East Sussex County Council

Equality Impact Assessment

Name of the proposal, project or service
Reconciling Policy, Performance and Resources (RPPR) 2018/19: Proposal to reduce funding for The Stroke Recovery Service as part of budget savings

File ref:		Issue No:	
Date of Issue:	June 2018	Review date:	April 2019

Contents

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 The Council must have due regard to its Public Sector Equality Duty when making all decisions at member and officer level. An EIA is the best method by which the Council can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is one of two forms that the County Council uses for Equality Impact Assessments, both of which are available on the intranet. This form is designed for any proposal, project or service. The other form looks at services or projects.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires the Council, when exercising its functions, to have "due regard" to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a "protected characteristic" and those who do not share that protected characteristic (see below for "protected characteristics"
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are sometimes called equality aims.

1.4 A "protected characteristic" is defined in the Act as:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- sex;
- sexual orientation.

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The previous public sector equalities duties only covered race, disability and gender.

1.5 East Sussex County Council also considers the following additional groups/factors when carrying out analysis:

- Carers – A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. [Carers at the Heart of 21stCentury Families and Communities, 2008]
- Literacy/Numeracy Skills
- Part time workers

- Rurality

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities

- Encouraging people from protected groups to participate in public life or in other activities where their participation in disproportionately low

NB: Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for officers and decision makers:

1.6.1 To comply with the duty, the Council must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor to consider alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require officers and members to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Officers and members must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision. When members are taking a decision,this duty can't be delegated by the members, e.g. to an officer.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated by officers and by members in taking decisions: the Council can't rely on an EIA produced after the decision is made.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision.
- The duty is not, however, to achieve the three equality aims but to consider them – the duty does not stop tough decisions sometimes being made.

- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors)

1.6.4 In addition to the Act, the Council is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service

2.1 What is being assessed?

a) Proposals to reduce funding for:

The Stroke Recovery Service as part of budget savings for the Council's Reconcilling Policy Performance and Resource process. £79,000 savings to be identified from the Stroke service.

b) What is the main purpose of the service?

The Stroke Association is commissioned to support stroke survivors and their carers to manage their long term condition, including improved physical, economic, social and emotional wellbeing.

As the effects of a stroke can be so devastating the service provides emotional and mental wellbeing support to help people in dealing with the effects of stroke. This includes both the survivor and their carers;

The essential components of stroke support are split into 5 elements:

1. Provision of personalised and specialised stroke specific information and support for stroke survivors and carers which is provided face to face, normally in the individual's home;

2. 1:1 communication support;

3. A structured exercise and education programme in a range of community venues across the county;

4. 6-monthly stroke reviews based on the Greater Manchester Stroke Assessment Tool;

5. Delivering information sessions including training and guest speaker sessions.

The team also provide practical and 'virtual' support to 9 stroke support groups across the county to ensure that these peer run groups are sustainable in the longer term.

As part of these elements the following support is provided:

- Partnership working with stroke units, community stroke rehabilitation teams and other specialists supporting stroke survivors and carers.

- Robust management information systems that can report on client profile (demographics, geographic, LTC etc.), referrals (source, volume etc.) activity (visits etc.), outputs (support plans etc.), outcomes (improvements in the quality of life) and a range of operational parameters (time from referral allocation, caseload etc.)

c) Manager(s) responsible for completing the assessment

Emma Jupp, Project Manager

2.2 Who is affected by the proposals?

Stroke survivors and their carers. The proposals will also affect Stroke Community Rehabilitation Teams in East Sussex Healthcare Trust and Sussex Community Foundation Trust, as it is likely there will be higher demand on these services. In the short to longer term a reduction in the service provided may also mean an increased demand on adult social care assessment teams.

2.3 How will the proposals be put into practice and who is responsible for carrying these out?

At the Full Council meeting on 6th February 2018 the 2018/19 budget was agreed. Within this budget setting for 2018/19 there was a proposed saving to the Stroke Recovery Service delivered by The Stroke Association. Following on from the budget setting a full consultation process was carried out and this has helped inform the EIA.

The proposed adult social care saving is 50% of the current funding that the service receives. The other 50% comes from the three Clinical Commissioning Groups in East Sussex. Because of this the consultation is designed to understand which parts of the service have the greatest impact on stroke survivors and their carers and this will help the funders decide which parts of the service should remain in a re-modelled service. This will be done in conjunction with The Stroke Association and the three Clinical Commissioning Groups (CCGs) in East Sussex. The impact of the 50% reduction in overall funding will be a reduction in the level of service provided and it may be necessary to reduce or cease one or more elements of the service (Information and Advice, 6-month reviews, 1:1 Communication support, Exercise and Education classes or group information sessions).

2.4 Are there any partners involved? E.g. NHS Trust, voluntary/community organisations, the private sector? If yes, how are partners involved?

The three CCGs in East Sussex part fund this service by 50% of the total value.

The service works closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust and Sussex Community Foundation Trust. They have been sent information relating to the consultation and the EIA lead has engaged with them to understand the potential impact of a reduction in the service.

The Exercise and Education programmes are delivered in partnership with Rehab4U and Freedom leisure centres. Both organisations provide the trainers and the venues where the programmes are delivered.

2.5 Are these proposals, affected by legislation, legislative change, service review or strategic planning activity?

The proposals are made as part of ESCC's budget planning process, Reconciling Policy, Planning and Resources for 2017-18. The overall proposal will see the Council make

savings of £17 million which includes a budget reduction for Adult Social Care and Health of nearly £10 million.

The current service is funded £159,000 per year of which 50% of this is adult social care funding. The other £79,000 is funded through the three Clinical Commissioning Groups in East Sussex.

The South East Coast Cardiovascular Strategic Clinical Network is a network of patients, carers, the public, clinicians and commissioners who have come together to agree, refine and implement improved cardiovascular (cardiac, stroke, renal and diabetes) health care outcomes across Kent, Surrey and Sussex. One of their objectives from their 2014-18[1] was to improve the quality of life after illness from cardiovascular disease and optimising cardiovascular health. As part of this one of their main pieces of work in 2014 was to develop 'Life After Stroke Commissioning Pack for CCGs and Local Authorities[2].' The guidance was developed following on from national surveys which showed that stroke survivors have an improved quality of life when they are supported to take control of their symptoms. The guidance was produced for both CCG and Local Authority Commissioners as the network felt Commissioners should strive to commission joint planning and delivery of health, social and voluntary provision of support. During the development of the guidance it was clear that East Sussex was one of the few counties in the South East that provided most of the provision outlined in the guidance including the stroke care 'Navigator role'.

In addition and in line with national and recent guidance issued by the South East Coast Cardiovascular Strategic Clinical Network (CVD SCN), all stroke survivors should be offered a comprehensive review at 6 months[3]. This is currently provided within the scope of the service but may not be able to meet the need or deliver this part of the service with 50% less of the funding.

2.6 How do people access or how are people referred to the services? Please explain fully.

The most common route of referral is via the hospitals - Eastbourne District General and The Royal Sussex County Hospital, Brighton. These are the main acute sites that cover the East Sussex area. In addition referrals are picked up from other hospitals including The Conquest, Tunbridge Wells and Princess Royal Hospital. The Stroke Association have systems set up with the relevant wards where referrals are passed on post discharge from hospital.

The Stroke Association work closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust (ESHT) and Sussex Community Foundation Trust (SCFT) and pick up referrals from these routes as well.

The service can take referrals directly from any source but in the first 12 months of the current contract the majority of referrals have come via a health source (92%).

As most referrals are picked up through the hospitals the service tends not to get direct referrals from Adult Social Care. However, a data run between 1st February 2017 and 31st January 2018, showed that a total of 252 adults (18+) with a reported Health Condition of Stroke received community based Long Term Support (provided or commissioned by Adult Social Care). This includes any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing

basis. It will have been allocated on the basis of eligibility criteria / policies (i.e. an assessment of need has taken place) and is subject to regular review. Whilst we do not know how many of these clients are known to the Stroke Association (as we are unable to share and match up data), it would be fair to assume that the majority will have received support from the Stroke Recovery Service at some point following on from their stroke.

2.7 If there is a referral method how are people assessed to use services? Please explain fully.

The service is open to anyone who is a Stroke survivor or a carer of a stroke survivor.

There is a referral form but referrals can also be accepted by phone, email or fax.

For the Education and Exercise programme an individual needs to have 'sign off' from their GP that they are able to participate in the programme.

2.8 How, when and where are the services provided? Please explain fully.

Specialist stroke specific information and advice – Information and advice can be provided at any time and is nearly always delivered in their home but can be provided over the phone.

In the last year (Apr17-Mar18) a total of 1488 individual stroke survivors and 780 carers benefited from the service. This equates to a cost of £35 per person taking just the ESCC element of the funding into account. In addition 115 carers had their own unique case.

1:1 communication – this support is targeted at stroke survivors with ongoing communication needs. It provides communication specific support including rebuilding their confidence in the use of speech and language following on from a stroke. It also provides information around technology and tools that can support an individual with their communication.

In the last year (Apr17-Mar18) 139 individual beneficiaries received 1:1 support with their communication needs.

Exercise and education programme – these are targeted at stroke survivors who would not be able to access or feel confident accessing mainstream exercise, but would benefit from exercise in a safe and supervised environment. The programmes are funded to deliver 100 places per year across East Sussex according to demand in particular areas. These are delivered in partnership with Freedom and Rehab4U leisure centres in Crowborough, Seaford, Eastbourne, Hailsham, Bexhill, Hastings and Peacehaven.

In the last year (Apr17-Mar18) 123 individuals accessed from the Exercise and Education programme.

6-month reviews – these are offered to 100% of clients 6-months after discharge from their stroke hospital admission. 6-month reviews are provided in an individual's own home, but can also be carried out in other confidential settings.

In the last year (Apr17-Mar18) 288 6-month reviews were carried out.

Group information sessions – these include the provision of needs led training, education sessions and community support sessions. Training sessions can include:

- Specific advice and information about help after discharge
- Management of the recovery process
- How to minimise risk of further stroke
- Information about a range of issues faced by stroke survivors
- How to communicate with stroke survivors with dysphasia/aphasia (including training for carers)
- Support in the use of the Internet and email to obtain further information

In the last year (Apr17-Mar18) 36 sessions were delivered with an average attendance of 4-5 individuals at each session.

Community support sessions include:

- Opportunities for social networking
- Identify options for peer support
- Promotion of voluntary sector events and activities (such as stroke clubs)
- 'Guest speaker' events e.g. speech and language therapists, physiotherapists, dieticians, nurses, doctors, other stroke survivors, carers etc.). The service provider will consult with stroke survivors and carers to understand requirements for education and information opportunities.

In the last year (Apr17-Mar18) 25 sessions were delivered and in Jan-Mar18, 191 individuals attended.

Performance returns from the Stroke Association demonstrate valued support with positive outputs from all interventions. There is no doubt this service is valued by people who have had strokes, their carers and families and other professional agencies. Case studies provided by the Stroke Association (performance return) are provided at Appendix 1, on page 34.

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken.

Types of evidence identified as relevant have **X** marked against them			
	Employee Monitoring Data		Staff Surveys
X	Service User Data	**X**	Contract/Supplier Monitoring Data
X	Recent Local Consultations	**X**	Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector, CSU
	Complaints		Risk Assessments

X	Service User Surveys	**X**	Research Findings
X	Census Data	**X**	East Sussex Demographics
X	Previous Equality Impact Assessments	**X**	National Reports
	Other organisations Equality Impact Assessments	**X**	Any other evidence

3.2 Evidence of complaints against the proposal, project or service on grounds of discrimination.

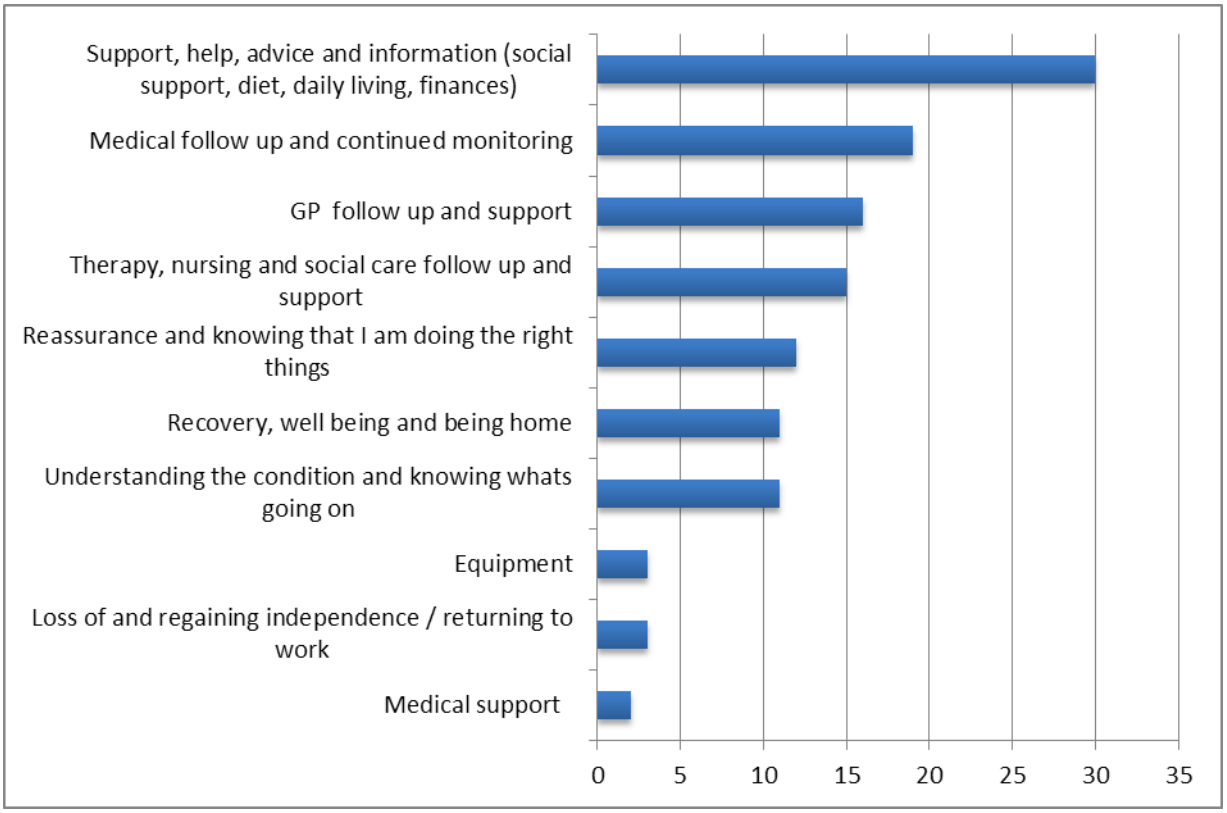
No complaints on this basis have been received.

3.3 If you carried out any consultation or research explain what consultation has been carried out.

The current provider has supported the authority to engage with users of their service around the consultation. This was through a range of activities including letter, emails, face to face, group setting and three consultation events specifically for stroke survivors and their carers (see 2.3).

The Sussex Collaborative Stroke Clinical Reference Group carried out a survey of stroke survivors and their carers throughout the region in September 2014 to see how stroke services are currently caring for people post stroke. 61 patients and 72 carers completed the survey.

The survey asked: '*What were the things that were most important to you after discharge from hospital?*' (Results below).



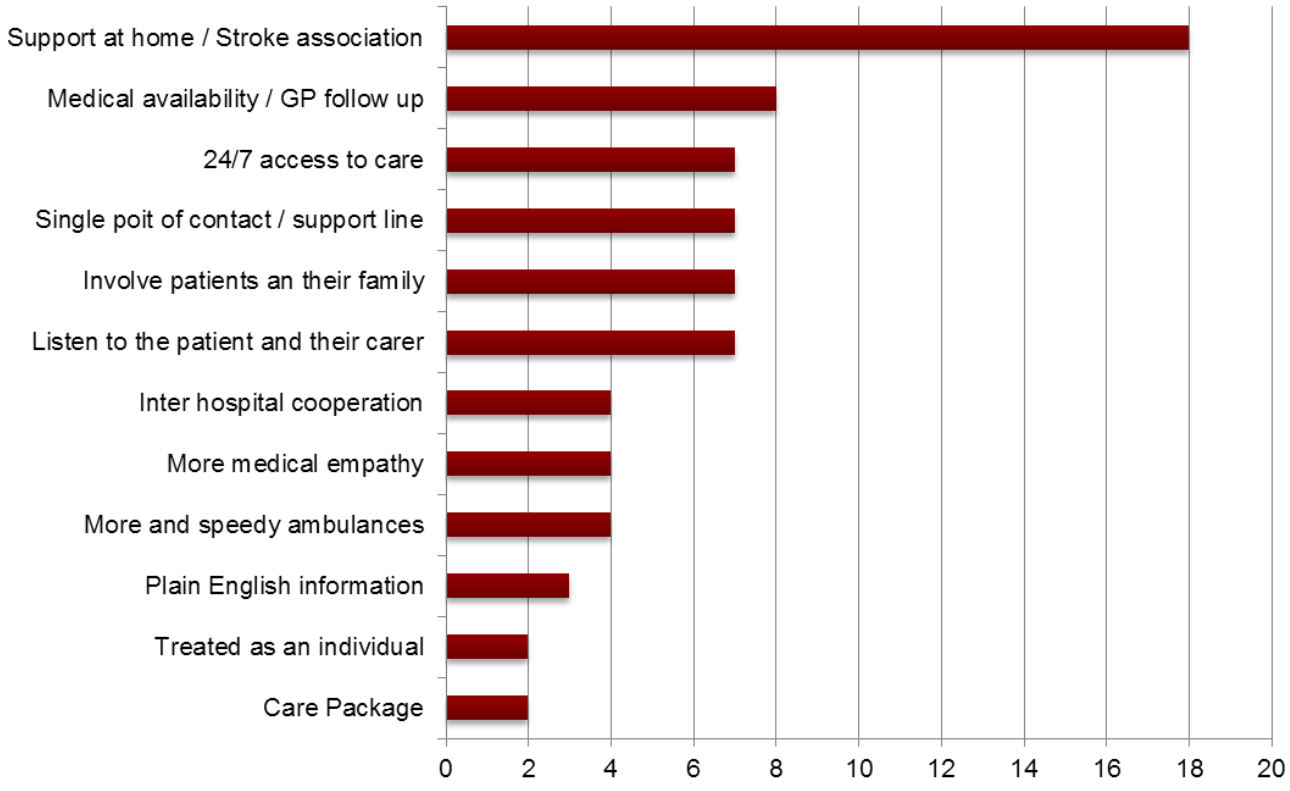
From the identified areas of what is most important to stroke survivors the current service is able to directly provide: -

- Support, help, advice and information (social support, diet, daily living, finances)
- Reassurance and knowing that I am doing the right things
- Recovery, well-being and being home
- Understanding the condition and knowing what is going on
- Loss of regaining independence/returning to work

The service can also: -

- Support GPs follow up through providing reports to GPs on the outcomes of 6-month reviews
- Make referrals to therapy, nursing and social care and mental health support
- Signpost to organisations who can provide equipment and technology
- Check medication compliance and understanding as part of 6-month reviews and provide reports to relevant health professionals.

The survey also asked: '*Do you have any suggestions for how care could be improved for others?*'



The current service directly fulfils 7 of these suggestions.

NICE guidance (NG22) for Older people with social care needs and multiple long-term conditions[4] brought out in November 2015 is aimed at Health and Social Care practitioners. This guidance states that consideration should be given to contracting with voluntary and community sector enterprises and services to help older people with social care needs and multiple long-term conditions to remain active in their home and engaged in their community, including when people are in care homes.

3.5 What does the consultation, research and/or data indicate about the positive or negative impact of the proposals?

The research and survey results indicate that the proposals will have negative impacts . These may include the following: -

- reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- reduced reassurance for stroke survivors
- reduced support in understanding and making sense of their condition
- reduced emotional support
- reduced support in regaining independence/returning to work
- reduced access to 6-month reviews
- reduced stroke specific support in the home
- reduced access to a stroke specific single point of access/information
- reduced access to 1:1 support with communication issues
- reduced group information sessions
- reduced access to support to help individuals self-manage
- fewer carers supported
- reduced access to stroke specific exercise programmes provided for free
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- decreased opportunity to flag safeguarding concerns

Inclusion Advisory Group 14 March 2018

- It was expressed that impacts [of savings] are rarely felt in individual isolation, and that the ripple effect to relatives, carers, neighbours etc should not be underestimated. Such drastic changes [as the proposals in ASC, including the Stroke Association] can result in the upheaval and detriment to many lives, the long-term effects of which (increased social isolation, impaired prospects) can be calamitous. East Sussex is at a point where only extreme crisis intervention is available.

- It was noted that the safety net for people in need of support has gone, and subsequently many people feel abandoned. There are huge concerns for people who have 'exhausted' their options and care pathways; they're left on their own to cope.

- Consider risks and possible mitigations against a potential backlash towards people from BAME communities, as proposed cuts [to services including Stroke Association] can create social and cultural divisions.

- Consider the impacts to rural communities and factor in the barriers which already exist around transport and social isolation.

Key themes from the Public Consultation

- Organisations and people said that the service is a valuable resource for stroke survivors and that people would struggle to rebuild their lives without it.
- People are concerned about how the proposals would affect the health of people who are recovering from a stroke or have one in future.
- If the proposals went ahead, stroke survivors are concerned that it would leave them or people like them isolated.
- Organisations and people said it will be more expensive in the long term as people will still need support with their recovery.
- Reductions in the service are likely to put pressure on NHS hospital and community services to fill the gaps and lead to longer stays in hospital.
- People praised the service and the team of staff which provide it.
- They said that carers and families also value and benefit from the support of the service too.
- The information and advice element of the service made a big difference to over half of the respondents, while the exercise course and communication support made a big difference to over a third.
- Organisations said that generalised exercise programmes are less likely to be effective for stroke survivors than stroke-specific courses.
- People value the peer support that is offered through the service.
- Organisations are concerned that it will be harder for people to reach their full potential without the support of the service.
- People who've used the service say they have achieved things they didn't expect, like being able to walk, drive and get back to work.
- People don't know where they would have gone if service wasn't available, although many said they would have tried their GP instead.
- People think the Council should look for savings from other departments instead.
- People commented on the recent allowance raise for Councillors and said savings should be made there.

How much difference the services made: Information and advice made a big difference to over half of the respondents, while the exercise course and communication support made a big difference to over a third of respondents.

Top themes from the comments about the difference the services made:

- Information and advice: How helpful the service was.
- Group information sessions: The value of peer support.
- Communication support: How it helped with their speech and thought processes.
- Exercise course: How it improved their mobility:
- Six month review: It showed them how they are recovering.

Top theme for where they would have gone if this service didn't exist: The top answers for all service areas was people said they didn't know and that they would have tried their GP.

Other services: People named various services and local groups they have found helpful, with the Stroke Association and local groups or clubs being mentioned most often.

How they would be affected: People said that if the proposal went ahead it would make them and people like them isolated and affect their ability to recover from a stroke.

Sample quotes:

"It was really useful that they came to my home… I attended the stroke exercise group which was terrific. I didn't think I'd cycle again. You lose your confidence. If the stroke service was not available I wouldn't know who to ask for help. I can't speak more highly of them. I want other people to have what I've had."

"Husband was made to fight back and given all kinds of support to work at this own recovery. Wonderfully skilled team of therapists." (Information and advice)

"These groups have given a lot of help and advise and a better understanding of the effects a Stroke can have." (Group information sessions)

Part 4 – Assessment of impact

4.1 Age: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County/District/Borough?

Population estimates by age groups in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage.

POPULATION ESTIMATES, 2001-2016 - SUPER OUTPUT AREAS						
ONS mid-year estimates Filter variables Year, 2016						
Age group	**All people**	**0-15**	**16-29**	**30-44**	**45-64**	**65 and over**
Geography						
Eastbourne	103054	17689	16011	17949	26143	25262
Hastings	92236	17262	15347	16446	25329	17852
Lewes	101381	17606	13677	16211	28495	25392
Rother	93551	14080	11542	11862	26619	29448
Wealden	157575	27051	20490	23742	45982	40310

People are living longer and by 2020, it is estimated that around 38% of the UK population will be aged 50 plus and in East Sussex the figure is likely to be as high as 50%. We know that East Sussex has a higher than average older population with around 25% of people aged over 65, compared to the national average of 16%.

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

In the last quarter report for the service (October – December 2017): -

- 5% of clients were aged 18-49
- 15% aged 50-64
- 77% aged 65+ (3% did not respond)

In terms of age, all elements of the service will be affected in the same way.

c) Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes.

d) What are the proposals' impacts on different ages/age groups?

Age is the single most important risk factor for stroke and people are having strokes earlier on in their lives. People are most likely to have a stroke after the age of 55 and in England, Wales and Northern Ireland the average age for someone to have a stroke is 72 for men and 78 for women[5]. The risk of having a stroke doubles every decade after the age of 55[6,7]. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke[8]. This statistic is reflected in the data that 77% of the current caseload of the service are aged over 65. In addition 1 in 4 (26%) of strokes in the UK occur in people under 65 years old[9].

The rate of first time strokes in people aged 45 and over is expected to increase by 59% in the next 20 years (between now and 2035). In the same period, it's estimated that the number of stroke survivors, aged 45 and over living in the UK is expected to rise by 123%[10]. People of working age are two to three times more likely to be unemployed following on from stroke[11].

See 3.5 for bullet point list of impacts.

e) What actions will be taken to avoid any negative impact or to better advance equality?

- It is recognised that apart from the community stroke rehabilitation services delivered by ESHT and SCFT there is no other service providing free face to face stroke specific information and advice in the county. It is also important to note that not all stroke survivors will meet the criteria for the community rehabilitation teams and with those that do the support is time limited. Generic information and advice is available from other sources e.g. HSCC, CAB, Age UK.

- Two day centres (Avanti and Headway) operate in East Sussex specifically for people with acquired brain injuries. These building based services are accessible to people who have had a stroke but will be paid for on a private basis or through being eligible for social care.

- Stroke specific information and advice can be accessed directly through the national Stroke Association website and the national help line.

f) Provide details of the mitigation

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Re-modelling of the service with only 50% of the funding

The commissioner will look to reduce the impact on people in all age brackets by re-modelling the service with the provider under a 50% reduction. Whilst there may be a higher proportion of those over 65 accessing the service, those of working age also will also be impacted due to the higher likelihood of them being unemployed following on from a stroke.

g) How will any mitigation measures be monitored?

- Tracking the numbers of people aged 65+ who still receive a reduced service – Stroke Association
- Tracking the numbers of those of working age who still receive a reduced service – Stroke Association

4.2 Disability: Testing of disproportionate, negative, neutral or positive impact.

a) How is this protected characteristic reflected in the County /District/Borough?

Residents with limiting long-term illness in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Type	All people	People with long-term health problem or disability	Day-to-day activities limited a little	Day-to-day activities limited a lot	People without long-term health problem or disability
Geography					
East Sussex	**526671**	**107145**	**58902**	**48243**	**419526**
Eastbourne	99412	20831	11209	9622	78581
Hastings	90254	19956	10375	9581	70298
Lewes	97502	19054	10583	8471	78448
Rother	90588	21242	11591	9651	69346
Wealden	148915	26062	15144	10918	122853

Projected limiting long-term illness by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	0-17	18-64	65+	All people	0-17	18-64	65+
Geography	Year								
East Sussex	2010	105,047	4,755	43,646	56,647	20.4	4.6	15.0	46.8
	2026	124,992	4,352	42,392	78,248	23.9	4.7	15.9	47.6

Source: ESCC projections, November 2011

Projected disability by age group, 2010-2026

Measure		Number				Percent of total population			
Age group		All people	10-17	18-64	65+	All people	10-17	18-64	65+
Geography	Year								
East Sussex	2010	85,428	1,952	34,041	49,435	16.6	3.9	11.7	40.9
	2026	103,415	1,826	33,202	68,386	19.7	3.9	12.5	41.6

Source: ESCC projections, November 2011 Employment and Support Allowance and Incapacity Benefit

According to Iriss[12] (improving lives through knowledge, evidence and innovation), one of the most profound consequences of stroke for survivors, their families and carers is communication impairment. The Back to a Life after Stroke survey (2008) conducted with 280 people in Scotland with a communication difficulty following stroke found that:

- nearly 90% of respondents had difficulties speaking, explaining things and talking on the phone
- over 80% had difficulties writing
- almost 60% had difficulties reading letters, leaflets and newspapers
- 80% had difficulties using the Internet
- a third had difficulties understanding what people are saying
- nearly 90% said communication difficulties had affected their independence
- 80% reported their confidence had suffered and that communication problems had impacted on their social life and adversely affected their work.

The National Clinical guidelines states that there is evidence of unmet needs in nearly 50% of stroke survivors between 1 and 5 years after stroke. This includes problems relating to mobility, falls, fatigue, pain, emotion, reading and concentration[13].

b) How is this protected characteristic reflected in the population of those impacted by the proposals?

Stroke is a leading cause of disability in the UK. Almost two thirds of stroke survivors in England, Wales and Northern Ireland leave hospital with a disability[14]. Stroke causes more disabilities than any other condition[15]. In England, Wales and Northern Ireland, 84% of patients leave hospital requiring help with their daily living activities (occupational therapy), but 20% of those who need help will not receive it.

Stroke has a greater disability impact on an individual than any other chronic disease[16]. Stroke also causes a greater range of disabilities than any other condition[17]. Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control. Of those who survive stroke, approximately:

- 42% will be independent
- 22% have mild disability
- 14% have moderate disability
- 10% have severe disability
- 12% have very severe disability
- 33% will experience depression

In a survey of over 1,000 stroke survivors conducted in 2015, 4 in 10 people said the physical impact of stroke was the hardest to deal with[18]. It is estimated that 60% of stroke survivors have vision problems immediately after their stroke. This reduces to about 20% by three months after stroke[19].

Limb weakness is common after stroke: More than three quarters of stroke survivors report arm weakness, which can make it difficult for people to carry out daily living activities, such as washing and dressing. Almost three quarters of stroke survivors report leg weakness[20], which can make walking and balancing more difficult.

Today, around one million stroke survivors across England, Wales and Northern Ireland require further care after being discharged from hospital[21].

Cognitive impairments after a stroke may improve in some patients, but in others it may worsen and develop into dementia. Vascular dementia has similar symptoms to other types of dementia, including difficulties with understanding and responding to things quickly; struggling to remember things; and problems concentrating. The main difference is that vascular dementia is caused by a loss of blood supply to the brain, which often happens over a long period of time. Vascular dementia can happen through a single stroke or a series of strokes.

A recent study has found that up to 1 in 3 stroke survivors are at risk of developing [vascular] dementia within five years[22]. Three quarters (75%) of dementia cases in stroke survivors are thought to be caused by vascular dementia[23]. Vascular dementia is a condition strongly linked to stroke, and there is currently no proven treatment[24].

Will people with the protected characteristic be more affected by the proposals than those in the general population who do not share that protected characteristic?

Yes.

c) What are the proposals' impacts on people who have a disability?

The proposals will have a negative impact on people who have a disability (58%) following on from a stroke. This is increased due to the nature of stroke and the cumulative effects of a range of disability related issues that a stroke survivor can experience (see Table 1).

DIFFICULTY	% OF PEOPLE AFFECTED
Upper limb/arm weakness	77%
Lower limb/leg weakness	72%
Visual problems	60%
Facial weakness	54%
Slurred speech	50%
Bladder control	50%
Swallowing	45%
Aphasia	33%
Sensory loss	33%
Depression	33%
Bowel control	33%
Inattention/neglect	28%
Emotionalism within six-months	20%
Reduced consciousness	19%
Emotionalism post-six months	10%
Identified dementia one-year post Stroke	7%

Table 1 Percentage of people who will experience/suffer from a disability/difficulty post stroke.

Because of the dramatic impact of a stroke many individuals who previously led healthy and fit lives find themselves to be quite vulnerable in terms of both their physical disabilities and communication needs. In addition 28% of survivors experience inattention or neglect[25].

Specialist stroke specific information and advice and 6-month reviews

The current service is able to support individuals with a disability by providing access to information and advice in their own home. These proposals mean that this service will be reduced or no longer available.

1 in 4 people who have a stroke also live alone[26]. This will mean those who have a disability following on from a stroke also have a 1 in 4 chance of living alone, making it more difficult to access services.

People experiencing a disability may have more difficulty in accessing services that deliver information and advice. In addition this advice may not be specific to those who have had a stroke.

See 3.5 for further impacts.

1:1 Communication support

About a third of stroke survivors have some difficulty with speaking or understanding what others say. A stroke can affect communication in different ways. The main conditions that can happen following a stroke are:

- Aphasia
- Dysarthria
- Dyspraxia

Communication problems following on from a stroke tend to improve quite quickly, usually within the first three to six months[27]. However, between 30-40% of those affected will remain severely affected in the long term[28]. Around half of all stroke survivors in England, Wales and Northern Ireland require speech and language therapy after a stroke. However, only half of the people who need this therapy to aid their recovery actually receive it[29]. This means that more than half of the stroke survivors who need help to communicate have to go without the support they need**.** Currently all of these individuals would be able to access 1:1 communication support through the Stroke Recovery Service, which is particularly beneficial for those who have not met the criteria for Speech and Language Therapy support, but need support with their communication.

The service also provides ad hoc support to the communication cafes that were commissioned under the previous grants prospectus.

See 3.5 for further impacts.

Exercise and education programme

Having a stroke means you have a greater risk of another (recurrent) stroke. However, there are steps an individual can take to prevent a recurrent stroke. It has been suggested that 80% of secondary strokes can be prevented by a combination of lifestyle changes and medical interventions[30]. Moderate exercise can reduce your risk of stroke by up to 27%[31]. Physical inactivity and a sedentary lifestyle increases your risk of

an ischaemic stroke[1] by 50%[32]. Being overweight increases your risk of ischaemic stroke by 22% and being obese by 64%[33]. Studies have shown regular exercise to be as important to stroke prevention as medication[34].

The service provides Education and exercise programmes. In the first ¾ of the contract 62 individuals have benefited from this element of the service with the numbers expecting to exceed the target of 100 for the year. Not only does the programme introduce individuals into exercise, helping to re-build strength and confidence, it also provides individuals with information about weight loss, blood pressure and eating well and maintaining a healthy lifestyle.

In addition parity of esteem (valuing mental health equally with physical health) is a key NHS England priority as established in their Parity of Esteem Programme. 30% of people with a physical long term condition also have mental health problem[35]. As identified in the table (page 15) in terms of stroke 33% of stroke survivors are affected by depression, 20% by emotionalism within six-months and 10% by emotionalism post-six months. In addition 7% have identified dementia one-year post stroke. All elements of the service will be affected in terms of mental health.

See 3.5 for further impacts.

Group information sessions
See 3.5 for further impacts

d) What actions will be taken to avoid any negative impact or to better advance equality?

Specialist stroke specific information and advice and 6-month reviews

- Explore other ways of providing information and advice to stroke survivors which is not face to face. However, this will probably not be appropriate for those with communication difficulties and will not mitigate against the reduction or loss in service.
- No other actions have been identified to avoid the negative impact

1:1 Communication support

- No actions have been identified to avoid the negative impact

Exercise and education programmes

- Some of the leisure centres provide continuation exercise classes for stroke survivors once they have finished this programme, and some centres may have the capacity to provide more of these classes but this would be on a pay as you go basis.
- There may be other trainers or exercise organisations who are able to provide stroke specific exercise classes. This will be explored by the project lead if the proposed cut goes ahead and affects this element of the service. However, any developments will need to be paid for directly by clients which will make it

[1] Most strokes are caused by a blockage cutting off the blood supply to the brain. This is called an ischaemic stroke.

inaccessible for many stroke survivors (around 1 in 6 stroke survivors experience a loss of income after a stroke).

Group information sessions
See 3.5 for further impacts.

e) Provide details of any mitigation.

The commissioning lead will be working with the CCGs and the provider to discuss which elements of the service can be delivered with only 50% of the funding. This will also be informed by the outcomes of the consultation and what stroke survivors and their carers tell us about different elements of the service.

No other mitigations have been identified.

f) How will any mitigation measures be monitored?

- Tracking the numbers of Stroke survivors with a disability who still receive a reduced service - The Stroke Association

4.3 Ethnicity: Testing of disproportionate, negative, neutral or positive impact.
Ethnicity not impacted by the proposal.

4.4 Gender/Transgender: Testing of disproportionate, negative, neutral or positive impact
Gender/transgender not impacted by the proposal

4.5 Marital Status/Civil Partnership: Testing of disproportionate, negative, neutral or positive impact.
Marital Status not impacted by this proposal.

4.6 Pregnancy and maternity: Testing of disproportionate, negative, neutral or positive impact.
Pregnancy and maternity not impacted by this proposal.

4.7 Religion, Belief: Testing of disproportionate, negative, neutral or positive impact.
Religion and belief not impacted by this proposal.

4.8 Sexual Orientation - Gay, Lesbian, Bisexual and Heterosexual: Testing of disproportionate, negative, neutral or positive impact.
Sexual orientation not impacted by this proposal.

4.9 Other: Additional groups/factors that may experience impacts - testing of disproportionate, negative, neutral or positive impact.

4.9.1 Rural population

a) **How are these groups/factors reflected in the County/District/ Borough?**Population by urban and rural areas in 2011 in East Sussex and its districts (source: ONS Census 2011)

Urban-Rural Geography	Urban	Rural
England and Wales	45,726,291	10,349,621
South East	6,875,562	1,759,188
East Sussex	389,946	136,725
Eastbourne	99,412	0
Hastings	90,254	0
Lewes	75,173	22,329
Rother	43,168	47,420
Wealden	81,939	66,976

How is this group/factor reflected in the population of those impacted by the proposal?

The service is accessible for people of all ages but the vast majority of clients are aged over 65 (see age section). 27% of people over 65 live in rural areas in East Sussex (source: ONS Census 2011) and a significant percentage live in the rural districts as illustrated below (e.g.):

Area	Urban	Rural
East Sussex	73%	27%
Eastbourne	100%	0%
Hastings	100%	0%
Lewes	77%	23%
Rother	54%	46%
Wealden	54%	46%

b) **Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?**

Yes. People over 65 (the majority who access the service) will be affected more than those in the general population. Within this age group a significant number of people live in rural areas or rural districts most significantly in the Rother and Wealden area of East Sussex. A number of these people will have carers or be carers (see carers section) and will also have a disability (see disability section) and therefore will be more affected than the general population.

c) **What is the proposals impact on the factor or identified group?**

These proposals will have a significant impact on people who live in rural areas as these service are primarily accessed by people over 65 and 27% of people in this age groups in East live in rural areas.

See 3.5 for further impacts.

Specialist stroke specific information and advice and 6-month reviews
This element of the service is delivered face to face, normally in individual's homes which means currently people in rural areas can access the service as easily as those in urban areas. However, if the proposal goes ahead and there is a reduced or withdrawn service, this will severely affect people who live in rural areas who will no longer have access to this service within their own home.

See 3.5 for further impacts.

1:1 Communication support
1:1 Communication support is delivered directly to individuals at their place of choice, which is usually the home. There are still a small number of communication cafes in East Sussex which are run on a voluntary basis but these are not necessarily in rural areas are not accessible for those with mobility issues. A reduced or withdrawn service will severely affect those living in rural areas.

See 3.5 for further impacts.

Exercise and education classes
All of the venues will attract individuals from rural areas. Currently the service is able to offer transport costs for those who are unable to afford their own transport to access the classes. Withdrawing the service or limiting what is available will have an impact on those in rural areas who may no longer have access to transport to attend exercise classes in urban areas.

See 3.5 for further impacts.

Group information sessions
These are delivered in a range of areas across East Sussex and depending on where they are delivered affects how accessible they are to stroke survivors and their carers. Withdrawing this part of the service may have a limited impact on stroke survivors unless it sits alongside decreased or withdrawn access to information and advice.

See 3.5 for further impacts.

d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

It is also proposed that ESCC work with the current provider so that viable actions can be taken to minimise the negative impacts on clients and their carers and better advance equality. See below.

e) Provide details of the mitigation.

- Discussion with the CCGs about what elements of the service they wish to focus their money on
- Modelling of the service with only 50% of the funding

The commissioner will seek to reduce the impact on those who live in rural areas by remodelling the service with the provider. This might mean that the more generalist support is still provided within the individual's home (e.g. information and advice) to ensure that a minimum level of information and advice is available that will support people in managing their condition.

If the exercise and education classes are withdrawn the commissioner and provider will work together to ensure that clients and carers are made aware of other community transport options that may be able to support them to access exercise. This will be area specific and dependent upon the availability of stroke-specific exercise clsesses in that area.

f) How will any mitigation measures be monitored?

- Monitoring the impact of a withdrawal or reduction in different elements of the service via the Stroke Association.

4.9.2 Carers

a) How are these groups/factors reflected in the County/District/ Borough?

Population by provision of unpaid care in 2011 in East Sussex and its districts (source: ONS Census 2011): number and percentage

Provision of unpaid care		All people	People provide no unpaid care	People provide unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Geography	Measure						
East Sussex	Number	526671	467262	59409	39537	6745	13127
	%	100	88.7	11.3	7.5	1.3	2.5
Eastbourne	Number	99412	88894	10518	6678	1261	2579
	%	100	89.4	10.6	6.7	1.3	2.6
Hastings	Number	90254	80812	9442	5708	1321	2413
	%	100	89.5	10.5	6.3	1.5	2.7
Lewes	Number	97502	86001	11501	8000	1197	2304
	%	100	88.2	11.8	8.2	1.2	2.4
Rother	Number	90588	79327	11261	7279	1250	2732
	%	100	87.6	12.4	8	1.4	3
Wealden	Number	148915	132228	16687	11872	1716	3099
	%	100	88.8	11.2	8	1.2	2.1

b) How is this group/factor reflected in the population of those impacted by the proposal?

In the last year (Apr17-Mar18) a total of 780 individual carers benefited from the service with 115 carers having their own unique case.

Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Yes and it is highly likely that the impact to carers will be significant, multiple and cannot be under-estimated as they may also be affected by proposed cuts to Carers services, day services and housing support services.

c) What is the proposal impact on the factor or identified group?

"My husband's stroke has been the most devastating experience of my, and his, life. First you have to rebuild the survivor and their life. Then your joint lives together and, if you have any energy left, you can have a go at remembering who you are." A Carer[36].

Both stroke survivors and their carers can feel overwhelmed by worries, fears and emotions as they struggle to cope with the aftermath of a stroke. 64% of carers said that the emotional impact of stroke was by far the hardest thing to cope with. The Stroke Association 2012 survey shows that levels of anxiety and depression are as high for carers as for stroke survivors. If these feelings are not recognised and addressed at an early stage they can lead to more complex and costly health and social care interventions in the future.

During Autumn 2012 the Stroke Association carried out a national survey. Carers of stroke survivors said:

- Caring gets harder as time goes by. For those who have been caring for up to three years 48% said they were stressed by caring, but when they had been caring for seven years or more 69% of carers said this was the case.
- Three-quarters agreed or strongly agreed that they put the needs of the stroke survivor above their own needs.
- Although 79% had experienced anxiety and 56% felt depressed, two-thirds did not receive any information, advice or support to help with anxiety or depression. This has been a key focus for the new commissioned Stroke Recovery Service where the team has had a focus on mental health during the first year of delivery.

42% of stroke survivors discharged from hospital in the UK require help with everyday tasks such as washing, dressing and eating and that nearly a fifth of those (18%) are cared for by informal carers. (SSNAP, 2016).

In addition, up to 72% of carers of a stroke survivor feel ill-prepared to take on their role as a carer[37] supporting the need for stroke specific support for this group of carers. This could mean there is an increased risk of carers having more eligible needs and this could impact on other voluntary services, the Stroke Community Rehabilitation Teams and care management teams.

The UK's most recent large-scale survey of carers (n=55,700) reported that 76% of carers were experiencing tiredness and fatigue and 64% reporting disturbed sleep; 56% reported experiencing financial problems and those who experience

financial problems were also more likely to experience social isolation[38]. Evidence suggests that the impact for carers of stroke survivors could be greater than this.

"*Without the Stroke Association we would have been up the Nile without a paddle, so please keep the money coming because if you don't you won't be making any savings because all the other services will be used more. You will have carers having breakdowns and stroke survivors not surviving."* **Comment from Carer at Stone Cross consultation event 12.4.18**

"I cannot reiterate how important it is. One day it was hunky dory, then the next day gaga. I've got a wonderful wife and support team. If we didn't have the team, it would all fall back on [wife]'s shoulders. I am not being disrespectful, but you are just one person'. **Comment from Stroke Survivor at Telescombe consultation event 5.4.18**

"*The Stroke Association is vitally important and to my wife who is my carer."* **Comment from Stroke Survivor at Telescombe consultation event 5.4.18**

d) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

- Ensuring that carers of stroke survivors know about the consultation and are given an opportunity to respond – The Stroke Association/ESCC
- Working with the provider to ensure that carers are aware of other carers organisations that can support them. Please note that access to carers services may be affected by other ASC savings proposals.

e) Provide details of the mitigation.

As above.

f) How will any mitigation measures be monitored?

- Through the numbers of carers who are identified by the service provider

4.9.3 People on low incomes

a) How are these groups/factors reflected in the County/District/ Borough?

Older people affected by income deprivation in 2012 – super output areas:

Measure	Total number of people aged 60 and over	Number of older people affected by income deprivation	Percentage of older people affected by income deprivation
Geography			
East Sussex	162420	21314	13.1
Eastbourne	29517	4426	15
Hastings	21805	4784	21.9
Lewes	30094	3437	11.4
Rother	34121	4141	12.1

Wealden	46883	4526	9.7

b) How is this group/factor reflected in the population of those impacted by the proposal?

Around 1 in 6 stroke survivors experience a loss of income after a stroke[39].

In 2012, the Stroke Association produced a report looking into the financial impact of stroke survivors and their families[40]. They found: -

- 69% of 25-59 year olds were unable to return to work.
- 65% of 25-59 year olds reported a decrease in household income.
- Household expenses increased for 58%, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 63% were living in fuel poverty.
- 40% had to cut back on food.

Taking the annual caseload of 1488 this would mean: -

- Household expenses increased for 863 stroke survivors, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 937 stroke survivors were living in fuel poverty.
- 595 had to cut back on food.

One report estimates the average cost of a stroke to a family in the UK is £22,377. The report claims the costs may vary between £5,000 and £100,000 depending on how severe the impacts of the stroke are[41].

c) Will people within these groups or affected by these factors be more affected by the proposal, than those in the general population who are not in those groups or affected by these factors?

Yes

d) What is the proposal impact on the factor or identified group?

The Stroke Association currently support stroke survivors in a number of ways in terms of income including working towards getting back to work, signposting to benefit organisations, applying for grants (some of which are only available for services delivered by the Stroke Association), signposting to fuel poverty information, signposting and support for transport/mobility, information and advice around household adaptations, etc. Therefore the proposal will mean that there is an increased likelihood that stroke survivors will: -

- Need an adult social care assessment
- Continue to have high household expenses
- Continue to live in fuel poverty
- Continue to cut back on food

"About a year or two after I had to quit my job because my health deteriorated more. ...I went back to the Stroke Association and said could I do volunteering, but I still suffered with anxiety quiet severely." **Comment from Stroke Survivor at Stone Cross consultation event 12.4.18**

"*I went back to work but then I was really struggling. I was bullied at work, By the time I realised that I needed reasonable adjustments it was too late and no reasonable adjustments were made. I got stressed and went off sick. I went from that job to another job but was bullied by my manager."* **Comment from Stroke Survivor at Stone Cross consultation event 12.4.18**

e) What actions are to/ or will be taken to avoid any negative impact or to better advance equality?

Ensuring that current clients receive information about other services which can support them in maximising their income e.g. DWP.

As a local authority, and under the Care Act 2014, East Sussex County Council has a commitment to the provision of information and advice relating to care and support for all people in the county. It meets this in a number of ways including:

- **Health and Social Care Connect (HSCC)**, Adult Social Care and Health's contact centre. There are many different ways to contact them, including phone, email, type-talk and webchat via the Council's website. HSCC's specially trained staff offer free, tailored information and advice regardless of whether or not someone qualifies for social care funding or help. This includes about residential and nursing care options, as well as up-to-date information about local and community health and care services. Anyone can ask for an assessment of their social care needs, and it's free for them to do that. They are also the first point of contact for enquiries about safeguarding, Blue Badges and provide referrals for health professionals.
- **Public information leaflets**; we publish and widely distribute 5 printed leaflets which cover a range of basic information about adult social care and health for people who might need it. These leaflets – and accompanying factsheets, which can be given to clients in tailored situations – offer clear, plain English information about options and guidance about processes and expectations of adult social care. They also include information in them as standard on how to contact HSCC and find out about local health and care services, complain or give feedback, how to report safeguarding concerns or get alternative formats. The leaflets and factsheets are available to download for free, and also in other languages, audio, large print, easy read and braille on request.
- **Online directories**
  There a range of online directories to support people to find the most appropriate care and support. These include **East Sussex 1Space** – an free online directory specialising in listing care, support and wellbeing services, which is maintained by Adult Social Care. It is mainly for adults, and is a sister site to ESCIS (see below). It

was designed with the help of volunteers including service users, carers, members of the public and service providers to ensure it is easy to use and understand for both visitors looking for services and service providers registering their services. We also provide **Support with Confidence**, an accreditation scheme for providers of health and social care akin to Buy with Confidence, a Trading Standards scheme. These facilities are searchable via the council's website.

- **East Sussex Community Information Service (ESCIS)**; a computer database of local and community information developed and managed by the Library and Information Services of East Sussex County Council in association with Brighton and Hove Library Service. It is a free resource for everyone. It is free to be listed and free to use. ESCIS is a broad directory, encompassing all community information & events in East Sussex.

In addition to the above, we work with a range of partners such as our NHS Clinical Commissioning Groups, healthcare trusts, Citizens Advice Bureaux and other voluntary sector partners to provide up-to-date and tailored information in our own factsheets and online, and we contribute to others' publications (such as a local 'Care Choices' brochure) where they are credible and distribution is wide.

f) Provide details of the mitigation.

The commissioner and provider will work together to discuss what information could be passed onto current clients once the outcome of the proposals in known. This will include information around accessing benefits support, Fuel Poverty programme, tools to support communication, etc.

g) How will any mitigation measures be monitored?

- The provider will report on oversight of whether they are able to continue to support clients around income related activity.

4.10 Human rights - Human rights place all public authorities – under an obligation to treat you with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles	
A2	**Right to life (e.g. pain relief, suicide prevention)**
A3	**Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)**
A4	**Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)**
A5	**Right to liberty and security (financial abuse)**
A6 &7	**Rights to a fair trial; and no punishment without law (e.g. staff tribunals)**
A8	**Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)**
A9	**Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)**
A10	**Freedom of expression (whistle-blowing policies)**
A11	**Freedom of assembly and association (e.g. recognition of trade unions)**
A12	**Right to marry and found a family (e.g. fertility, pregnancy)**
Protocols	
P1.A1	**Protection of property (service users property/belongings)**
P1.A2	**Right to education (e.g. access to learning, accessible information)**
P1.A3	**Right to free elections (Elected Members)**

Part 5 – Conclusions and recommendations for decision makers

5.1 Summarise how this proposal/policy/strategy will show due regard for the three aims of the general duty across all the protected characteristics and ESCC additional groups.

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

5.2 Impact assessment outcome Based on the analysis of the impact in part four mark below ('X') with a summary of your recommendation.

X	Outcome of impact assessment	Please explain your answer fully.
	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	If the proposal is agreed, evidence suggests that there is potential for serious adverse impact in the following ways: • Loss of dedicated exercise classes at leisure centres. Mainstream classes and facilities are not suitable or accessible to many. • Loss of 1:1 communication support. Could be partially mitigated by info on-line, but not really an effective replacement as some stroke survivors and their carers do not have access to the internet • 6 month client reviews by the Stroke Association may not be available- NICE recommendation • Loss of group information sessions limits the opportunity for group learning People affected by stroke will be disadvantaged by the removal or reduction in support and advice to live independently and have equality of opportunity in daily life, equal access and mobility. If it is necessary to cease the 1:1 communication support as a result of reduced funding, impaired ability to communicate following a stroke will have particular impact on quality of life, safety and equal access. If dedicated exercise programmes are not funded, it will be extremely difficult for stroke survivors to access other suitable facilitates to support their recovery. Disabled and older people who lack the communication skills, alternative personal support, or personal capacity would be disadvantaged as a result of their impairments and there may
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
X	**C Continue the policy/strategy** - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a	

	policy/strategy shows unlawful discrimination it *must* be removed or changed.	be a failure to advance equality of opportunity between different groups of people. The impact to carers would be significant, multiple and cannot be under-estimated as they will also be affected by proposed savings to Carers services, day services and housing support services.

5.3 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

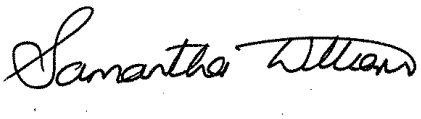
Quarterly reviews will continue with the provider as usual (including equality monitoring) which will also incorporate feedback on the relevant areas for improvement outlined in part 6.

The Project Lead will work closely with the Clinical Commissioning Groups and the Stroke Community Rehabilitation teams to monitor any impact of the proposal.

See Action Plan for other measures.

5.4 When will the amended proposal, proposal, project or service be reviewed?

One year from the implementation of the proposals.

Date completed:	June 2018	**Signed by (person completing)**	Emma Jupp
		Role of person completing	**RPPR Lead**
Date:	**June 2018**	**Signed by (Manager)**	 Samantha Williams, Assistant Director, Planning, Performance and Engagement Adult Social Care and Health

Part 6 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report. ☐

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
Ensuring existing stroke survivors and their carers receive access to information and advice and re-assurance about their condition (including transport options, communication tools, access to exercise, income maximisation, support with self-care, etc). This includes 6	a) Ensure existing clients receive information about services including signposting to the Stroke Association website and information on the Stroke Association Voluntary Groups. b) Re-model the service with 50% of the funding with the provider and the CCGs (based on EQIA,	Stroke Association Manager/team ESCC Project lead, CCGs reps, Stroke Association manager	At the point of proposal being implemented May-Jul18	Within current resources of Stroke Association team although this might pull resources away from day to day delivery. ESCC project lead, representatives from the CCGs and the Stroke Assoc will need	EIA/RPPR Board/Cabinet papers EIA/RPPR Board/Cabinet papers

months reviews which is a NICE recommendation.	NICE recommendations and consultation)			to invest time in this prior to final decisions being made due to the short timescales.	
	c) Explore with the Stroke Association whether there are alternative ways (than face to face) to provide the service (as part of re-modelling)	Stroke Association Manager and ESCC project lead	May-Jul18	Stroke Association Manager and ESCC project lead	EIA/RPPR Board/Cabinet papers
	d) Tracking the numbers of people over 65+ and those of working age who still receive a stroke service	Stroke Association team	Quarterly through performance reviews	None as this is currently reported on	EIA/RPPR Board/Cabinet papers
	e) Ensure Health and Social Care Connect have information on the national Stroke Association helpline	Stroke Association Manager/ Project lead	At the point of proposal being implemented	None	EIA/RPPR Board/Cabinet papers
	f) Ensure current users are aware of Avanti and Headway services provision	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team although this might pull resources away from day to day delivery.	EIA/RPPR Board/Cabinet papers

	g) Provide information on other opportunities for exercise.	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team although this might pull resources away from day to day delivery.	EIA/RPPR Board/Cabinet papers
	h) Ensuring carers are aware of the consultation	Stroke Association team and ESCC project lead	During consultation process Feb-Apr18	ESCC and Stroke Association colleagues through mail out and 3 public consultation events	EIA/RPPR Board/Cabinet papers
	i) Ensure carers are provided with information about other carers services	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers
	j) Link in current clients with the two communication groups	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers
	k) Ensure clients are provided with information about tools and aids to support communication needs	Stroke Association team	At the point of proposal being implemented	Within current resources of Stroke Association team	EIA/RPPR Board/Cabinet papers

PLEASE NOTE THE ACTION PLAN WILL BE RESTRICTED IN ITS DELIVERY AND EFFECTIVENESS BY THE ISSUES BELOW:

- Other services are unlikely to be able to provide stroke specific information.
- The Stroke Association Voluntary Groups offer peer support which is important but they are not able to offer the same level of expertise as the Stroke Association Co-ordinators.
- The Stroke Association commissioned Information sessions could be a mitigation. However, these might also be reduced or stopped following on from the re-modelling. Also the attendance is not high and they may be viewed as inaccessible by stroke survivors and their carers.
- Most services provided by Headway and/or Avanti have a cost attached to them (e.g. day service provision) which will limit access to information. Their provision is also limited geographically (bases in Newick and St Leonards on Sea).
- There are limited identified mitigations for those who might need to access stroke specific information and advice in the future if this part of the service is reduced or cut. The Stroke Association has a national helpline but this may not be accessible for those with aphasia or other communication difficulties.
- Being able to receive face to face at home visits from the Stroke Association came out as a strong element of the service in the consultation
- Exploring other exercise opportunities will be limited due to provision of stroke exercise qualified trainers, cost, no assessment of suitability via neurophysio, need for many clients to build up their strength, stability, mobility and confidence before they can enter 'mainstream' exercise
- There are limited identified mitigations for those who would benefit from access to exercise who are not able to (due to the nature of their disabilities) enter 'mainstream' exercise.
- Carers services are also under proposed cuts so there may be limited options for carers to access support. Also through the consultation carers said that stroke specific information was really important for them
- Communication groups are currently delivered in two areas of the county (Eastbourne and Seaford) and so are inaccessible for most clients. Also the current team provide 'virtual' (and some practical) support to these groups in order to maintain their presence and sustainability as they were de-commissioned as part of the new contract which commenced in April17. Therefore their longer term sustainability may be under threat with any reduction or cut in service/team members

6.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/DMT)	Lead Manager	Date resolved (if applicable)
Increased impact on Adult Social Care, Stroke Rehabilitation teams and GPs for request for support/services from stroke survivors and their carers	Financial Resource	No	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018
Non-provision of 6-month reviews means East Sussex is unable to meet NICE and the South East Coast Strategic Clinical Network recommendations	Performance Reputation risk to CCG	Through re-modelling of the service. If this part of the service is not in the re-modelled service it is unlikely this will be addressed at a later date unless the CCGs specifically commission the community rehab teams to carry out this work	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018
Significant risks to the physical and mental health needs of Stroke survivors.	Moral Financial	Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

Stroke survivors do not have access to support with their communication needs	Moral Financial	Through re-modelling there may still be some service element, however it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific communication support (through Stroke rehab teams if they meet criteria and/or advice from helpline). It is likely there would be a significant number of stroke survivors who would not have any access to communication support. It is unlikely that this would be addressed at a later date.	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018
No or reduced stroke specific support, help, advice and information	Moral Financial	Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific information	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

		and advice and support. Limited opportunities are available through other providers such as Headway and Avanti but this may have a cost and is only delivered in two geographical areas in East Sussex. Information and advice is also available through the national helpline but this may be inaccessible It is unlikely this would be addressed at a later date			
No or reduced stroke specific exercise classes	Moral, financial	Through re-modelling there may still be some service element but if there is it is likely the service may have to reduce the numbers of people it can support. If this support is not available there are limited opportunities to access stroke specific exercise classes and mainstream exercise will not be suitable for many stroke survivors. There is a limited opportunity to look at this at a future date with other providers but if other	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

		providers can meet this need there will be a cost to attendees (currently this is free) and may not be available in as many geographical areas as it currently is.			
Significant and multiple effect on carers	Moral Financial	If the service continues carers will still benefit from the service but this will probably be at a reduced capacity. There will be a limit on carer related services that they can be referred onto if other proposed cuts go ahead. It is unlikely this would be addressed at a later date	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in May 2018

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Appendix 1: Case Studies

CASE STUDIES
Provided by Stroke Association Performance Return October 2017
Mrs H contacted The Stroke Association and self-referred into the service after speaking with the community Stroke Rehabilitation Team nurse in Bexhill following a stroke in May 2017. Mrs H is a 54 year old married lady who worked full time as a manager at Theatre.

Mrs H had been advised not to drive due to numbness in her left hand and arm and also her leg. Mrs H was also very shocked and low in mood following her stroke, and was concerned about money due to only receiving statutory sick pay; and if not able to drive and return to work how she would manage. She was keen to improve her mobility and the weakness in her arm and leg so that she could return to driving and return to work.

Mrs H's relationship with her husband was becoming strained, and her fatigue levels were high.

Outputs:
Information was provided on:

- A concessionary bus pass
- Access to work
- Blue badge form
- Fatigue after Stroke
- Depression and emotional changes
- Sex after Stroke information
- Guide for employers and employees, and support to attend her back to work meeting
- Details of support groups in area: 'sing out for stroke' and BOSS
- Emotional support
- Mrs H was also fast tracked into the stroke recovery services' exercise programme.

Outcomes:

- Increased knowledge of stroke impacts and stroke risk factors
- Increased access to support networks and reduced feeling of isolation: Mrs H attended singing and the support group and spoke to others about their effects from the stroke, giving her confidence that she would improve over time.
- Reduced anxiety and emotional distress
- A named person at the service who Mrs H could contact if she needed help or support.
- Attended and completed the exercise programme
- The service accompanied Mrs H to her back to work interview and helped draw up a plan for her phased return. Her employers had read the Stroke Association guide and have been very understanding, making adjustments and allowing Mrs H to work flexibly, and to take time off as and when required for medical appointments and her exercise class.

Mrs H advised her Co-Ordinator that she feels that she would not have had the outcome with her employers that she has had if she had not been accompanied to her back to work interview.

Compliment following on from the service :

Dear XXX [Co-ordinator]

"Just wanted to relay my huge thanks for all your help and support over these past few months. It's been stressful enough but with your input, has made it somewhat easier."

From April 2017 performance return
Mr C contacted the service at the beginning of October after moving from another area to a new flat in Hastings and Rother to be near family. He suffered a stroke on 1/4/2016.

Identified Needs: Mr C

- had suffered a fall from the shower since moving to the new property. The property had no grab rails
- was having problems getting up and down from the toilet
- advised that he was having some problems with swallowing, and was also suffering from a wet voice
- had lost his sense of taste and smell
- was having trouble with balance since the stroke
- did not know how to get an appointment with a Stroke Consultant in the area for a review

Outputs:

- Advised Mr and Mrs C of the service the Stroke Association provided
- Provided information to Mr C on:
  - Standard information pack
  - Rare effects of stroke which includes taste and smell change
  - Swallowing problem
  - Exercise programme
  - Healthy eating
  - Information on groups in Hastings and Rother

- Provided Mrs C information on:
  - Care for the carers
  - Age UK
  - Adult social care – do you look after someone

- Referred Mr C to Joint Community Rehabilitation Team, who made contact and arranged to install grab rails and a raised toilet seat

- Referred to Community Stroke Rehabilitation Team (CSRT) who arranged for a review with a Stroke Consultant and advised that if appropriate he would refer to the CSRT further input.
- CSRT contacted Mr C with reference to swallowing/wet voice and this was pre-stroke and was the same, so no further input required
- Referred both Mr C and Mrs C (as she had suffered a TIA) to the stroke exercise class of which they are both now attending

From March 2018 performance return
Mr A has been working with the Stroke Association for several years following a severe stroke in 2014. The original referral for Mr A came from the Speech and Language Therapy (SLT) team in that area. He has since gone on to have a further minor stroke in 2016, which hasleft him with severe expressive and receptive aphasia and his mobility was affected.

Mr A had an initial visit in 2014 in which he was signposted to the Aphasia café, Exercise group and also a carers group for his wife who became his full time carer. Mr A participated and completed the exercise group and went on to attend the aphasia café with his wife as support. With the help of Speech and Language Therapists (both private and NHS) and the Stroke Association, Mr A is now able to communicate his needs and wishes, and is able to answer simple questions. Hewas provided with a communication passport and communication aids including a picture dictionary to assist him and his wife with communication. Information on helping with communication problems was also given to support his wife and further family members.

Mr A and his wife have continued to attend the Aphasia café (now a stroke support café) and this has given Mr A the opportunity to practice his communication in an environment that he feels happy and safe in. Mr A's wife also continues to attend the café as this allows her time and the opportunity to have conversations with fellow carers / partners and also a break from her caring role, knowing that Mr A is in a supported environment. A friendship has been made between Mr A's wife and another carer, and they now often do things together outside the café meetings. This has allowed peer support for both parties which would not have been established if this group was not happening. It allows both wives to share their experience of becoming a carer and stroke as a specific condition with people who understand and are going through a similar situation to theirs.

Without the communication service holding the aphasia café meetings or exercise group Mr A would have limited access to social interaction in a suitable environment that he can feel comfortable in. This is partly due to there not being any other suitable opportunities near where they live.

Both Mr A and his wife have continued to attend the café as it feels a safe environment and a service that they enjoy attending.

When Mr A suffered his 2nd stroke in 2016 a follow up visit was offered but as this was only a minor stroke they felt they were ok and wanted to continue to attend the

group and they felt this would give them enough support as they already had enough support in place.

Mr A would not have been suitable for any other service to signpost him onto due to the specific communication needs and cognitive issues surrounding his stroke. He would have not been suitable for a general later life exercise scheme due to his complex needs.

From Performance Return April 2017
Mr B was referred to the Stroke Association from the Irvine Unit back in February 2016 following a stroke in December 2015.

- Mr B was keen to attend the exercise group to strengthen the muscles in his leg (Due to illness Mr B attended a few sessions but then was unable to keep attending)
- Mr B had another stroke in November 2016 and he is now aphasic
- Mr B loves music and guitars and was keen to have a befriender to talk about his love of music

Actions taken:
The Stroke Association visited Mr B, meeting with him and his carer at their home. He was anxious about the fact he had had a second stroke that has left him with further stroke side effects, and was very worried about further strokes and death. This was also of concern for his carer who was very tearful during the visit. Risk factors and lifestyle choices were discussed, and they were supported with Stroke Association factsheets and offered some reassurance. Referrals were made for Mr B and his carer for counselling which helped improve things and Mr B wanted to return to the exercise group. His carer was also feeling better but stated that she hadn't had much opportunity for leaving Mr B on his own and wished he had friends to 'jam' with. The Stroke Association recruited and trained a befriender who would be suitable for Mr B.

Outcomes

- The befriender visited Mr B as per plan to help Mr B with his love of music and guitars.
- Befriender supported Mr B with conversation skills
- Reduced isolation for Mr B
- Allows wife to know that Mr B is in a safe environment in his home with the befriender, allowing her some respite from her caring role
- Mr B says he is now better informed about what caused his stroke and this will help prevent a further stroke.