

Equality Impact Assessment [version 2.9]



Title: Review of the Rehabilitation Service	
Budget Proposal [ASC6]	<input checked="" type="checkbox"/> Changing
Directorate: People	Lead Officer name: Stephen Beet
Service Area: Adult Social Care	Lead Officer role: Director of Adult Social Care

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use [plain English](#), avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

Bristol City Council currently operates a rehabilitation service from two centres in the city – South Bristol Rehabilitation Centre and East Bristol Rehabilitation Centre. Earlier this year, a review of the Council’s rehabilitation service was carried out by independent consultants (Mutual Ventures). This review was commissioned as a result of feedback from 2 sources:

- Anecdotal evidence from staff and managers from the service who recognised the limitations of the current accommodation, and the adverse impact this was causing on service delivery and service user experience
- Direct feedback from health partners that the current facility was limiting the number of rehab beds that were available for use (typically occupancy levels are at about 60-70% in the South Bristol centre) and a request to consider options for increasing this

The review concluded that the current arrangements for delivering the rehabilitation service may no longer be the most appropriate and effective way of meeting service users’ rehabilitation needs. There are aspects of the service that need improving and they are having an adverse impact on service delivery. Options have therefore been considered for how the service should be delivered in the future, that can meet the following outcomes:

- To provide an effective and efficient rehabilitation service that offers the best possible outcomes for citizens
- To provide accommodation that enables service delivery

We want a rehab service that meets the following objectives:

- To enhance partnership working and integration with Health 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
- To minimise additional costs to the Council and consider any opportunity for financial savings to address ongoing service budget pressures.

The proposal:

Following an options appraisal (based on the Council's agreed methodology), the preferred approach is:

- That the Council stops direct delivery of a rehabilitation service from its existing centres – this would be a 2-step process with the South Bristol Centre closing and the East Centre being developed for an alternative use
- Delivery of the service would be provided instead by the community health partner Sirona and the staff working at the South Bristol Centre would be transferred to their employment under a TUPE transfer

We have worked with partners across the health & social care system and come to the above proposal based on the following rationale:

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

- Partners across the system are more appropriately equipped to provide rehabilitation care and support – there is agreement across the health and social care system that the Community Health provider has the skills and facilities to deliver this service (which is not typically a function of local authorities). Currently, the Council delivers the service in partnership with the community health partner Sirona Care & Health (they already provide all therapy services), as the Council does not directly employ clinical staff.
- Rehabilitation services are not usually provided by local authorities but by Health partners. We will therefore be following best practice as practiced nationwide.
- Sirona Healthcare were awarded a contract as the single community healthcare provider for Bristol, North Somerset and South Gloucestershire (BNSSG) after a tender exercise by the Clinical Commissioning Group (CCG) undertaken in 2019.
- In May 2021 Sirona assumed control of the South Bristol Community Hospital, which, with the closure of the South Bristol rehab centre, is where the rehab service be based if the proposal is approved.
- Health 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. The closure of South Bristol centre and transfer of workforce would enable them to fully open all beds (which is not currently possible), thus ensuring no overall reduction in rehab beds in the city
- We believe that Sirona are better equipped to provide the rehabilitation service as part of their offering to provide integrated health services to adults and children across BNSSG. They scored highest through the CCG tendering process, and the BNSSG CCG Website states 'Sirona Care & Health will build on existing support by introducing smarter ways for health professionals to work, and joining care up more effectively around people's needs – involving general practices, the voluntary sector and social services' [See website here](#).
- BNSSG CCG rehab bed modelling provides evidence that South Bristol Community Hospital sufficiently meets expected 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 (outlined below).

Accommodation:

- South Bristol Rehabilitation Centre is a 1960's building and no longer fit for purpose. When the service was first established in 1999 it was an innovative collaboration on 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 are en-suite
- 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 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, it is expected that our occupancy will decrease further as they increase the number of beds there
- Moving the rehab services to the South Bristol Community Hospital will mean the current centre will become vacant on the top 2 floors (lower floors are dedicated to office space). This means there is an opportunity to explore other potential use of the space within the Council or community partners.

There are potential alternative uses for the East Bristol site which would be of significant benefit to the broader health and social care system, including supporting hospital admissions avoidance, providing step down facilities etc. (although the detail of such changes would need further consideration and development in partnership with Health outside the scope of this report). These will be further examined and a separate business case and EQIA will be developed for the proposals.

Transition Planning:

- Should the proposal be approved, it will be critical to work closely with Sirona on joint transition planning. Due to the short-term nature of rehabilitation support (up to 6 weeks), no one will be transferred from the current centre to South Bristol Community Hospital. Instead there will be a managed transition process that gradually reduces capacity in the current south centre and fills beds in South Bristol Community Hospital after an agreed transition date.

1.2 Who will the proposal have the potential to affect?

<input checked="" type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input type="checkbox"/> The wider community
<input type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	

Additional comments:

There are 3 groups who are likely to be affected by this change:

- Bristol City Council rehab service staff
- Service users, and their carers / families
- Community health partner Sirona as they will be taking on the service delivery role

We have considered the effect on these different groups based on the following factors:

- Access
- Outcomes
- Experience / Satisfaction

Bristol City Council rehab service staff

- **Access:**
 - We will need to work with Sirona to ensure that the needs of staff with any access requirements are met, and that they feel comfortable within the new working environment.
 - The new site (South Bristol Community Hospital) is very close to the current South Bristol Rehabilitation centre (approx. 1 mile). There are better transport links, a bus stop very close by, as well as parking facilities at the hospital
- **Outcomes:**
 - If the proposal is approved, staff members will be TUPE transferred to Sirona to become part of their workforce. Sirona is a community interest organisation that works with social value at its heart, and staff members should be exposed to career development and progression opportunities. Staff members will also be working in a newer site that is more fit for purpose and better equipped to provide rehabilitation services.
- **Experience / satisfaction –**
 - There may be an impact on staff members’ job satisfaction initially as they adjust to working with a new employer and work within new teams, particularly for those who

have worked for BCC a long time (and the workforce is predominantly older). We recognise the impact that large change can have on people and need to ensure that staff have the right level of support throughout the transition. Staff members will have the opportunity to voice concerns as we will go through a formal joint consultation process post-cabinet approval. This EQIA will then be updated to represent issues raised and identify how we will address any concerns.

Service users, and their carers / families

- **Access:**
 - Service users will benefit from a newer building that is better equipped, with more appropriate facilities such as larger rooms that can accommodate the necessary equipment, larger lifts etc.
 - There will be an increase in the number of available beds for citizens to access
 - The new site is very close to the current site, easily accessible by public transport and car
- **Outcomes:**
 - Sirona was chosen through the CCG tendering process as the best organisation to be the single community health provider for BNSSG and are already delivering therapy elements of the service in partnership with the Council. We therefore expect that the level of service delivery will be sustained, and service users will continue to experience good outcomes from the rehabilitation service
 - Ceasing to provide this service as a Local Authority and transitioning to delivery from a health partner brings BCC in line with national good practice
 - Improved facilities at the hospital should support better outcomes for individuals receiving the service
- **Experience / satisfaction:**
 - The transition from provision of the service from South Bristol Rehab Centre to South Bristol Community Hospital should be seamless and therefore have no negative impact on the experience of our service users & their families. Sirona already provide a rehabilitation service at South Bristol Community Hospital (SBCH) service, so this service will be an extension of their current provision. No one will be transferred from the current centre to South Bristol Community Hospital - this is because the rehab service offers short-term support for up to 6 weeks, which will enable a managed transition process that gradually reduces capacity in the current south centre and makes any new placements at SBCH.
 - Families & carers will hopefully feel more confident in the service that is being provided, with the patient being in a newer and better equipped facility.

Community health partner Sirona

- **Access**
 - Sirona will be continuing to operate the same service from the same site, their workforce will just get larger as BCC staff join and their own staff currently employed at South Bristol Rehab Centre move across. They will need to consider the current reasonable adjustments of the new members of staff (TUPE transferred from BCC). We will therefore need to ensure the needs of any of our staff members are known and shared with Sirona at the earliest opportunity.
- **Outcomes**
 - Sirona will be expanding their offer and will be able to run their rehab service at full capacity, which they haven't been able to do due to insufficient staffing capacity. This will allow them to increase the number of rehab beds available to citizens. The new staff joining will also enable them to develop their workforce and embed a culture of a social care model of rehabilitation currently thriving at the South Bristol Rehab Centre.
- **Experience / satisfaction**
 - There may be an adjustment period for the existing Sirona staff, as they will become a larger team, having absorbed current staff from the South Bristol Rehab Centre

and Sirona’s service running at an increased capacity. They (Sirona’s existing staff) will also be working within new teams as new members of staff (from South Bristol Rehab Centre) join their workforce. In the longer term, this should bring opportunities for both merged staff in respect of learning & exchanging working practices, as well as potentially bringing career development opportunities as the service expands.

a. Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If ‘No’ explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If ‘Yes’ complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

Yes **No** [please select]

There is potential impact on service users (primarily older people), the staff group & Sirona Health as detailed in Section 1.2

Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success> .

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<p><u>Workforce:</u> I-Trent workforce data</p>	<p>Total staff: 78 (both East & South Centres) but 40 in South centre directly impacted by this proposal</p> <ul style="list-style-type: none"> The workforce is made up with predominantly older (55% 50-64) white (74%) females (94%) who identify as heterosexual (63%, 28% prefer not to say)

	<ul style="list-style-type: none"> • 8% of the workforce come from a Black, Asian and minority ethnic background • 5% of the workforce identify as disabled
<p><u>Service Users:</u> Referrals data</p> <p>JSNA data provided on Bristol City Council website - general data on older population of Bristol The population of Bristol - bristol.gov.uk</p>	<p>Basic details on service users who have been referred to the South Bristol rehab service between April-September 2021</p> <ul style="list-style-type: none"> • Male: 23 • Female: 34 <p>Predominantly aged 75 and above</p> <p>Bristol's 60,300 older people make up 13% of the total population, i.e. one in every seven people living in Bristol is aged 65 or over. The proportion of older people is lower than in England and Wales as a whole, where 19% of the population are aged 65 and over. There are 9,000 people living in Bristol aged 85 and over.</p>
<p><u>Sirona Health:</u> BNSSG CCG website: Adult community health services: selecting a provider NHS Bristol, North Somerset and South Gloucestershire CCG (bnssgccg.nhs.uk)</p>	<p>CCG reasoning behind selecting Sirona as the single provider for Community Health for BNSSG. Sirona was chosen as they were the highest scoring throughout the tendering process and will work towards the integration of health services across BNSSG.</p>
<p>Additional comments: Specific ward data has not been considered as, although the centres are based at specific sites, referrals can come from all over the city.</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams, diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

- | |
|--|
| <ul style="list-style-type: none"> • Potential gaps on information collected on LAS (adult care database) about service users (where data is not added) • Gaps in workforce data on I-Trent (as individuals can opt out) |
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2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Staff:

- An initial briefing will be held with affected staff and trade unions ahead of the Cabinet meeting, to set out the details of the proposal and invite feedback to inform the final report
- Following the Cabinet decision, if the proposals are approved, there will be a full staff and trade union consultation in line with the Council's Managing Change policy. This will be completed jointly with Sirona Health and Care.
- All activities are informed by lessons learned from the staff experience in relation to the North rehabilitation centre closure in 2017, which include:
 - Prioritising staff experience throughout the transfer
 - Ensuring frequent and timely communications

Service users:

- Citizens were consulted by the Clinical Commissioning Group (via the Patient Involvement group) as part of the tender process for the community health contract that Sirona were awarded in 2019.
- Sirona already provide a rehabilitation service at South Bristol Community Hospital (SBCH) service, so this service will be an extension of their current provision. No one will be transferred from the current centre to South Bristol Community Hospital - this is because the rehab service offers short-term support for up to 6 weeks, so there will be a managed transition process that gradually reduces capacity in the current south centre before making new placements at SBCH. There will therefore not be a service user consultation.

Sirona:

- There have been ongoing discussions and consultation on these proposals between system health partners (CCG, Sirona, acute hospitals and the Council) during the last year, as a result of feedback from staff that the South Rehab Centre may be compromising the ability to deliver a high-quality rehabilitation service.
- The proposal is endorsed by the health and social care system's senior leaders
- Final consultation on the detailed proposal is taking place with Sirona currently, including the details of the proposed TUPE transfer, and they will be fully involved with staff and trade union consultation.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

- The main staff and trade union consultation will take place after any Cabinet decision, in line with the Council's Managing Change policy. This will include dedicated briefings and 1:1 sessions where required, and will be carried out jointly with Sirona
- A working group has been formed with Sirona to enable detailed planning and communications, and to discuss any concerns raised by staff
- There will be detailed implementation plans in place for both the staff transfer and transfer of service delivery, which will be finalised following a Cabinet decision

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or

mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)	
<p>There are 3 groups who are likely to be affected by this change:</p> <ul style="list-style-type: none"> • Bristol City Council rehab service staff • Service users, and their carers / families • Community health partner Sirona as they will be taking on the service delivery role <p>We have considered potential adverse impact on these different groups based on the following factors:</p> <ul style="list-style-type: none"> • Access • Outcomes • Experience / Satisfaction <p><u>Bristol City Council rehab service staff:</u></p> <ul style="list-style-type: none"> • Access <ul style="list-style-type: none"> ○ A change of workplace may cause adverse impact e.g. in relation to travel to/from work • Experience / Satisfaction <ul style="list-style-type: none"> ○ Changing to a new employer (although terms and conditions will remain the same), could be challenging for some of the workforce, particularly as many of the staff are within the 50-64 age bracket and have worked for BCC for a long time. There may be initial shock at the proposals. Staff members will have an opportunity to voice any concerns at a meeting prior to cabinet approval, as well as a full staff consultation if the proposal is approved. Ongoing discussions with Sirona will ensure concerns are raised. These issues are discussed in detail below. <p><u>Service Users</u></p> <p>It is not anticipated that there will be adverse impact for service users</p> <p><u>Sirona</u></p> <ul style="list-style-type: none"> • Experience / Satisfaction <ul style="list-style-type: none"> ○ The main impact on Sirona will be an expanding workforce which allow them to expand their service offer and run the SBCH at full capacity. Although this is anticipated to be an overall positive impact, there will be a period of adjustment for Sirona staff working as part of a larger workforce, and potentially in new teams. 	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u> Experience: The majority of the workforce are in the 50+ bracket. The impact of large - scale change may be felt more by those who have worked in the service for a long time. They will be working for a new employer, within new teams and from a new site (albeit the site is very close to the old site and more accessible).</p> <p><u>Service Users:</u> The proposal will disproportionately affect older people as the majority of service users are 65+. However, it is not anticipated that there will be adverse impacts.</p>
Mitigations:	<p><u>Staff:</u> Staff will be supported throughout the change process, starting with a pre-consultation briefing ahead of the Cabinet decision and then via a full consultation and Managing Change process should the decision be approved.</p>

	<p>The change process will be managed jointly with Sirona. Sirona have already set out a full commitment to support employees transferring and will offer measures such as visits to the new workplace, the opportunity to shadow Sirona staff etc. This will be further developed during the consultation process.</p> <p>Recognising any individual access needs and ensuring that these are communicated to Sirona and managed effectively and sensitively during the transition</p> <p><u>Service Users:</u></p> <p>The risk of adverse impact on service users using the service at the time of service transfer will be mitigated by ensuring that no individual is transferred between the 2 sites. A detailed transition plan will be produced, where capacity in the Council centre is gradually reduced and additional beds at South Bristol Community Hospital are gradually opened.</p>
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u></p> <p>Access: 5% of the workforce identify as disabled, and some of these staff members may have accessibility requirements or reasonable adjustments that are currently acknowledged by BCC. Working for a new employer on a new site, we need to make sure any additional needs are met.</p> <p>Experience: Staff with a disability may experience anxiety at moving to a new workplace and uncertainty about how any individual needs may be met.</p> <p><u>Sirona</u></p> <p>Sirona will be expanding its workforce, some of which may have access requirements or reasonable adjustments. Sirona will need to be prepared to make any necessary reasonable adjustments</p>
Mitigations:	<p><u>Staff</u></p> <p>Access: The new site is regarded as being much more accessible and appropriate for service provision, being a more modern site designed in line with accessibility requirements. However, any existing reasonable adjustments must be highlighted in discussions with Sirona and honoured or improved as part of the TUPE transfer.</p> <p>Experience: All staff will be supported through the change jointly by BCC and Sirona, and the risk of anxiety or uncertainty recognised. Specific mitigations for individuals with concerns need to be explored e.g. arranging visits to the new site to check any concerns around accessibility.</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u></p> <p>Access: 95% of the workforce identify as female, this means that there are more likely to be working arrangements in relation to caring, maternity & childcare. These working arrangements need to be considered in any arrangement with Sirona.</p>
Mitigations:	TUPE regulations ensure that any working terms & conditions in the current place of work will be honoured in the new working arrangement.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mitigation:	Possible disproportionate affects will be identified through the consultation process and any mitigations will be catered for. For example, ensuring equitable and fair TUPE transfer process for staff with different sexual orientation. At a practical level, making sure that TUPE transfer preference is not given to heterosexual staff over those who are from LGBT community.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u></p> <p>Access: 95% of the workforce identify as female, this means that there are more likely to be working arrangements in relation to caring, maternity & childcare. These working arrangements need to be honoured in any arrangement with Sirona.</p>
Mitigations:	TUPE regulations ensure that any working terms & conditions in the current place of work will be honoured in the new working arrangement
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<u>Staff:</u>

	Experience: Although a disproportionate impact is not anticipated, it will be critical that part of the transfer discussions with Sirona to reflect the importance of creating an environment that celebrates and encourages diversity (as 13% of workforce are from a Black, Asian or minority ethnic background). Staff from an ethnic minority background may be negatively impacted if they don't feel as comfortable in the new workplace.
Mitigations:	Ensure that this issue is raised in discussions with Sirona, as well as any concerns raised during the staff consultation.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mitigation:	Please see 'race' section. The issues and mitigation will follow similar rationale. Possible disproportionate affects will be identified through the consultation process and any mitigations (e.g. reasonable adjustments such as prayer / quiet room facility) required will be put in place.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mitigation:	Possible disproportionate affects will be identified through the consultation process and any mitigations (e.g. reasonable adjustments such as flexible working to accommodate unmarried / not in civil partnership member staff who intend to get married / be in civil partnership). Also, ensuring that TUPE transfer preference is not given to staff who are unmarried / not in civil partnership over those who are.)
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The improvement in service provided and added benefits such as transport etc. mean that impact should be positive.
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

<u>Bristol City Council rehab service staff</u>
<u>Disability</u>
Access:
<ul style="list-style-type: none"> • For disabled staff, the new site is deemed to be more accessible, both internally in terms of the design (wider lifts, larger rooms etc.), and externally - there are better transport links, a bus stop very close by, as well as parking facilities at the hospital.
<u>Sex</u>
Outcomes:

- The rehab service workforce is predominantly female. The move to Sirona will potentially offer career opportunities in the health sector to staff members.

Service users, and their carers / families

Disability

Access:

- Service users will benefit from a newer building that is better equipped with more appropriate facilities such as larger rooms that can accommodate the necessary equipment, larger lifts.

Outcomes:

- The proposal will result in an increased number of rehab beds being available in the city for those who need them.
- Better facilities should result in improved outcomes

Satisfaction / Experience:

- Service users and their families & carers will hopefully feel more confident in the service that is being provided, with the care being provided in a newer and better equipped facility.

Older People

Access:

- Service users will benefit from a newer building that is better equipped with more appropriate facilities such as larger rooms that can accommodate the necessary equipment, larger lifts.

Outcomes:

- The proposal will result in an increased number of rehab beds being available in the city for those who need them.
- Better facilities should result in improved outcomes

Satisfaction / Experience:

- Service users and their families & carers will hopefully feel more confident in the service that is being provided, with the care being provided in a newer and better equipped facility.

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:

- The main negative impact will be the short-term impact of change for staff having to move to a new employer and site. Whilst their terms & conditions will be protected through the TUPE transfer regulations, this is a significant change to the individual. We will mitigate the impact through formal joint staff consultations, further 1-2-1's where necessary, and raising concerns with Sirona during continuing discussions throughout the transition.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

- There are specific benefits for older people and individuals with a disability represented in the service user group. The new rehab service will be in a more appropriate location, with better facilities, better transport links and a hospital location that will facilitate a smooth transition from hospital discharge.
- As a result of the proposed TUPE transfer to Sirona, there are opportunities for the staff group for continued employment in the same sector in the south of the city, in a better facility with opportunities for career development within the health sector.

- There are significant benefits for Sirona as an employer in a sector that is currently experiencing significant recruitment and retention issues; they will inherit a skilled and highly valued workforce who can help them develop their desired culture at the South Bristol Community Hospital
- There are benefits for the broader health and care system, and the individuals accessing it, as this proposal will increase the number of available rehab beds in the city
- There are potential financial savings for the Council, which is important at a time when the service budgets are under significant pressure, as well as a chance to explore alternative future uses for the South Bristol Rehab Centre which could benefit other services or offer efficiencies across the Council estate.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Improvement: There is an opportunity to improve data collection in relation to service users which will be raised with Sirona	Jayne Clifford	As part of service transfer
Improvement: There is an opportunity to improve data collection in relation to staff which will be raised with Sirona	Jayne Clifford	As part of service transfer
Action: Staff briefing (pre-cabinet approval)	Jayne Clifford	November 2021
Action: Formal staff and trade union consultation	Lorna Laing / Jayne Clifford, as well as Sirona management	Post cabinet approval (December 21)
Action: Establish a working group with Sirona to oversee: <ul style="list-style-type: none"> • Detailed transition and implementation planning (including, making sure that the management of change is equitable and fair for all stakeholders from different protected groups, incorporating lessons learnt from North Rehabilitation Centre closure in 2017. In addition, ensuring, equitable and fair TUPE transfer, good relations between expanded team members and good satisfaction for service users and their family / carers across protected groups, • Consideration of staff concerns raised through consultation, as well as emphasising the need for Sirona to ensure a safe & welcoming working environment for Black, Asian and minority ethnic employees 	Stephen Beet Stakeholder Working Group	November 2021
Action: Ensure any current reasonable working adjustments are highlighted to Sirona and confirmation that they will be honoured	Jayne Clifford	As part of consultation
Action: Formal lessons learned exercise post transition	Jayne Clifford with Sirona management	Following service transfer

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

The Council will maintain and develop an ongoing relationship with Sirona as part of broader system integration work and a shared commitment to delivering intermediate care in the context of the new Integrated Care System.

The impact of the proposal will be measured in terms of:

- No of rehab beds available in the hospital / occupancy levels
- Sustained level of service user / patient outcomes
- Patient satisfaction surveys (to be managed by Sirona)
- Staff satisfaction survey

- Data on staff retention and recruitment
- Overall effectiveness of the rehab service in supporting hospital discharge and system flow

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director¹.

Equality and Inclusion Team Review: <i>Chaman Verma</i> Chaman Verma - Diversity, Inclusion and Employee Initiatives Consultant	Director Sign-Off: Stephen Beet – Director: Adult Social Care
Date: 18.11.21	Date: 21/12/2021

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.