

Blackpool Council - Equality Impact Assessment Record Form from March 2007

Department: Adult Social Care and Housing

Team or Service Area Leading Assessment: Strategic Commissioning

Title of Policy/ Service or Function: Community Stroke Support Service

Proposals to introduce a service.

Date of proposals: August 2010

Team: Strategic Commissioning

Lead Officer: Val Raynor

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Existing New/ proposed Changing/ updated

2. What is the aim and purpose of the policy, service or function?

To contribute to community based rehabilitation with an emphasis on extended activities of daily living, social integration and return to work or education. Interventions will focus on enhanced participation, improved quality of life, psychological adjustment and reduced carer stress. All activities will be delivered according to identified need.

To promote a clear understanding of stroke its risk factors, warning signs and the ability to identify the main symptoms of stroke/TIA.

3. Please outline any proposals being considered.

To provide a Community Based Stroke Support Service which will:

- provide access to robust information and awareness of stroke, stroke services and the wider services available for people who have had a stroke and their family/carers.
- provide advocacy and emotional support including peer support/social networks for people who have had a stroke and their carers, including respite for family/carers.
- recruit, train and maintain a team of volunteers to support the delivery of the service.
- establish links and develop and maintain close working partnerships with all agencies and professionals involved in providing stroke care and support.
- establish links and develop and maintain close working relationships with organisations who offer supported access to community leisure activities, education, training and employment.
- provide opportunities of participation that enhance service user skills and experiences to influence and improve the services they receive and to

actively participate in their wider communities.

4. Why are the proposals being made - for what reason?

A gap analysis of services for people in Blackpool who have had a stroke and their family/carers identified a need for community based rehabilitation with an emphasis on extended activities of daily living, social integration and return to work or education.

5. What outcomes do we want to achieve

- I. An increase in the number of people who have access to information about stroke and related support services.
- II. An increase in the number of people who have an understanding of stroke, its risk factors, warning signs and the ability to identify the main symptoms of stroke.
- III. An increase in the number of stroke survivors and their family/carers who are supported to maintain/improve their health and well being.
- IV. Improved quality of life, confidence and self esteem for stroke survivors and their family/carers.
- V. An increase in the ability of stroke survivors and their family/carers to manage own physical/mental health problems.
- VI. An increase in the number of people who have had a stroke and their family/carers participating in or engaging with local community activities.
- VII. An increase in the size and range of social networks for people who have had a stroke and their family/carers.
- VIII. An increase in the number of stroke survivors and their family/carers raising their employability and entering or retaining employment.
- IX. An increase in the number of stroke survivors and their family/carers who continue to live at home.
- X. An increase in the number of stroke survivors and their family/carers receiving appropriate benefits/financial advice.
- XI. An increase in the levels of involvement of service users in the design, delivery, management, review and development of services.
- XII. An increase in the number of stroke survivors and their family/carers accessing peer support and self help activities.

6. Who is the policy; service or function intended to help/ benefit?

Adult residents of Blackpool who have had a stroke and their family/carer plus all patients who have had a stroke and are registered with a Blackpool General

Practitioner.

7. Who are the main stakeholders/ customers/ communities of interest?

- Residents of Blackpool who have had a stroke
- Patients registered with a Blackpool General Practitioner
- Family/Carers of residents of Blackpool who have had a stroke
- NHS Blackpool
- BWF Hospital Trust
- Organisations working in a voluntary or professional capacity with adults who have had a stroke and/or carers
- Blackpool Council
- Third sector providers
- Community organisations
- Independent sector provider
- Elected members

8. Does the policy, service or function have any existing aims in relation to equality, social inclusion or community cohesion?

The proposed model of support will focus on providing services which promote social inclusion and individuals will be supported to connect with and access mainstream community activities wherever possible. The work of the service is based on the principles and values of Blackpool Council's Comprehensive Equality Policy. The service will react to any issues that need to be considered surrounding equality and diversity and its approach to planning and practice is one that will promote choice and user involvement.

9. How is the resulting service or function delivered/ administered?

The proposed service will be jointly funded by Blackpool Council and NHS Blackpool. Blackpool Council will take the lead role commissioning the service. A tendering exercise will be undertaken in order to select a provider for the new service. The work of the service will be evaluated and monitored through the Council's Strategic Commissioning Division. A performance management framework will be developed with the provider and the contract will be outcome driven with the aim of supporting the development of greater independence and recovery of service users.

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

10. Please summarise the main data/ research and performance management information in the box below.

Date/ information

Blackpool Stroke Data:**Prevalence**

Projections of stroke prevalence in England for local authority areas have been developed by the Eastern Region Public Health Observatory (ERPHO). The model takes into account levels of deprivation and smoking in an area. This model projects prevalence of stroke in Blackpool in people aged 16 or over at a level of 3,432 people in 2008, rising to 3,877 by 2020. The gender profile projects an increase in numbers of men having had a stroke compared to women over the longer term.

The figures projected in this model are higher than the prevalence figures for stroke and transient ischaemic attacks collated in February 2007 (based on patients registered with GPs with a coded diagnosis of stroke). On this basis, prevalence is shown at 2,987 in a population of 149,630 (2.0%)¹.

Impact of Stroke (England information)

Information from the Stroke Association indicates that of all the people who have a stroke, approximately a third are likely to die in the first ten days, about a third are likely to make a recovery in one month and about a third are likely to be left with disabilities, needing rehabilitation.

One year after a stroke, approximately:

- 80% of people are at home
- 12% live in residential or nursing care
- 66% regain the ability to walk
- 45-60% are independent
- 5-9% are totally dependent.

Research or comparative information**National Stroke Strategy DH 2007**

Key data which give a context to the scale of stroke include: Every year approximately 110,000 people in England have a stroke. Stroke is the third largest cause of death in England: 11 per cent of deaths in England are as a result of stroke. Stroke contributes to the gap in life expectancy between the most deprived areas and the population as a whole. 20–30 per cent of people who have a stroke die within a month. 25 per cent of strokes occur in people who are under the age of 65. There are over 900,000 people living in England who have had a stroke. Stroke is the single largest cause of adult disability. 300,000 people in England live with moderate to severe disability as a result of stroke. People of African or Caribbean ethnicity are at higher risk of having a stroke, incidents rates, adjusted for age and gender, are twice as high in black people as for white people.

Key findings of consultation and feedback

During the development of these proposals a 'gap analysis' was undertaken. This involved mapping out current services and consulting with people who have had a stroke and other stakeholders. This information has been used to develop a service specification which should ensure that there are no

adverse effects which impact on any community groups and provide a service which will be delivered as part of Blackpool's Stroke Care Pathway.

11. What are the impacts or effects for communities?

Race or ethnicity

This service will be provided in addition to existing stroke care services and will impact positively on this community. The support service will be based on an individuals assessed need and delivered at a venue of the service users choosing. Stroke awareness raising will be undertaken with all community groups.

People of African or Caribbean ethnicity are at higher risk of having a stroke, incidence rates, adjusted for age and gender, are twice as high in black people as for white people. The Service Provider will monitor the race and ethnicity of people accessing the service. The service contract will be monitored and if any adverse. race/ethnicity impacts are identified these will be addressed.

Gender and Trans

This service will be provided in addition to existing stroke care services and will impact positively on this community.

There is no identified differential impact or effects on this group. The support service will be based on an individuals assessed needs and delivered at a venue of the service users choosing. Stroke awareness raising will be undertaken with all community groups.

The Service Provider will monitor gender/trans of people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.

Age

This service will be provided in addition to existing stroke care services and will impact positively on all communities.

There is no identified differential impact or effects due to age. Due to the high prevalence of stroke in people over the age of 65 years it is likely that this group will have a higher uptake of the service. The support service will be based on an individuals assessed needs and delivered at a service users choosing. Stroke awareness raising will be undertaken with all age groups.

The Service Provider will monitor the ages of people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.

Disability

Stroke is the single largest cause of adult disability. 300,000 people in England live with moderate to severe disability as a result of stroke.

This service will be provided in addition to existing stroke care services and will impact positively on all communities in particular people who have a disability due to having a stroke.

The service will positively impact on this community. The support service will be based on an individuals assessed needs and be delivered at a venue of the service users choosing. Stroke awareness raising will be undertaken with all community groups.

The Service Provider will monitor disability. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.

Religion or belief/ faith communities

This service will be provided in addition to existing stroke care services and will impact positively on all communities.

There is no identified differential impact or effects on this group. The support service will be based on an individuals assessed needs and delivered at a venue of the service users choosing. Stroke awareness raising will be undertaken with all community groups.

The Service Specification will ensure that the Provider will be aware of cultural issues and provide a flexible service to meet any cultural/faith related requirements. The Service Provider will monitor religion/faith of people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.

Lesbian, gay, bisexual people

This service will be provided in addition to existing stroke care services and will impact positively on all communities.

There is no identified differential impact or effects on this group. The support service will be based on an individuals assessed needs. Stroke awareness raising will be undertaken with all community groups.

The Service Provider will monitor people accessing the service. The service contract will be monitored and if any adverse impacts are identified for this community, these will be addressed.

Other socially excluded communities or groups

None identified

Relationships between or within communities

12. What do you know about how the proposals will impact on different communities?

The new service will not negatively impact on different communities. It will improve access to universal services for people who have had a stroke and their family/carers.

STEP 3 - ASSESSING THE IMPACT

13. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

This is a new service. There is no evidence currently available.

14. Does the geography or demography of service users reveal anything?

No

15. Do any rules or requirements prevent any groups or communities from using or accessing the service?

No

16. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people? (DDA duties arising out of DDA 1995)

No additional barriers have been created for any groups of disabled people. The service specification will ensure the service will be provided from a range of venues of the service users choosing including in their own homes. The Service Provider will need to ensure that where possible any public buildings they use are DDA compliant.

17. Does the way a service is delivered/ or the policy create any additional barriers for any other groups or communities, for example, due to limited income or because of the time during the week or day when the service is available? E.g. women, cultural reasons.

No additional barriers have been created for any other groups or communities. The service specification will ensure that the Provider will provide the service at times to accommodate a flexible programme of events and services based on the needs of service users including those who are in employment.

18. Do any of these limitations amount to unlawful discrimination?

Yes No

If yes, please explain (referring to relevant legislation) in the box below

19. If No, do they amount to a differential impact, which should be addressed?

Yes No

If yes, please give details in the boxes below.

20. If the impact or effects are adverse for any community or group, can they be defended in order to provide equality for another community under legislation or policy?

Yes No

Please give details below.

Not applicable

21. Do you have enough information to make a judgement?

Yes No

If no, what information do you require, about which communities?

22. Is it possible to get the information quickly and easily or is it recommended that the collection of such data be included as an action for the action plan that will be developed? Please detail below.

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

23. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

There are no specific adverse impacts. The service contract should be monitored and reviewed in line with Blackpool Council Strategic Commissioning Contract Monitoring and Review Procedures. The service specification should ensure that a start up plan and communications plan is developed for the service to ensure all community groups are informed of the new service.

24. What would be needed to be able to do this? Are the resources likely to be available?

No additional resources are required to do this.

25. What other support or changes would be necessary to carry out these actions?

None

STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

26. Please outline the steps taken to test out your findings and possible courses of action below.

During the development of this service a 'gap analysis' was undertaken. This involved mapping out current services and consulting with people who have had a stroke and other stakeholders. This information has been used to develop the proposal and a service specification which should ensure that there are no adverse effects which impact on any community groups and provide a service which will be delivered as part of Blackpool's Stroke Care Pathway.
The Service Contract will require the Service Provider to undertake an annual survey to obtain feedback on the service.

27. What feedback or responses have you received to the findings and possible courses of action? Please give details below.

The introduction of this service is based on previous consultation and gap analysis.
The EIA was undertaken by Health and Adult Social Care Staff.

28. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

29. If you are impact assessing some proposals, what steps have been taken to ensure that stakeholders have been able to voice their opinions on the proposals or the need for change?

During the development of these proposals a 'gap analysis' was undertaken. This involved mapping out current services and consulting with people who have had a stroke and other stakeholders about their views for the delivery of future services. The new service will fill a number of the gaps identified and deliver the recognised outcomes.

STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
Venues for the delivery of the service need to be accessible.	Service specification will require that all chosen venues for service delivery are accessible to service user.	Included in the service specification	August 2009	Blackpool Council Commissioning Manager	Yes
Information accessible to all groups	Service specification will require that the provider makes all information available in a variety of formats as required.	Included in the service specification	August 2009	Blackpool Council Commissioning Manager	Yes
Need to collect equality data	Service monitoring requirement to collect equality data.	Quarterly KPI Information. Contract review meetings	Ongoing throughout the contract term	Blackpool Council Commissioning Manager	Yes
Informing all communities about the new service	Tender exercise to ensure that a Start Up Plan and Communications Plan is developed.	Requirement Included in the method statement. Plan appended to the Contract	July 2009 September 2009	Contracts Team	Yes
A commitment to equality and diversity is not embedded with the service.	Equality and Diversity is written into any service specification.	Included in the service specification	August 2009	Blackpool Council Commissioning Manager	Yes

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.
Provider to provide information about the breakdown of people accessing the service and outcomes achieved	Quarter KPI information. Contract Review Meetings	Quarterly Annually	Integrated Contracts Team and Commissioning Manager	

Date completed: 13th August 2009
Signed:

Name: Val Raynor

Position: Commissioning Manager, Strategic Commissioning