Somerset Equality Impact Assessment			
Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer			
Organisation prepared for	**Somerset ICS – Somerset Acute Hospital-based Stroke Services Reconfiguration**		
Version	**0.8**	**Date Completed**	29/11/22

Description of what is being impact assessed

Somerset is reviewing the delivery of stroke care under the Fit for My Future Programme (FFMF) programme of work. FFMF was formed to develop the Strategy for Health and Care in Somerset and in 2019 a review of the current configuration of stroke services was carried out. One of the key recommendations from the strategy was to review the way Hyper Acute Stroke Unit (HASU) and Transient Ischaemic Attack (TIA) services are provided in Somerset.

Getting it Right First Time (GIRFT) also undertook a review of stroke services across Yeovil and Taunton and this identified that in Somerset, the services performed well clinically and emphasised that the services had progressed well with regards to the stroke community rehabilitation model. However, it identified the following domains as the most challenging:

- Rapid assessment by stroke nursing and medical teams
- Scanning within one hour
- Thrombolysis rate and door to needle times
- MDT therapy assessments

We know there is variation in the ability of services in Somerset to meet national clinical standards, as evidenced in the Sentinel Stroke National Audit Programme (SSNAP) and there is strong evidence from elsewhere in the country that the centralisation of hyper acute stroke services, such as brain scanning and thrombolysis, delivered as part of a 24/7 networked service, will improve outcomes for patients.

The focus of this case for change is the hyperacute (first 72 hours) and acute parts of the whole stroke pathway and provision of TIA services, where care for patients is not currently optimal within Somerset for the following reasons:

- Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited.
- The provision of acute stroke services currently does not meet National Guidance resulting in variable outcomes for patients.
- Poorer outcomes from stroke result in higher financial costs for health and care.

The vision for stroke care in Somerset is:

Stroke patients in Somerset will receive timely acute interventions and receive access to world-class services, regardless of where they live.

The NHS Long Term Plan sets out clear ambitions from the delivery of stroke care including increasing access to thrombolysis and thrombectomy how services are organised will make it possible to meet these ambitions that will ultimately improve patient outcomes and bring greater equity of services to the local population.

Specialist stroke workforce available to provide care is limited: both providers have sub-optimal levels of specialist stroke workforce; neither provider has 24/7 consultant cover; TIA weekend service inequitable.

The stroke pathway can be divided into five distinct phases.

The focus of this case for change is the hyperacute (first 72 hours) and acute parts of the whole stroke pathway and provision of TIA services, where care for patients is not currently optimal.

Transient Ischaemic attack
For suspected and confirmed TIAs, guidance states that people need to be seen for assessment within 24 hours of symptom onset. Prompt intervention after TIA can reduce stroke rates by up to 80%. CT scanning should no longer be offered, but MRI considered and if done, performed on the same day as assessment. This is not currently always offered within these timeframes in Somerset.

The case for change document is available here:

Somerset Acute Stroke Service Case fc

Evidence: What data/information have you used to assess how this policy/service might impact on protected groups? Sources such asthe Office of National Statistics, Somerset Intelligence Partnership, Somerset's Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles, should be detailed here

- Overview | Stroke and transient ischaemic attack in over 16s: diagnosis and initial management | Guidance | NICE
- National Sentinel Stroke National Audit Programme (SSNAP) for MPH and YDH SSNAP - CCG/LHB/LCG (strokeaudit.org)
- Stroke Service Model, Integrated Stroke Delivery Networks (ISDN)
- Evidence hub: What drives health inequalities? - The Health Foundation
- What are health inequalities? | The King's Fund (kingsfund.org.uk)
- NHS England » Core20PLUS5 – An approach to reducing health inequalities
- B0850-RightCare-Stroke-Toolkit_July-2022.pdf (england.nhs.uk)
- NHS RightCare » Stroke toolkit (england.nhs.uk)
- https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e10000027.html?area-name=somerset
- Census 2021 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisationsDeprivation - Somerset Trends
- The 2019 Index of Multiple Deprivation (IMD)
- Indices of Deprivation 2019 - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- English Indices of Deprivation 2019 - Somerset summary.pdf (somersetintelligence.org.uk)
- Stroke Risk Factors | Stroke Association
- Ethnicity and National Identity - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations

- Gypsy Traveller Accommodation - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Circulatory Diseases - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Smoking and Tobacco Control - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Diabetes - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Active People Survey 2012-14
- Healthy diet and physical activity - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- https://fingertips.phe.org.uk/static-reports/health-profiles/2019/e10000027.html?area-name=somerset
- Overweight and Obesity - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Health and Disability - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations
- Unpaid Carers - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, pleaseexplain why?

Public engagement and consultation will be an integral part of the reconfiguration programme and will commence from the outset.

We have engaged with colleagues from Healthwatch, the Stroke Association, Public Health and out Lived Experience Group, as well as undertaken geospatial analysis and mapping of stroke risk factors, to identify the impact on protected groups.

We plan to consult with a range of people and organisations representing protected groups, utilising known contacts within Somerset.

Our approach to communication and engagement is built upon our 10 principles for working with people and communities. These principles were developed through engagement with stakeholders across the Somerset Integrated Care System (ICS).

To make sure our engagement effectively captures the widest possible views and feedback we have developed an extensive list of stakeholders who are involved in, affected by, or interested in the future configuration of the service, as well as the wider public.

Priority audiences to engage with include:

- People with lived experience of a stroke / TIA, either as a survivor or carer of someone who has experienced stroke/TIA
- Key charity, community and voluntary sector organisations supporting those with lived experience, including the Stroke Association
- Those with protected characteristics identified in the EIA as being at higher risk of stroke
- NHS and social care staff working in stroke/TIA services
- Somerset and Dorset Health Overview and Scrutiny Committees (HOSC)

Our communication and engagement activities will be either targeted or open, as follows:

Targeted

- Direct emails / e-bulletins to individuals and groups
- Workshops – virtual and face to face
- Out-reach meetings with specific groups, e.g., local stroke groups or easy to ignore communities

Open

- Fit for My Future website
- Social media
- Press releases and local media

Analysis of impact on protected groups				
The Public Sector Equality Duty (PSED) requires us to eliminate discrimination, advance equality of opportunity and foster good relationswith protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the PSED. Based on this information, assess the likely outcome, before you have implemented any mitigation.				
Protected group	**Summary of impact**	**Negative outcome**	**Neutral outcome**	**Positive outcome**
Age	• Stroke is principally a disease of older adults and therefore any change of service provision needs to consider the impact on this group • Somerset has a higher-than-average population aged over 65years (average 24% per GP practice aged 65+) (Source: PHE Fingertips 2020/21). This results in a high risk of stroke incidence in the County People are having strokes earlier in their lives • The risk of a stroke increases significantly as people get older • A key part of acute stroke reconfiguration is the impact of travel times to access acute stroke care in a timely way, which may negatively impact older people more than younger people due to access to their own vehicle or to public transport. • This is also likely to be an issue for carers visiting relatives. • It is important that this group are consulted on the proposals – both as patients and relatives • While most people who have a stroke are older, younger people can have strokes too, including children. One in four strokes in the UK happens to people of working age.[1] Lifestyle factors, family history, medical conditions, pregnancy and ethnicity can all increase risks.	☒	☐	☐
Disability	• A key part of acute stroke reconfiguration is the impact of traveltimes to access acute stroke care in a timely way. • The benefits of centralising specialist hyper acute care are well understood (see case for change) - early intervention and treatment can prevent long term disability • People with a disability may have issues being able to access their own or public transport to travel to hospital sites and therefore any change of service provision needs to consider the impact on this group • People with learning disability may have difficulty understanding early warning signs, encourage use of 999/111 and hyperacute management of stroke, and/or what the proposals may mean for them. • All consultation materials will be available in Easy Read and Plain English formats. • It is important that this group are consulted on the proposals – both as patients and relatives	☒	☐	☐

[1] Stroke Risk Factors | Stroke Association

Gender reassignment	• There is a higher prevalence of negative lifestyle behaviours with people who have undergone gender reassignment. • In the Southwest 16.9% of LGBQT people highlighted drug and alcohol misuse as an issue for them (Source: Intercom Trust 2021). This may predispose them to higher risk of stroke. • There are risks associated with defined male or female specific acute bed provision. This may have an impact on inpatient stroke care. • It is important that this group are consulted on the proposals	☐	☒	☐
Marriage and civil partnership	• There is no anticipated impact on this group however need to be aware that there may be considerable effects on a partner who has a stroke, particularly if this leads to new or increased carer responsibilities.	☐	☒	☐
Pregnancy and maternity	• Although pregnancy is associated with increased risk of stroke, the risk is low with an estimated incidence of 30/100,000 (Source: BMC Pregnancy Childbirth Journal – 2019). • It is unlikely that this group of people will be significantly adversely impacted by this change	☐	☒	☐

Race and ethnicity	• Strokes happen more often in people who are black or from South Asian families[2].
	• Somerset has a below average proportion of non-white British residents.
	  ○ The non-white British population now comprises 2.0% of Somerset's overall population, which is well below the national average of 14.0%.
	  ○ Non-white British residents of Somerset tend to live in towns and urban areas of Somerset, which are well served by public transport and have good road links.
	  ○ Therefore, it is not anticipated that the proposed changes will negatively impact this group.
	• Gypsy and Traveller community
	  ○ There are an estimated 733 Gypsy or Irish Traveller residents in Somerset, the second highest number of any local authority in the Southwest. Just over a third are resident in Mendip.
	  ○ As in the UK generally, the Gypsy and Traveller community in Somerset experiences notable health inequalities.
	  ○ One in six adults in the Gypsy and Traveller community were reported as long-term sick or disabled (2011 Census) and 15% described themselves as in bad or very bad health, compared with 5% of all adults in Somerset[3].
	  ○ It is important that this group are consulted on the proposals – both as patients and relatives
		☐	☒	☐

[2] Stroke Risk Factors | Stroke Association

[3] Gypsy Traveller Accommodation - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations

Religion or belief	• It is not anticipated that this change will adversely affect people of different religions, however people with different religious beliefs access healthcare in different ways and it is important that we understand access points in the context of any service change. • It is important that this group are consulted on the proposals – both as patients and relatives	☐	☒	☐
Sex	• Men are at a higher risk of having a stroke at a younger age than women • However, more women than men die of stroke. This is because women tend to live longer than men, and the risk of stroke increases with age. • The requirement for single sex bays / single rooms presents some organisational challenges to ensure people do not receive poorer quality care due to the lack of beds. • It is not anticipated that the proposed changes will negatively affect people of different genders, but it is important to ensure a balanced representation throughout our engagement activity.	☐	☒	☐
Sexual orientation	• There is limited evidence to suggest the proposed changes to stroke services will disproportionately affect this group. • There is a higher prevalence of negative lifestyle behaviourswith people who are from the LGBQT community. In the Southwest 16.9% of LGBQT people highlighted drug and alcohol misuse as an issue for them (Source: Intercom Trust2021). This predisposes them to higher risk of stroke and therefore consideration of preventative strategies to address the risk factors associated with stroke – high blood pressure and diabetes. • Consider gender sensitivity in care settings, particularly where people who have suffered a stroke struggle with the ability to communicate. We are aware that language and cultural sensitivity within the teams providing care and support will improve the outcomes for those who may have difficulties communicating and for those who may be uncomfortable within a healthcare setting.	☐	☒	☐

Others:
Carers
Veterans
Homeless
Low income
Rurality
	• Carers
	  ○ Due to the high numbers of older adults across Somerset and the link of older age to stroke, it is reasonable to assume that carers will be impacted by the proposed changes.
	  ○ It is important that this group are consulted on the proposals – both as patients and relatives
	• Homeless
	  ○ The population classed as homeless in Somerset have high levels of health deprivation, smoking rates and drug/alcohol misuse therefore predisposing them to higher risk of stroke.
	  ○ This population are less likely to present early or not at all, predisposing them to higher risk of stroke
	  ○ It is important that this group are consulted on the proposals – both as patients and relatives
	• Rurality/isolation
	  ○ Somerset is a large county with 48.2% of the population living in rural areas.
	  ○ These areas are likely to have poor public transport links and poor road access, especially travelling from East to West and vice versa.
	  ○ It is important that this group are consulted on the proposals – both as patients and relatives
	• Deprivation
	  ○ Somerset ranks 92nd out of 151 local authority areas in terms of deprivation (where 1 is the most deprived and 151 is the least deprived) and scores 57th out of 151 on barriers to housing and services.
	  ○ There is some relationship between the areas of deprivation and higher than expected rates of stroke in Somerset, although not conclusive.
		☒	☐	☐

	○ People living in more deprived areas have poorer levels of self-reported good health. External factors such as household income which may impact peoples' ability to make healthier choices, and lifestyle factors such as smoking, and drinking are key influences in this. This is significant when we consider the risk factors for stroke. ○ It is important that this group are consulted on the proposals – both as patients and relatives			

Overall, the provision of access to a single centralised HASU enhances equity of stroke care and improved outcomes across Somerset.

This change in provision means that people can access the very best care and treatment opportunity regardless of where they live and the time of day that their stroke occurs.

Early intervention and treatment can prevent long term disability related to a stroke.

This will be supported by enhanced use of technology to make interventions and treatment more accessible remotely. Technology needs to be accessible to those with hearing, visual and Neurodiverse needs where possible.

It will also help ensure that specialised stroke support can be accessed by local clinicians as and when needed so that they can provide the best care possible for patients, wherever they are based or working from.

Negative outcomes action plan
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it bemonitored?	Action complete
Age • Ensure on going engagement with older people, both those with lived experience of stroke and as carers to inform our proposals and approach to consultation. • Use age-appropriate communication methods for the age group e.g., use Plain English and consult on what means of communication, e.g., letter, email, or telephone call, are preferred. • Ensure public consultation activity takes place in venues and at times that enable access for older people; provide transport if required; Utilise digital / virtual solutions as appropriate. • Undertake travel time analysis to consider impact of changes; consider public transport options. • Consider implications of pathway on older carers as well as patients. • Aim to provide care and services closer to home to ensure family and carers can support the recovery process. • Involve CVSE partners who are able to provide non-medical support to older people (as patients and carers) • Ensure communication, literature, marketing strategies are relevant and accessible to those who are more vulnerable to strokes (over age 18) • Ensure younger people with identified higher risk of stroke are engaged with appropriately	On going	Sara Bonfanti – Comms & Engagement Julie Jones – Pathways, GIS analysis	Representative stakeholder groups Evaluation of stakeholder activity Effective consultation planning and evaluation	☐
Disability • Ensure on going engagement with people with lived experience of disability (physical, communication and learning) both as a result of stroke and non-stroke related, and their carers to inform our proposals and approach to consultation. • Use appropriate communication methods e.g., use Plain English and consult on what means of communication, e.g., letter, email, or telephone call, are preferred. • Ensure compliance with accessibility standards for written materials • Ensure public consultation activity takes place in venues and at times that enable access; provide transport if required; Utilise digital / virtual solutions as appropriate. • Consider implications of pathway on older carers as well as patients. • Aim to provide care and services closer to home to ensure family and carers can support the recovery process. • Involve CVSE partners who are able to provide non-medical support to those with disabilities (as patients and carers)Be aware that Disability covers both hidden and Visible including neurodivergent people, who may or may not have a diagnosis In later life. Ensuring venues, transport, literature and language used is inclusive	On going	Sara Bonfanti – Comms & Engagement Julie Jones – Pathways, GIS analysis	Representative stakeholder groups Evaluation of stakeholder activity Effective consultation planning and evaluation	☐

National Autistic Society (autism.org.uk) Autism Spectrum Disorder – Brainwave				
Rurality • Ensure public consultation activity takes place in venues and at times that enable access; provide transport if required; Utilise digital / virtual solutions as appropriate. • Consider implications of pathway on older carers as well as patients. • Undertake travel time analysis to consider impact of changes; consider public transport options. • Aim to provide care and services closer to home to ensure family and carers can support the recovery process. • Involve CVSE partners who are able to provide non-medical support to those living in rural areas	On going	Sara Bonfanti – Comms & Engagement Julie Jones – Pathways, GIS analysis	Representative stakeholder groups Evaluation of stakeholder activity Effective consultation planning and evaluation	☐
Carers • Ensure on going engagement with people with lived experience as carers to inform our proposals and approach to consultation. • Use appropriate communication methods e.g., use Plain English and consult on what means of communication, e.g., letter, email, or telephone call, are preferred. • Ensure public consultation activity takes place in venues and at times that enable access; provide transport if required; Utilise digital / virtual solutions as appropriate. • Consider implications of pathway on older carers as well as patients. • Aim to provide care and services closer to home to ensure family and carers can support the recovery process. • Involve CVSE partners who are able to provide non-medical support to carers	On going	Sara Bonfanti – Comms & Engagement Julie Jones – Pathways, GIS analysis	Representative stakeholder groups Evaluation of stakeholder activity Effective consultation planning and evaluation	☐
If negative impacts remain, please provide an explanation below.				

Completed by:	Sophie Wickins
Date	12/10/22
Signed off by:	Maria Heard, Programme Director, Fit for my Future, NHS Somerset
Date	28/11/22
Equality Lead / Manager sign off date:	Lee Reed
To be reviewed by: (officer name)	
Review date:	