



Full Business Case

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A. PROJECT SUMMARY INFORMATION

Project Name:	Adult Social Care In-House Rehabilitation Service Review
Project ID (if known):	21EN628
Cabinet Member:	Councillor Holland
Lead Officer (Sponsor):	Hugh Evans
Directorate(s):	People
Associated service areas:	Adult Social Care
Report lead author(s):	Stephen Beet
Report recipients:	Corporate Leadership Board, People EDM, Portfolio Management Office

B. ORGANISATIONAL CONTEXT

Alignment to corporate theme(s):	Supports 'Empowering and Caring' corporate theme					
Portfolio Prioritisation Position:						
Project category:	<input checked="" type="checkbox"/> Saving delivery <input type="checkbox"/> Compliance / Statutory <input type="checkbox"/> Risk reduction <input type="checkbox"/> Cost avoidance <input checked="" type="checkbox"/> Improved outcomes <input type="checkbox"/> Enabling <Other>					
Council Budget saving delivery:	Budget reference: ASC6					
	Savings description (as stated in approved budget): Transfer rehabilitation services to external partner					
		22/23 £'000s	23/24 £'000s	24/25 £'000s	25/26 £'000s	26/27 £'000s
Saving	500	500	500	500	500	

1. Project overview

Project Context (including information outlined in Outline Business Case)

Service overview

Bristol City Council currently operates a rehabilitation service from two centres in the city – South Bristol Rehabilitation Centre (SBRC) 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 (CCG) following a successful tender process in 2019.

Service Budget:

- The total (net) budget for the Rehab Centres for 21/22 is £1.03m (£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.

Recent Review of Service:

The Council completed a review of the rehabilitation service in 2021 (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 which are set out below).

An options appraisal on the future of the service was completed and a recommendation presented to BCC Cabinet in January 2022. The preferred option was for the Council to transfer the existing SBRC service to Sirona Care & Health, to be delivered out of South Bristol Community Hospital. An ‘agreement in principle’ was confirmed by Cabinet, but it specified that any final proposals should come back to Cabinet for further approval.

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 Care and Health assumed control of 60 beds at the South Bristol Community Hospital, creating additional system wide capacity for the delivery of rehabilitation services. Sirona is already commissioned and funded by the CCG to deliver a full rehabilitation service from this site. Previously, Sirona had been unable to fully open all of the rehab beds due to a staffing shortage; however, since February 2022 the beds have been fully open.
- Providing rehab beds in South Bristol Community Hospital would support a seamless transition of services from hospital discharge
- In addition, in March 2022 health system partners made a decision to locate a new Specialist Stroke Rehabilitation Units at South Bristol Community Hospital. This is likely to result in changes to the current structure and potential workforce consultation in the period immediately after SBRC staff would have transferred.

South Bristol Rehabilitation Centre is not an appropriate building 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 all the rehabilitation beds now open in South Bristol Community Hospital (managed by Sirona), there is already an increase in the number of available beds in the system compared to when the service review was initiated.

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

- Whilst a formal TUPE transfer is no longer applicable, there are opportunities for the SBRC rehab staff to move into similar roles within the rehabilitation service provided by Sirona Care & Health at South Bristol Community Hospital. Sirona are offering Council rehab staff a preferential recruitment process for any rehab vacancies, and the ability to retain any current continuous service benefits if they move to Sirona. This provides direct employment opportunities for Council

staff within the broader health and social care system and potential future career opportunities for those staff who wish to pursue them.

- The South Bristol Community Hospital is near the current site to minimise disruption for staff who wish to continue working in the south of the city
- For rehab staff who are not interested in working for Sirona Care and Health, there will also be redeployment opportunities in care roles within other Council services.

Financial Benefits

- Ceasing the Council's service delivery and closing SBRC will result in financial savings of approximately £500k to the Council's adult social care service, as set out in the budget proposals recently agreed by full Council.
- Although there may be significant one-off costs attached to the closure, recurring annual savings will be delivered from 2023/24
- 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. ¹
- 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.
- The South Bristol 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 SBRC 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. It will be critical to manage any short-term reduction in the number of available rehab beds during any service transition, and detailed joint implementation plans will be required to manage this risk.

2. Preferred Option Detailed Case

Since the 'agreement in principle' was approved by BCC Cabinet in January 2022, there have been changes to the current landscape and context in which Sirona Care and Health are providing rehabilitation services at South Bristol Community Hospital. As outlined above, the fact that they have been able to open all available rehab beds and the impending changes linked to the specialist stroke rehab unit, mean that the original proposal to transfer all BCC rehab staff is no longer recommended.

PRIMARY Preferred Option

Having revisited the previous options appraisal, the recommended option is now to progress with the closure of the South Bristol Rehabilitation Centre. Rehab services in the south of the city will be fully provided by Sirona Care and Health at South Bristol Community Hospital. The impact of this change is that alternative employment opportunities will need to be considered for the staff at South Bristol Rehab Centre. This will include:

- Opportunity for Council rehab staff to apply for vacant posts at South Bristol Community Hospital and benefit from a 'light touch' recruitment approach. Sirona will also recognise staff continuous service and associated benefits.
- For staff who are not interested in opportunities with Sirona, they will be considered for redeployment opportunities within Bristol City Council
- If a suitable alternative post cannot be found through the redeployment process, then redundancy will apply

The service will also need to manage a phased, closedown of service delivery. If Cabinet approval is confirmed, the following steps will be taken:

- Target date will be agreed with system partners for the last admissions to be accepted into South Bristol Rehab Centre.
- From that date, there will be a period of 6 weeks when individuals complete their rehabilitation, and the service will work to facilitate their discharge home / to onwards services as required
- Once all service users have completed their rehabilitation period, the building will need to be decommissioned

Confidence level in savings delivery and justification

There is good confidence in progressing this proposal within the defined timescales and both the Council and Sirona Care and Health endorse this proposal as the best option for providing a high-quality rehab service.

From 2023/24 onwards, full year effect savings of £500k will be realised as the service budget is removed. However, in 2022/23 only part of the savings will be delivered due to the one-off costs that will be incurred and the fact that the service will operate during the first 3-4 months of the year which will require a proportion of the service budget to be used. The gap in savings for 2022/23 will be mitigated through using a temporary underspend in other staffing budgets within Intermediate Care (which exists due to vacant posts being held in some services).

Risk profile of option

Overall risk level: Low-Medium

Key risks associated with option:

- Sirona fills all vacancies and there are no opportunities available to SBRC rehab staff – this is unlikely as Sirona have confirmed vacancies as of April 2022 and wish to fast-track applications for Council rehab staff.
- One off costs result in a gap in the financial savings for 2022/23
- There is a negative response to the consultation from staff and unions which threatens proceeding with the preferred option
- There is pushback at a system level in relation to the removal of rehab 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.

Contingency options to mitigate risks and raise confidence level

<ul style="list-style-type: none"> • Completion of Equalities Impact Assessment, with any identified actions incorporated in to proposed changes • Close monitoring of how many staff are successfully employed by Sirona or redeployed in to other roles to assess remaining redundancy costs and what level of shortfall this may lead to • Full staff and trade union consultation to take place following Cabinet approval • Ongoing discussions with health partners to manage transition and any potential impact on service at a system level
Any residual shortfall against committed savings?
Potential shortfall, although amount as yet unknown
Key milestones for delivering the change
<ul style="list-style-type: none"> • Staff and union consultation period • Start and end dates for a managed close of the South Bristol Rehab Centre beds
Lessons Learned from similar projects/initiatives
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 accordingly.

2.1 Project scope

In Scope
Although this paper refers to South and East Bristol Rehab Centres, the option presented and immediate proposed changes only refer to South Bristol Rehab 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	Any risks/consequences associated with “Out of scope” items
<ul style="list-style-type: none"> • 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 	N/A

2.2 SMART Project objectives

	Specific	Measurable	Attainable	Relevant/Realistic	Timebound
1	To provide an effective and efficient rehabilitation service that offers the best possible	Service performance / KPIs within Sirona	Yes – once service provision all delivered from South Bristol Community Hospital		By August 2022

	outcomes for citizens				
2	To protect / retain valued skillset in the workforce within the broader system	Maximum number of staff redeployed into alternative roles in the Council or employment with Sirona Care & Health	Yes, considering opportunities within BCC and Sirona	Yes – although not for all staff group	Final position confirmed by September 2022
3	Minimise additional costs to the Council and consider any opportunity for financial savings to address ongoing service budget pressures	Final one-off costs associated with closure and final savings delivered (Year 1 and recurring)	Dependent on outcomes for individual staff members	Yes	Final position confirmed by September 2022
4	To provide fit-for-purpose accommodation for a rehabilitation service	All service provision delivered from South Bristol Community Hospital	Yes – once service provision all delivered from South Bristol Community Hospital		By August 2022

2.4 Summary Costs and Benefits

The below table provides summary detail of the ‘most likely’ case financial.

Total Project Financial Summary - Preferred Option						
	1	2	3	4	5	Total
£'000s	21/22	22/23	23/24	24/25	25/26	
<i>Total new/ chargeable costs</i>	£ 41	£ 616	£ -	£ -	£ -	£ 657
<i>One-off contingency (tolerance)</i>	£ -	£ -	£ -	£ -	£ -	£ -
<i>Total opportunity/ non-chargeable costs</i>	£ -	£ -	£ -	£ -	£ -	£ -
One-off costs	£ 41	£ 616	£ -	£ -	£ -	£ 657
<i>Ongoing costs (incl. contingency)</i>	£ -	£ -	£ -	£ -	£ -	£ -
<i>Gross savings (incl. contingency)</i>	£ -	£ 577	£ 577	£ 577	£ 577	£ 2,306
Ongoing	£ -	£ 577	£ 577	£ 577	£ 577	£ 2,306
Net total	£ 41	£ 40	£ 577	£ 577	£ 577	£ 1,649
Cumulative net total	£ 41	£ 80	£ 496	£ 1,073	£ 1,649	

The main areas of cost included in the table above are:

- One-off redundancy / pension costs – Up to £600k
- Staff costs for project delivery (as outlined in resources section below) – Up to £11k
- Decommissioning costs – Up to £5k

The figures stated above show the maximum redundancy costs that could arise, if it is assumed that it is not possible to redeploy any of the affected staff group. However, the proposal is to support as many staff as possible into alternative posts in line with the Council's Managing Change policy. Depending on the scale of any redundancy costs, it is possible that the amount could be more than the available service revenue budget. If that should occur, then alternative funding mechanisms will be required – this is being explored with the Finance Business Partner.

2.5 Benefits

Financial benefits:

Description	Metric	Owner	Assumption(s)
Savings to the Council revenue budget (once any one off costs have been offset)	£500k annual recurring saving	Stephen Beet	It won't be possible to achieve the full year effect savings in 2022/23 due to the one off costs associated with the closure. From 2023 onwards a full budget saving will be delivered.

Non-financial benefits:

Description	Metric	Owner	Assumption(s)
Improved outcomes for service users based on service delivery being delivered from more appropriate accommodation	Rehabilitation performance monitoring	Sirona Care & Health	Assumes no other adverse impact on service performance

2.7 Key Risks and Issues

The key risks and issues associated with the delivery of the preferred option are shown below:

Risk	Mitigation
Financial risk to savings delivery in 2022/23 as a result of delays compared to original timeline and the one-off redundancy costs associated with closure option	Support as many staff in to alternative employment as possible (either redeployment or with Sirona). Contingency plans for savings shortfall.
There is a risk that the broader health system will not support the proposals put forward by BCC,	Capacity will be provided at South Bristol Community Hospital. Detailed monitoring and

due to concerns that it will be reducing overall rehabilitation bed capacity	implementation plan to manage any short term risk during service closure period.
There is a risk that the redeployment opportunities available to staff are in different areas of the city and will therefore not be suitable alternatives (as will be dependent on staff having own transport)	Prepare list of vacant posts for consideration, and consider locations compared to staff home address.

2.7.1 Risk Impact Analysis

There are 2 risk areas that could require further review if they fail to be mitigated:

Financial risk to savings delivery – once the final one-off costs are known, it may be necessary to review the outstanding savings risk for 22/23 and assess whether adequate contingency plans are in place

Health system capacity risk – if health system partners (e.g. Clinical Commissioning Group) raise concerns then this could delay the proposals. There is ongoing dialogue to monitor this.

Decisions will be escalated to Corporate Leadership Board if risk escalation is likely to impact successful delivery following Cabinet decision.

3. Delivery Approach

3.1 Implementation Approach

There are 2 key strands of work required to implement the closure:

- **Service closure**

Once a final decision has been made on the proposed closure, a service closure plan will be implemented to gradually reduce occupancy in the rehabilitation centre until all service users are re-directed to South Bristol Community Hospital. The maximum amount of time that an individual stays at the centre is 6 weeks, so the transition period would be estimated 6-10 weeks to enable completion of any service delivery plus time to facilitate ongoing care / support for service users and to clear the centre of furniture / equipment etc.

- **Staff consultation and Managing Change Process**

In parallel to the service closure, a full consultation will need to be carried out with the affected staff group. This will include the following steps:

- Redeployment process – every effort will be made to redeploy individuals into alternative posts, recognising that roles have to be suitable alternatives in line with the Council's policy
- If it is not possible to redeploy staff into a suitable alternative post, then redundancy will apply

3.2 Benefits Realisation Approach

The financial benefits of this proposal will be monitored via the ASC Transformation Board – specifically any forecast savings for 2022/23 when all one-off costs have been taken into consideration. Once the service has been closed then Finance will make the required budget adjustments to ensure that any savings are secured.

3.3 Procurement Approach

There are no procurement implications.

3.4 Communications and Engagement Approach

The key stakeholder groups affected by this proposal are as follows:

- Service users and their families / carers
- Staff in the rehabilitation service
- Trade unions
- Members
- Health system partners

The table below outlines the engagement that is taking place with each group:

Stakeholder	Nature of engagement
Staff in the rehabilitation service	Consultation on options prior to Cabinet decision – including group and 1:1 meetings, pensions advice, wellbeing support sessions, interview training Sirona to offer ‘open day’ at South Bristol Community Hospital Support through Managing Change if closure option is approved (including 1:1 redeployment discussions)
Trade unions	Formal consultation and engagement through joint consultative committees; invitations to staff meetings as representatives
Health system partners	Regular meetings to discuss options and implementation of preferred approach
Members	Cabinet Member briefings, role as Chair at ASC Transformation Board
Service users and their families / carers	Information to be provided to any service user referred during the closure period

3.5 Timeline and Key Milestones

Preferred Option A: Key Milestones	Target Date
Expressions of interest to Sirona	29/04/2022
Cabinet decision	10/05/2022
Managing Change process starts	16/05/2022
Cut-off date for new admissions to South Bristol Rehabilitation Centre	20/05/2022
Staff consultation period ends	TBC
Target centre closure date	08/07/2022
Decommission centre	31/07/2022
Final possible redeployment date	05/08/2022
Project closed	12/08/2022

4. Project governance for implementation

Project Role	Name	Job Title
Sponsor		Executive Director - People
Project Executive		Director – Adult Social Care
Project User(s)		Head of Service
Project Supplier(s)		HR Business Partner Finance Business Partner
Project Manager		Senior Project Manager

4.1 Project Tolerances & Controls

Tolerances indicate the amount of movement that is acceptable in a range of areas (e.g. cost or timescales) before escalation is required. It's important to define these in absolute, objective terms and to clearly show how this will be monitored and escalated if necessary.

The principle applied to all proposals is that decision-making authority is delegated within the baselines approved at the point at which a Business Case is approved. ANY decisions that would take the project outside of the agreed tolerances and scope should be escalated to Corporate Leadership Board or to your Programme Board if you are part of a programme.

Tolerance areas	Project level tolerance	Escalation route	Control & tracking document(s)
Time +/- amounts of time on target completion	+ 1 month	ASC Transformation Board	Project Plan Highlight Report
Cost +/- amounts of planned budget	No increase tolerated – any reductions will increase savings delivered	ASC Transformation Board	Financial spreadsheet
Quality Defining quality targets in terms of ranges	No deviation from agreed approach and clear HR processes	ASC Transformation Board	Project Plan Highlight Report
Scope Permitted variation of the scope of a project solution	No deviation from agreed scope	ASC Transformation Board	Business Case Highlight Report
Benefits +/- amounts of planned benefit delivery	No decrease tolerated – any increase in forecast 22/23 savings is positive to offset risk	ASC Transformation Board, Delivery Executive	Financial spreadsheet

Risk	Any increase in cost beyond the available funding source to be escalated	ASC Transformation Board	RAID Log Highlight Report
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4.2 Project Team Resource Requirements

Role	What they will do	Days needed	Cost per day	Total cost	Opportunity or New Cost	Funding source(s)
Head of Service	Provide service areas expertise advice, guidance and insight to the project	5	-	-	O	Service Budget
Service Manager	Enable access to service-related data and information Support the releasing of key staff to the project team Support change delivery	10	-	-	O	Service Budget
Project Manager	Produce detailed plan to co-ordinate implementation of closure activities Manage the delivery of activities in the plan	6	396	2376	N	Innovation Funding
HR Business Partner	Overall direction of HR approach and process, and direction of HR resources to support consultation	7	750	5250	N	Innovation Funding
Transactional HR support	To support the staff consultation process, specifically redeployment activity	15	250	3750	N	Innovation Funding

Total opportunity costs	£
Total new costs	£11,376
Total resource costs	£
Total funding being sought	£11,376