

Equality Impact Assessment [version 2.9]



Title: P6 Budget Proposal - Review East Bristol Rehabilitation Centre	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input 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 one rehabilitation service in the city called “East Bristol Rehabilitation Centre” (EBRC). A previous service at South Bristol Rehab Centre facility was closed in the summer of 2022. This was following a review of the Council’s rehabilitation service carried out by independent consultants (Mutual Ventures) in 2021. This was due to an analysis of the limitations of the accommodation, and the adverse impact this was causing on service delivery and service user experience. 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. Also there is no statutory for Bristol City Council to provide a rehabilitation service and these services are generally provided by the NHS. Following the closure of South Bristol Rehab centre we are now reviewing the service at EBRC.

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 East Bristol Rehab centre.
- That the Council offers East Bristol Rehab Centre to be ran by alternative provider or closes the centre.

This EQIA considers this proposal: the ceasing of the directly delivered rehabilitation service from the East 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 as a rehabilitation centre which provides the majority of rehabilitation services to Bristol citizens.

Transition Planning:

- Should another provider agree to take over the running of EBRC, it will be critical to work closely with this provider on joint transition planning.
- Should another provider not agree to take over the running of EBRC, then full consultation will be needed with staff and partners regarding ceasing service provision at EBRC.

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
- An alternative provider who may 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 closely with the staff at EBRC to ensure with any alternative provider and the managers of any new service, regarding any potential opportunity for staff to transfer to a new provider with HR and legal advice.
- **Outcomes:**
 - If the proposal is approved, staff members may have an opportunity to transfer to an alternative provider. If the service closes, then staff members will be offered redeployment within BCC.
- **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 EBRC workforce predominantly comprises older colleagues, and the effect of any 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 live at EBRC for up to six weeks and therefore there is a continuous turnover of service users. If another provider were to provide the Rehabilitation Service at EBRC service users would not experience any change. If we were to close the service, we would work with remaining service users to ensure it remained open until they could safely return home or to onwards care
- **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.
- **Experience / satisfaction:**
 - No change in experience is anticipated if another partner were to run a Rehabilitation service from this site.
 -

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 [Include a reference where known]	Summary of what this tells us
<u>Workforce:</u> I-Trent workforce data	Staff in East Bristol Rehab Centre directly impacted by this proposal <ul style="list-style-type: none"> • The workforce is made up with predominantly older, white, females who identify as heterosexual/prefer not to say • 9.1% of the workforce come from a Black, Asian or minoritised ethnic background • 7.6% of the workforce identify are Disabled
<u>Service Users:</u> Referrals data JSNA data provided on Bristol City Council website - general data on older population of Bristol The population of Bristol - bristol.gov.uk	Basic details on service users who have been referred to the East Bristol Rehab Centre service between April-December 2022, who are predominantly aged 75 and above 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.
Additional comments: Specific ward data has not been considered as, although the centre is based at specific site, referrals can come from all over the city.	

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) and only available across whole of Reablement and Intermediate Care services (not specifically for EBRC) |
|---|

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:

- All staff made aware of the proposal prior to public consultation on the budget.
 - 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.

Service users:

- There is continuous turnover of service users at EBRC, therefore it is a transitional rather than a fixed group of 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.

Any alternative provider:

- There have been ongoing discussions and consultation on these proposals between system health partners (ICB, Sirona Health care, acute hospitals, and the Council).
- 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 session where required.
- 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)	
<p>There are three 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 • Any partner that may 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"> ○ There may be a change of employer, team or workplace. • Experience / Satisfaction <ul style="list-style-type: none"> ○ 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. If EBRC closes staff members may be concerned about being redeployed to an alternative team/ service at another site. 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. <p><u>Service Users</u></p> <p>It is not anticipated that there will be adverse impact for service users as people who require rehabilitation in the future will still be able to access this from different services.</p> <p><u>Another provider</u></p> <ul style="list-style-type: none"> • Experience / Satisfaction <ul style="list-style-type: none"> ○ The main impact on another provider will be an expanding workforce which allow them to guarantee their service offer and run the EBRC at full capacity. Although this is anticipated to be an overall positive impact, there will be a period of adjustment for 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: Across all Reablement & Intermediate care services, 63% of the workforce are aged 50 or above. The impact of large -scale change may be felt more by those who have worked in the service for a long time and may need to adjust to working in a new team/ service.</p> <p><u>Service Users:</u> 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>
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>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.</p> <p><u>Service Users:</u> No impact anticipated.</p>
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u> Access: Across all in-house BCC adult care services, 7.6% 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. 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>
Mitigations:	<p><u>Staff</u> Access: If employees are moving to a new team/ service, any existing reasonable adjustments must be highlighted in discussions with future managers and honoured or improved. Experience: 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 .</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u> Access: Across all Reablement & Intermediate care services, 85% 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.</p>
Mitigations:	Current terms and conditions should be considered as part of exploring suitable alternative posts for those staff being redeployed.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mitigation:	Across all Reablement & Intermediate care services, 3% identify as Lesbian, Gay or Bisexual and 6.4% unknown, while 25% prefer not to say. Possible disproportionate affects will be identified through the consultation process and any mitigations will be catered for.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u> Access: 85% 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.</p>
Mitigations:	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:	<p><u>Staff:</u> Experience: Across all Reablement & Intermediate care services, 7.3% identify as Black or Black British, 1.6% as Asian/ Asian British, 3.2% as mixed and 0.2% as other ethnic groups. It will be critical that part of the transfer discussions to reflect the importance of creating an environment that celebrates and encourages diversity (as 12.5of workforce are from a Black or Minoritized Ethnic background). Staff from an ethnic minority background may be negatively impacted if they don't feel as comfortable in the new workplace.</p>
Mitigations:	Ensure that this issue is raised in discussions with future managers or in redeployment discussions, 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:	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).
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

Bristol City Council rehab service staff

Disability

Access:

No change anticipated.

Sex

Outcomes:

- The rehab service workforce is predominantly female. Any transfer/ redeployment posts will potentially offer career opportunities to staff members.

Service users, and their carers / families

Disability

Access:

No change anticipated.

Outcomes:

No Change.

Satisfaction / Experience:

No change

Older People

Access:

No change

Outcomes:

No change

Satisfaction / Experience:

No change

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 or new site due to redeployment. We will mitigate the impact through formal joint staff consultations, further 1-2-1's where necessary, and raising concerns during continuing discussions throughout the transition.

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

- 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 East 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	Jayne Clifford	As part of any service transfer
Improvement: There is an opportunity to improve data collection in relation to staff	Jayne Clifford	As part of any service transfer
Action: Staff briefing (pre-cabinet approval)	Jayne Clifford	
Action: Formal staff and trade union consultation	Lorna Laing / Jayne Clifford, as well as Sirona management	Post cabinet approval TBC
Action: Establish a working group 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 South Rehabilitation Centre closure in 2022.	Stephen Beet Stakeholder Working Group	TBC

Improvement / action required	Responsible Officer	Timescale
<ul style="list-style-type: none"> Consideration of staff concerns raised through consultation, as well as emphasising the need for future managers to ensure a safe & welcoming working environment for Black and minoritized ethnic employees 		
Action: Ensure any current reasonable working adjustments are highlighted to future managers and confirmation that they will be honoured	Jayne Clifford	As part of consultation
Action: Formal lessons learned exercise post transition if appropriate	Jayne Clifford	TBC

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 any future provider 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:	Director Sign-Off:
<i>Reviewed by Equality and Inclusion Team</i>	Stephen Beet
	Director of Adult Social Care
Date: 28/12/2022	Date: 28/12/2022

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.