

Equality Impact Assessment

EIA Stroke Support Service

Did you use the EIA Screening Tool?

Yes (please attach upon submission)

1. Explaining the matter being assessed

Summarise the strategy, policy, service(s), or function(s) being assessed. Describe current status followed by any changes that stakeholders would experience.

The Stroke Recovery Service is currently funded through the Better Care Fund (BCF) and is a countywide service which supports adult (18 years +) stroke survivors, their families and carers in their recovery following a stroke. The service is for all stroke survivors (including mini / Transient ischemic attacks) and is available to all adult residents of Surrey.

The service offers tailored support after discharge from hospital back to an individual's home or into their community. The current contract commenced on 2nd July 2018 and ends on 1st October 2022. The newly commissioned service will commence on 1st September 2022 and will be delivered for 2 years with an option to extend for a further third year.

The Service will, through a combination of visits onwards, home visits, written correspondence and telephone conversations:

- Ensure, with support from Commissioners, that promotion and understanding of the service across Surrey maximises referrals and access for individuals.
- Identify the needs of the stroke survivor, carer or family at the earliest possible point following hospital discharge or community referral.
- Work with the individual to assess and identify their desired outcomes and support them to develop a personalised recovery plan to reach those outcomes.
- Provide support to navigate access to the health and social care system.
- Provide personalised information and support.
- Provide low level emotional support and where needed refer on to an appropriate service which will provide this in further depth.
- Provide advice around secondary prevention and support individuals to self-manage.
- Provide practical advice and support.
- Provide support to address social isolation (for example, linking individuals to networks and social opportunities).
- Facilitate integrated, seamless care by working with and providing a bridge between health, social care and community organisations.

The Service will work towards delivering the following outcomes:

- Enhanced quality of life.
- Increased confidence, self-esteem and self-efficacy.
- Increased health and emotional wellbeing.

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- Reduced risk of secondary stroke and other cardiovascular events as a result of awareness building, education and understanding of stroke risk factors.
- Increased social connection, participation and involvement in purposeful activity.
- Enhanced knowledge, skills and confidence to self-manage.
- Increased control, choice and independence.
- Increased economic wellbeing through awareness of entitled support, including available financial support, which will aid recovery and support carers in their caring role.
- More positive experience of care which is personalised to them, their needs, preferences and individual circumstances.

This Equality Impact Assessment is being completed to ensure inclusivity of the service. The service will not discriminate against an individual based on their protected characteristics.

The Sentinel Stroke National Audit Programme¹ (SSNAP) measures the quality and organisation of stroke care in the NHS. SSNAP National Results data shows that in the year 2020-2021 across Surrey Heartlands there were 1,461 patients admitted to hospital following a stroke, or who were in hospital when onset of stroke took place. This figure does not include Frimley, parts of which operate within Surrey. Across Surrey Heartlands in 2019-2020 there were 18,268 stroke survivors registered with a GP. I will refer to this data in closer detail throughout the assessment.

How does your service proposal support the outcomes in [the Community Vision for Surrey 2030](#)?

The Stroke Support Service will be expected to help achieve the Community Vision through supporting the following ambitions:

- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing.
- Everyone gets the health and social care support and information they need at the right time and place.

Are there any specific geographies in Surrey where this will make an impact?

- County-wide

Assessment team –

This document was completed with input from:

- Name: Tara Lakin, Service Delivery Lead for the South East (England)
- Organisation: Stroke Association

¹ [SSNAP - Home \(strokeaudit.org\)](https://strokeaudit.org)

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- Role on the assessment team: Representative of provider currently delivering the existing Stroke Support Service. Discussion around the protected characteristic 'Age' with Tara.
- Name: Shelley Lynch, Carers Practice Advisor
- Organisation: Surrey County Council
- Role on the assessment team: Discussion around support for young carers with Shelley.
- Name: Ron Critcher, Commissioning Manager
- Organisation: Surrey County Council
- Role on the assessment team: Discussion around support for young carers with Ron.

2. Service Users / Residents

Age

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The majority of stroke survivors are older people. The SSNAP data² shows us that of the 1,461 stroke patients admitted to and/or discharged from hospital in Surrey Heartlands between April 2020 and March 2021;

- 14.6% were aged less than 60
- 14.8% were aged 60-69
- 26% were aged 70-79
- 32% were aged 80-89
- 12.6% were aged 90+

The Office for National Statistics³ (ONS) records that in the year 2020 (the latest data available), 290 people in Surrey died with Stroke ICD (International Classification of Diseases) Code 164 recorded as the underlying cause of death. Of this number;

- 10 people were aged between 50 and 59
- 180 people were aged between 65 and 90+

Of people who have accessed the existing stroke support service in the year 2021-2022 (carers and stroke survivors);

- 17% were aged 49-58
- 25% were aged 59-68
- 22% were aged 69-78
- 28% were aged 79 and over
- 8% were 'unknown' age

According to Public Health England⁴ in 2018, "More first-time strokes are now occurring at an earlier age compared to a decade ago. The average age for males having a stroke fell from 71 to 68 years and for females, 75 to 73 years between 2007 and 2016."

Whilst in Surrey most stroke survivors are older people, according to the NHS in the UK around 400 children have strokes per year ([Stroke - NHS \(www.nhs.uk\)](https://www.nhs.uk)).

² [SSNAP - Home \(strokeaudit.org\)](https://strokeaudit.org)

³ [Home - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

⁴ [New figures show larger proportion of strokes in the middle aged - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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The service being commissioned will directly support individuals who are 18 years old and over. Childhood stroke survivors and young carers would not be directly supported by the service. The needs of a childhood stroke survivor or a young carer would be better met with a specific service designed for children. The (unpaid) carers and adult family members would be offered the same support as any other carer in the service.

Strokes in under 18s usually originate in a different way to adult stroke. "...children from 28 days to 18 years are often associated with existing conditions mostly commonly, congenital heart disease and sickle cell disease. The causes of stroke in children are very different from those in adults." ⁵. It would therefore be appropriate for an alternative, specific service to provide a support service to a child.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

The service has been designed for all adult stroke survivors and all adult carers of somebody who has had a stroke. To support those in need to access the service,

- Throughout the duration of the contract, the Provider will be flexible in their approach to service delivery, for example by offering in person or remote support, being led by the needs of the client.
- The commissioner will use Key Performance Indicator & performance data to identify usage by age profile and identify unmet need.
- The service specification outlines an expectation for the service to promote themselves widely with local services who work with adults to ensure the service is known to those who may benefit.
- Provider will be equipped with knowledge of appropriate services that individual under the age of 18 can be supported to access. Factsheets available online (for example, the one referenced [here](#)) should be offered.
- Provider to record instances where support has been required outside the remit of the service and communicate it with commissioners.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Unknown. This service is the only stroke specific service commissioned by Adult Social Care.

Any negative impacts that cannot be mitigated?

None identified

⁵'Childhood Stroke Guide' Stroke Association 2021. PDF document available at [Childhood stroke guide | Stroke Association](#)

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SEX

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Of the 1,462 hospital admissions in 2020-2021, 49.1% were recorded as female, with 50.9% male. The median age for females was 81, and for males was 74.

The ONS demonstrates that of the 292 fatalities as a result of Stroke (ICD Code 164) in 2020, 115 people were male, and 175 were female.

As noted under Age, the average age of having a stroke for both males and females has been falling in recent years.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Providers will be expected to deliver services in compliance with equalities legislation, including equal access to quality services for all, regardless of sex. Contracts will be regularly monitored to ensure compliance.
- The commissioner will use KPI & performance data to identify usage by sex profile and identify unmet need.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

As noted in 'Age'.

Any negative impacts that cannot be mitigated?

None identified

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Disability

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Half of all stroke survivors have a disability⁶ and stroke causes a greater range of disabilities than any other condition⁷. Stroke can affect walking, talking, speech, balance, co-ordination, vision, spatial awareness, swallowing, bladder control and bowel control.

The service being commissioned is required to support stroke survivors with complex needs or multiple health conditions in their return home. Clients will be supported through assessments to identify actions to support them to live well.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- The commissioner and Provider will ensure accessibility of the service through a flexible approach to completing assessments and providing support. This will be through communication that is face to face, telephone, or virtual meetings as driven by the clients needs.
- For the benefit of the individual, the Provider will work alongside other professionals to meet the client's needs. For example, include being part of multidisciplinary meetings, undertaking joint visits and agreeing shared goal setting.
- The Provider is expected to have a programme of ongoing training to ensure that their staff have the skills and knowledge appropriate for their role. The commissioner will highlight ongoing learning opportunities within Surrey that arise.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

As noted in 'Age'.

Any negative impacts that cannot be mitigated?

None identified.

⁶ 'A new Era for Stroke', Stroke Association 2016. Leaflet, PDF document available at: [anefs_report_web.pdf \(stroke.org.uk\)](#)

⁷ Adamson J, Beswick A, Ebrahim S. (2004). Is Stroke the Most Common Cause of Disability? Journal of Stroke and Cerebrovascular Diseases. 2004 Jul-Aug;13(4):171-7)

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Carer

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The 2011 Census identified that 108,400 (9.6%) Surrey residents were providing unpaid care to a friend or relative. Surrey County Council's Joint Strategic Needs assessment (JSNA) provides significant amounts of information on Adult Carers⁸. It includes that based on the 2011 Census and population projections it is estimated that in 2016 there were 115,216 carers of all ages living in Surrey in 2016, this equates to 10% of the population.

The 'Kids who Care' survey of over 4,000 school children, conducted for the BBC by the University of Nottingham in 2010, showed that one in twelve (8%) had caring responsibilities, equating to some 700,000 young carers in the UK – four times the number identified in the 2001 Census (175,000). Based on the projected population of young people aged 5-17 years, this suggests that in 2016 there may have been approximately 14,750 young carers aged 5-17 living in Surrey and approximately 15,790 in 2025.

The impact of caring can be detrimental to carers' health, and the Surrey-I JSNA also reports that providing high levels of care is associated with a 23% higher risk of stroke.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- The successful provider will be required to be aware of appropriate services that are available nationally or locally that the young person can be signposted to for support. For example, at present, if a young carer approached the service, they should be signposted to 'Surrey Young Carers'. The service provider will have access to the Carers Prescription service, an online system enabling general practices, health service providers and other partners to make referrals for carers support directly to the Carers Support Provider.
- The service specification outlines that the Provider will proactively promote the service to ensure all who are eligible to receive support are aware of it, particularly ensuring that take up is encouraged amongst those in caring roles.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

As noted in 'Age'.

Any negative impacts that cannot be mitigated?

⁸ Surrey I, Joint Strategic Needs Assessment, Adult Carers [Adult Carers – Surrey-i \(surreyi.gov.uk\)](http://surreyi.gov.uk)

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No

Ethnicity

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

According to the Stroke Association, ethnicity is a risk factor in stroke. “Strokes happen more often in people who are black or from South Asian families”⁹. Referring back to the SSNAP data looking at hospital admissions in Surrey Heartlands in 2020-2021, 86% of people were White, 0.9% were Black, 2.5% were Asian, 0.8% were of mixed ethnicity, 0.8% were recorded as ‘other’ and in 9% of cases ethnicity was unknown.

Of stroke survivors and carers who accessed the existing stroke support service in the year 2021-2022;

- 92% were White
- 4.8% were Asian
- 1.6% were Black
- 0.8% were ‘other ethnic group’
- 0.8% - ethnicity was unknown

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- The successful provider will be expected to be responsive to the needs of people regardless of ethnicity and support them without discrimination and ensure staff are appropriately trained/recruited under equal opportunities legislation.
- The service specification outlines that the Provider will proactively promote the service to ensure all who are eligible to receive support are aware of it.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

As noted in ‘Age’.

Any negative impacts that cannot be mitigated?

None identified

⁹ [Stroke Risk Factors | Stroke Association](#)

3. Staff

This is a commissioned service so would not impact staff employed by Adult Social Care, Surrey County Council.

4. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken
- **Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
- **Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:
 - Sufficient plans to stop or minimise the negative impact
 - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.

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- **Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the [Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act](#) concerning employment, goods and services and equal pay).

Recommended outcome:

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken

Explanation:

This newly commissioned service is not a major change to the service provision available.

Engagement work will take place to further embed the service within the wider Stroke pathway across Surrey and achieve consistency where possible to ensure all who suffer a stroke are offered a referral into the service. Ongoing work will take place with the Provider to monitor KPI and Management Information data to ensure the service is supporting those who need it.

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5. Action plan and monitoring arrangements

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
1	September 2022	The Provider will be flexible in their approach to service delivery, for example offering in person or remote support, being led by the needs of the client.	Service provider	Ongoing		
2	September 2022	The commissioner will use KPI & performance data to identify usage by age / sex / carer / ethnicity and identify unmet need.	Commissioning Adult Social Care	Ongoing via quarterly information and performance data on-going during the lifespan of the service contract		
3	September 2022	Ongoing promotion of the service with local services who work with adults to ensure the service is known to those who may benefit or where it is noted that increased take up should be.	Service provider	Ongoing during the lifespan of the contract.		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
4	September 2022	Provider will be equipped with knowledge of appropriate services that are available for those whose needs are not eligible for the service. This will be reported to the Commissioner.	Service Provider and Commissioning Adult Social Care	Ongoing via quarterly information and performance data on-going during the lifespan of the service contract		
5	September 2022	Providers will be expected to deliver services in compliance with equalities legislation, including equal access to quality services for all, regardless of any protected characteristic. Contracts will be regularly monitored to ensure compliance.	Commissioning Adult Social Care	Ongoing via quarterly information and performance data on-going during the lifespan of the service contract		
6	September 2022	The Provider will work alongside other professionals for example, include being part of multidisciplinary meetings, undertaking joint visits	Service Provider and Commissioning Adult Social Care	Ongoing via quarterly information and performance data on-going during the		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes	Open/ Closed
		and agreeing shared goal setting.		lifespan of the service contract		
7	September 2022	The Provider is expected to have a programme of ongoing training to ensure that their staff have the skills and knowledge appropriate for their role. The commissioner will highlight ongoing learning opportunities within Surrey that arise.	Service Provider and Commissioning Adult Social Care	Ongoing via quarterly information and performance data on-going during the lifespan of the service contract		

6a. Version control

Version Number	Purpose/Change	Author	Date
1	Initial Draft	Elizabeth Oliver	16/03/2022
2	Amendments made following feedback	Elizabeth Oliver	08/06/2022
3	Final changes made following feedback	Elizabeth Oliver	26/09/2022



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6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

Approved by	Date approved
Head of Service	26 th September 2022
Executive Director	
Cabinet Member	
Directorate Equality Group	23 September 2022

Publish:

It is recommended that all EIAs are published on Surrey County Council's website.

Please send approved EIAs to:

EIA author: Elizabeth Oliver

6c. EIA Team

Name	Job Title	Organisation	Team Role
Elizabeth Oliver	Commissioning Manager	Surrey County Council	Author
Dan Stoneman	Head of Older Peoples Commissioning	Surrey County Council	
Tara Lakin	Service Delivery Lead for the South East (England)	Stroke Association	Discussion around the protected characteristic 'Age'
Shelley Lynch	Carers Practice Advisor	Surrey County Council	Discussion around support for young carers
Ron Critcher	Commissioning Manager	Surrey County Council	Discussion around support for young carers

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If you would like this information in large print, Braille, on CD or in another language please contact us on:

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