

# Equality Impact Assessment [version 2.9]



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|--|---|
| Title: Review of the Rehabilitation Service  |   |
| <input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service<br><input type="checkbox"/> Other [please state] | <input type="checkbox"/> New<br><input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing |
| Directorate: People  | Lead Officer name: Stephen Beet   |
| Service Area: Adult Social Care  | Lead Officer role: Director of ASC  |

## 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. In 2021, 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 two 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 South Bristol Rehab Centre 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 Rehab 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 the South Bristol Rehab centre.
- That the Council considers East Bristol Rehab Centre for alternative use.
- Delivery of the service in the south of the city would be provided instead by the community health partner Sirona (with Council rehab staff working at the South Bristol Rehab Centre given the opportunity to apply for a position within Sirona's service)

#### **This EQIA considers the first aspect of the proposal: the ceasing of the directly delivered rehabilitation service from the South Bristol Rehab Centre.**

We have worked with partners across the health and 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 and 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 NHS partners. We will therefore be following best practice as practiced nationwide.
- Sirona Care and Health was 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.
- Previously, 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. This has since been achieved, although only through the use of bank/agency staff – this means that there are permanent vacancies that would be suitable for Council rehab staff. There is already contract provision and funding in place to operate these beds.
- We believe that Sirona is 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 1960s building and no longer fit for purpose. When the

service was first established in 1999 it was an innovative collaboration to deliver 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 needs 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 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 two 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. The detail of such changes would need further consideration and development in partnership with NHS colleagues, and 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 six 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 three 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 and the managers of any new teams if staff are redeployed to ensure that the needs of staff with any access requirements are met, and that they feel comfortable within the new working environment.
  - The Sirona 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 have the option of applying for a post with Sirona or entering the redeployment process within the Council.
  - Sirona is a community interest organisation that works with social value at its heart, and staff members should benefit from 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.
  - For staff looking for redeployment opportunities, there are currently a large number of vacant care posts that could offer staff new opportunities within the broader service.
- **Experience / satisfaction –**
  - There may be an impact on staff members' job satisfaction initially as they adjust to working with a new employer or work within new teams. It should be noted that the SBRC workforce predominantly comprises older colleagues, and the effect of the transfer may be significant for those who have worked for BCC a long time. 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 and their families. Sirona already provides a rehabilitation service at South Bristol Community Hospital (SBCH), 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 six weeks, which will enable a managed transition process that gradually reduces capacity in the current South Bristol Rehab Centre and makes any new placements at SBCH.
  - Families and 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 permanent workforce will just increase with any BCC staff who join and their own staff currently

employed at South Bristol Rehab Centre move across. They will need to consider the current reasonable adjustments of any new members of staff. 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**

- Any staff who join Sirona will be reinforcing and expanding Sirona's permanent workforce, which will make the service more sustainable and ensure the full number of rehab beds are available to citizens. Any new staff joining will also bring a wealth of skills and experience from current practice at the South Bristol Rehab Centre, which will reinforce the competency of the Sirona workforce.

- **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. In the longer term, this should bring opportunities for both merged staff in respect of learning and 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 and Sirona Care and 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<br>[Include a reference where known]  | Summary of what this tells us   |
|--|---|
| <p><u>Workforce:</u><br/>I-Trent workforce data</p>  | <p>40 staff in South Bristol Rehab Centre directly impacted by this proposal</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• 8% of the workforce come from a Black, Asian and minority background</li> <li>• 5% of the workforce identify as disabled</li> </ul>  |
| <p><u>Service Users:</u><br/>Referrals data</p> <p>JSNA data provided on Bristol City Council website - general data on older population of Bristol<br/><a href="http://bristol.gov.uk">The population of Bristol - bristol.gov.uk</a></p> | <p>Basic details on service users who have been referred to the South Bristol Rehab Centre service between April-September 2021</p> <ul style="list-style-type: none"> <li>• Male: 23</li> <li>• Female: 34</li> </ul> <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><br/>BNSSG CCG website: <a href="#">Adult community health services: selecting a provider   NHS Bristol, North Somerset and South Gloucestershire CCG (bnssgccg.nhs.uk)</a></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><b>Additional comments:</b><br/>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.

- 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)

## 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

### Trade Unions:

- Trade union representatives have been included in briefings and staff meetings (in addition to scheduled Joint Consultative Committees). Trade unions raised a number of challenges and concerns in relation to the original proposals (for a TUPE transfer to Sirona), which were considered when developing the final proposals.
- Trade unions will continue to be involved in the Managing Change process following any Cabinet decision

### 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 was awarded in 2019.
- Sirona already provides a rehabilitation service at South Bristol Community Hospital (SBCH), so this service will be an extension of the 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 six weeks, so there will be a managed transition process that gradually reduces capacity in the current South Bristol Rehab 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

## 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
- Any staff interested in joining Sirona will be able to attend an open day and ask questions ahead of deciding whether to apply for posts
- There will be detailed implementation plans in place for both the staff changes and 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)

There are three 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 potential adverse impact on these different groups based on the following factors:

- Access
- Outcomes
- Experience / Satisfaction

#### Bristol City Council rehab service staff:

- **Access**
  - A change of workplace may cause adverse impact e.g. in relation to travel to/from work
- **Experience / Satisfaction**
  - Changing to a new employer (although terms and conditions will remain the same), could be difficult 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 concern 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. These issues are discussed in detail below.

#### Service Users

It is not anticipated that there will be adverse impact for service users

#### Sirona

- **Experience / Satisfaction**

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| <p>○ The main impact on Sirona will be an expanding workforce which allow them to guarantee 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.</p> |   |
| <p><b>PROTECTED CHARACTERISTICS</b></p>  |   |
| <p><b>Age: Young People</b></p>  | <p>Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>   |
| <p><b>Age: Older People</b></p>  | <p>Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>Potential impacts:</p>  | <p><u>Staff:</u><br/> <b>Experience:</b> 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. Some will be working for a new employer, some joining new teams or working from a new site (albeit the Sirona site is very close to the old site and more accessible).<br/> <u>Service Users:</u><br/> The proposal will disproportionately affect older people as most service users are 65+. However, it is not anticipated that there will be adverse impacts.</p>   |
| <p>Mitigations:</p>  | <p><u>Staff:</u><br/> 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.<br/> Sirona have committed to support employees transferring and will offer measures such as visits to the new workplace, the opportunity to shadow Sirona staff, training for any new responsibilities.<br/> Recognising any individual access needs and ensuring that these are communicated to Sirona or a new Council team and managed effectively and sensitively during the transition.<br/> <u>Service Users:</u><br/> The risk of adverse impact on service users 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>                                  |
| <p><b>Disability</b></p>   | <p>Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>   |
| <p>Potential impacts:</p>  | <p><u>Staff:</u><br/> <b>Access:</b> 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 or a new team on a new site, we need to make sure any additional needs are met.<br/> <b>Experience:</b> Staff with a disability may experience anxiety at moving to a new workplace and uncertainty about how any individual needs may be met.<br/> <u>Sirona</u><br/> 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>   |
| <p>Mitigations:</p>  | <p><u>Staff</u><br/> <b>Access:</b> The community hospital 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 for any staff moving to Sirona.<br/> <b>Experience:</b> All staff will be supported through the change , and the risk of anxiety or uncertainty recognised. Specific mitigations for individuals with concerns need to be explored e.g. arranging visits to new workplaces to check any concerns around accessibility. We will ensure that communication is clear, concise and unambiguous, setting out time-scales to give sufficient advance notice. We also recognise that staff with neurological differences including Dyspraxia, Dyslexia, ADHD, Dyscalculia, Autism etc. may require additional adjustments to manage any known issues around anxiety or sensory sensitivities.</p> |

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| <b>Sex</b>                              | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:                      | <u>Staff:</u><br><b>Access:</b> 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 new employment arrangements.   |
| Mitigations:                            | Current terms and conditions should be considered as part of exploring suitable alternative posts for those staff being redeployed.  |
| <b>Sexual orientation</b>               | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impact                        | We recognise employees may experience additional anxiety in workplace changes because of their sexual orientation. The LGBT in Britain – Work Report <sup>1</sup> found more than a third of LGBT staff had hidden or disguised that they were LGBT at work in the last year because they were afraid of discrimination.   |
| Mitigation:                             | Possible disproportionate affects will be identified through the consultation process and any mitigations will be catered for.   |
| <b>Pregnancy / Maternity</b>            | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:                      | <u>Staff:</u><br><b>Access:</b> 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 new working arrangements.  |
| Mitigations:                            | Redeployment process ensures that any working terms & conditions in the current place of work will be honoured in the new working arrangement  |
| <b>Gender reassignment</b>              | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| <b>Race</b>                             | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:                      | <u>Staff:</u><br><b>Experience:</b> Although a disproportionate impact is not anticipated, it will be critical that part of the transfer discussions to reflect the importance of creating an environment that celebrates and encourages diversity (as 13% of workforce are from a Black, Asian and 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 or in redeployment discussions, as well as any concerns raised during the staff consultation.  |
| <b>Religion or Belief</b>               | 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<br>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   |
| <b>Marriage &amp; civil partnership</b> | 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).   |
| <b>OTHER RELEVANT CHARACTERISTICS</b>   |  |
| <b>Socio-Economic (deprivation)</b>     | Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| Potential impacts:                      |  |
| Mitigations:                            |  |
| <b>Carers</b>                           | Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Potential impacts:                      | We recognise that staff with additional caring responsibilities may be disproportionately impacted by workplace changes. However the planned site for relocation is relatively close to the existing site, and the improvement in service provided and added benefits such as transport etc. mean that impact should be positive.  |

<sup>1</sup> [LGBT in Britain - Work Report | Stonewall](#)

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|--|--|
| Mitigations:   |  |
| <b>Other groups</b> [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

#### Bristol City Council rehab service staff

##### Disability

###### **Access:**

- For disabled staff, the hospital 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.

##### Sex

###### **Outcomes:**

- The rehab service workforce is predominantly female. The move to Sirona / redeployment posts 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/or team / site which could be a significant change for some individuals. 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 vacancies with 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 benefits for Sirona as an employer in a sector that is currently experiencing significant recruitment and retention issues; they can benefit from individuals that have come from 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                           | January 2022                         |
| Action: Formal staff and trade union consultation   | Lorna Laing / Jayne Clifford, as well as | Post cabinet approval (January 2022) |

| Improvement / action required   | Responsible Officer                           | Timescale                  |
|---|---|----------------------------|
|   | Sirona management                             |                            |
| Action: Establish a working group with Sirona to oversee: <ul style="list-style-type: none"> <li>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.</li> <li>Consideration of staff concerns raised through consultation, as well as emphasising the need for Sirona to ensure a safe &amp; welcoming working environment for Black, Asian and minority ethnic employees</li> </ul> | Stephen Beet<br><br>Stakeholder Working Group | November 2021              |
| Action: Ensure any current reasonable working adjustments are highlighted to Sirona and request that they are 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 Director<sup>2</sup>.

|  |  |
|--|--|
| <b>Equality and Inclusion Team Review:</b><br><i>Reviewed by Equality and Inclusion Team</i> | <b>Director Sign-Off:</b><br>Stephen Beet<br>Director of Adult Social Care |
| Date: 26/4/2022  | Date: 08/12/21   |

<sup>2</sup> 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.

