

# Equality Impact Assessment [version 2.9]



Title: Review of East Bristol Intermediate Care 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 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 East Bristol Intermediate Care Centre (EBICC). In 2021, a review of the Council's rehabilitation service was carried out by independent consultants (Mutual Ventures). 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. This led to the closure of South Bristol Rehabilitation Centre in 2022 and a further review of the future of the East centre.

In addition, as part of the 23/24 budget setting process, Adult Social Care were asked to identify potential budget savings in line with all services across the Council. As the service provided at EBICC is a discretionary service for the Council, and there is an alternative provider in Sirona Care & Health already responsible for delivering rehabilitation services across the city, a proposal to cease service delivery at EBICC was put forward for consultation. This proposal was approved by Full Council on 21<sup>st</sup> February 2023 and the service are therefore now taking the required steps to implement the proposal.

#### The proposal:

The options put forward for consideration (as set out in the budget proposals) were:

- That the Council stops direct delivery of a rehabilitation service from EBICC and the centre closes.
- That the Council stops direct delivery of a rehabilitation service from EBICC and transfers the service to an alternative provider.

**Since the budget consultation, health partners have indicated that they do not wish to takeover service delivery at EBICC. This EQIA therefore considers the proposal that the Council cease delivery of the rehabilitation service from the East Bristol Intermediate Care Centre and that rehabilitation services will be provided by Sirona Care & Health from alternative sites across the city.**

**This proposal will be presented to the BCC Cabinet for formal approval in May 2023.**

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 community nursing and therapy services).
- 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 and subsequently in 2022 started delivering rehabilitation services from the site when South Bristol Rehab Centre closed. They therefore already deliver the majority of rehabilitation services in the city.

Transition Planning:

- Full consultation will be needed with staff and partners regarding ceasing service provision at East Bristol Rehab Centre. For internal staff, this will mean following the Council’s ‘Managing Change’ policy.
- For service users, a service transition plan will be developed with Health partners and the service phased down once a date for last admissions has been agreed.

**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 partners Sirona who deliver rehabilitation services in the city

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 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 arrangement.
- **Outcomes:**

- If the proposal is approved, staff members will have the option of being redeployed within the Council as there are a significant number of similar / appropriate roles 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 environment or work within new teams. It should be noted that the EBICC 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 consultation process. 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:**
  - If the rehabilitation service at EBICC is stopped, service users in the future will access care at one of the alternative sites provided by Sirona Care & Health. There will not be any negative impact associated with this change as all sites are fully accessible.
- **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 nursing and 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 Sirona run the Rehabilitation service from their alternative sites.

Community health partner Sirona

- **Access**
  - Sirona will be continuing to operate the same service from their sites, but their own staff currently employed at EBICC will move across.
- **Outcomes**
  - There should be no impact as Sirona will continue operating a service from their own alternative sites.

**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](#)

<b>Data / Evidence Source</b> [Include a reference where known]	<b>Summary of what this tells us</b>
<p><u>Workforce:</u> I-Trent workforce data</p>	<p>25.5 FTE staff in East Bristol Intermediate Care Centre directly impacted by this proposal:</p> <ul style="list-style-type: none"> <li>• The workforce is made up with predominantly older workers – 58% are aged 50 or over, only 6.5% are under 30.</li> <li>• 100% of the workforce is female</li> <li>• 61% of the workforce are heterosexual (others are LGB or prefer not to say)</li> <li>• The workforce is predominantly white – only 12.9% of the workforce come from a minoritised background</li> <li>• 9.7% of the workforce identify as a Disabled person</li> </ul>
<p><u>Service Users:</u> Referrals data</p> <p>JSNA data provided on Bristol City Council website - general data on older population of Bristol <a href="#">The population of Bristol - bristol.gov.uk</a></p>	<p>Basic details on service users who have been referred to the East Bristol Rehab Centre service between April-December 2022</p> <ul style="list-style-type: none"> <li>• Male:</li> <li>• Female:</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> 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> Specific ward data has not been considered as, although the centre is based at specific site, referrals can come from all over the city.</p>	

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

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

## 2.3 Are there any gaps in the evidence base?

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

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

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

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

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

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

<p><u>Staff:</u></p> <ul style="list-style-type: none"> <li>• All staff made aware of the proposal prior to public consultation on the budget.</li> <li>• Further staff briefings were held once the budget proposals were approved.</li> <li>• A full staff and trade union consultation in line with the Council's Managing Change policy has been initiated.</li> </ul> <p><u>Service users:</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Sirona already provides a rehabilitation service at South Bristol Community Hospital (SBCH), and in people's own homes.</li> </ul> <p><u>Sirona:</u></p>
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- There have been ongoing discussions and consultation on these proposals between system health partners (ICB, Sirona, 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 continue, in line with the Council’s Managing Change policy. This will include dedicated briefings and 1:1 sessions 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)

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 may 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**
  - We will need to work with 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 arrangement.
- **Experience / Satisfaction**
  - Changing to a new team / role (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 meetings and as part of a full staff consultation. These issues are discussed in detail below.

The correct management of change processes will be followed if necessary.

#### Service Users

Although service users / carers could be impacted by this change, it is not anticipated that there will be adverse impact. Service provision of the same type and quality will continue, although it will be delivered by Sirona Care & Health rather than the Council. This may mean that rehabilitation is provided at a different location in the city (e.g. South Bristol Community Hospital), or from an individual's home (which strategically is the preference for Health system partners in the future, to enable individual's to be rehabilitated in their home environment rather than a bed-based unit).

#### Sirona

- **Experience / Satisfaction**

- The main impact on Sirona will be some of their workforce no longer working out of EBICC and being employed at alternative sites.

#### **PROTECTED CHARACTERISTICS**

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u>  <b>Experience:</b> Most 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.</p> <p><u>Service Users:</u>            The proposal will disproportionately affect older people as most service users are 65+. However, as set out in section 3.1, it is not anticipated that there will be adverse impacts as the service provision will continue to be delivered by Sirona Care &amp; Health.</p>
Mitigations:	<p><u>Staff:</u>            Staff will be supported throughout the change process, starting with a pre-consultation briefing and then via a full consultation and Managing Change process. Recognising any individual access needs and ensuring that these are communicated to a new Council team and managed effectively and sensitively during the transition.</p> <p><u>Service Users:</u>            No impact anticipated.</p>
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p><u>Staff:</u>  <b>Access:</b> 9.7% 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.</p> <p><b>Experience:</b> Disabled staff may experience anxiety at moving to a new workplace and uncertainty about how any individual needs may be met.</p> <p><u>Service Users:</u>            The proposal may disproportionately affect disabled people as a greater proportion of service users are likely to have a Disability compared with the general population. However, as set out in section 3.1, it is not anticipated that there will be an adverse impact on Disabled people as the service provision will continue to be delivered by Sirona Care &amp; Health either from a different location across the city or from within an individual's home.</p>
Mitigations:	<p><u>Staff</u>  <b>Access:</b>            Any existing reasonable adjustments must be highlighted in discussions with new teams if individuals are being redeployed and honoured or improved.</p>



	<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.
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<u>Staff:</u> <b>Access:</b> 100% 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"/>
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> <b>Access:</b> 100% 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:	The Managing Change and redeployment policy will consider working terms & conditions in the current place of work that need to be considered 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> <b>Experience:</b> Although a disproportionate impact is not anticipated, it will be critical that part of any redeployment discussions reflect the importance of creating an environment that celebrates and encourages diversity (as 13% of workforce are from a BAME 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 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 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 checked="" type="checkbox"/>
Potential impacts:	Although carers may be disproportionately affected by a change in the location of future rehabilitation services (as many service users are older people who may have carers), there should be no impact to service delivery / outcomes.
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

The wide variety of redeployment opportunities available may provide new career options for some staff.

## 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. Whilst their terms and conditions will be protected, this is a significant change for the individual. We will mitigate the impact through formal joint staff consultations, further 1-2-1's where necessary, and raising concerns with future managers/teams 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 Intermediate Care 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	Jayne Clifford	As part of service transfer
Action: Staff briefings (pre-consultation)	Jayne Clifford	

Improvement / action required	Responsible Officer	Timescale
Action: Formal staff and trade union consultation	Lorna Laing / Jayne Clifford, as well as Sirona management	13/03/23 start
Action: Identify appropriate redeployment opportunities and share with affected staff group	HR	March 2023
Action: Ensure any current reasonable working adjustments are highlighted as part of redeployment discussions	Service managers	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 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>1</sup>.

<b>Equality and Inclusion Team Review:</b> <b><i>Reviewed by Equality and Inclusion Team</i></b>	<b>Director Sign-Off:</b> Stephen Beet  Director of Adult Social Care
Date: 30/3/2023	Date: 02/04/23

<sup>1</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.