EQUALITY IMPACT ASSESSMENT REPORT

1	**Please state person responsible for the Equality Impact assessment including job title:**	Tracie Smith	**2**	**Directorate:**	Quality and Safety
3	**Name of activity being assessed:** *activity is the term used for all functions and decisions i.e. policies, service procedures, service re-design strategies*	Wigan Borough Locality Plan	**4**	**Date EIA completed** **EIA Registration No**	22 June 2016 ongoing
5	**Provide brief description of aims and objectives of activity/policy including relevance to equalities:**	To understand any positive/negative impacts against the Wigan Borough Locality Plan	**6**	**Please state yes/no if the activity is:**	**a) Existing**	
					b) New	Yes

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

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.	
Group	A	B
Gender	All Groups, Patient Forum	
Religion/Belief	Citizen's Advice Bureau (CAB), SWAP	
Age	Age UK. Byou+, Ashton YMCA, Patient Forum, Embrace Wigan and Leigh, Healthwatch Wigan Think Ahead Community Stroke Group, Wigan and Leigh Carers Centre	
Disability	Embrace Wigan and Leigh, Think Ahead Community Stroke Group, Patient Forum, Autistic Wigan, CAB, Healthwatch Wigan, Wigan Inclusion and Independent Living	
Ethnicity/Race	SWAP	
Sexual Orientation	Byou+, LGBTQ Foundation	
Carers	Wigan and Leigh Carers CentreWigan and Leigh Hospice, CAB, Healthwatch Wigan, Think Ahead Community Stroke Group	
Deprivation	Innovate and Inspire, Wigan Inclusion and Independent Living, CAB, Embrace Wigan and Leigh, The Brick, YMCA, Abram Ward Community Co-operative,	
Pregnancy &Maternity		No engagement to date
Gender Reassignment	Age Uk, Byou+, LGBTQ Foundation	
Marriage & Civil Partnership	CAB	No engagement to date
Veterans	CAB, Walking with the Wounded,	More engagement needed

8 Population Health & Early Intervention	Will this have positive or negative impact		Comments for your decision in column (C)	Risk Identified and reported
	positive	*negative*		
Gender	If change in service affects staff availability, need to be aware that some religion/cultures females cannot interact with male health and social care staff, e.g. Muslim females cannot see male doctors. Self-help messages need to be appropriate and consistence and accessible to different audiences. Individuals feel so disenfranchised from services they are not engaging.	If change in service affects staff availability, need to be aware that some religion/cultures females cannot interact with male health and social care staff, e.g. Muslim females cannot see male doctors.		
Religion & Beliefs		If change in service affects staff availability, need to be aware that some religion/cultures females cannot interact with male health and social care staff, e.g. Muslim females cannot see male doctors.		
Age	Good to get into schools around Mental Health and early intervention.	Self-help messages need to be appropriate and consistence and accessible to different audiences e.g. no sexual health messages aimed at older people. Older service users may struggle with IT technology.		

		Social housing if poor can lead to isolation and other health issues.		
		Accessibility of service location can be a barrier for older people.		
		Approach of professionals can sometimes be too formal and off putting.		
		Older service users just accept illness and ill health which is an issue for early intervention programs.		
		Grouping all older people as "Age Well, Silver or Older" not helpful to getting people to engage with services as older is a matter of perception.		
		Young people embarrassed and so don't seek help early – need to understand the best person to speak to.		
		Elderly people can have their own house but actually live in poverty.		
		Older ethnic people with little English are isolated and unable to access services.		
Disability	Focus on the positives on what they can do. Focus on all ages needed, not just on younger or older people. People at working age may be overlooked (feedback from Autistic Wigan).	Self-help messages need to be appropriate and consistence and accessible to different audiences. Individuals feel so disenfranchised from services they are not engaging. Access and transport to service locations is an issue. We need to consider when they need more assistance. Mental Health barriers- Need more support to overcome them in order to look after their own wellbeing.		

		A person with Autism may experience barriers to employment as it is an unseen disability, but employment is also an important part of health and wellbeing. Someone with Autism may find it difficult to fill in forms, for social housing for example, which is another barrier and potential impact on wider wellbeing and health. Issues with social workers need to be addressed. For people with Autism, allocation of social workers is an issue. Delays and turnaround of staff. Leads to confusion and frustration. Lack of 'stable' social work assistance can impact on all aspects of life and access to services. Avoid people being at crisis point. All information must be accessible (feedback from Autism group crosses all services).		
Ethnicity/Race		Self-help messages need to be appropriate and consistence and accessible to different audiences. Individuals feel so disenfranchised from services they are not engaging. Language barriers are a problem with early intervention if it is perceived too difficult they will not get help. Older ethnic people with little English are isolated and unable to access services.		
Sexual Orientation		LGBT not accessing service because they don't feel comfortable.		

Carers		Concern if services become too reliant on carers/volunteers. Support carers to have the time to take control of their own health and wellbeing example so carers have duel responsibility i.e. younger (grandchildren) and older (their parents)		
Deprivation	Volunteering and support can build confidence. Good to use the third sector more to support volunteering opportunities Looking at broader impacts and not just health will have a positive impact i.e. housing	Self-help messages need to be appropriate and consistence and accessible to different audiences. Individuals feel so disenfranchised from services they are not engaging. People cannot always afford to make telephone calls to relevant services. Things like e.g. being on hold, expensive rates, being passed from person to person when you have only got 60p credit. If services are moved by locations they may not be accessible for people who do not have much money. High levels of need for smoking, alcohol and drug services for deprived and homeless so need to be careful with relocation. Mental health support is often require first before early intervention services can be engaged with i.e not likely to give up smoking if they are depressed. Gym memberships too expensive but need the social aspects of gyms and the support to be health. Need some fitness activities that require less financial output and less effort e.g. park gyms. People on benefits can be afraid that building their		

		confidence will mean that their benefits will be cut. This makes them afraid of the future and so they disengage.		
Pregnancy and Maternity				
Gender Reassignment				
Marriage and civil partnership				
Veterans	Identifying veterans and working with them can work			

	C		D	E
8 **Start Well**	**Will this have positive or negative impact**		**Comments for your decision in column (C)**	**Risk Identified and reported**
	positive	*negative*		
Gender				
Religion & Beliefs		Religion and culture of the particular school has a impact on if mental and sexual health is provided		
Age	Improving school readiness for all children is a positive.	Like to see improved readiness for children leaving schools which support children with additional		

	Integrated teams for school children is seen as a positive. A role for schools/teachers in supporting children in health and mental health. Use of apps and digital services good to engage with children and young people.	needs. Some families enter a crisis and increase visits to the GP. How will young people understand the changes and where to go. Children's mental health is on the increase cams is a huge area with more work required with long term support. Needs to be more publicity around the free 15 hours of childcare from the age 2.		
Disability		Some disabled children don't go to nursery or sure start services as parents fee children are segregated and supported this may impact on if they attend HUBS. Some parents with children with disabilities choose to home school due to the demands of schools this can have a negative impact on these children. Fewer hubs make it harder for the children and their carers to access them. Need to take services into the home. All information must be accessible (feedback from Autism group crosses all services). No strategy for Autistic children at the moment?		
Ethnicity/Race		Language barriers in relation to start well centres.		
Sexual Orientation		Sexual education in schools is provided mainly		

		from a heterosexual perspective. This is a difficult time for young people are hubs set up to support their sexuality.		
Carers	If young carers have support built into schools this s a positive.	Children as carers need links/flexible services.		
Deprivation		The location of start well centres could be negative to deprived families. Hubs need to be in areas of deprivation due to cost of public transport. Homeless families need early intervention and need support for their family and children. People can't afford bus cost so services needed nearer to home. Schools need to link with other services to identify and support looked after children and children with safeguarding concerns.		
Pregnancy and Maternity	Parenting action for children group.			
Gender Reassignment		No support for children who identify as transgender from early age.		
Marriage and civil partnership				
Veterans				

8 GP Services	Will this have positive or negative impact		Comments for your decision in column (C)	Risk Identified and reported
	positive	*negative*		
Gender	Consultants available in practice is seen as a positive for all ages.			
Religion & Beliefs	Consultants available in practice is seen as a positive for all ages.	If change in service affects staff availability, need to be aware that some religion/cultures females cannot interact with male health and social care staff, e.g. Muslim females cannot see male doctors. More time required with GP's on first visit for registration and initial checks.		
Age	Phone and video consultation seen as positive for younger people. Consultants available in practice is seen as a positive for all ages.	Potential ageism with gps older people with mental health issues for example may not get the best advice and issues may be put down to age. Older people sometimes feel like a burden. Attending the gps and getting comments like oh it's you again when they have multiple conditions and need to see the GP more so sometimes stops people attending.		

| | | More money and investment needed to improve end of life care.

District nurse and GP availability is very poor for end of life care.

Staff very hard to get hold of and not enough GPs for night visits if patients wish to die at home sometimes they need to ring 999 rather that dying at home.

Receptionist can be a barrier.

Phone and video consultation seen as negative for older people.

There is confusion over the role of named GPs for older patients this needs clearly explain as they think they have to see the same GP all the time.

Concern's that older patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there. | | |
|---|---|---|---|---|
| Disability | A consultant available in practice is seen as a positive for all ages.

Seven day access.

Mental health and long term conditions patients are frustrated of sharing their story over again it can be painful and regressive for them. Share to care is a good system. | Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there.

Phone and video consultation seen as a negative for some disabilities.

Flags needed on system to show service user's needs. | | |

		People will have an issue going to different GP's due to trust issues especially people with mental health conditions and learning disabilities. Accessibility of information in GP practices is a problem including notice boards and the huge number of posters. People with visual or sensory impairment have issues accessing deferent premises and need the familiarity of the place they have learned to navigate. Accessibility of services for people with Autism / LD. Standard appointment time, i.e. 10-15 minutes is an issue. Too short, may result in repeat attendances or need to use an advocate which takes away independence. All information must be accessible (feedback from Autism group crosses all services).		
Ethnicity/Race	A consultant available in practice is seen as a positive for all ages.	Language barriers more work needed.		
Sexual Orientation	A consultant available in practice is seen as a positive for all ages.	Better GP educations as GPs don't have enough information. There is a wide variation of service from GP's in the borough some are really good and some are not. Variation in same practice due to better service from some GP's.		
Carers	A consultant available in practice is seen as a positive for all ages.	Concern's that patients will face a negative impact if the refuse any appointment at other GP practices		

	Increasing accessibility of GP service is great as it can be difficult for carers. If a carer has to wait 2 weeks to see a GP this can potentially impact on the person they are caring for.	there needs to be no negative impacts for them if they cannot get there. Receptionists are a barrier. Some GPs are not working to the gold standard framework a carer should get seen straight away or as soon as possible when they attend for an appointment so it does not impact on their caring responsibility.		
Deprivation	A consultant available in practice is seen as a positive for all ages. Community link workers are helpful for homeless but they can't refer into the service themselves and neither can a charity. Going through a GP adds barriers and slows the process down.	Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there. Traveling to other GPs may be expensive. Communication to homelessness from GPs is a problem they have no Phone, no home, no money and they can't get reminders and letters. There are concerns these solutions in the locality plan will make things worse for the homeless. Too few options available for the homeless.		
Pregnancy and Maternity	A consultant available in practice is seen as a positive for all ages.			
Gender Reassignment	A consultant available in practice is seen as a positive for all ages.	Concern's that patients will face a negative impact if the refuse any appointment at other GP practices there needs to be no negative impacts for them if they cannot get there. There is a wide variation of service from GP's in the		

		borough some are really good and some are not.		
Marriage and civil partnership	A consultant available in practice is seen as a positive for all ages.			
Veterans	A consultant available in practice is seen as a positive for all ages.	Better information regarding veterans is not available with GPs		

8 Hospital and Community Care	C		D	E
	Will this have positive or negative impact		**Comments for your decision in column (C)**	**Risk Identified and reported**
	positive	*negative*		
Gender		Quality of services provided re resources and equipment. Muslim ladies and male doctors.		
Religion & Beliefs		Quality of services provided re resources and equipment. Understanding of different religions and beliefs by staff.		
Age	Services need to be easier to access i.e. closer to home within the community.	Quality of services provided re resources and equipment. Particularly affecting older people issues with care agencies must be addressed. It was felt that carers are not trained sufficiently to do the care and they are an important part of keeping somebody well and less reliant on other services. There should be an ethical care standard. More collaborative working to stop multiple visits and admissions.		

		Services need to be easier to access i.e. closer to home within the community. Early discharge seen as negative if proper care not in place. Appointment letters are confusing because you get a letter for an appointment to make a call for an appointment. Children's out patients' needs to be in a specialist children environment which is more comfortable and appropriate.		
Disability	Services need to be easier to access i.e. closer to home within the community. Earlier access to mental health services are better. As it helps speed up discharge. Better links between mental health and physical health services should improve engagement with the system and reduce those lost in the system. Bringing outpatients in the community is a positive for service users who need a strong relationship with their doctor's i.e. mental health, learning disabilities.	Quality of services provided re resources and equipment. Early discharge seen as negative if proper care not in place. Social care needs to be flexible for those with mental health issues it can't be all about criteria. All information must be accessible (feedback from Autism group crosses all services).		
Ethnicity/Race		Quality of services provided re resources and equipment. It is hard to reduce A&E attendance due to		

		language barriers. Asylum seekers and those with no right to remain may stay in hospital longer than necessary, where do they go and how are they supported.		
Sexual Orientation		Quality of services provided re resources and equipment.		
Carers	Services need to be easier to access i.e. closer to home within the community.	Quality of services provided re resources and equipment. Carers need to be considered in discharge. Early discharge seen as negative if proper care not in place. Need flexibility due to time commitment.		
Deprivation	Services need to be easier to access i.e. closer to home within the community. Outpatient in the community might alleviate issues of accessibility and transport but only if they are spread and not in one non-hospital alternative.	Quality of services provided re resources and equipment. Need to improve discharge and they should not be discharged to street. Need more support to reduce the use of A&E for homeless patients. Need help setting up appointment with GPs for homeless as do not have a home address or they cannot afford to keep call to make appointment.		
Pregnancy and Maternity		Quality of services provided re resources and equipment.		

		Early discharge seen as negative if proper care not in place.		
Gender Reassignment		Quality of services provided re resources and equipment.		
Marriage and civil partnership		Quality of services provided re resources and equipment.		
Veterans		Quality of services provided re resources and equipment. Need to make sure they know to identify as a veteran to ensure support on discharge from relevant groups. These groups can offer early intervention for early discharge.		

8 Mental Health	C Will this have positive or negative impact		D Comments for your decision in column (C)	E Risk Identified and reported
	positive	*negative*		
Gender		Harder for men to access due to stigma. Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		
Religion & Beliefs		Services not set up for different religious and cultural beliefs i.e. prayer rooms, male doctors with female service users. Mental health within some beliefs is not widely accepted. Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		

Age	Early intervention is positive. Younger people more likely to seek help and control their illness.	Social media impact i.e. on line bullying need support. Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent. Access to CAMS not good needs to be improved. More stigma/fear of stigma for the older.		
Disability	Reducing stigma is important, need an 'ask for help' message too. Supporting people with long term conditions not to become depressed about their physical health.	Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent. GPs don't talk in a language I understand. Feel there is a lack of mental health services for people with a diagnosis with autism, a set amount of counselling sessions may not be enough to help. Also issue with post diagnostic counselling and ongoing counselling may be with someone who doesn't specialise in Autism or a mixed group. Relating to Autism services, people may 'circle' psychotherapy services before receiving a		

		diagnosis. Potential issue with age appropriateness of memory tests. All information must be accessible (feedback from Autism group crosses all services).		
Ethnicity/Race		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent. Language barriers/misinterpretation		
Sexual Orientation		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		
Carers		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent. Lack of support for carers dealing with mental health issues impacts on them and the person they care for. Mental health illnesses in carers are just accepted		

		as the norm and part of being a carer.		
Deprivation	The holistic approach is better as need to support other issues like debt and housing before can tackle mental health.	Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		
Pregnancy and Maternity		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		
Gender Reassignment		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent. More work required around gender reassignment information and education.		
Marriage and civil partnership		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc. Waiting times to long and quality of care not consistent.		

Veterans		Accessibility of mental health services in general is a barrier could make them more accessible by using clubs etc.		
		Waiting times to long and quality of care not consistent.		
		A lot of stigma around asking for help for veterans and the delay in help when asked for has an impact on the outcomes.		

8 Enabling Areas Estates, Finance, HR, Communication and Engagement and IT	C Will this have positive or negative impact		D Comments for your decision in column (C)	E Risk Identified and reported
	positive	Negative		
Gender				
Religion & Beliefs				
Age				
Disability	Technology could help improve experiences of people with Autism accessing service. Better use of Apps etc.			
Ethnicity/Race				
Sexual Orientation				
Carers				
Deprivation				
Pregnancy and Maternity				

Gender Reassignment			
Marriage and civil partnership			
Veterans			

9	Is there monitoring of those targeted/using the service?				
	Targeted population (please state yes or no)			**Target population using the service (please state yes or no)**	
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

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

EQUALITY IMPACT ASSESSMENT – ACTION PLAN

Name:		Date of EIA:	
Designation:		Title of Activity:	
Directorate:		Department:	

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

Return completed copy to: *tracie.smith@wiganboroughccg.nhs.uk*