those who successfully progress through the pathway.
- Understanding of gaps in knowledge regarding the health needs of the population by equality target groups.

Utilising Resources:

Information on needs assessment and commissioning for diverse populations is available from a range of sources. These include:

- Demographic information, such as that from the census
- National & Regional data on disease prevalence
- Local research h of lifestyles & health experiences
- Research on best practice
- Health impact assessments
- Feedback from service users/patients and the public, including user surveys
- Information on service usage via monitoring data
- Information received from partners, stakeholders, and community groups during consultation.

Commissioning Stage	Activity	Equality Considerations
Needs Assessment	Population Demographics	<ol style="list-style-type: none"> 1. What is the make up of your population in relation to each equality group? 2. Have you considered data that looks at the detail within groups or cuts across strands? 3. Is your data relevant and up to date? 4. Are you using data that is more up to date than the 2001 census? If the service/pathway is age specific do you have data that mirrors this? 5. Are there alternative data sources? 6. Where you have old data or gaps in hard local data is there a proxy you could use or regional / national data you can draw on? 7. Does this service/pathway target a particular target population? If so, why? 8. What does this data tell you about the current and future demand on this service/pathway?
	Public Health Data	<ol style="list-style-type: none"> 1. When looking at public health data, key differences between groups and communities may be missed if we look at data at a population level only. Therefore mapping this data at a disaggregated level is crucial to fully understand local population needs. 2. All of the areas below should help build up a detailed picture of the needs of all our communities across a pathway and any possible gaps in service provision. <p><u>Lifestyles:</u></p> <ol style="list-style-type: none"> 3. What are our key lifestyle indicators and do you understand if behaviour patterns vary across the equality groups? <p><u>Health Experiences & Disease Prevalence:</u></p> <ol style="list-style-type: none"> 4. Are particular groups more likely or less likely to experience particular health issues or

		<p>diseases? Variations in small communities may be hidden in overall population data. As a minimum you should be analysis this data in relation to your organisations strategic health outcome priorities.</p> <p><u>Health Outcomes:</u></p> <ol style="list-style-type: none"> 5. Understanding our biggest killers is key to setting priorities. However understanding if this varies between communities is crucial to narrowing the inequalities gap. 6. As a minimum you should be analysis this data in relation to your organisations strategic health outcome priorities
	<p>Access to Services / Pathways</p> <p>Stakeholder & Patient Engagement</p>	<ol style="list-style-type: none"> 1. What are your service access trends by each equality group at each stage of a pathway? Does this data highlight any possible issues i.e. particular groups falling out of the pathway at particular stages? What about DNA rates? 2. Are there any variations in relation to early / late intervention by different groups?

Additional prompts and Guidance

Population Demographics

1. What ethnic groups make up your local Black and Minority Ethnic community?
2. How does the ethnic make up of your local population vary by age?
3. What % of the population has a disability, by different age brackets?
4. The ethnic make up of local areas has changed significantly from that which the 2001 census portrays. What about ONS population projections? School population data? What about data on new arrivals?
5. Information on people who are registered disabled does not necessarily give us a picture of the number of people in areas with a disability – what about figures on people accessing Incapacity benefits?

Public Health Data

1. For example, if the service or pathway is concerned with diabetes then it would be important to look at lifestyle issues such as eating habits/healthy eating, exercise and weight/obesity for trends across each group.
2. Variations in small communities may be hidden in overall population data. As a minimum you should be analysis this data in relation to the organisations strategic health outcome priorities that relate to this service/pathway.
3. Understanding our biggest killers is key to setting priorities and understanding how this varies across communities is crucial to narrowing inequalities.
4. As a minimum you should be analysis this data in relation to your organisations strategic health outcome priorities

Stage 2 - Service Design:

Commissioning Stage	Activity	Equality Considerations	Information that should be used
Service Design	Options Appraisal	<ol style="list-style-type: none"> 1. Have any of the equality and inequality issues identified in the Needs Assessment been prioritised to be addressed? Which? How? Why? 2. How do proposed options and objectives address these prioritised issues? Does this vary across options? How? 3. Do/Could any equality group have different needs in relation to this service? (i.e. health need, access requirements, communications etc) – See needs assessment if undertaken 4. Does/could this service design/change have a different impact on any particular equality group? 5. Does/could this service design/change promote improved equality for a particularly group (i.e. particularly addressing any inequalities in access, prevalence, lifestyle or health outcome) 6. Could any of the proposed options further heighten any inequality or equality issues? 7. What engagement with equality stakeholders (across all protected strands) has taken place? What do they think? 	<ul style="list-style-type: none"> • Service access data by equality group • DNA rates by equality group • Disease prevalence by equality group (so as to match service access) • Satisfaction of service by equality group • Research undertaken to identify needs of equality group in relation to service. • Mapping of local demographics by equality group • Mapping of accessibility of any new location and building, including transportation. • Feedback from consultation exercises.

	<p>Prioritisation of Options</p>	<ol style="list-style-type: none"> 1. To what extent does the preferred option address the prioritised the equality and inequality issues indentified in the Needs Assessment 2. Does another option have less of a negative impact on equality groups / promote equality further? 3. If another option may have gone further to addressing the equality issues, why was this option picked? <p>What engagement with equality stakeholders (across all 6 protected strands) has taken place and how has this informed the prioritisation of options?</p>
	<p>Service Specification /Design</p>	<ol style="list-style-type: none"> 1. Ensure the equality requirements are considered and, where appropriate, explicitly referred to within the service specification. <p>These can be broken down into the following categories:</p> <ul style="list-style-type: none"> • Service Specific: • Monitoring & Data Requirements • Accessibility • Workforce <ol style="list-style-type: none"> 2. Ensure that any specific issues relating to equality that where prioritised in the Needs Assessment are explicit in the service design and specification. <ul style="list-style-type: none"> • Other key areas of things to include in the service specification are: • Health Outcomes and Inequality • Health Promotion and Inequality • Access to Services and information <ol style="list-style-type: none"> 3. How will the service provider's performance be managed and progress on these be measured?

		<p>Think about disaggregating KPIs by key equality 'hot-spots' or establish specific identification for key equality issues.</p> <ol style="list-style-type: none">4. Patient data collection requirements – requirements for the provider to collect patients details across all 6 protected characteristics is essential. Reporting on this should be required at various stages of service delivery i.e. service access, referral, DNA rates as a minimum.5. Patient experience requirements should also include explicit requirements to collect data across all 6 protected characteristics and for feedback to be analysed across each group.6. See Appendix 1 for examples of minimum, standard requirements to be included in Service Specification. However this should be adapted or supplemented with specific requirements based on the service and needs assessment.
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Stage 3 - Contract Development & Procurement

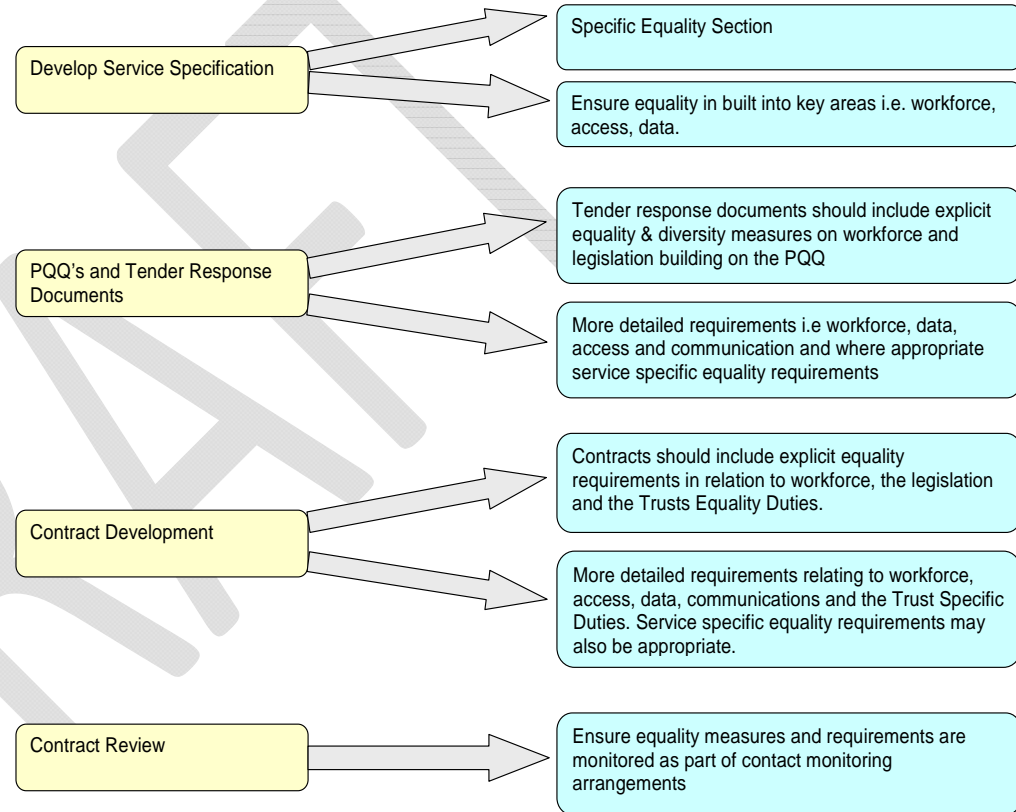
Building Equality & Diversity requirements into contracts is crucial because:

- It ensures that the provider is meeting its legal obligations and is able to demonstrate so effectively.
- It ensures that services commissioned explicitly require providers to address the diverse health needs and health inequalities across each equality group, identified in the needs assessment and service design stage.
- It provides a framework for managing the service provider's performance on equality and diversity

However, to ensure that these outcomes are effectively met, it is important to build equality considerations into the various stages of contracting and procurement processes, including:

1. Service Specification
2. Invitations to Tender/ Pre-Qualification Questionnaires
3. Tender Evaluation & Short listing.
4. Contract Development
5. Performance Arrangements

Contract Development Flowchart



Commissioning Stage	Activity	Equality Considerations Responsible
Contract Development & Procurement	Service Specification	<ol style="list-style-type: none"> 1. Equality should be explicitly included in the service specification at various levels. 2. There are standards categories where equality should always be included. In addition the Service Specification should also include reference to specific equality requirements that may have been identified through the needs assessment. <p>See Appendix 1 for an outline of the standard categories where equality requirements should be included.</p>
	Pre-Qualification Questionnaires & Tender Response Documents	<ol style="list-style-type: none"> 1. Pre-Qualification Questions should include equality & diversity questions. 2. As a minimum these should cover questions relating to the equality legislation duties and general public sector duties. 3. They should also cover basic question that will help measure the extent to which the organisations goes beyond the legal requirement and promotes equality. 4. As a rule tender response documents will require more detailed responses and build in that asked within the PQQ. 5. Give consideration to the extent to which the service being contracted is relevant to equality. The more relevant it is the more equality should be considered at this stage. <p><i>For example, a contract for a cleaning service has low relevance to equality, which should be reflected in the measures applied, which are likely to focus on the legislation and how the organisation promotes equality in its employment functions.</i></p> <p><i>A contract for a diabetes service would however be very relevant to equality and should more detailed</i></p>

		<p><i>measures around equality, particularly in relation to the organisations service delivery functions.</i></p> <p>See Appendix 2 for an outline of the standard categories where equality requirements should be included.</p>
	<p>Contract Development & Review</p>	<ol style="list-style-type: none"> 1. All contracts should include requirements relating to Equality, Diversity & Human Rights. 2. For contracts for goods and services that are less relevant to equality, this should mainly relate to the organisations compliances with equality legislation and to its employment functions. 3. Contracts for services that have more relevance to equality should additional equality requirements. <p>See Appendix 3 for an outline of the standard categories where equality requirements should be included.</p>

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Stage 4 - Contract & Service Review & Monitoring

Suggested

Commissioning Stage	Activity	Equality Considerations Responsible Performance
Contract & Service Review & Monitoring	Equality Requirements in Contracts	<p>How do you know if the Provider is meeting its legal equality duties? Both in terms of its role as an employer and service provider?</p> <p>Are the equality requirements of the contract being reported on via contract management arrangements?</p> <p>Have you got a clear arrangements in place for what the Provider will report on and in what format?</p>
	Key Performance Indicators	<p>Have you established any targets or KPIs for the Provider to meet i.e. in relation to data collection, service take up or service improvement? Are these specifically equality related? If no, what is the Providers performance in relation to these when broken down by equality groups?</p> <p>Are there any penalties associated to any equality Indicators?</p> <p>how are you holding the Provider to account if it is not meeting its targets/indicators?</p>
	Service delivery?	<p>Has the Provider undertaken any Equality Analysis of its services it delivers on behalf of the PCT? How have any issues been addressed?</p> <p>Do these assessments raise any issues that should be considered in future service specifications to drive improvements?</p> <p>How is the Providers service delivery performance monitored? Is this broken down by Equality groups?</p>

Appendix 1 - Service Specification Template



Service Spec
Template.doc

Appendix 2 – Tender Response Document Template



tender response -
basic.doc

Appendix 3 – Contract Requirements Templates



Basic Contract
Requirements - Temp



Advanced Contract
Requirements - Temp

Appendix 4 – Equality Analysis Proforma Template



Equality Analysis
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