

## Integrated Impact Assessment (IIA)

### Part 1 Scoping

#### 1 Details of the Proposal

<p><b>Title of Proposal: Reprovision of the night support service and increasing the utilisation of Assistive Technology/Technology Enabled Care (TEC)</b></p>	
<p><b>What is it?</b></p>	<p>A new Policy/Strategy/Practice <input type="checkbox"/></p> <p><b><u>A revised Policy/Strategy/Practice</u></b> <input type="checkbox"/></p>
<p><b>Description of the proposal:</b> (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))</p>	<p>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.</p> <p>Five Adult Social Care staff teams across each locality area, currently provide night support to only approx. 34 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.</p> <p>Assistive Technology/TEC has the ability to provide essential support using a person centred approach; it gives <b>increased choice and sense of control to service users; improves service user safety by providing</b></p>

**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.

During September 2022 a Pathfinder took place in the Peebles area to establish if clients that currently receive Night Support visits could be provided with an earlier visit in the evening and earlier morning visit or use a technology instead of a physical visit through the night.

The evaluation of the pathfinder highlighted that in many cases a physical visit is not actually required, or the care could be provided by a twilight shift. There was no increase of risk or accidents due to the removal of a physical visit. During the Pathfinder there were 13 alarm activations for the 1 service user. 12 activations were due to the time settings on the sensor needing to be adjusted. Since this adjustment has been made there has only been one alarm activation. A visit was carried out and the service user was settled in bed. The staff team were available to deal with any Tec activations.

Service users have reported that they benefit from no staff disturbance through the night and families were supportive of the change with no complaints or concerns raised during the pathfinder.

Due to the positive outcome of the pathfinder, we will now be undertaking a full consultation on the provision of alternatives to physical Night Support visits across the Borders.

During this consultation period, the Night Support service will continue to support current Night Support Service Users, but will not be taking on any new referrals unless all TEC alternatives have been fully exhausted and the following criteria is met -

- Palliative Care / End of life Care (where a DS1500 is in place) or life altering conditions where critical support is required. This may include, but is not limited to repositioning due to skin integrity, pain relief and the prevention of contractures.

### Summary of the Proposed Option

Remove four of the five night support teams

Retain one team as a rapid response night support service

	<p>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.</p> <p>Increase the use of Assistive Technology/TEC</p> <p>Redeploy staff from four night-time support teams to bolster day care/care home staffing</p> <p>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.</p> <p>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.</p>
<b>Service Area: Department:</b>	Adult Social Care & Social Work
<b>Lead Officer: (Name and job title)</b>	Julie Glen – Operations Director
<b>Other Officers/Partners involved: (List names, job titles and organisations)</b>	<p>Julie Glen (Operations Director Adult Social Care)</p> <p>Daniel Smyth (Service Manager Adult Social Care)</p> <p>Susan Davidson ( Operations Manager Adult Social Care)</p> <p>Gwyneth Lennox (Interim Chief Officer, Adult Social Work)</p> <p>Aimee Gilhooley (SW Team Leader)</p> <p>Clare Richards (Programme Manager)</p> <p>Tracey Murray (Home Care Manager Adult Social Care)</p> <p>Suzanne Hislop (Project Support Officer)</p> <p>Hugh Learmonth (Home Care Manager, Adult Social Care)</p>
<b>Date(s) IIA completed:</b>	08.11.2022

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

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

**3 Legislative Requirements**

<b>3.1 Relevance to the Equality Duty: No</b>	
<p><b>Do you believe your proposal has any relevance under the Equality Act 2010?</b>  <i>(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.)</i></p>	
<b>Equality Duty</b>	<b>Reasoning:</b>
<p><b>Elimination of discrimination (both direct &amp; indirect), victimisation and harassment.</b> <i>(Will the proposal discriminate? Or help eliminate discrimination?)</i></p>	<p>If the proposal goes ahead staff will be able to choose from several suitable redeployment options (rapid response, care home night shifts or day time shifts).</p> <p>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.</p>
<p><b>Promotion of equality of opportunity?</b>  <i>(Will your proposal help or hinder the Council with this)</i></p>	<p>If the proposal goes ahead staff will be able to choose from several suitable redeployment options (rapid response, care home night shifts or day time shifts).</p>

	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.
<b>Foster good relations?</b> <i>(Will your proposal help or hinder the council's relationships with those who have equality characteristics?)</i>	Good communication, consultation and engagement will support good relations.

<b>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)</b>																		
Please tick below as appropriate, outlining any potential impacts on the undernoted equality groups this proposal may have and how you know this.																		
	<b>Impact</b>			<b>Please explain the potential impacts and how you know this</b>														
	<b>No Impact</b>	<b>Positive Impact</b>	<b>Negative Impact</b>															
<b>Age</b> Older or younger people or a specific age grouping		Y		<p>Care will be promoted in a way that will promote dignity, privacy, sleep and wellbeing. Service user age ranges from 50yrs – 101yrs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Age range</td> <td style="width: 12.5%;">50-59</td> <td style="width: 12.5%;">60-69</td> <td style="width: 12.5%;">70-79</td> <td style="width: 12.5%;">80-89</td> <td style="width: 12.5%;">90-99</td> <td style="width: 12.5%;">100+</td> </tr> <tr> <td>No of service users</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">4</td> <td style="text-align: center;">10</td> <td style="text-align: center;">9</td> <td style="text-align: center;">2</td> </tr> </table>	Age range	50-59	60-69	70-79	80-89	90-99	100+	No of service users	4	5	4	10	9	2
Age range	50-59	60-69	70-79	80-89	90-99	100+												
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<b>Disability</b> e.g. Effects on people with mental, physical, sensory impairment, learning disability, visible/invisible, progressive or recurring		Y		<p>Care will be promoted in a way that will promote dignity, privacy, sleep and wellbeing.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Disability breakdown</td> <td style="width: 30%;">Mental Health/LD</td> <td style="width: 30%;">Physical Disability</td> </tr> <tr> <td>No of service users</td> <td style="text-align: center;">1 (LD)</td> <td style="text-align: center;">5</td> </tr> </table>	Disability breakdown	Mental Health/LD	Physical Disability	No of service users	1 (LD)	5								
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<p><b>Gender Reassignment Trans/Transgender Identity</b> anybody whose gender identity or gender expression is different to the sex assigned to them at birth</p>	<p>N/A</p>			
<p><b>Marriage or Civil Partnership</b> people who are married or in a civil partnership</p>	<p>N/A</p>			
<p><b>Pregnancy and Maternity</b> (refers to the period after the birth, and is linked to <b>maternity</b> leave in the employment context. In the non-work context, <b>protection</b> against <b>maternity</b> discrimination is for 26 weeks after giving birth),</p>	<p>N/A</p>			
<p><b>Race Groups:</b> including colour, nationality, ethnic origins, including minorities (e.g. gypsy travellers, refugees, migrants and asylum seekers)</p>	<p>Y</p>			<p>All service users are white British or white Polish.</p>

<b>Religion or Belief:</b> different beliefs, customs (including atheists and those with no aligned belief)	N/A			
<b>Sex</b> women and men (girls and boys)	Y			<b>11 male service users</b> <b>23 female service users</b>
<b>Sexual Orientation,</b> e.g. Lesbian, Gay, Bisexual, Heterosexual	N/A			
<p><b>3.3 Fairer Scotland Duty</b></p> <p>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.</p> <p>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.</p> <p><b>Strategic decision to make financial savings based on the 22/23 budget.</b></p>				
<p><b>Is the proposal strategic?</b></p> <p><u>Yes</u> / No (<i>please delete as applicable</i>)</p> <p><b>If No go to Section 4</b></p>				
<p><b>If yes, please indicate any potential impact on the undernoted groups this proposal may have and how you know this:</b></p>				
	<b>Impact</b>			<b>State here how you know this</b>
	<b>No Impact</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	

<b>Low and/or No Wealth</b> – 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	Y	Monitoring cost for current Night Support Service users will be covered by the Council. New clients will be charged the alarm monitoring fee. But the alarm would be beneficial for support during the day.
<b>Material Deprivation</b> – 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			
<b>Area Deprivation</b> – where you live (e.g. rural areas), where you work (e.g. accessibility of transport)	Y			
<b>Socio-economic Background</b> – social class i.e. parents' education, employment and income	Y			
<b>Looked after and accommodated children and young people</b>	N/A			



<b>Carers</b> paid and unpaid including family members	Y			
<b>Homelessness</b>	N/A			
<b>Addictions and substance use</b>	N/A			
<b>Those involved within the criminal justice system</b>	N/A			

#### 4 Full Integrated Impact Assessment Required

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

**Yes / No** (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.

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<b>Signed by Lead Officer:</b>	Julie Glen
<b>Designation:</b>	Operations Director
<b>Date:</b>	12.01.23
<b>Counter Signature Service Director</b>	Jen Holland

<b>Date:</b>	<b>12.01.23</b>
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## Part 2 Full Integrated Impact Assessment

### 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).

A pathfinder project has been completed in the Peebles area. Feedback gained from service users and their families was positive and no increase in risk was found.

#### 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)

The pathfinder only covered the Peebles area. We need to take into account the views of all current Night Support Service users (approx. 34), potential future service users, staff and interested members of the general public. A full consultation will be conducted via Citizens Space, with all service users informed and asked to participate. This will be live for 4 weeks from 16th January 2023. Once the results are collated these will be fed back to SLT and added into the IIA.



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## 6 Consultation and Involvement

### Which groups are involved in this process and describe their involvement

The proposed consultation has been to SLT, the Admin Policy Working Group and went to Council on 15<sup>th</sup> December 2022, for approval prior to going live in early January 2023.

All current night support service users will be alerted to the consultation, sent a paper copy and encouraged to participate. Staff and members of the public will also be able to complete the consultation and have their views heard.

A press release and social media will alert the general public that the consultation is open that their input is valued.

Once complete the results of the consultation will be shared with SLT, the Admin Policy Working Group and Council for a decision to be made on the next steps.

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

If the proposal goes ahead all current night support service users will be consulted on an individual basis by way of a care package review and a discussion around alternative models of care. The consultation will be live for 4 weeks from 16th January 2023.

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

Please state your answer here **TBC**

### 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.)

Please state your answer here **TBC**

## 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)

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

## 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

<b>Reason for recommendation:</b>
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<b>Signed by Lead Officer:</b>	
<b>Designation:</b>	
<b>Date:</b>	
<b>Counter Signature (Service Director):</b>	
<b>Date:</b>	

**Office Use Only (not for publication)**

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)

<b>Actioner Name:</b>	<b>Action Date:</b>
<b>What is the issue?</b>	
<b>What action will be taken?</b>	
<b>Progress against the action:</b>	
<b>Action completed:</b>	<b>Date completed:</b>

### 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