Scottish Borders Council

Integrated Impact Assessment (IIA)

Part 1 Scoping

1   Details of the Proposal

Title of Proposal: **Decommissioning of the night support service and increasing the utilisation of Assistive Technology/Technology Enabled Care (TEC)**	
What is it?	A new Policy/Strategy/Practice ☐ **A revised Policy/Strategy/Practice** ☐
Description of the proposal: (Set out a clear understanding of the purpose of the proposal being developed or reviewed (what are the aims, objectives and intended outcomes, including the context within which it will operate).	The pressure on care services nationally, is already taking its toll and it is likely to increase. Continuing with current models of delivery is not going to be sustainable. New approaches and service delivery models need to be found that will deliver more efficient and effective care, whilst maintaining safe and good quality services. Five Adult Social Care staff teams across each locality area, currently provide night support to only approx. 70 home care service users, at a cost to the Council of £594,295 pa, making this a very expensive service, costing approx. £8,489 per service user. Many Council areas such as Mid Lothian and East Lothian have replaced face to face night support with the use of Assistive Technology/Technology Enabled Care (TEC) solutions. Assistive Technology/TEC has the ability to provide essential support using a person centred approach; it gives **increased choice and sense of control to service users; improves service user safety by providing constant monitoring rather than a time-limited face to face visit and allows for an immediate response in the event** there is a serious concern with a service user in need of urgent assistance.

	Adult Social Care propose to review night support currently being delivered across the Borders, with a view to undertaking a pilot in the Peebles area. In preparation for this pilot, the needs of every service user in receipt of night support, will be reviewed to establish their needs, and if this can be met using an alternative to face to face care.
	Service Users will be reviewed and reassessed to determine if – • Those in receipt of overnight continence support could have a further continence assessment undertaken to identify more appropriate continence aids, thereby reducing the need for support overnight. • Those in need of overnight safety checks (e.g. those with a diagnosis of Dementia and a known risk of exiting their home overnight) could potentially have these safety checks replaced by use of Assistive Technology/TEC solution (Alarms, bed sensors, door activation monitors etc.) • Current shift patterns being reviewed to consider introduction of 8 p.m. to midnight and 6 a.m. to 10 a.m. shifts, would negate the need for overnight continence support visits. • An essential face to face visit is required overnight.
	Following this review, further discussions will take place with service users, family, night support workers, Social Work staff and colleagues from CES, to agree to a pilot of this new overnight support model.
	Engagement with staff and service users/their families will be key to the success of the pilot, and so we propose to use lessons learned from other projects which have been implemented, in the planning process. We also plan to offer demonstrations with service users and their families, taking time to alleviate any anxieties and offering peace of mind.
	During the pilot, provision will be made for the West Night support team to be available on standby to respond to any alarm activations that may occur, and also to provide any essential overnight visits which were deemed necessary for those service users whose needs require to be met by face to face support, such as those with palliative care needs.
	If successful in Peebles, it is proposed that this model be rolled out, in phases across the Borders.

	It is proposed that one of the original 5 night support teams would be retained to ensure any essential face to face visits were provided, and would also act as a responder service in the event of any Assistive Technology/TEC activations. It is proposed that, of the 2 staff on duty; one would be based in a care home in East locality, and the other would be based in a care home in West locality. Between these staff, they would also respond to any care needs in the South locality. After full evaluation of the pilot and establishing the key benefits and deliverables, consultation will take place with the remaining night support teams, supported by HR and Trade Union colleagues. These staff will be supported through deployment into other roles within SBC, alleviating recruitment pressures on our care services and freeing up capacity across the Borders, including day care and care homes. The proposed change in service delivery is expected to achieve financial efficiencies of approx. £275,642. This has been calculated using a worst case scenario approach, based on potential for redundancy payments. **Proposed Option** Remove four of the five night support teams Retain one team as a rapid response night support service Extend day shift hours to operate from 6am instead of 7am and until midnight instead of 10pm. It is proposed that 6 a.m. to 10 a.m. and 8 p.m. to midnight shift patterns be advertised specifically for these hours, to minimise impact on existing day staff, and to seek approval from TU colleagues. There is currently a project group in situ, reviewing shift patterns across Home Care Services. Increase the use of Assistive Technology/TEC Redeploy staff from four night-time support teams to bolster day care/care home staffing By offering affected staff night shift posts within a care home setting, this would be deemed a suitable alternative, and would therefore reduce potential redundancy payments. A further alternative for affected staff, would be the option to offer them 8 p.m. to midnight shifts in Home Care, if they would prefer to work in Home Care Services.
Service Area: Department:	Adult Social Care & Social Work

Lead Officer: **(**Name and job title)	Julie Glen – Operations Director
Other Officers/Partners involved: (List names, job titles and organisations)	Julie Glen (Operations Director Adult Social Care) Daniel Smyth (Service Manager Adult Social Care) Susan Davidson (Operations Manager Adult Social Care) Aimee Gilhooley (SW Team Leader Adult Social Work) Clare Richards (Programme Manager) Tracey Murray (Home Care Manager Adult Social Care) Suzanne Hislop (Project Support Officer) Hugh Learmonth (Home Care Manager, Adult Social Care)
Date(s) IIA completed:	10.05.22

2   Will there be any cumulative impacts as a result of the relationship between this proposal and other policies?

Yes / <u>No</u> *(please delete as applicable)*
If yes, - please state here:

3   Legislative Requirements

3.1 Relevance to the Equality Duty: No

Do you believe your proposal has any relevance under the Equality Act 2010?
(If you believe that your proposal may have some relevance – however small please indicate yes. If there is no effect, please enter "No" and go to Section 3.2.)

Equality Duty	Reasoning:
Elimination of discrimination (both direct & indirect), victimisation and harassment. *(Will the proposal discriminate? Or help eliminate discrimination?)*	All staff will be able to apply for the remaining night support teams. Services will not be removed from service users, support will just be provided in different ways. The new provision will be more dignified and respectful and promotes sleep and therefore wellbeing.
Promotion of equality of opportunity? *(Will your proposal help or hinder the Council with this)*	All staff will be able to apply for the remaining night support teams. Services will not be removed from service users, support will just be provided in different ways. The new provision will be more dignified and respectful and promotes sleep and therefore wellbeing.
Foster good relations? *(Will your proposal help or hinder the council s relationships with those who have equality characteristics?)*	Good communication, consultation and engagement will support good relations.

3.2	Which groups of people do you think will be or potentially could be, impacted by the implementation of this proposal? (You should consider employees, clients, customers / service users, and any other relevant groups)

Please tick below as appropriate, outlining any potential impacts on the undernoted equality groups this proposal may have and how you know this.

	Impact			Please explain the potential impacts and how you know this
	No Impact	Positive Impact	Negative Impact	
Age Older or younger people or a specific age grouping		Y		**Care will be promoted in a way that will promote dignity, privacy, sleep and wellbeing Age range 70-79yrs - 1 service user 80-89yrs – 5 service users 90-99yrs – 3 service users**

Disability e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring		Y		**Care will be promoted in a way that will promote dignity, privacy, sleep and wellbeing** **2 service users with a physical disability (wheelchair users)**
Gender Reassignment Trans/Transgender Identity anybody whose gender identity or gender expression is different to the sex assigned to them at birth	N/A			
Marriage or Civil Partnership people who are married or in a civil partnership	Y			
Pregnancy and Maternity (refers to the period after the birth, and is linked to **maternity** leave in the employment context. In the non-work context, **protection** against **maternity** discrimination is for 26 weeks after giving birth),	N/A			
Race Groups: including colour, nationality, ethnic origins, including minorities (e.g. gypsy travellers, refugees, migrants and asylum seekers)	Y			
Religion or Belief: different beliefs, customs (including atheists and those with no aligned belief)	Y			
Sex women and men (girls and boys)	Y			**8 female** **1 male**
Sexual Orientation, e.g. Lesbian, Gay, Bisexual, Heterosexual	Y			

3.3   Fairer Scotland Duty

This duty places a legal responsibility on Scottish Borders Council (SBC) to actively consider (give due regard) to how we can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions.

The duty is set at a strategic level - these are the key, high level decisions that SBC will take. This would normally include strategy documents, decisions about setting priorities, allocating resources and commissioning services.

Strategic decision to make financial savings based on the 22/23 budget.

Is the proposal strategic?

<u>Yes</u> / No *(please delete as applicable)*

If No go to Section 4

If yes, please indicate any potential impact on the undernoted groups this proposal may have and how you know this:

	Impact			State here how you know this
	No Impact	**Positive Impact**	**Negative Impact**	
Low and/or No Wealth – enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.	Y			
Material Deprivation – being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure and hobbies	Y			
Area Deprivation – where you live (e.g. rural areas), where you work (e.g. accessibility of transport)	Y			

Socio-economic Background – social class i.e. parents' education, employment and income	**Y**			
Looked after and accommodated children and young people	**N/A**			
Carers paid and unpaid including family members	**Y**			
Homelessness	**N/A**			
Addictions and substance use	**N/A**			
Those involved within the criminal justice system	**N/A**			

4   Full Integrated Impact Assessment Required

Select No if you have answered "No" to all of Sections 3.1 – 3.3.

Yes / <u>No</u> *(please delete as applicable)*

If a full impact assessment is not required briefly explain why there are no effects and provide justification for the decision.

Any impact identified is positive for staff and service users. Therefore there is no need to complete a full assessment

Signed by Lead Officer:	**Julie Glen**
Designation:	**Operations Director**
Date:	**10.05.22, updated 15.11.22**
Counter Signature Service Director	**Jen Holland**
Date:	**10.05.22, updated 15.11.22**

Part 2 Full Integrated Impact Assessment (Section updated 15.11.22)

5 Data and Information

What evidence has been used to inform this proposal?
(Information can include, for example, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic publications and consultants' reports).

Please state your answer here

An internal review of NS service users in the Peebles area was undertaken by carers, SW and TEC staff. This gave an initial indication as to possible alternative options for support. CCRT then carried out reviews with service users to discuss and agree options.

Service users, CCRT, Social Work team, Night support staff team were all consulted and involved in the discussions around their care.

Describe any gaps in the available evidence, then record this within the improvement plan together with all of the actions you are taking in relation to this (e.g. new research, further analysis, and when this is planned)

Please state your answer here

The evaluation of the pathfinder was positive. Families and service users were happy with the proposal and outcomes. Staff consultation resulted in no redundancies.

6   Consultation and Involvement

Which groups are involved in this process and describe their involvement

Service users, CCRT, Social Work team, Night support staff team were all consulted and involved in the discussions around their care.

Staff had group consultations and one to one consultations.

Describe any planned involvement saying when this will take place and who is responsible for managing the process

Please state your answer here

Describe the results of any involvement and how you have taken this into account.

The evaluation of the pathfinder was positive. Families and service users were happy with the proposal and outcomes. Staff consultation resulted in no redundancies.

What have you learned from the evidence you have and the involvement undertaken? Does the initial assessment remain valid? What new (if any) impacts have become evident?
(Describe the conclusion(s) you have reached from the evidence, and state where the information can be found.)

Yes, the initial assessment remains valid with positive impacts seen by service users and their families.

7   Mitigating Actions and Recommendations

Consider whether:

Could you modify the proposal to eliminate discrimination or reduce any identified negative impacts?
(If necessary, consider other ways in which you could meet the aims and objectives of the proposal.)

Could you modify the proposal to increase equality and, if relevant, reduce poverty and socioeconomic disadvantage?

Describe any modifications which you can make without further delay (e.g. easy, few resource implications)

Mitigation Please summarise all mitigations for approval by the decision makers who will approve your proposal			
Equality Characteristic/Socio economic factor	**Mitigation**	**Resource Implications (financial, people, health, property etc)**	**Approved Yes/No**

8   Recommendation and Reasoning *(select which applies)*
- Implement proposal with no amendments
- Implement proposal taking account of mitigating actions (as outlined above)
- Reject proposal due to disproportionate impact on equality, poverty, health and Socio -economic disadvantage

Reason for recommendation:

Signed by Lead Officer:	
Designation:	
Date:	
Counter Signature (Service Director):	
Date:	

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This assessment should be presented to those making a decision about the progression of your proposal.

If it is agreed that your proposal will progress, you must send an electronic copy to corporate communications to publish on the webpage within 3 weeks of the decision.

Complete the below two sections. For your records, please keep a copy of this Integrated Impact Assessment form.

Action Plan (complete if required)

Actioner Name:	Action Date:
What is the issue?	
What action will be taken?	
Progress against the action:	
Action completed:	**Date completed:**

Monitoring and Review

State how the implementation and impact of the proposal will be monitored, including implementation of any amendments? For example what type of monitoring will there be? How frequent?

Please state your answer here

What are the practical arrangements for monitoring? For example who will put this in place? When will it start?

Please state your answer here

When is the proposal due for review?

Please state your answer here

Who is responsible for ensuring that this happens?

Please state your answer here