

## EQUALITY IMPACT ASSESSMENT REPORT

<b>1</b>	<b>Please state person responsible for the Equality Impact assessment including job title:</b>	Julie Watkinson Commissioning Lead – Cancer and End of Life Care Wigan Borough CCG	<b>2</b>	<b>Directorate:</b>	Commissioned Services				
<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>	Wigan Borough End of Life Strategy 2018 - 2023	<b>4</b>	<b>Date EIA completed</b>  <b>EIA Registration No</b>	24 <sup>th</sup> April 2018  89/18				
<b>5</b>	<b>Provide brief description of aims and objectives of activity/policy including relevance to equalities:</b>	This strategy sets out a 5 year vision of high quality services for people at the end of their life across the Wigan Borough for all ages and all causes of death, as a Health and Social care priority to support dying well. Locally, we frame our programmes around the Wigan Locality Plan for health and care reform that focuses on the life cycle, Start Well, Live Well and Age Well.	<b>6</b>	<b>Please state yes/no if the activity is:</b>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;"><b>a) Existing</b></td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;"><b>b) New</b></td> <td></td> </tr> </table>	<b>a) Existing</b>	Yes	<b>b) New</b>	
<b>a) Existing</b>	Yes								
<b>b) New</b>									

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:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

<b>7 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	Sexual Orientation	Carers	Deprivation	Pregnancy and Maternity	Gender Reassignment	Marriage and Civil Partnership	Veterans
A)	Lived Experience meeting 16th October 2017 – Talking about experience with family members		Lived Experience meeting 16th October 2017 – Talking about experience with family members				Lived Experience meeting 16th October 2017 – Talking about experience with family members				Lived Experience meeting 16th October 2017 – Talking about experience with family members	

B)	Discussed with all stakeholders as part of the 3 workshops held – 3 <sup>rd</sup> April, 4 <sup>th</sup> May and 27 <sup>th</sup> July. Specific equality questions were asked via Ambitions baseline survey	Discussed with all stakeholders as part of the 3 workshops held – 3 <sup>rd</sup> April, 4 <sup>th</sup> May and 27 <sup>th</sup> July. Specific equality questions were asked via Ambitions baseline survey	Discussed with all stakeholders as part of the 3 workshops held – 3 <sup>rd</sup> April, 4 <sup>th</sup> May and 27 <sup>th</sup> July. Specific equality questions were asked via Ambitions baseline survey		Discussed with all stakeholders as part of the 3 workshops held – 3 <sup>rd</sup> April, 4 <sup>th</sup> May and 27 <sup>th</sup> July. Specific equality questions were asked via Ambitions baseline survey	Discussed with all stakeholders as part of the 3 workshops held – 3 <sup>rd</sup> April, 4 <sup>th</sup> May and 27 <sup>th</sup> July. Specific equality questions were asked via Ambitions baseline survey						
C)		WWL Bereavement survey 2016 - 2017 Report	WWL Bereavement survey 2016 - 2017 Report				WWL Bereavement survey 2016 - 2017 Report				WWL Bereavement survey 2016 - 2017 Report	
D)					Wigan and Leigh Hospice Developing accessible and inclusive palliative care for LGBTQI patients and their carers				Wigan and Leigh Hospice Developing accessible and inclusive palliative care for LGBTQI patients and their carer			
E)	Mortality Summit 12 <sup>th</sup> January	Mortality Summit 12 <sup>th</sup> January	Mortality Summit 12 <sup>th</sup> January				Mortality Summit 12 <sup>th</sup> January					
F)	Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy		Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy				Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy	Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy			Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy	Patients Forum 8 <sup>th</sup> February 18 discussing End of Life Care Strategy

G)							Exploring People's Views of Communication in End of Life Care: A report of the Healthwatch Wigan and Leigh Forum					
H)	Healthwatch Wigan and Leigh conversation in the Community		Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	Healthwatch Wigan and Leigh conversation in the Community	
I)	Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys (Limited)	Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys (Limited)	Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys			Wigan CCG Public and Staff surveys	Wigan CCG Public and Staff surveys
J)	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018		Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018		Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018	Wigan Council Registrars – Birth, Marriages and Deaths 26 <sup>th</sup> February 2018
K)	Derian House meeting to discuss strategy -20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy - 20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy - 20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy - 20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy -20 <sup>th</sup> February 2018		Derian House meeting to discuss strategy -20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy -20 <sup>th</sup> February 2018	Derian House meeting to discuss strategy -20 <sup>th</sup> February 2018			





T)	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.	GP Cancer Education undertaken in Sep – Dec 2018. The session covered communication and record keeping.
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8	B		C		D	E
	Is this activity RELEVANT to this equality area?		Will this have positive or negative impact		Comments for your decision in column (C)	Risk Identified and reported
	YES Please explain in column (D)		positive	negative		
Gender	Yes			Negative	While End of Life care and palliative care is provided to all people regardless of gender. Some people still feel unable to talk about death.	During the engagement work communication came out as a key theme so that would include face to face communication, access to information and support to encourage more people to have a conversation about End of Life Care and dying.

Religion & Beliefs	Yes		Negative	<p>Patients' beliefs and wishes are respected at end of life, having discussed and agreed what matters to them as part of Advance Care Planning discussions. However suicides and deaths in the community do not have the same access to support as patients who die in the hospital or hospice environment.</p>	<p>During the engagement work communication came out as a key theme so that would include face to face communication, access to information and support to encourage more people to have a conversation about End of Life Care and dying. Sign posting to bereavement support in the community is included as a priority area in the strategy to improve equal access for all.</p>
Age	Yes	Positive and Negative		<p>The strategy is inclusive of all ages however, a significant proportion of patients affected by this strategy will be over 65 years old and extensive services are available however commissioned services for children and young people compared to adults differs.</p>	<p>Whilst there are fewer child deaths than adult deaths, it has become apparent during the work to develop this strategy that the funding for support for palliative and end of life care for children is not available. The implementation plan of the strategy will scope the requirements of all groups</p>



					and identify any gaps for further discussion.
Disability	Yes	Positive		A proportion of patients affected by this strategy will have a disability.	During the engagement work Healthwatch reached out to disabled children and adult groups to identify key needs.
Ethnicity/Race	Yes	Positive		End of life care is provided to all people regardless of race. Individual needs will be addressed by Provider Organisations through individual end of life care plans.	
Sexual Orientation	Yes	Positive		Consideration of sexual orientation and involvement of partners will be addressed by individual Provider Organisations through their end of life care plans with individuals.	During the engagement work communication came out as a key theme so that would include face to face communication, access to information and support to encourage more people to have a conversation about End of Life Care and dying.
Carers	Yes	Positive		A significant proportion of carers will be affected by this strategy.	During the engagement work communication came out as a key theme so that would include face

					to face communication, access to information and support to encourage more people to have a conversation about End of Life Care and dying.
Deprivation	Yes		Negative	Palliative or end of life diagnosis may impact on financial income or employment which may in turn have an impact on the ability to access services.	During the engagement work a theme was identified related to access to information for funding burial or cremation. This will be incorporated into the key priorities of the strategy to improve information.
Pregnancy and Maternity	Yes	Positive		It will be rare for pregnant women and women who have recently delivered to also be in receipt of end of life care. Bereavement after a miscarriage, stillbirth or premature birth is provided by the host organisation. Derian house also provide additional support.	
Gender Reassignment	Yes		Negative	Consideration of gender reassignment and additional sensitivity at end of life related to legal name on death certificate was identified. However it is not possible to consider this within the strategy as there	Access to information and support to encourage more people to have a conversation about End of Life Care and dying are key

				are legal implications. Palliative and end of life conditions which may be predominately associated with a particular gender e.g. Prostate Cancer, Breast Cancer would need to be treated sensitively.	priorities within the strategy.
Marriage and civil partnership	Yes	Positive		End of life care and palliative care is provided to all people regardless of marriage and civil partnership.	
Veterans	Yes	Positive		A proportion of patients affected by this strategy may be serving in the forces or a veteran. Veteran responded to the survey as part of the engagement work when developing the strategy and no particular issues were identified.	

<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>	
	Regarding the questions below in section 9. Individual services monitor E and D information. The strategy covers numerous organisations and services.			
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 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	x

## EQUALITY IMPACT ASSESSMENT – ACTION PLAN

<b>Name:</b>	Julie Watkinson	<b>Date of EIA:</b>	24th April 2018
<b>Designation:</b>	Commissioning Lead – Cancer and End of Life Care Wigan Borough CCG	<b>Title of Activity:</b>	Wigan Borough End of Life Strategy 2018 - 2023
<b>Directorate:</b>	Finance and Commissioning	<b>Department:</b>	Commissioned Services

<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>
Religion/Belief	Negative	Strategy lead to extend engagement during the strategy development and develop robust processes to communicate developments.	Planned time for engagement  Meetings held with religious leaders.	Julie Watkinson	June, 2018  Completed August 2018	Reported through implementation group and Planned Care Board
Deprivation	Negative	Priority area in strategy will improve access to information and develop a robust process to communicate learning.	Planned time for engagement and implementation  Working with funeral directors to support people who may have financial hardship.	Julie Watkinson	Jan, 2019  Completed September 2018	Reported through implementation group and Planned Care Board
Pregnancy and Maternity	Positive however more work will support further improvement	Priority area within the strategy will improve communication and information sharing.	Planned time for engagement	Julie Watkinson / Rachel Richardson	Ongoing work in place with Maternity Voices Partnership	Reported through implementation group and Planned Care Board

					Work is also ongoing with Derian House to support families after a stillbirth and neonatal death.	
Gender Reassignment	Negative	Develop robust processes to communicate and share information as part of the implementation of the strategy.	Gaining further access to hard to reach groups.	Julie Watkinson	Jan, 2019	Reported through implementation group and Planned Care Board

**Return completed copy to:**