Equality Impact Assessment

Name of the proposal, project or service
Decommissioning of Commissioning Grants Prospectus Long Term Conditions (Stroke Services) Outcome

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Contents

How to use this form

Press F11 to jump from field to field in the form.

There are comments on some questions which you can view by pressing the show/hide pilcrow icon in the tool bar of Word. Some of you may use this to show paragraph and other punctuation marks:

You can delete the comments as you would for normal text, but they will not show up if you print out the form.

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 carry 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:

Services commissioned for people with long term conditions through the 2013 Commissioning Grants Prospectus

The specific service:

Stroke survivors support service to manage their condition and live independently

b) What is the main purpose of these proposals?

People with long term conditions are self-managing their long term conditions, have improved physical, economic, social and emotional wellbeing

Objective - Stroke support -

The essential components of stroke support are split into 4 elements:

1. Provision of personalised information and support for stroke survivors and carers;
2. Communication support and peer to peer support held in a range of community venues across the county.
3. Structured exercise, education and peer to peer support held in a range of community venues across the county;
4. Carrying out 6-month stroke reviews based on the Greater Manchester Stroke Assessment Tool

As part of these elements the following support is provided:

- Provision of emotional support to stroke survivors and carers during rehabilitation and post rehabilitation phases of recovery;
- Work in partnership with the Living Well Service to support patients with respect to self-management;
- Work in partnership 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.)
- Demand management using planning and forecasting skills to ensure clients receive the most appropriate care in the right setting.

c) Manager(s) responsible for completing the assessment

Emma Jupp

2.2 Who is affected by the proposals? Who is it intended to benefit and how?

Stroke survivors and their carers.

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

The first phase of the proposals will be the consultation that is being carried out by ESCC which commences on the 23rd October and ends on the 18th December. During this time the Commissioner will work closely with the Provider to agree how to contact clients so they are aware of the consultation. The Commissioner and Provider work also look into how people can attend the drop-in events and whether the provider can play a role in supporting stroke survivors and their carers in this.

During the next few months the provider and commissioner will work closely together to model how the service will look with a 50% cut (the maximum the cut can be is 50% of the current value as half the funding comes from the CCGs) to try and minimise the impact on Stroke survivors and their carers although it is acknowledged that this will reduce the level of service provision or may mean that the service is unable to deliver to the quality and level needed. For example it may be necessarily to reduce one or more elements of the service (Information and Advice, 6-month reviews, Communication Cafes or Exercise and Education classes).

If these budget reductions are agreed by the Council on the 9th February the Commissioner will give three-month's notice to the Provider. During this time the Provider and Commissioner will work together to ensure that all clients are made aware of the decision and linked in with other appropriate services where they exist.

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.

It is acknowledged that the Stroke survivors support service is part of a range of voluntary and community sector services that could support efforts to transform health and social care in East Sussex under East Sussex Better Together. The East Sussex Better Together Programme was set up by the County Council and Clinical Commissioning Groups to provide the best possible health and social care outcomes for the resources we have available. As the County Council faces immediate cuts to its budget we are working with our Clinical Commissioning Group partners to consider the impact this has overall and how we manage the short-term risks to support the long term objectives for transformation.

The service works closely with the Stroke Community Rehabilitation teams provided by East Sussex Healthcare Trust and they have been sent information relating to the consultation.

The Exercise and Education programmes are delivered in partnership with Rehab4U and Freedom leisure centres. Both organisations provide the trainers and the venue 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 2016-17**. The overall proposal is to reduce funding for ASC services by £40 million over the next three years. In 2016-17 the reduction will be £10 million.

The current service is funded £159,000 per year of which 50% of this is adult social care funding. The other £79,500 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 Clinical Commissioning Groups (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 with 50% less of the funding.

The Council and Adult Social Care's statutory duties under the **Care Act 2014** will impact these proposals as well. These duties include:

- **A general duty to promote wellbeing** (this includes personal dignity; physical and mental health and emotional well-being; protection from abuse and neglect; control by the individual over day-to-day life; participation in work, education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation; and the individual's contribution to society).
- **Focussing on the person and their needs**, their choices and what they want to achieve.
- Providing, arranging for **the provision of services, facilities or resources**, or taking other steps to prevent, reduce or delay the development of needs for care and support (including carers).
- Providing, or facilitating access to, **information and advice** to enable people, carers and families to take control of, and make well-informed choices about, their care and support (including independent financial advice).
- Arranging **independent advocacy** where someone has substantial difficulty being involved and there is no-one appropriate to support and represent them.
- **Parallel rights for carers and a focus on the whole family.**
- Joining up with **health and housing.**
- **Market shaping** including supporting sustainability and encouraging a variety of different types of providers to ensure people have a choice of different types of service. This includes independent private providers, third sector, voluntary and community based organisations, user-led and small businesses.

The service supports the provision of the Care Act by providing: -

- Information and advice relating to care and support for adults and support for carers.
- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Promoting diversity and quality in provision of services

Other legislation that is relevant to these proposals: The Human Rights Act (see section 4.10)

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

The most common route to referral is via the hospitals (Eastbourne District General Hospital, Conquest, Tunbridge Wells, Princess Royal Hospital, Brighton). The Stroke Association have systems set up with the relevant wards where referrals are passed on post discharge from hospital. However, while systems are in place the wards do not always remember to undertake this process so there are individuals who don't get picked up by this route.

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

The service can take referrals directly from any source but the majority (73%) are from Health professionals, family/carers (24%), self-referral (2.7%) and 'other' (1%).

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 on the 29th October 2015 showed that there were 278 open cases to adult social care for people categorised as having a Stroke and living in the community (excludes residential and nursing care).

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.

Information and advice – this can be offered over the phone if a client or carer requests. Information and advice can also be provided in the individual's own home. Information and advice can be provided at any time.

Communication cafes – these are targeted at stroke survivors with ongoing communication needs. Communication cafes are run monthly at Bexhill, Hastings, Peacehaven, Eastbourne and Crowborough. Communication cafes can be set up in any area according to demand.

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

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. Reviews can also be carried out in other confidential settings but all clients to date have chosen to have these in their own home.

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
	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 Are there any potential impacts concerning safeguarding that this assessment should take account of? Please consider any past evidence of safeguarding events or potential risks that could arise.

Stroke is the largest cause of complex disability and half of all stroke survivors have a disability following on from their stroke[4]. In addition about a third of stroke survivors have some difficulty with speaking or understanding what others say[5]. Because of this 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[6].

In the grants prospectus year (October14 – September15) the service has received 486 referrals for stroke survivors and their current caseload is 572. The service visits people in their own home so is in a position to potentially identify safeguarding issues for vulnerable adults that other agencies may not be aware of. In addition, through its support it may support an individual in putting things in place which may minimise the risk of them being at risk (e.g. support with financial issues). Withdrawing this service may make those stroke survivors more at risk without support and it may be that potential safeguarding issues may go undetected.

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

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request. .

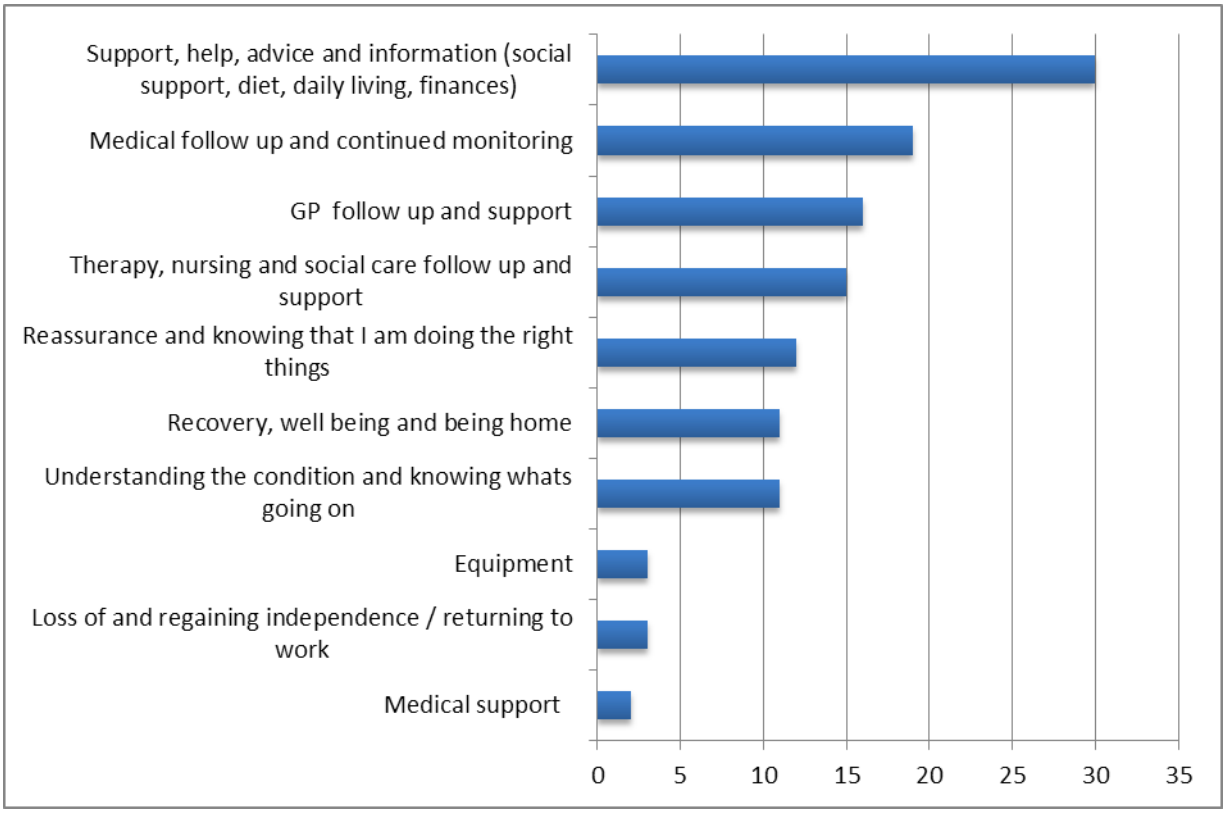
The current provider is supporting the authority to engage with users of their service around the consultation. This is through a range of activity including letter, emails, face to face, group setting, website and campaign groups.

Research has been carried out from a range of sources for the EIA including: -

- South East CSU Stroke Emergency Admissions Report August 2015
- Stroke Association State of the Nation Stroke Statistics January 2015
- SE Coast Strategic Clinical Network - 6-month review commissioning guidance
- SE Coast Strategic Clinical Network Life After Stroke Commissioning Guidance
- National Stroke Strategy Quality Markers –QM15: Participation in community life
- http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf
- NICE guidance (NG22) for Older people with social care needs and multiple long-term conditions

The Sussex Collaborative 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).



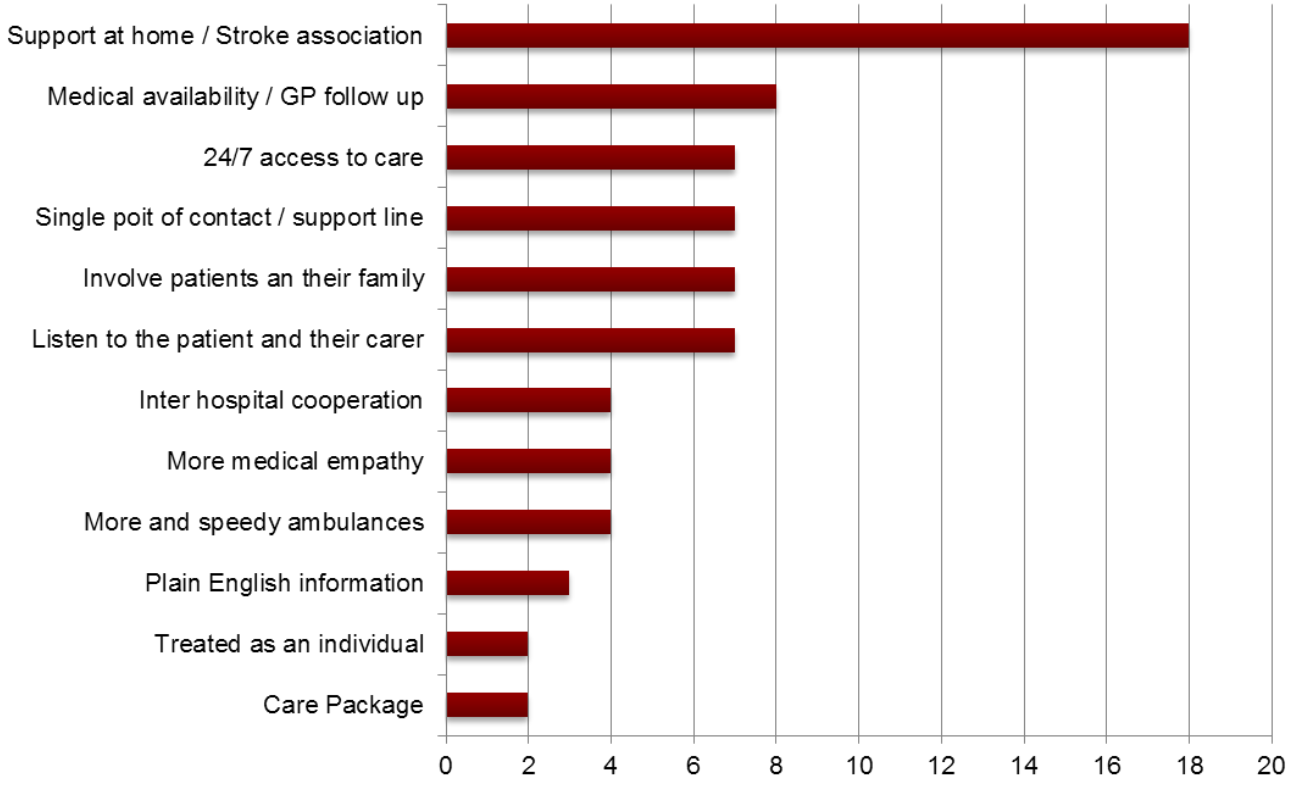
From the identified areas of what is most important to stroke survivors the current service is able to directly provide: -

- 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[7] bought 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.

Public Consultation A full public consultation on the RPPR proposals has taken place between 23rd October- 18th December 2015. This has included a survey, comments and public drop-in events and has been open to clients and carers, member's of the public, providers and other stakeholders.

Inclusion Advisory Group took place on 3rd November 2015. Comments on the proposals are below.

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

The research and surveys illustrate that there will be a negative impact of the proposal. This includes: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to 6-month reviews
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or reduced access to stroke specific exercise programmes provided for free
- No or reduced access to support with communication issues

Inclusion Advisory Group 3rd November 2015

Key points of the discussion:

Concern was expressed about the hardship that will be caused for individuals and their families by these proposals overall especially where services are likely to be removed: sense of being abandoned. There will be a high impact on informal carers and volunteers and some voluntary organisations may not survive.

The loss of informal support networks and the workforce, skills and premises and other resources in the voluntary and social enterprise sectors will be hard to replace.

Some people will be impacted multiply e.g. disabled people overall and especially people with mental health issues and those where housing options are being removed or reduced where there is a high continuing demand e.g. mental health services, homelessness services, young people's services. A high likelihood of increasing numbers of people living on the streets.

Social isolation is a concern for older people where capacity is being taken out of supported housing and day support services. Likelihood of people needing more hospital care, safeguarding issues and this impact more on people in rural areas.

People on low incomes will also struggle to pay for services or manage to reach services if they live in rural areas.

Intervening when people are in crisis will be distressing for them and their families and costly for ASC and Health services. There will be an increase in people who need social care services and who are eligible for them. It is important not assume that people have family networks who can step in.

Risks

- Risk of removing services that offer early intervention and support choice and control for individuals
- Pushing people into crisis and then needing to meet their needs: this makes a crisis hard to recover from.
- Higher residential, hospital and crisis intervention costs than support in the community.
- Risk about social isolation in sheltered housing and escalating need.
- Risk about carers – not being able to meet the requirements of the Care Act about health and wellbeing
- Compromises people choice and control.
- Loss of voluntary sector capacity and services
- Big impact on mental health clients -loss of community based services now helping people learn independence and recovery skills
- Loss of buildings and staff- hard to replace once gone
- Hard to source other funds- loss of smaller more vulnerable organisations
- Increased homelessness and mental health issues- particular concerns about young people in need and risk of homelessness from SP reductions.
- Increase in hardship and poverty in rural areas, loss of support, increased social isolation. Increasing cost of living in ES.
- Multiple impact on people with mental health issues.
- Risk of loss of peer support networks and skills.
- Potential increase in suicide and complex problems
- Increase in substance misuse
- Risk about more people being on streets, risk around gender, mental health, mothers and children, rural areas, things that will combine e.g. people on low incomes in rural areas.
- Risk of assumptions about families stepping in and the impact this might have, e.g. on LGBT people and older people.
- Risk to volunteering -volunteers may be impacted by cuts and less able to carry out voluntary work
- Increased charges for voluntary organisations services.- risk to people on low incomes.

Recommendations

1. Organise drop in consultation events for full-time workers. Need to arrange evening sessions.
2. Communicate the changes carefully, precisely and clearly to clients and carers.
3. Inform and advise smaller organisations on how they can access alternative funding to maintain their service, even if not in the same way to help them survive.
4. Advise about becoming social enterprises.
5. Support the capacity of small organisations to draw on funding by encouraging organisations to work together to apply for funding as a larger organisation.
6. Monitor the delivery of the savings and the ESBT programme progress carefully.
7. Monitor the impact of the changes on existing clients and people whose needs escalate.

Public Consultation

People who've had a stroke need this valuable service. Removing funding would increase social isolation and affect people's quality of live. There is a national requirement to review people who've had a stroke so that need would have to be met. Removing stroke association services would put pressure on other services and budgets. It would affect clients lives and mean they would need more support from health and social care professionals and GPs, with the costs associated with that.

'As a service we have developed a good working relatiionship with the Stroke Association providing practical, emotional and social support to post stroke victims. They provide invaluable exercise programs and aphasia cafes that are run throughout the county.The stroke association also provide a 6 month review service for all ESHT clients that have suffered a stroke even if they do not come to our service for rehabilitaiton.Something as a service we worked clsely together to develop. If reviews were discontinued which is a national guideline requirement these would then need to be conducted by another source. Without the Stroke Association peoples needs may not be met, including long term. People would become socially isolated and may have a reduced quality of life. Other services caseloads may increase and may not be the most appropriate use of services.'

'If the classes were cut then I would become more isolated and my mental health would suffer. I would find it difficult to maintain my health alone and this could mean my physical health deteriorates and I would rely on health professionals more.'

'It is important that people who have had a stroke receive support, information and signposting.'

There is a cumulative impact for people affected by stroke who often have multiple impairments.

'This will just remove some of the helpful services that make life a little easier for our wife/mother who suffered a massive stroke and has partial sight and hearing.'

Stroke Association

The meeting notes set out what was discussed: current funding and grant agreement, impact of proposed cuts, the consultation process, the service use perspective and the current service. The value of the service provided, including its tailored approach which uses peer support, was raised

and a client talked about the benefits for him. The organisation said that's peer support cafés would no longer be able to run if the proposals went ahead. Issues highlighted at the meeting included the fact the cuts would impact on other areas, such as the budget for community care and health services, and the significant numbers of stroke survivors who suffer from depression and anxiety, meaning that the proposed cuts to mental health services would affect them too. The poor accessibility of the consultation process for stroke survivors was also raised.

Full consultation results relating to these proposals can be found in 'Consultation Results: ASC Savings Proposals 2015' Report that can be found online, with copies in the Members' room and are available for public inspection at County Hall on request.

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 as in June 2014 in East Sussex and its districts (source: ONS Mid-Year Population Estimates): number and percentage

Age group	All people	0-15	16-29	30-44	45-64	65+
Geography						
England and Wales	57,408,654	10,858,397	10,490,949	11,356,992	14,549,861	10,152,455
South East	8,873,818	1,689,716	1,506,451	1,725,414	2,303,465	1,648,772
East Sussex	539,766	92,380	77,698	87,338	149,255	133,095
Eastbourne	101,547	17,282	16,542	17,931	25,409	24,383
Hastings	91,093	17,022	15,526	16,851	24,558	17,136
Lewes	100,229	17,380	13,822	16,344	28,231	24,452
Rother	92,130	13,943	11,493	12,045	26,248	28,401
Wealden	154,767	26,753	20,315	24,167	44,809	38,723

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 23% 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 (July – September15): -

- 3% of clients were aged 18-44
- 17% aged 44-64
- 80% aged 65+

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. The risk of having a stroke doubles every decade after the age of 55[89]. By the age of 75, 1 in 5 women and 1 in 6 men will have a stroke[10]. This statistic is reflected in the data that 80% 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[11].

The impacts will include the following: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)

- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to 6-month reviews
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support with communication issues
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or 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
- Possible increased likelihood of safeguarding issues.

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

- Explore other ways of providing information and advice to stroke survivors which is not face to face.
- Ensure existing clients receive information about any other existing services that may be able to provide support. This could include any existing voluntary sector organisations and the Stroke Community rehabilitation service (only where there is rehabilitation need that meets the criteria)

f) 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

As only up to 50% of the funding for the service will be affected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those over 65. However, it is not known at this stage if it will be possible to continue the service with a 50% reduction. This might be that the more generalist support is still provided (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.

g) How will any mitigation measures be monitored?

- Tracking the numbers of people aged 65+ who still receive a reduced service – Stroke Association
- Monitoring whether the numbers of people with a stroke increase on the adult social care database – Performance Team

- Monitoring whether the numbers of people with a stroke and a disability increase on the adult social care database – Performance Team
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

CASE STUDY

Background

Mrs B is an 81 year old lady, who prior to her stroke was a very active and sociable person. During her working life she ran a hotel in the area. She had a stroke in March 2014 which resulted in a right sided weakness and aphasia. Mrs B's mood was very low. Her communication difficulties made her feel excluded from her previous social and lively lifestyle and this upset her very much.

Goals

LW's goals in her words were 'to get back to normal'. She was extremely frustrated by her speech difficulties, and this was the main area she was focussed on.

Action

I discussed the various strategies which her husband could use to support Mrs B's communication, and also discussed the information given by the rehab support team. As Mrs B is a very sociable person and was keen to meet other people who had experienced similar difficulties I suggested the aphasia café group and Mrs B was keen to try this.

Outcome

It proved to be very useful to her and she seems to have gained a great deal of support from other people she has met at the group. She was able to share her experience, and how it had made her feel which seemed a really positive step for her. Her mood seems to be greatly improved and she is now describing herself as determined and looking towards the future more optimistically. Her husband and carer has also been able to gain information and support from other attendees.

Additional goal

Mrs B wanted to take back some of the activities she had previously enjoyed, cooking being one of these. Mrs B had enjoyed entertaining and cooking for friends and now found this very difficult.

Action

Coordinator suggested attending the Daily living Centre to look at adaptations which might support Mrs B in being able to enjoy cooking again.

Outcome

Mrs B took this opportunity and was able to try out various aids which could help her. Mrs B is now able to participate in meal preparation etc. again by using these adapted tools and aids, which is a very positive step in her recovery.

Setbacks

Mrs B had a spell in hospital and this set back her recovery somewhat.

Action

Mrs B has also started on the Exercise program which she hopes will increase her mobility, which was a little set back after her spell in hospital, but is now progressing well.

Outcomes

Quality of Life

This had been greatly improved by being able to participate again in activities of daily living, and by being able to gain support from other stroke survivors.

Choice and control/personal dignity

Mrs B is now far more able to make choices and re-engage with her former activities which are of huge importance to her.

Health and wellbeing

Being able to engage in both social activities and exercise will have a positive effect on her general health and feeling of wellbeing.

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					
England & Wales	56075912	10048441	5278729	4769712	46027471
South East	8634750	1356204	762561	593643	7278546
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 2011Employment and Support Allowance and Incapacity Benefit

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

Stroke is the largest cause of complex disability - half of all stroke survivors are left with a disability. Stroke has a greater disability impact on an individual than any other chronic disease[12]. Stroke also causes a greater range of disabilities than any other condition[13]. 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

This would indicate that from the 486 referrals received between October14 – September15, 282 will have a physical disability and 160 will be experiencing depression.

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 people who have a disability?

The proposals will have a negative impact on people with a disability.

The following table highlights the percentage of people who will experience/suffer from a disability/difficulty post stroke.

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%

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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[14]. 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

If this element of the service is reduced or withdrawn the impacts to those who have a disability may be: -

- No or reduced stroke specific support, help, advice and information (social support, diet, daily living, finances)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced stroke specific support in the home
- No or reduced access to a stroke specific single point of access/information
- No or reduced access to support with communication issues
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of safeguarding issues.
- No or reduced access to 6-month reviews

Communication cafes

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

Changes in the brain caused by the stroke can also affect mood, emotions and personality in other ways that can be difficult to control. Some communication conditions following on from a stroke can change the emotional content of communication and are as a result of the right side of the brain and can be misinterpreted as depression.

The current service provides communication support to stroke survivors and their carers. This is in the form of communication cafes run in local venues with the aim of providing peer to peer support and helping individuals re-build their confidence and communication skills. This element of the service can also provide peer to peer support both within the cafes but outside of when they meet.

In the last quarter report the service supported 42 clients and 24 carers. Through these cafes individuals (both stroke survivors and their carers) come forward to become peer supporters to others.

If this element of the service is reduced or withdrawn the impact to those who have a disability specifically around their communication and speech would be: -

- No or reduced access to support with communication issues
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced stroke specific support in the home
- No or reduced access to support to help individuals self-manage
- Increased likelihood of experiencing isolation
- Increased likelihood of experiencing depression and other mental health issues
- Possible increased likelihood of safeguarding issues.

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 hasbeen suggested that 80% of secondary strokes can be prevented by a combination of lifestyle changes and medical interventions[15]. Moderate exercise can reduce your risk of stroke by up to 27%[16]. Physical inactivity and a sedentary lifestyle increases your risk of an ischaemic stroke by 50%[17]. Being overweight increases your risk of ischaemic stroke by 22% and being obese by 64%[18]. Studies have shown regular exercise to be as important to stroke prevention as medication[19].

The service provides Education and exercise programmes. In the last year 96 individuals have benefited from this element of the service. 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. From September 2014 to June 2015, 56% of people who participated in the programme continued in some form of physical exercise.

If this element of the service is reduced or withdrawn the impact to those who have a disability could be: -

- No or reduced stroke specific support, help, advice and information (provided through the education part of the programmes)
- No or reduced reassurance for stroke survivors
- No or reduced support in understanding the condition and knowing what is going on
- No or reduced support in regaining independence/returning to work
- No or reduced access to support to help individuals self-manage
- No or reduced numbers of carers supported
- No or 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
- Possible increased likelihood of suffering from another stroke due to lack of exercise

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[20]. 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. This is in light of the adult social care cuts which propose significant cuts to mental health services which could support this client group.

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

<u>Information and advice and 6-month reviews</u>

- Explore other ways of providing information and advice to stroke survivors which is not face to face.
- Ensure existing clients receive information about any other existing services that may be able to provide support. This could include any existing voluntary sector organisations, the Stroke Community rehabilitation service (only where there is rehabilitation need that meets the criteria)

<u>Communication cafes</u>

- The provider and commissioner would work with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals
- No other actions have been identified

<u>Exercise and education programmes</u>

- The leisure centres provide continuation exercise classes for stroke survivors once they have finished this programme. The centres may have the capacity to provide more of these classes but this is on a pay as you go basis. Some people will not be able to afford

this (see 4.9 section for income issues for stroke survivors) so this will only be a mitigation for a number of existing clients.

f) Provide details of any 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.

As only up to 50% of the funding for the service will effected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those over 65. This might be that the more generalist support is still provided (e.g. information and advice) to ensure that those in the protected characteristic get a minimal level of information and advice that will support them in managing their condition

g) 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
- Monitoring whether the numbers of people with a stroke and a disability increase on the adult social care database – Performance Team

- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

CASE STUDY

Background

Mr A is a 54 year old man who, prior to his stroke, was in full time employment and had a busy social life. Mr A is married and has three teenage children. Following his stroke in February 2014, Mr A has spent time at the Eastbourne DGH, was then moved to Hurstwood Park followed by nearly a year spent at a Rehabilitation Unit. This huge amount of time spent away from his home and family had left Mr A feeling very anxious about his continued recovery and also about his relationship with family members and his lack of a social life.

Actions Taken

The initial referral came from the Community Stroke Rehabilitation Team (CSRT) for Mr A. It was decided that we should carry out a joint visit and so I first visited with one of the stroke nurses. I had been asked by the CSRT to give Mr A information and advice about local support groups and our exercise classes.

Support Group

I gave Mr A information about a local stroke support group in Eastbourne and also about the support groups run by Headway. Mr A was keen to attend the local Eastbourne group so I arranged to take him along on the first occasion to introduce him to the existing members. Mr A really enjoyed attending this group and continues to do so finding it helpful to be able to share thoughts and feelings with other people that have had a stroke as well as share ideas and information with the other members.

Exercise Classes

Mr A started to attend the Eastbourne based exercise class in March this year and right from the word go, found the classes helpful and encouraging. After spending so long in hospital and rehabilitation, Mr A was anxious to continue with his rehab and particularly enjoyed doing this in a group setting with experts on hand to encourage and advise. Mr A attended every session and has now joined the continuation group so that he can keep going for as long as necessary.

The comments made by Mr A on his Quality of Life questionnaire completed in June sum up his feelings about the group:

'The programme has been extremely important to me. It has ensured that I exercise each week with the correct exercise that I can carry on at home. The physios have motivated me to go to the next stage of development back to being my old self'.

Outcomes

Improved health and emotional well-being

As Mr A has been regularly attending our exercise classes and continues to do so, he has experienced a continued growth in his health and emotional well-being. He has found the exercises have helped him to move forward with his continuing rehabilitation and he has also benefitted from meeting the other people that attend the classes.

Attending the local stroke support group has helped Mr A grow in confidence and has enabled him to start building a new social network. The shared communication with other members of the group has undoubtedly led to reduced feelings of anxiety and depression.

Improved quality of life

Mr A has gained enormously in terms of confidence and social network building. He enjoys the exercise classes and stroke group meetings and has made many new friends.

Social isolation

Mr A is feeling much less isolated now and this was a real problem after him being away from his home and family for a year following his stroke. C is now keen to take part in many social activities and events and recently attended our photography day which he really enjoyed and felt motivated by.

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): number and percentage

b) 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:

Area	% of people over 65
East Sussex	27%
Rother	46%
Wealden	50%
Lewes	23%

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. 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. 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 also be more affected than the general population.

d) 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.

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.

Communication cafes

Communication cafes are currently delivered in areas where there is demand for the service which could be in rural areas. Currently one café is delivered in a rural area (Crowborough) with another delivered in Peacehaven which may attract people from the rural areas between

Peacehaven and Lewes. A reduced or withdrawn service will severely affect those living in rural areas.

Exercise and education classes

Education and exercise classes are only able to delivered in limited venues across East Sussex due to the sub-contracting relationship with the two providers. Currently these are all delivered from a range of based leisure centres including Crowborough. However, all of the venues will attract individuals from rural areas. 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 access exercise in urban areas.

e) 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.

f) 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

As only up to 50% of the funding for the service will be affected by this proposal the commissioner will try and reduce the impact by modelling with the provider what 50% of the service would look like to try and reduce the impact particularly on those who live in rural areas. However, it is not known at this stage if it will be possible to continue the service with a 50% reduction. This might mean that the more generalist support is still provided within 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.

The provider and commissioner would work with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals. However, there is no guarantee that this will be successful and it will still depend on there being some level of paid staff involvement. If this is not successful it will mean there is no mitigation for people living in rural areas.

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. However, it is not known whether these options will be viable for each individual as it will depend on the community transport available in their area.

g) How will any mitigation measures be monitored?

- If the service continues the provider will be able to report on the number of communication cafes that are able to continue on a peer-to-peer basis – The Stroke Association.
- Report on the number of leisure centres who are able to provide paid for exercise classes. This will not be tracked in the in the longer term – Provider and Commissioner.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care

support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)

- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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

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

From July – September 2015 there were 580 carers on the Stroke Association books who were benefited from their service delivery. Over the last year (October 2014 to September 2015, 133 carers had cases opened specifically for them to meet their needs as a carer.

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?

- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community
- Engage in recreational activities
- Understanding stroke as a condition and how best to support the person they care for

These reflect the Care Act duties to carers. In addition up to 72% of carers of a stroke survivor feel ill-prepared to take on their role as a carer[21] 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.

e) 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
- Working with the provider to ensure that carers are aware of other carers organisations that can support them – The Stroke Association
- Exploring the possibility of the stroke association providing stroke awareness training to carers organisations (this may not be possible to deliver with the proposed budget reductions)

f) Provide details of the mitigation.

As above.

g) How will any mitigation measures be monitored?

- If Stroke specific training is possible monitoring the numbers of staff and volunteers in carers organisations who have received the Stroke Awareness training.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

CASE STUDY

Background

Mrs C is a 68 year old woman who cares for her husband who is 83 years old and had a stroke in September 2013. Mrs C contacted me by telephone in November to request information and advice so I arranged to visit her. At this time her husband was at the Bexhill Irvine Rehabilitation Unit following two months in the Eastbourne DGH. He was to spend two months in the Bexhill Unit.

Actions Taken

I visited Mrs C several times during her husband's stay in the Bexhill Unit. Much of the time during my visits was given to providing emotional support whilst Mrs C was coming to terms with the implications of her husband's stroke and the changes this would bring to their lives. I was able to provide a listening ear and also provide some leaflets to give Mrs C some information about the emotional impact of stroke on stroke survivors and their carers.

During this time I was also able to give Mrs C information about carers support services and made a referral to the Association of Carers for her. Initially this was so that Mrs C would have access to their Computer Help at Home service and later once her husband was home, I made a

referral to their Respite and Befriending Service which enabled Mrs C to have an afternoon a week to go out and have some free time away from her caring role whilst at the same time providing a visitor for her husband to share some time with.

Once Mrs C's husband returned home I carried on visiting and was able to provide information about various benefits as well as refer Mrs C to Age Concern Eastbourne's Benefits Advice Home Visiting Service. This meant that a trained person from Age Concern Eastbourne visited Mrs C and her husband at home to give them up to date information and to fill out the lengthy claim forms with them.

On one visit I took an iPad with me so that I could show both Mrs C and her husband (who has aphasia) the various apps available to aid communication. They were impressed with the Grid Player app and I was able to help them download this onto their iPad.

I was also able to give Mrs C details of local opticians who made house visits as following his stroke her husband had been having problems with his eyesight and needed this tested. At this time Mrs C was not able to get her husband out of the house so this service was immensely helpful to them.

As time went on Mrs C began to be able to get her husband (who is a wheelchair user) out of the house and into the car. I was able to give them details of car adaptations and aids to help with this process and also to give them advice and complete the Blue Badge application form with them.

Goals

Because Mrs C and her husband live in a house that can only be accessed by a number of steps, Mrs C's main goal was to enable her husband to leave the house. With support from the Community Rehabilitation Team and a considerable amount of determination on the part of both Mrs C and her husband, he is now able to achieve this. Having adaptations such as the car caddie handle and the handle bar have made trips out a little easier and the Blue Badge means that parking nearby is available and thus helps them to go out and about.

Outcomes

<u>Improved health and emotional well-being</u>

Having the opportunity each week to have some time off from her caring role has helped Mrs Cg emotionally and physically by having a break and some 'me time'. She looks forward to this time and plans what she is going to do, often meeting with friends and therefore having a chance to chat and offload.

Because Mrs C is now able to get out of the house on trips with her husband they are both benefiting and feeling more positive. They enjoy their trips out and although many of the trips are local they have also ventured further afield to see family and friends or have days out.

<u>Improved quality of life</u>

Both Mrs C and her husband are feeling more optimistic about their future now than they were when Mrs C's husband originally came home. They have a supportive network around them and are feeling much happier now that they are able to make trips out in their car.

<u>Social isolation</u>

Being able to get out of the house both together and on her own has enable Mrs C to feel much less socially isolated. This also applied to her husband who is now able to leave the house and make social contact with the outside world.

4.9.3 People on low incomes

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

Households in poverty in 2015 in East Sussex and its districts (source: CACI): number and percentage

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

In 2012, the Stroke Association produced a report looking into the financial impact of stroke survivors and their families[22]. 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 cut back on food.

Taking the current caseload of 572 this would mean: -

- Household expenses increased for 332 stroke survivors, including heating bills, transport costs, contributions to care services and household adaptation expenses.
- 360 stroke survivors were living in fuel poverty.
- 148 had cut back on food.

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, 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

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, Welfare Reform project.

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 (Warm Homes) , tools to support communication, etc.

g) How will any mitigation measures be monitored?

- Exploring with the provider whether this information can be captured by their CRM system and then reporting on quarterly.
- Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC PPE/Strategy and Commissioning)
- Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team)
- Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)

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.**

Human Rights are not impacted on by this proposal.

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.	Failure to advance Equality of Opportunity for disabled people as a result of • Loss of dedicated exercise classes at leisure centres. Mainstream classes and facilities are not suitable or accessible to many. • Loss of communication cafes- no other facilities to re-build communication skills face to face through peer support- which is acknowledged as the most effective. Loss of peer support with communication aids. Would be mitigated by info on-line, but not really an effective replacement. • 6 month client reviews by the Stroke Association may not be available- NICE recommendation • Information and advice is a statutory responsibility under the Care Act 2014 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 close the communication cafes 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 faciltiites to support their recovery. Disabled and older people who lack the communication skills, alternative personal support; or personal capacity will be disadvantaged as a result of their impairments and there will be a failure to advance equality of opportunity between different groups of people.
	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.	

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 Commissioner 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?

On a quarterly basis the first of which will be at the end of April and the following the end of July 2016.

Date completed:	**January 2016**	**Signed by (person completing)**	**Emma Jupp**
		Role of person completing	**Project Manager**
Date:		**Signed by (Manager)**	

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 stroke survivors receive access to information and advice and re-assurance about their condition (including transport options, communication tools, income maximisation, etc.)	a) Exploration as to whether this can be provided by other services (possibly not face to face) b) Ensure existing clients receive information about services including signposting to the Stroke Association website. c) Explore service model (if any) with 50% of the	Emma Jupp (with current provider support) Stroke Association Manager	December – April From the point of budget reduction	Could mean additional pressure on existing services some of which may also be under proposed cuts. Many existing services already operating at capacity (e.g. STEPS, Stroke Rehab team, GPs). Additional resources needed from the	EIA/Cabinet papers

	funding d) Explore with CCGs which elements of the service they want to focus their funding on e) Tracking the numbers of people over 65+ who still receive a stroke service f) Tracking the numbers of stroke survivors with a disability who still receive a reduced service g) Monitoring the number of people with a stroke on the adult social care database h) Monitoring measures will be developed in conjunction with the ESBT Programme and associated work streams as they develop and go live to identify patterns in crisis intervention; hospital re-admissions; and patterns of in demand for health and social care support.; and carer's assessments and personal budgets; (ASC	Emma Jupp (with current provider support) Emma Jupp Stroke Association Manager Stroke Association Manager Steve Darvill	December – April February – April16 depending on outcome of the consultation Quarterly Quarterly TBC	Performance Team	

	PPE/Strategy and Commissioning) i)Including impact on Urgent Care Programme- the strategic plan to develop integrated urgent care pathway (this includes increase in 7 day discharges) that incorporates voluntary sector supported discharge services that ensures frail older people are not admitted to hospital unnecessarily (Commissioning Team) j)Qualitative feedback on specific areas to be sourced through a combination of e.g. targeted ASC Listening to You customer satisfaction surveys: focus groups; organisational feedback as necessary. ((ASC PPE/Strategy and Commissioning)				
Access to exercise programmes	a) Exploring whether current providers of the exercise programme have	Emma Jupp (with support from the provider)	February – April16 depending on outcome of the	Commissioner time Provider (Stroke Association) time	EIA/Cabinet papers

	the capacity to deliver more paid for programmes b) Explore service model (if any) with 50% of the funding c) Explore with CCGs which elements of the service they want to focus their funding on	Emma Jupp (with support from the provider)	consultation December – April February – April16 depending on outcome of the consultation	Provider (Leisure centres) time Agreement with CCGs	
Support to carers	a) Ensuring carers are aware of the consultation b) Ensure carers are provided with information about other carers services c) Exploration of whether training can be provided to other organisations	Stroke Association Manager Stroke Association Manager Emma Jupp (with support from the provider)	Consultation Oct-Dec February – April16 depending on outcome of the consultation As above	Provider time Budget to provide training to other providers	EIA/Cabinet papers
Support with communication	a) The provider and commissioner would work	Emma Jupp (with support from the	February – April16 depending on	Commissioner time Provider (Stroke	EIA/Cabinet papers

	with clients to see if they were able to continue running the groups on a peer to peer basis following on from the proposals. b) Explore service model (if any) with 50% of the funding c) Explore with CCGs which elements of the service they want to focus their funding on d) Ensure clients are provided with information about tools and aids to support communication needs	provider) Emma Jupp (with support from the provider) Emma Jupp Stroke Association Manager	outcome of the consultation December – April February – April16 depending on outcome of the consultation February – April16 depending on outcome of the consultation	Association) time Agreement by CCGs	
Support to access information and support for maximising income	Ensure existing clients know about relevant services e.g. welfare reform, winter warmth programme, online information about	Stroke Association Manager	February – April16 depending on outcome of the consultation	Commissioner time Provider (Stroke Association) time	EIA/Cabinet papers

	communication tools, etc.				
Support to East Sussex Better Together	Support ongoing discussions with Clinical Commissioning Groups to agree future commissioning arrangements for services and support jointly funded by Adult Social Care and the local NHS, where the benefits are realised by both health and social care.	Emma Jupp	February 2016	Commissioner time CCG time	ESBT and RPPR EIA/Cabinet papers

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 Rehab teams and GPs for request for support/services for stroke survivors and their carers	Financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
Stroke survivors and their carers are at increased risk of safeguarding	Moral, legal	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
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	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
Significant risks to the physical and mental health needs of Stroke	Moral, financial	Potentially if alternative funding becomes available	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in

survivors. (Mental health services also under proposal).		or through re-modelling			January 2016
Stroke survivors do not have access to support with their communication needs	Moral, financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
No or reduced stroke specific support, help, advice and information	Moral, financial, legal (Care Act – Information and Advice)	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016
No or reduced stroke specific exercise classes	Moral, financial	Potentially if alternative funding becomes available or through re-modelling	EIA, RPPR	Emma Jupp, Project Manager	DMT to review proposal in EIA in January 2016

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