

## APPENDIX A: Further Information to Support Review of Rehabilitation Service

### Service overview

Bristol City Council currently operates a rehabilitation service from two centres in the city – South Bristol Rehabilitation Centre and East Bristol Rehabilitation Centre – which provides:

- Short term intermediate care service aiming to maximise people’s independence before they return home.
- Short term stays, primarily for older adults who have suffered a physical injury or long-term illness.
- 33 beds split across the two Rehab Centres.

Both buildings offer a Care Quality Commission rated ‘Good’ service and anecdotal feedback from users and staff suggest service is high quality.

Rehabilitation Centres are a legacy service for the Council and are not typically provided by local authorities, due to the fact that other Health system partners may have more appropriate skills and capabilities to enable them to deliver the service. Currently, the Council delivers the service in partnership with the community health partner Sirona Care & Health (they provide all therapy services), as the Council does not directly employ clinical staff. Sirona were awarded the contract to deliver community health services in the region on behalf of the Clinical Commissioning Group following a successful tender process in 2019.

### Service Budget:

- The total (net) budget for the Rehab Centres for 21/22 is £1.04m (£557k South, £480k East)
- The Council funds staffing in the centres, but also receives income from the CCG via the Better Care Fund for the delivery of Rehab beds at both centres.
- Unit costs for the South Centre: £536 p/w
- Unit costs for the East Centre: £508 p/w. Limited benchmarking data is available to enable direct comparison of these costs to other providers.

The Council has undertaken a recent review of the rehabilitation service (supported by independent consultancy firm Mutual Ventures) following increasing evidence that the current arrangements may no longer be the most appropriate and effective way of meeting service users’ rehabilitation needs and following a direct request from NHS partners. The reasons for this are set out below.

### Case for Change

#### Partners across the system are more appropriately equipped to provide rehabilitation care and support

- Rehabilitation services are not typically a function of local authorities (BCC previously TUPE’d its community Rehabilitation staff to the previous community health services provider: Bristol Community Health)
- Therapy and Nursing input is already provided by Sirona Care and Health. Sirona therapists set the therapy goals and the subsequent care plan (which includes social care goals) is then carried out daily/weekly by the BCC staff. Any nursing needs required by the service user (e.g. insulin, dressings, etc.) are provided by the centre nurses employed by Sirona (with a recharge in place to contribute to their salaries).
- In May 2021 Sirona assumed control of 60 beds at the South Bristol Community Hospital which created additional system wide capacity for the delivery of rehabilitation services. NHS and social care leaders have specified the need for Sirona to fully open beds on the rehabilitation ward as soon as possible to help manage overall system pressures. There is already contract provision and funding in place to operate these beds, but currently insufficient available workforce is limiting the number that are available for use.

- Providing rehab beds in South Bristol Community Hospital would support a seamless transition of services from hospital discharge

#### South Bristol Rehabilitation Centre is not an appropriate site for delivering high quality rehabilitation services

- South Bristol Rehabilitation Centre is a 1960s building and no longer fit for purpose. When the service was first established in 1999 it was part of an innovative collaboration providing intermediate care (one of the first in the country). Since then, the needs of service users have significantly changed and increased.
- Rooms. Sizes are variable despite some work undertaken to increase availability of larger rooms able to accommodate the necessary equipment (e.g. hospital beds, hoists). None of the rooms have en-suite facilities.
- Accommodation is located on the top two floors of the building which causes problems.
- The lift is not suitable for anyone who requires to be moved using a stretcher.
- Although these are not new issues, COVID-19 requirements have exacerbated the situation (e.g. isolation, use of commodes).
- Bed occupancy is between 60%-70%. With South Bristol Community Hospital now being managed by Sirona as an in-patient Rehabilitation unit, there is scope to increase the number of available beds in the system.

#### Role of East Bristol Rehabilitation Centre

- Although the East Bristol Centre does not have same structural issues with the estate, it is the long-term view that the Council should no longer provide rehab services from this site.
- There are potential alternative uses for this site which would be of significant benefit to the broader health and social care system, including supporting hospital admission avoidance, providing step down facilities etc.
- However, whilst this is the preferred future direction, it would need further consideration and development in partnership with NHS colleagues before any specific developments are proposed.

#### Opportunity to retain and develop a skilled workforce in the system

- Under TUPE the rehab staff at South Bristol Rehab Centre would transfer to Sirona without significant negative impact \*. Sirona is keen to employ Council staff and has appropriate vacancies; Sirona colleagues have expressed an opportunity to use the Council's skilled workforce to further develop culture and practice in their rehabilitation service at the hospital. It will also enable Sirona to develop the hospital as a true community resource, which has not been possible in recent years when it has been used for different purposes.
- Sirona has an alternative working location (South Bristol Community Hospital) near the current site, to minimise disruption for staff
- This transfer may also offer broader career development opportunities within the health sector for some staff.
- There will also be redeployment opportunities for any non-care staff who will not be part of the TUPE process – this will be managed internally by the Council.

*\*This is considered in detail in the Equalities Impact Assessment*

#### Financial Benefits

- Transferring staff to Sirona will result in financial savings of approximately £500k to the Council's adult social care service, which is important in the context of ongoing budget pressures.
- There may also be future opportunities to find an alternative use for the South Bristol Centre, which could bring efficiencies or income.

#### Commissioning and Health and Social Care System Perspective

- Bristol's 'Discharge to Assess' pathways are predominantly funded by BNSSG CCG. National policy and guidance stipulate the required operating model for all NHS Trusts, community interest companies, and private care providers of NHS-commissioned acute, community beds, community health services and social care staff in England.<sup>1</sup>
- The Discharge to Assess model has been transformed over the past three years, in partnership with the CCG, to improve the timely discharge of citizens out of hospital to the most appropriate service that supports their independence and outcomes.
- Bristol's South Rehab Centre predominantly supports older citizens with primary support needs related to their physical frailty.
- At present the South Bristol Rehabilitation Centre contribute towards Bristol's 'pathway 2' capacity. For reasons stated above, the building is no longer fit for purpose.
- BNSSG CCG rehab bed modelling provides evidence that South Bristol Community Hospital sufficiently meets projected demand. This modelling demonstrates that the closure of Bristol City Council's South Rehab Centre would not have a negative impact on the overall capacity within the pathway model. The capacity lost from the South Rehab Centre would be absorbed and better met at South Bristol Community Hospital facilities, which are better equipped to meet the needs of service users.
- Previously BNSSG CCG has commissioned external providers to provide rehabilitation to add capacity to the pathway. These arrangements have ceased, and the current strategic direction of travel is to keep the pathway 2 provision within CCG and Sirona control.
- It is important to note that there is sustained pressure on the wider health and social care system due to COVID-19 and seasonal pressures, which is anticipated to be particularly challenging. It will be critical that there is no reduction in the number of available rehab beds during any service transition, and detailed joint implementation plans will be required to manage this risk.

## 1.1 Scope

Although this paper refers to South and East Bristol Rehab Centres, the options appraisal and immediate proposed changes only refer to **South Bristol Rehab Centre**.

Due to the availability of alternative beds at South Bristol Community Hospital, the support from Sirona to transfer Council rehab staff to their employment at this site and the redeployment opportunities available for non-care staff who will not be part of the TUPE process, it is possible to mitigate any negative impact of closing the South centre.

It should also be noted that this proposal only refers to the rehabilitation service, which occupies the top two floors of the building. There are other teams based on the ground floor of the same building who are not within the scope of this proposal.

### Out of scope

- Other in-house services – Reablement, Concord Lodge, Redfield Lodge, Bristol Community Links centres
- Other rehabilitation services across the health system (e.g. provided by community health partner Sirona)
- Office-based teams working out of the ground floor of South Bristol Rehabilitation Centre

## 1.2 SMART Objectives

In considering options for the preferred approach to delivering rehabilitation services, the following objectives need to be met:

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<sup>1</sup> [Hospital discharge and community support: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/hospital-discharge-and-community-support-policy-and-operating-model)

- To provide an effective and efficient rehabilitation service that offers the best possible outcomes for citizens
- To provide fit-for-purpose accommodation for a rehabilitation service
- To enhance partnership working and integration with NHS partners
- To meet the required demand for this service and provide a seamless transition of services from hospital discharge
- To retain valued skillset in the workforce within the broader system
- Minimise additional costs to the Council and consider any opportunity for financial savings to address ongoing service budget pressures

These proposed objectives have informed the consideration of options set out below.

## 2. Options Appraisal Summary

The options below refer to South Bristol Rehab Centre.

### Option summary – Options for the future of South Bristol Rehab Centre

1. **Do nothing.** Maintain the status quo
2. **Close South Bristol Rehab Centre; transfer rehab staff to Sirona.** This would mean closing all rehabilitation beds at the South Bristol Rehab Centre (in a managed, phased way over an appropriate timescale) and Sirona re-providing them at the South Bristol Community Hospital. BCC staff in relevant roles would transfer to Sirona. There will also be redeployment opportunities for any non-care staff who will not be part of the TUPE process.
3. **Close South Bristol Rehab Centre and consider redeployment/redundancy options for staff.** This would mean closing all rehabilitation beds at the South Bristol Rehab Centre (in a managed, phased way over an appropriate timescale) and considering internal BCC options for staff currently in the service. This would include considering redeployment or redundancy options.

| OPTION EVALUATION MATRIX            |   | PROS summary (will achieve outcomes/objectives/prioritisation criteria?)   |   |  |   | CONS summary |                        | Net Annual Ongoing £'000s<br><small>*If the net figure represents a cost, remove the brackets to indicate that this is a cost rather than a benefit</small> |               |                      |                   |
|-------------------------------------|---|--|---|--|---|--------------|------------------------|---|---------------|----------------------|-------------------|
| Preferred option                    | Option title  | To meet the required demand for this service and provide a seamless transition of services from hospital discharge | To provide fit-for-purpose accommodation for a rehabilitation service | To retain valued skillset in the workforce within the broader system | Minimise additional costs to the Council and consider any opportunity for financial savings | Risk level   | Total New Costs £'000s | 22/23   | Ongoing costs | Confidence level (%) | Equalities Impact |
| <input type="checkbox"/>            | 1 Do Nothing  | Partial  | N   | Y  | N   | M            | £'000                  | £576K   | £576K         | 75%                  | Neutral           |
| <input checked="" type="checkbox"/> | 2 Close South Bristol Rehab Centre, transfer rehab staff to Sirona                        | Y  | Y   | Y  | Y   | L            | £50k                   | (£526K)   | (£576K)       | 75%                  | Neutral           |
| <input type="checkbox"/>            | 3 Close South Bristol Rehab Centre and consider redeployment/redundancy options for staff | N  | Y   | N  | N   | M            | £740k max costs        | (£TBC)  | (£576K)       | 25%                  | Negative          |

### 3. Preferred Option(s)

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| <b>PRIMARY Preferred Option</b>   |
| <p><b>Close South Bristol Rehab Centre, transfer staff to Sirona</b> – this would mean closing all rehabilitation beds at the South Bristol Rehab Centre (in a managed, phased way over an appropriate timescale) and Sirona re-providing them at the South Bristol Community Hospital. BCC staff in relevant roles would TUPE to Sirona.</p> <p>This option is endorsed by Sirona and meets all the required outcomes set out in the options appraisal.</p>  |
| <b>Confidence level in savings delivery and justification</b>   |
| <p>There is good confidence in delivering revenue budget savings as a result of this proposal; although the proposal will be subject to a full consultation, there are a number of reasons why it is likely to be progressed.</p> <ul style="list-style-type: none"> <li>• Both the Council and NHS partners endorse this proposal as the best option for providing a high quality rehab service</li> <li>• The transfer of rehab staff will ensure that qualified workforce is retained in the broader health and care system, without adverse impact for the staff group in question</li> <li>• There is no expected adverse impact on the number of rehab beds available in the system, as there are sufficient beds available at the South Bristol Community Hospital</li> </ul> <p>It should be possible to deliver the change for the start of the 2022/23 financial year, therefore achieving a full year saving.</p>  |
| <b>Risk profile of option</b>   |
| <p><b>Overall risk level: Low</b></p> <p><b>Key risks associated with option:</b></p> <ul style="list-style-type: none"> <li>• Sirona fills all vacancies before consultation and transition plan is implemented – unlikely given current difficulties in recruiting to roles</li> <li>• There is a negative response to the consultation from staff and unions which threatens proceeding with the preferred option – consideration to be given to how service can mitigate any potential negative impact ahead of consultation, including completing Equalities Impact Assessment. Appropriate amount of time allowed for consultation to ensure that staff and unions have full opportunity to discuss any concerns.</li> <li>• There is pushback at a system level in relation to the removal of 17 P2 beds from the system – requires ongoing discussion with NHS partners to ensure that this risk is considered and that the new capacity that will be made available at South Bristol Community Hospital can mitigate the planned closure.</li> </ul> |
| <b>Contingency options to mitigate risks and raise confidence level</b>   |
| <ul style="list-style-type: none"> <li>- Work jointly with Sirona to manage staff concerns and questions about the proposed transfer, involving them from the initial staff briefing</li> </ul>   |

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| <ul style="list-style-type: none"> <li>- Completion of Equalities Impact Assessment, with any identified actions incorporated in to proposed changes</li> <li>- Full staff and trade union consultation to take place following Cabinet approval</li> <li>- Ongoing discussions with health partners to manage transition and any potential impact on service at a system level</li> </ul> |
| <b>Any residual shortfall against committed savings?</b>   |
| N/A  |
| <b>Key milestones for delivering the change</b>  |
| <ul style="list-style-type: none"> <li>- Staff and union consultation period</li> <li>- Start and end dates for a managed close of the South Bristol Rehab Centre beds</li> <li>- Milestones associated with the staff transfer</li> </ul>   |
| <b>Lessons Learned from similar projects/initiatives</b>   |
| The Service Managers have previously led a similar exercise for the closure of the North Bristol Centre. Lessons have been learned from this in relation to both the staff consultation and managed / phased closure, and will be applied to this transfer.  |

#### 4. Resource(s) required to progress to the next stage

A full transition plan will be required if the proposal is approved, to cover the staff and trade union consultation, staff transfer and managed closure of the South Bristol Rehab Centre to service users. This will need input from the following resources:

- Head of Service / Operations Manager for In-House services
- HR support for staff consultation and TUPE transfer
- Legal support for TUPE transfer
- Finance support to agree revenue budget savings and re-investment of any Better Care Funding (as agreed with partners to ensure benefit to wider health system)
- Project management support

This work will need to be undertaken jointly with Sirona, and a working group will be established to progress the service transition.