

## EQUALITY IMPACT ASSESSMENT REPORT

<b>1</b>	<b>Please state person responsible for the Equality Impact assessment including job title:</b>		<b>2</b>	<b>Directorate:</b>					
<b>3</b>	<b>Name of activity being assessed:</b> <i>activity is the term used for all functions and decisions i.e. policies, service procedures, service re-design strategies</i>		<b>4</b>	<b>Date EIA completed</b> <b>EIA Registration No</b>					
<b>5</b>	<b>Provide brief description of aims and objectives of activity/policy including relevance to equalities:</b>		<b>6</b>	<b>Please state yes/no if the activity is:</b>	<table border="1"> <tr> <td>a) Existing</td> <td></td> </tr> <tr> <td>b) New</td> <td></td> </tr> </table>	a) Existing		b) New	
a) Existing									
b) New									

Wigan Borough Clinical Commissioning Group has a legal duty under the Equality Act 2010 to protect the rights of individuals, advance equality of opportunity for all and to ensure the protected characteristics below are considered when making decisions about the exercise of their functions:

- |  |
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| <ul style="list-style-type: none"> <li>➤ Age</li> <li>➤ Disability</li> <li>➤ Gender reassignment</li> <li>➤ Marriage and civil partnership</li> <li>➤ Pregnancy and maternity</li> <li>➤ Race</li> <li>➤ Religion or belief</li> <li>➤ Sex</li> <li>➤ Sexual orientation</li> </ul> |
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<b>7</b>	<b>Please state whether or not you have consulted or involved groups representing the following Equality Target Action Group. Please state name of the groups where such consultation/involvement has not taken place.</b>						
	Gender	Religion/Belief	Age	Disability	Ethnicity/Race	Sexuality	Carers
A)							
B)							

<b>8</b>	<b>B</b>	<b>C</b>		<b>D</b>	<b>E</b>
	Is this activity RELEVANT to this equality area?  YES/NO  Please explain in column (D)	Will this have positive or negative impact		Comments for your decision in column (C)	Risk Identified and reported
		<i>positive</i>	<i>negative</i>		
Gender					
Religion & Beliefs					
Age					
Disability					
Ethnicity/Race					
Sexual Orientation					
Carers					

Deprivation					
Human Rights					
Marriage and civil partnership					

<b>9 Is there monitoring of those targeted/using the service?</b>					
	<b>Targeted population (please state yes or no)</b>			<b>Target population using the service (please state yes or no)</b>	
Gender	Yes/No	If No, explain		Yes/No	If No, explain
Religion/Belief	Yes/No	If No, explain		Yes/No	If No, explain
Age	Yes/No	If No, explain		Yes/No	If No, explain
Disability	Yes/No	If No, explain		Yes/No	If No, explain
Ethnicity/Race	Yes/No	If No, explain		Yes/No	If No, explain
Sexual Orientation	Yes/No	If No, explain		Yes/No	If No, explain
Carers	Yes/No	If No, explain		Yes/No	If No, explain
Deprivation	Yes/No	If No, explain		Yes/No	If No, explain
Human Rights	Yes/No	If No, explain		Yes/No	If No, explain
Marriage and civil partnership	Yes/No	If No, explain		Yes/No	If No, explain

<b>10</b>	<b>Recommendations (Please mark yes or no)</b>		
a) EIA reveals no major issues		b) EIA reveals issues which have been set out in the action plan	

## EQUALITY IMPACT ASSESSMENT – ACTION PLAN

<b>Name:</b>		<b>Date of EIA:</b>	
<b>Designation:</b>		<b>Title of Activity:</b>	
<b>Directorate:</b>		<b>Department:</b>	

<b>Equality Target Group</b>	<b>Negative or Positive impacts</b>	<b>Action Required</b>	<b>Resource implications</b>	<b>By Whom</b>	<b>By When</b>	<b>Risk Identified and reported</b>
