

17 May 2023

PROPOSAL TO IMPLEMENT A FURTHER NIGHT SUPPORT/RAPID RESPONSE PATHFINDER IN THE DUNS AREA



Report by Director – Strategic Commissioning Partnerships

1. PURPOSE AND SUMMARY

- 1.1 This report summarises the results of the consultation on the re-provisioning of Night Support across the Scottish Borders and updated proposal for the service.
- 1.2 Following the successful Night Support pathfinder in Peebles, Council decided in December 2022 that a full consultation should take place to ascertain the impact of the re-provisioning of the Night Support Service across the Borders.
- 1.3 The consultation was open from 16th January 2023 through to 12th February 2023. It was shared directly, in paper format, with the current Night Support Service users and was widely advertised via social media, press release and subsequently via the local media. The consultation was open to all to respond.
- 1.4 A total of 240 responses were received. 10 of the 34 current Night Support Service users provided their views, along with 45 family or friends of current Night Support Service Users.
- 1.5 The review of the consultation responses to the survey was overall negative, however much of the narrative from respondents demonstrated that there may have been a lack of information provided around the proposal and the alternative provision that would be offered. It should be noted, a Frequently Asked Questions (FAQ) sheet was added to both the consultation and the social media posts. Unfortunately 68% of the responses were gained within the first three days, prior to the FAQ's being added and therefore, made little impact on the overall results.
- 1.6 It is noted that staff of the Health and social care partnership (HSCP) were a key group who expressed concerns with regards the consultation. HSCP staff encompasses all staff in health roles and internal and external social care. It is recognised that staff engagement for the pathfinder only involved those staff impacted, which had been positive at the point of the pathfinder. It is acknowledged that wider staff engagement is required during any pathfinder or proposal.
- 1.7 Had the consultation information been available, this may have provided responses and context to the concerns raised. The project team will ensure robust engagement and communication with service users and their families, and therefore recommends that the project proceeds by implementing a further pathfinder in the **Duns area**.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**

- (a) Review the findings of the consultation.
- (b) Approves the approach to undertake a further test of change followed by consultation in the Duns area.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
X	X	X	X	X	

Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A direction is required, see **Appendix 1**.

5. BACKGROUND

- 5.1 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.
- 5.2 Five SB Cares 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. £17,479 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.
- 5.3 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.
- 5.4 After a successful pathfinder in Peebles, Council agreed in December 2022 to proceed with a full consultation to gather views on the re-provisioning of the Night Support Service across the Borders.
- 5.5 The consultation ran for a four week period from 16th January through to 12th February.

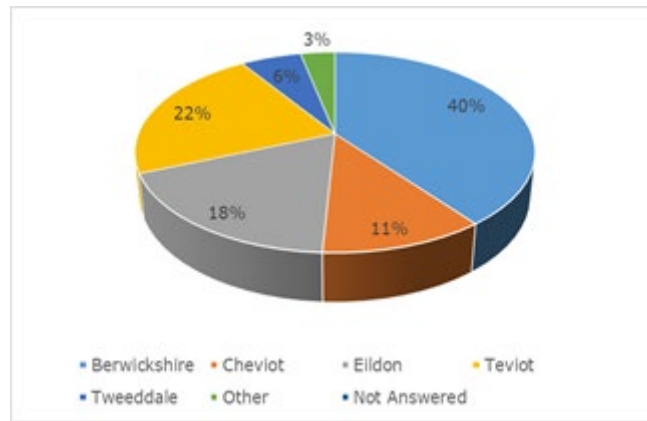
6. EVALUATION

- 6.1 The consultation exercise achieved 240 responses over the 4 week period. 164 of these responses (68%) were submitted within the first three days of the consultation opening.

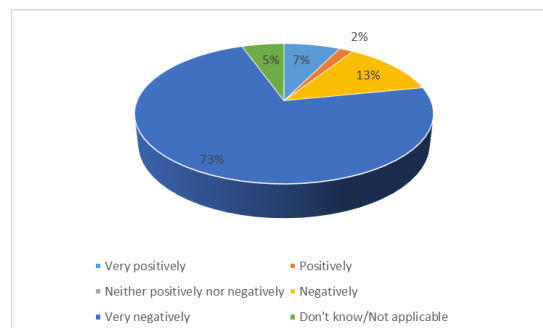
The breakdown of respondents is shown below.

Respondent type	Number of responses	Percentage of response by respondent type
Current Night Support Service user	10	4.17%
Family/friend of a current Night Support Service user	45	18.75%
Current Adult Social Care Service user (Day time support)	11	4.58%
Member of the public	75	31.25%
Member of Adult Social Care Staff	53	22.08%
Member of staff within the Borders Health and Social Care Partnership	24	10%
Organisation/external provider	2	0.83%
Other	20	8.33%

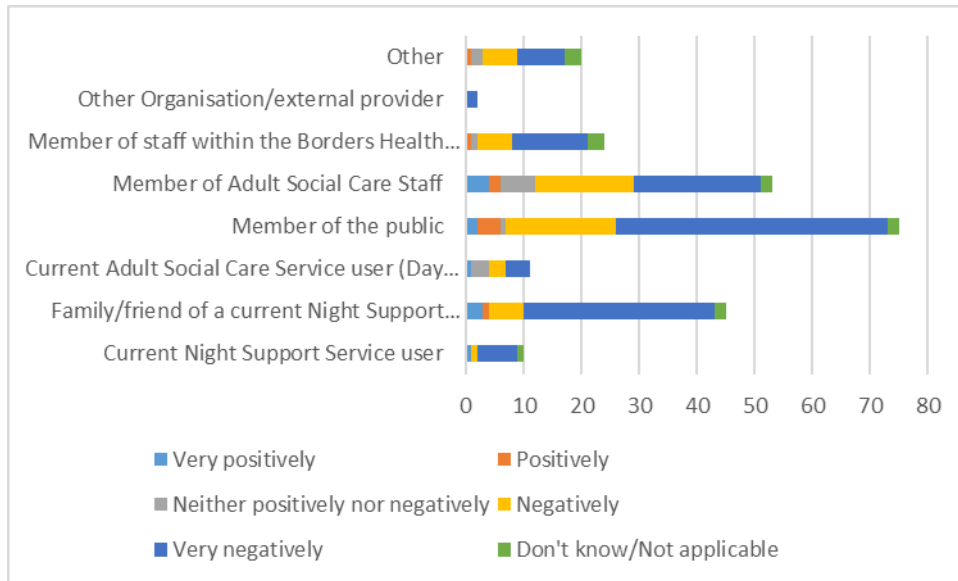
- 6.2 The responses were split across the 5 localities -



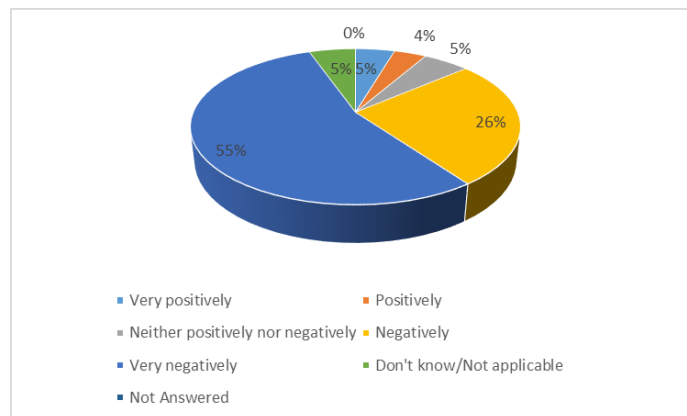
- 6.3 Of the 240 respondents, 16 (6.67%) were involved in the changes to the Night Support Service in Peebles. 11 stated that the changes had impacted the current Night Support Service user or their family directly.
- 6.4 Of the 11 respondents impacted directly by the changes in Peebles, 18% stated that they had been impacted very positively or positively. 9% neither positively nor negatively and 64% stated that they had been impacted negatively or very negatively, which is contrary to the initial feedback obtained following the pathfinder. 9% did not know or stated not applicable.
- 6.5 8 of the 11 respondents directly impacted in Peebles were members of Adult Social Care staff or members of Health and Social Care Partnership staff.
- 6.6 Of the current Night Support Service Users who were not involved in the pathfinder, 10% stated that they thought the change would impact themselves or their family very positively or positively. None stated the impact would be neither positive nor negative and 80% stated that they thought that they would be impacted negatively or very negatively. 10% did not know or stated not applicable.
- 6.7 Friends and family of current night service users also contributed to the consultation. The chart below shows the responses of current night service users and their friends and family. Which shows 86% stating that they thought that the change would be negative or very negative. We believe that this result may be due to the way that we have communicated the change in the consultation documents, with the alternative provision perhaps not being articulated clearly enough. It would appear that families were not aware that after reassessment, if required the Night Support would continue to be provided.



- 6.8 The perceived impact of the changes are broken down by all respondent types below.



6.9 The overall results demonstrated that 8.33% felt the proposal would have a positive impact on service users, 5.42% felt that it would impact neither positively nor negatively and 80.83% stated that they thought that the impact would be negative or very negative. 5.42% did not know or stated not applicable.



6.10 37.8% of those respondents that selected the response of negative or very negative did not provide any rationale for their response, albeit it is recognised that this was optional.

6.11 From the additional comments/feedback provided by respondents, it would appear that we could have perhaps communicated the change in the consultation documents clearly emphasising the detailed proposal, providing clarity of the alternative provision more articulately, and highlighting that the service would continue to provide care for those who do not meet the criteria for TEC, or who require palliative care.. A frequently answered question (FAQ) page was added to the consultation and shared via social media as soon as this became apparent, but the majority (68%) of the responses were returned within the first 3 days of the survey being live, prior to the FAQ's being added.

6.12 It is was noted that staff within the Health and social care partnership (HSCP) were a key group who expressed concerns with regards the consultation. HSCP staff encompasses all staff both in internal and external social care and also within health roles. It is recognised that staff engagement for the Peebles pathfinder only involved staff who had been directly impacted, feedback from which had been positive during the pathfinder. However, it is acknowledged that wider staff engagement is

required during any future pathfinder or proposal to ensure staff engagement, involvement and understanding of the proposal.

7. BREAKDOWN OF AREAS OF CONCERN

7.1 It proved difficult to define the number of respondents with concerns in particular categories due to the free text box, which resulted in respondents providing comments that covered multiple categories of concern. However, the key categories of concern emerging from the consultation are detailed below:

Category of concern:	Examples from responses:
Concern for staff	inability to cover Borders wide with only 2 staff, lone working, misunderstanding of proposed shift patterns, redundancy concerns, lack of staff, staff stress.
Concerns for service users	Continence/skin integrity, service user anxiety, increased isolation, palliative and end of life care needs, not person centred, Human Rights
Understanding of TEC capabilities and its function	Inability of TEC to carry out continence tasks, reduced social contact

The FAQ sheet was produced but not published until later in the consultation period, after 68% respondents had completed responses. This can be seen in **Appendix 2**.

7.2 In summary, many of the concerns which may have influenced the consultation responses were answered in the FAQ's (attached Appendix 2) and may have resulted in a different response - There were 3 key categories of concern that were noted.

Concern	Linked answers in FAQ's
<p>Examples of key concerns for service users:</p> <ul style="list-style-type: none"> • Continence/skin integrity • Service user and family anxiety • increased isolation • Palliative and end of life care needs • Not person centred • Human Rights 	<p>Many of the comments received, noted that service users and their families were reassured by a face to face night visit and that these visits reduced isolation. However, in reality, the majority of visits are safety checks, which disturb service users unnecessarily, and are less than 10 minutes long with minimal social interaction so as to minimise any disruption to service users through the night.</p> <p>For those who require continence support overnight, these service users will be offered continence reassessment to identify more suitable aids, and the offer of a twilight and dawn visit, reducing the window for any episodes of incontinence.</p> <p>Those service users with palliative and end of life care needs will continue to be provided with a face to face visit. This is not intended to be removed.</p> <p>Service users also noted that this change may cause anxiety, worry and stress. This would be mitigated by</p>

	<p>robust engagement, communication and re-assessment approach.</p> <p>Any service user who does not meet the criteria for TEC is not suitable, will continue to receive a physical face to face visit.</p> <p>Until the review of service users is undertaken we will not be able to assess the number of responder staff required in each area. This is something the project team will establish once we have certainty around the numbers of service users involved.</p> <p>It is possible that this would result in 1 per locality, however contingency will be built in to cover additional resource if required.</p>
<p>Examples of key concerns for staff:</p> <ul style="list-style-type: none"> • Inability to cover Borders wide with only 2 staff • Lone working • Misunderstanding of proposed shift patterns • Redundancy • Lack of staff • Staff stress. 	<p>Staff are provided with iPhone devices, with the PROTECT app and GPS activated, which has various functions to monitor staff whereabouts and with a function to request immediate assistance in an emergency situation.</p> <p>Staff will be supported by HR, Senior Management and Trade Union colleagues in identifying alternative posts, including night shift posts in care homes, twilight and dawn shifts, and for home care posts (days). This will also support with recruitment pressure in the Home Care service. There is no risk of staff redundancy.</p> <p>The introduction of twilight and dawn shifts is intended for those staff to work from 6 p.m. to midnight and from 6 a.m. to midday. There is a misperception within some of the consultation results that staff are being requested to work 12 hour shifts.</p>
<p>Understanding of TEC capabilities and its function</p> <ul style="list-style-type: none"> • Inability to carryout continence and skin integrity tasks • Social isolation 	<p>Many of the comments made regarding the introduction of TEC were regarding its inability to support with client needs such as continence and pressure care which were subsequently answered in the FAQ's</p>

8. UPDATED PROPOSAL

- 8.1 The proposal is to re-provision overnight care based on the principle to improve the experience for service users by:
- Minimising disruption overnight
 - Preventing confusion and disorientation

- Promoting sleep
- Giving 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
- Allows for an immediate response in the event there is a serious concern with a service user in need of urgent assistance

8.2 In addition, with a potential re-provision of resource to improve accessibility to care provision across Care at Home and the current pressure seen across the social care system, it is felt that the right decision is to proceed.

8.3 It is proposed the right decision, taking into account the feedback from the consultation and further analysis of the feedback and lack of information and engagement at the point of consultation including wider staff groups, the Administration Policy Working Group is asked to consider and provide approval to a further pathfinder in the Duns area.

8.4 The project group reviewed service users currently in receipt of the night support service, taking into account some of the feedback received from the consultation. It was felt therefore that the Duns area was the most suitable area, given its rurality, whilst also identifying that this area has a high volume of service users with more complex need. These factors were a recurring theme throughout the consultation feedback, and so it was felt that by implementing a further pathfinder in this area, would provide a more balanced perspective on the potential to roll out this model across the Borders

8.5 We will work closely with service users/their families and Social Work colleagues to mirror the same approach taken with the Peebles pathfinder. Staff will be fully supported by senior management, HR and TU colleagues.

8.6 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.

8.7 Upon conclusion of the additional pathfinder, a further consultation including good information, communication and engagement involving staff and service users, will be undertaken and once the outcome is known, this will be shared with CMT, APWG and IJB to determine next steps.

9. Community Health and Wellbeing Outcomes

9.1 It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase

2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	No impact
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	No impact
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

IMPLICATIONS

10.1 Financial impacts

If the same efficiency seen in the Peebles pathfinder were duplicated across the Borders, the reinvestment opportunity to Care at Home would be in the region of £450,000.

10.2 Equality, Human Rights and Fairer Scotland Duty

The IIA has been updated with the consultation results and that of the current Night Support Service users and can be seen in **Appendix 3**. A revised IIA will be undertaken for the pathfinder. This will reduce risk to the Council. The current IIA is on the SBC template, but will be transferred to the IJB template during the course of the programme.

10.3 Legislative considerations

None.

10.4 Climate Change and Sustainability

There will be a positive impact on staff mileage and its associated environmental cost.

This project will positively impact on the following development goals –

- Ensure healthy lives and promote wellbeing for all at all ages

10.5 Risk and Mitigations

As mentioned in the body of this paper, no increased risks for service user were noted during the Peebles pathfinder.

By undertaking a further pathfinder, this will support with decision making in respect of the potential to implement these changes Borders wide, thereby reducing reputational risk to the Council.

11 CONSULTATION

Communities consulted

11.1 A public consultation has been completed. This included direct engagement with current night support service users. The results of this engagement have informed the IIA.

In addition, the following groups have been consulted:

- CMT
- IJB Strategic Planning Group
- APWG

Integration Joint Board Officers consulted

11.2 The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report. SBC Equalities, Human Rights and Diversity Lead has also been consulted.

Approved by:

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Author(s)

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Background Papers:

Previous Minute Reference:

For more information on this report, contact us at Julie Glen, Operations Director Adult Social Care Julie.Glen@scotborders.gov.uk

Appendix 1 – Direction



SBIJB-170523-1
Implementation of a n

Appendix 2 – FAQ's



Night Support FAQs
Jan '23.pdf

Appendix 3 – IIA



Integrated Impact
Assessment Form - N