

Predictive: assessing proposed changes to services and policies

Enfield Council

Predictive Equality Impact Assessment

**JOINT STROKE
STRATEGY
(2011 – 2016)**

Proposed change to service / policy	Enfield Joint Stroke Strategy (2011-2016)
Officer completing the assessment	Martin Abrey / Kate Charles
Extension Number	1508
Team	Commissioning
Department	Health, Housing and Adult Social Care
Date impact assessment completed	26th July 2011

Section 1 – About the service, policy and proposed change

Q1. Please provide a brief description of the service and / or related policy / policies

The strategy sets out how health and social care commissioners will work together to improve the range and quality of local stroke services; address health inequalities related to stroke; improve awareness of stroke and Transient Ischaemic Attack (TIA) symptoms and reduce the prevalence of stroke.

It is in response to recommendations outlined in the National Stroke Strategy and is informed by what we know of local needs and current service provision, quality and performance. The strategy sets out 9 objectives, each with a number of associated commissioning intentions.

Q2. Please provide a brief description of the proposed change(s) to the service and/or related policy / policies

Strategic Objectives are set out within the strategy under nine domains :

1. Increase public and professional awareness of stroke symptoms.
2. Reduce the prevalence of stroke and the prevalence of major stroke in people who have had a TIA or minor stroke.
3. Increase the involvement of service users and carers in the planning, development and delivery of services.
4. Improve stroke unit quality.
5. Improve access to comprehensive rehabilitation and community services.
6. Enable stroke survivors to fully participate in the community.
7. Stroke survivors receive care from staff with the skills, competence and experience appropriate to their needs.
8. Ensure continuous service improvement.
9. Improve end of life care.

Implementation will include the commissioning of a number of new services including community rehabilitation, information, advice, advocacy and signposting service, stroke co-ordinator, self-management programmes, community-based and peer-delivered activities for people who have had strokes and their carers.

Q3. Does equalities monitoring of your service show that the beneficiaries in terms of the recipients of the service or policy, include people from the following groups?

R	
D	
G	
All members of the community will have access to the services set out in the strategy. Monitoring of the effect of the strategy to be carried out	

A	post implementation – see Q17.
F	
S	
Q4. If you answered 'no' to any of the groups listed in Q3, please state why?	
Not applicable.	
Q5. How will the proposed change eliminate discrimination, promote equality of opportunity, or promote good relations between groups in the community?	
<p>All members of the community will have access to the services set out in the strategy.</p> <p>Awareness campaigns will target the following groups in order to reduce inequalities in stroke morbidity and mortality:</p> <ul style="list-style-type: none"> • Older People • Edmonton Green Ward • People of African and Caribbean ethnicity 	

Section 2 – Consultation and communication

Q6. Please list any recent consultation activity with disadvantaged groups carried out in relation to this proposal	
R	Formal public consultation on the draft stroke strategy was undertaken over a 3 month period from 1 st March 2011 to 20 th May 2011.
D	
G	The consultation was open to any member of the public, but was specifically aimed at:
A	<ul style="list-style-type: none"> • Service users of health and adult social care services • Patients of NHS services
F	

S

- Carers of people with a disability, or who are frail
- Stroke survivors
- People with a family history of stroke or TIA
- People of African or Caribbean ethnicity (greatest risk of stroke)
- People aged over 55 years (greatest risk of stroke)
- Edmonton Green ward (greatest risk of stroke)

Stakeholder and public views on the strategy were sought through the following means:

- A e-questionnaire available on the Enfield Council website
- Older People's Conference
- Ebony People Association
- Age Concern exercise classes
- Enfield Stroke Survivor and Family Group
- Nursing homes and care homes
- Total Healthcare
- Stroke Action
- Enfield Carers UK
- Different Strokes (Different Strokes exercise classes)
- Acute stroke unit at North Middlesex Hospital & Barnet Hospital

The consultation was publicised through the following means:

- The creation and distribution of 3 posters: the first to support the Older People's Conference, the second for wider circulation and the third for inclusion within local press media.
- 250 copies of the main poster were distributed to public notice areas within the borough, such as GP surgeries, libraries, health and social care providers and voluntary sector services.
- Via inclusion on professional and public websites and within newsletters and local press. This included:
 - ECEN
 - Enfield Voluntary Association (EVA)
 - NHS London website
 - Enfield Council website
 - North Middlesex Hospital website
 - Attend website
 - Enfield Over 50's Forum
 - Different Strokes website
 - Enfield LINK
- An advertisement in the Enfield Independent newspaper.
- A notice in Enfield Staff Matters and within H,HASC Team Brief.
- All Enfield Strategic Partnership Boards were informed of the consultation by the Enfield Stroke Coordinator.

A total of 148 responses to the stroke consultation were received either online or in writing. This included responses from organisations or networks of organisations, including:

- Enfield Disability Action (EDA)
- Barnet and Chase Farm Hospital Trust
- Enfield Turkish Cypriot Organisation

Q7. Please state how you have publicised the results of these consultation exercises

R	<p>Responses have been collated and summarised and responses to the consultation are being prepared ready for presentation along with the final version of the strategy to the Cabinet Meeting on 14th of September 2011.</p> <p>The summary of submissions will then be published on the Enfield website alongside the final strategy once approved by Cabinet & also notify people who attended events and provide hard copies if required.</p>
D	
G	
A	
F	
S	

Q8. How have you consulted, or otherwise engaged with, all relevant staff in this activity / process?

Staff & stakeholder workshops, team meetings, staff newsletters and Team Brief's.

Section 3 – Assessment of impact

Q9. Please describe any other relevant research undertaken to determine any possible impact of the proposed change

The strategy contains a section on the research carried out and sources of information from national guidance, analysis of current and future demand and needs assessment.

The strategy was informed by research with regard to best practice, much of which is contained within national guidance and strategy and as published by the National Institute of Clinical Excellence (NICE) and Department of Health.

In addition, stakeholder workshops were held to discuss best practice and identify gaps in the stroke pathway.

Q10. Please list any other evidence you have that the proposed change may have an adverse impact on different disadvantaged groups

R	None identified
D	None identified
G	None identified
A	None identified
F	None identified
S	None identified

Q11. Could the proposal discriminate, directly or indirectly, and if so, is it justifiable under legislation? Please refer to the guidance notes under the heading, 7. Useful Definitions

Not envisaged, given equality of access to services to the whole community.

Q12. Could the proposal have an adverse impact on relations between different groups? If so, please describe

Not envisaged.

Section 4 – Service delivery

Q13. How could this proposal affect access to your service by different groups in the community?

R	Positively. The strategy is intended to enhance access to services by the whole community and will particularly target disadvantaged groups and those at highest risk of stroke.
D	
G	
A	
F	
S	

Q14. How could this proposal affect access to information about your service by different groups in the community?

R	The strategy sets out enhanced access to information and services, including the development of a stroke navigator service which will provide information, guidance, advocacy and sign posting. An information booklet will also be developed and will be given to all stroke patients on discharge from hospital. This will be available in a variety of accessible formats and languages as needed.
D	
G	
A	
F	
S	

Section 5 – Miscellaneous

Q15. Do you plan to publicise the results of this assessment? Please describe how you plan to do this

This assessment will be placed on the Council's website.

The assessment will be listed on the Council's Equality and Diversity Annual Report and the full assessment will be made available on request.

Q17. How and when will you monitor and review the effects of this proposal?

The implementation and monitoring of the strategy will be overseen by the Health and Wellbeing Board.

A detailed 5 year implementation plan has been developed in partnership with NHS Enfield; the Local Borough of Enfield and key local stakeholders.

This will be agreed by the Health and Wellbeing Board who will monitor implementation to ensure that the strategy is shaping services in the way intended. A lead commissioner from NHS Enfield and the Local Borough of Enfield will be identified and they will be tasked with delivering the implementation and reporting progress and issues to the Health and Wellbeing Board.

The Health and Wellbeing Board will also have a lead role in the development of a communication and engagement plan that will set out:

- How implementation of the strategy will be communicated to key stakeholders and members of the public; and
- How stakeholders will be engaged throughout the implementation.

An annual progress report on implementation of the strategy will be published and will report on progress towards implementing agreed commissioning intentions as well as key performance metrics including Quality and Outcomes Framework (QOF), national stroke strategy (2007) quality markers, and NICE Quality Standard and associated measures.

The new strategy will also be reviewed as part of the next retrospective equality impact assessment of Commissioning that is due to be undertaken in 2011/12.

11. Action plan template for proposed changes to service or policy *To be completed post receipt & analysis of consultation responses.*

Proposed change to, or new, service or policy: **Joint Stroke Strategy**

Team: **Commissioning** Department: **Health , Housing & Adult Social Care**

Service manager: Kate Charles (Commissioning Manager)

Issue	Action required	Lead officer	Timescale	Costs	Comments
Publication of final strategy & consultation results	Publish on Council's website & provide hard copies / other accessible formats as required	Kate Charles	Following Cabinet and Health approval. Publication anticipated October 2011.	To be determined	
Strategy Implementation	See attached implementation plan.	Shaheen Mughal	5-year implementation plan 2011-16 will be published alongside the strategy October 2011.	To be determined	
Monitoring implementation of strategy	Annual progress report.	Shaheen Mughal	To be published 2012/13	To be determined	