

Initial Equalities Screening Record Form

Date of Screening: 05.08.2024		Directorate: People		Section: Commissioning	
1. Activity to be assessed		Provision of a Stroke Support Service			
2. What is the activity?		<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change			
3. Is it a new or existing activity?		<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			
4. Officer responsible for the screening		Stephanie Jones-Wright, Commissioner - Integration			
5. Who are the members of the screening team?		Commissioners from Bracknell Forest Council, Slough Borough Council (SBC), Royal Borough of Windsor and Maidenhead (RBWM) and representatives from Frimley ICB.			
6. What is the purpose of the activity?		<p>The purpose is a joint contract stroke support between BFC, SBC, RBWM, and Frimley ICB.</p> <p>The service will provide community based support to a person (and their family/carers) following a stroke, which is personalised to individual goals (e.g. supporting a return to work, reducing social isolation, increasing self-confidence, improving communication etc.).</p> <p>The service will be expected to support the person through their recovery, including the completion of a 6 month review, with additional focus around prevention.</p>			
7. Who is the activity designed to benefit/target?		<p>The service will provide information, advice and emotional support to stroke survivors, of all ages, and their families/carers. The aim is to support people to access their community, participate in social activities, return to work (if applicable), and generally rebuild their confidence and routines following stroke. There is also an element of preventative work, either before or after stroke to reduce further risk by highlighting lifestyle choices that increase risk and how these can be mitigated.</p>			
Protected Characteristics		Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral, please give a reason.		What evidence do you have to support this? E.g. equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality – this can include physical, mental health, learning or sensory disabilities and includes conditions such as dementia as well as hearing or sight impairment.		Y	Positive – The support will be offered to people who have experienced a stroke, many of whom will have cognitive or physical impairments.		Stroke is a leading cause of disability in the UK, with almost two thirds of stroke survivors in England, Wales and Northern Ireland leaving hospital with a disability. Stroke can cause a wide variety of physical and mental impairments: paralysis of limbs, muscle weakness, poor

			<p>stamina and balance problems; but also issues with memory, speech and communication.</p> <p>The loss of physical and mental capabilities can have a strong impact on a stroke survivors mental health, particularly in younger demographics. In a survey conducted by the Stroke Association in 2015, 39% of stroke survivors stated the physical impact of stroke was the hardest to deal with, and more than 70% experienced depression or low mood. The service will need to be mindful of this impact when providing support.</p>	
9. Racial equality	Y	<p>Positive – people from BAME backgrounds are at a higher risk of stroke; the service will need to consider this when engaging with stroke survivors in the community.</p> <p>The service will be required to monitor and work pro-actively to understand and respond to the specific needs of different ethnic groups. There is a requirement to work with local community groups to support all stroke survivors.</p>	<p>According to the 2021 Census, 86.1% of the population of Bracknell Forest is White British, however the Black and Minority Ethnic population has increased since 2011. The largest BME group currently is Asian, Asian British or Asian Welsh (7.1%).</p> <p>36% of the population of Slough is White British, with the majority being Asian, Asian British or Asian Welsh (46.7%).</p> <p>79.8% of the population of Windsor and Maidenhead are White British, with the second largest group being Asian, Asian British or Asian Welsh (13.1%).</p> <p>Research has shown that BAME people are almost twice as likely to have a stroke than white people. Further studies have shown that although the overall prevalence of stroke reduced between 1995 and 2010, this trend was not reflected in the instances of strokes in BAME patients.</p>	
10. Gender equality	Y	<p>Positive – commissioners expect that any person's gender-specific needs will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.</p>	<p>Men and women are both at risk of stroke, (51% and 49% respectively, according to a study in 2016).</p> <p>The Stroke Association State of the Nation report states that men have a higher risk at a younger age but more women than men die of stroke.</p> <p>The report also states: "<i>Women tend to experience worse psychological and physical repercussions from stroke. This may be because women tend to have strokes when they're older and often living alone.</i>"</p>	
11. Sexual orientation equality		N	<p>Neutral – The service will need to provide support to all stroke survivors.</p> <p>Commissioners expect that any stroke survivor's needs relating specifically to their LGBT status will be</p>	<p>There is limited research on the effects of stroke in LGBT people, however it should be borne in mind that some LGBT people experience discrimination in</p>

			identified and understood by the provider and their needs responded to in the planning and delivery of the service.	healthcare settings , which may impact engagement with health services in general.
12. Gender re-assignment		N	Neutral – The service will need to provide support to all stroke survivors. Commissioners expect that any stroke survivor's needs relating specifically to gender re-assignment will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.	See above; reports of discrimination in healthcare settings are particularly high for transgender people. Although there is limited research regarding the effects of stroke on people who are transgender, a 2019 study has shown that hormone therapy may increase the risk of stroke. More information around transgender discrimination can be found here .
13. Age equality		Y	Positive - Stroke can affect people at any age, although the likelihood is higher in people over 65 there are still many working-age people affected. Neutral – commissioners expect that any person's age-specific needs will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.	The current population of Bracknell Forest consists of a slightly higher proportion of people aged 18-64 than the average for the South East (61.1% compared to 58.2%) with a slightly lower proportion of adults aged 65+ (16.1% compared to 20.4%). However, the population of those aged 65+ in Bracknell Forest is predicted to increase to 22.1% by 2040. The current population of Slough consists of a slightly higher proportion of people aged 18-64 than the average for the South East (60.6% compared to 58.2%) with a much lower proportion of adults aged 65+ (10.9% compared to 20.4%). However, the population of those aged 65+ in Slough is predicted to increase to 15.4% by 2040. The current population of Windsor and Maidenhead consists of a slightly lower proportion of people aged 18-64 than the average for the South East (57.6% compared to 58.2%) with a slightly lower proportion of adults aged 65+ (19.7% compared to 20.4%). However, the population of those aged 65+ in Windsor and Maidenhead is predicted to increase to 25.9% by 2040. A report published by Public Health England found that the median age for stroke in 2016 was 70 (men) to 76 (women). Although the chances of surviving a stroke decrease with age, research has shown that reablement is still possible regardless of age.

<p>14. Religion and belief equality</p>	<p>N</p>	<p>Neutral - Commissioners expect that any religion or belief specific needs will be identified and understood by the provider and their needs responded to in the planning and delivery of the service.</p>	<p>According to 2021 census data, the majority of Bracknell Forest are recorded as Christian (47.5%), the second largest being those with no religion/not stated (40.4%). The third largest group is Hindus (2.4%) followed by Muslims (1.8%), Buddhists (0.8%), Sikhs (0.8%), Other religion (0.6%) and Jews (0.2%). 5.6% of the population in Bracknell Forest chose not to answer.</p> <p>The majority of Slough are recorded as Christian (32%), the second largest being Muslim (29.4%). The third largest group had no religion (13.1%) followed by Sikh (11.3%), Hindu (7.8%), Buddhists (0.5%), Other religion (0.5%) and Jews (0.1%). 5.4% of the population in Bracknell Forest chose not to answer.</p> <p>The majority of Windsor and Maidenhead are recorded as Christian (49.8%), the second largest being those with no religion/not stated (31%). The third largest group being Muslims (5.6%) followed by Hindu (3.1%), Sikh (2.9%), Buddhists (0.6%), Other religion (0.5%) and Jews (0.3%). 6.1% of the population in Bracknell Forest chose not to answer.</p> <p>Some studies suggest that religion or faith can positively influence recovery following stroke (in the same way that it can provide comfort during any time of stress or difficulty) however there do not appear to be any negative links in regard to stroke occurrence or severity for those who do not consider themselves religious.</p>
<p>15. Pregnancy and maternity equality</p>	<p>N</p>	<p>Neutral – commissioners expect that any specific needs around pregnancy and parenthood will be identified and understood by the provider and their needs responded to in the planning and delivery of the service (e.g. making connections with local pregnancy / maternity health providers or family support services)</p>	<p>According to research, strokes during pregnancy occur in approximately 30 in 100,000 pregnancies. This can be up to six times higher for those in high-risk groups. The rate of strokes during pregnancy is three times higher than non-pregnant females aged 15-44.</p>
<p>16. Marriage and civil partnership equality</p>	<p>Y</p>	<p>Positive – stroke, like any serious health condition, can impact relationship dynamics.</p> <p>Neutral – the service will need to provide support to people regardless of their marital status. Commissioners expect that any needs arising as a result of a person’s marital status will be identified and</p>	<p>Experiencing a stroke can be a very sudden, life-changing event, and there is some evidence to show this can impact established roles within a relationship. Stroke can also affect personality and emotional responses (laughing or crying out of context, reduced</p>

			understood by the provider and their needs responded to in the planning and delivery of the service.	inhibitions and impulse control) which, although may can be difficult to adjust to. The service will need to be mindful of this when providing support.
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carers/ex-offenders, armed forces communities) and on promoting good community relations.	<p>Research shows people from more deprived areas have an increased risk of stroke, and the strokes are more likely to be severe and occur at an earlier age (by approx. five years in England, Wales and Northern Ireland).</p> <p>Certain medical conditions (high blood pressure, diabetes, atrial fibrillation and high cholesterol) as well as lifestyle choices (smoking, drinking high amounts of alcohol) can increase the risk of stroke. This should be considered by the provider when delivering support however should not affect the quality of service received by these people.</p> <p>This service also provides support to carers of stroke survivors. The provider will be expected to signpost young carers to the relevant young carers service for either BFC, SBC or RBWM.</p>			
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	No adverse impact identified			
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	<p>The protected characteristic groups are not distinct communities, for example one person may fall into more than one category.</p> <p>The evidence above indicates key areas for the commissioner and provider to consider when planning and delivering the service in order to avoid any detrimental impact on protected characteristics. Lack of evidence in some areas does not imply needs do not exist, but rather that additional and ongoing research is necessary to explore needs and their extent in more detail.</p>			
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?		N	The impact will not constitute unlawful discrimination for any of the identified groups above.	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	It is important that the Council, (along with the support provider) consults with relevant stakeholders and includes the views of stroke survivors themselves in decision making before and during the length of the contract. Quarterly contract monitoring with established Key Performance Indicators should help to inform the current picture of stroke support in Bracknell and inform any areas that may require future focus.			
22. On the basis of sections 7 – 17 above is a full impact assessment required?		N	The impact listed above has been assessed as either Neutral or Positive, therefore there is no requirement to complete a full assessment	
23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.				
Action	Timescale	Person Responsible	Milestone/Success Criteria	

Complete tender for new contract for Stroke Support Services	Aug 24 – Mar 25	BFC, SBC, RBWM, Frimley ICB	Successful award of contract in place for 1 st April 2025
Quarterly contract monitoring throughout the new contract	Ongoing	Lead commissioner, tbc	Key Performance Indicators met or exceeded each quarter.
24. Which service, business or work plan will these actions be included in?	Commissioning teams from BFC, SBC, RBWM and a representative from Frimley ICB. For BFC this sits in the Integration Commissioning Team.		
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Quarterly monitoring of current contract reporting on protected characteristic groups.		
26. Assistant Director/Director signature.	Signature:		Date:

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