

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views



Reprovision of Night Support service:

Reduction in the number of Night Support teams and the introduction of Rapid Response roles.

Potential impact on staff with reduction of teams, introduction of Dawn and Twilight shifts and the introduction of the rapid response role. Service users may notice some changes to visit times, the introduction of TEC or removal of a visit if it's not actually required/doesn't meet the Night Support Service Criteria.

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HSCP Senior Mgt Team Member	Jen Holland	Director of Strategic Commissioning and Partnerships	
Responsible Officer	Julie Glen	Operations Director	
Mains Stakeholder (SBC)	Daniel Smyth	Service Manager	
	Mark Williamson	HR Business Partner	

	Clare Richards	Programme Manager	
Third/Independent Sector Rep			
Service User			

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Age, Gender, Race, Religion, Disability.	There are 27 Night Service users. By the nature of the assessed need, these tend to be older adults with substantial support needs. Full service user details below.
Data on populations in need	<p>Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report</p> <p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	<p>Age – 16.5% of the Scottish Borders population is under the age of 15 (16.9% Scotland) 58.8% of the Scottish Borders population is aged 16 to 64 (64.1% Scotland) 24.8% of the Scottish Borders Population is aged 65 or older (19.1% Scotland)</p> <p>An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.</p> <p>Gender-</p>

		<p>There is a slightly higher female population in the Borders.</p> <p>Disability – 22.4% of the Scottish Borders population have a long term health condition (deaf or partially hearing impaired; blind or partially vision impaired; learning disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition)</p> <p>Gender reassignment – Data states that 0.5% of population is Trans. Marriage and Civil Partnership - Not relevant</p> <p>Pregnancy and Maternity – Not relevant</p> <p>Race -</p> <table border="1" data-bbox="1509 842 1921 1126"> <thead> <tr> <th data-bbox="1509 842 1792 919">Ethnicity</th> <th data-bbox="1792 842 1921 919">Scottish Borders</th> </tr> </thead> <tbody> <tr> <td data-bbox="1509 919 1792 960">White: Scottish</td> <td data-bbox="1792 919 1921 960">70%</td> </tr> <tr> <td data-bbox="1509 960 1792 1002">White: Other British</td> <td data-bbox="1792 960 1921 1002">25.9%</td> </tr> <tr> <td data-bbox="1509 1002 1792 1043">White: Polish</td> <td data-bbox="1792 1002 1921 1043">1.3%</td> </tr> <tr> <td data-bbox="1509 1043 1792 1085">Asian</td> <td data-bbox="1792 1043 1921 1085">N/A</td> </tr> <tr> <td data-bbox="1509 1085 1792 1126">Other Ethnic Group</td> <td data-bbox="1792 1085 1921 1126">N/A</td> </tr> </tbody> </table> <p>Religion or belief -</p>	Ethnicity	Scottish Borders	White: Scottish	70%	White: Other British	25.9%	White: Polish	1.3%	Asian	N/A	Other Ethnic Group	N/A
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Data on relevant protected characteristic	<p>Scottish Borders Council Mainstreaming Report and Equality Outcomes file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report_Equality_Outcomes_2021_25.pdf</p>																	
Data on service uptake/access	Age	Disability	Gender	Race	Religion	<p>A total of 25 service users could be impacted by the proposal (Borders wide).</p> <p>Age – 64% of service users are over 80 years old.</p> <p>Gender – 52% are Female</p> <p>Race – 100% white</p> <p>Religion - 2 Atheist 1 Christian 1 Church of Scotland 21 Not disclosed</p>												
	76	Parkinson's dementia	Male	White	None disclosed													
	54	Scheuermann's Disease, Cervical spondylosis,	Female	White	None disclosed													
	70	dementia (Alzheimer's disease)	Female	White	None disclosed													
	90	Orthostatic hypotension	Female	White	None disclosed													
	91	Stoma care	Female	White	None disclosed													
	93	osteoporosis	Female	White	None disclosed													
	92	Lacks capacity safety check	male	White	None disclosed													

	71	spinal & cranioplasty surgery	male	White	None disclosed	15 Staff would be impacted (as noted in the staff section below)
	83	Vascular Dementia	Female	White	None disclosed	
	64	wheelchair, Autonomic Dysreflexia	Male	White	Atheist	
	86	Terminal Cancer	Female	White	None disclosed	
	82	Dementia, stroke	Male	White	None disclosed	
	91	Arthritis, old age frailty.	Female	White	Christian	
	55	Learning disabilities	Male	White	None disclosed	
	81	Dementia	Female	White	None disclosed	
	85	Terminal Cancer	Female	White	None disclosed	
	94	Dementia, Leg amputee	Female	white	Christian	
	93	Stroke, Poor mobility.	Male	White	None disclosed	
	83	Frailty, Osteoporosis, Kidney disease.	Male	White	None disclosed	
	89	Cancer	Male	White - Irish	None disclosed	
	68	Stroke	Male	White	None disclosed	
	95	Parkinsons	Female	White - Scottish	Church of Scotland	
	79	Stroke	Male	White - Englis	None disclosed	
	97	Arthritis	Male	White - English	None disclosed	
	75	Arthritis	Female	White	None disclosed	
Data on socio economic disadvantage	Not available					
Research/literature evidence						

Existing experiences of service information	Evaluation of Peebles pathfinder, evaluation of Duns Pathfinder. 2 Full consultations.	
Evidence of unmet need		
Good practice guidelines		
Other – please specify		
Risks Identified	<p>Service users and families unwilling to accept support provided in alternative ways</p> <p>Staff unwilling/unable to redeploy to daytime roles</p> <p>Staff unwilling/unable to redeploy to care home roles overnight</p> <p>Daytime staff unwilling/unable to work extended shift times</p> <p>Service users, staff, families see this as a cost cutting project</p> <p>Potential risk of redundancy for night-time support staff if unable to move to day support</p> <p>Risk of reduced financial efficiencies due to potential cost of redundancy</p> <p>Reputational risk to the Council</p> <p>Wider stakeholder communications</p>	
Additional evidence required		

Online Public Consultation based on the final proposal.

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
30/10/23 – 03/12/23	Online consultation shared with all current service users	70 Responses from –	Age Under 18 - 0

	<p>and staff directly and with general public via social media.</p>	<ul style="list-style-type: none"> • Current Night Support Service user (1) • Family/friend of a current Night Support Service user (6) • Member of the public (31) • Member of Adult Social Care Staff (17) • Member of staff within the Borders Health and Social Care Partnership (10) • Organisation/external provider (4) • Other (1) 	<p>18-24 years old - 0 25-34 years old - 7 35-44 years old - 14 45-54 years old - 13 55-64 years old - 16 65-74 years old - 5 75-84 years old - 2 85 + years old - 3 Prefer not to say - 6 Not Answered - 4</p> <p>Gender Male - 8 Female - 56 Non Binary - 0 Other - 2 Not Answered - 4</p> <p>Trans gender Yes - 0 No - 62 Prefer not to say - 4 Not Answered - 4</p> <p>Disability Yes - 12 No - 54 Not answered - 4</p> <p>Type of condition Deafness or partial hearing loss - 2 Blindness or partial sight loss - 3 Physical disability - 6</p>
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			<p>Mental health condition (Including Dementia, Alzheimer's) - 6 Long-term illness, disease or condition - 13</p> <p>Race Scottish - 58 Other British - 7 Irish - 1 Not Answered - 5</p> <p>Religion None - 31 Church of Scotland - 22 Roman Catholic - 4 Other Christian - 6 Muslim -1 Other -1 Not Answered - 5</p> <p>Sexual orientation Heterosexual/straight - 58 Gay/Lesbian - 1 Don't know/rather not answer - 4 Not Answered - 7</p>
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Views Expressed	Officer Response
<p>Locality of respondent – Berwickshire 29 Cheviot 6 Eildon 8 Teviot and Liddesdale 19 Tweeddale 3</p>	<p>The majority of responses came from the Berwickshire area, which is the most recent pathfinder area.</p>

Out with Scottish Borders 1 Not Answered 4				
88.5% understood the question around assessing current night service users.				<p>In the previous consultation the view of all of these proposed changes were asked in one question, with only 8.33% of responses being positive. In this consultation a question was asked for each proposed change. Overall, the responses for this consultation were 36% positive. This will be due to a clearer consultation format and explanation, but also due to the level of staff engagement that has taken place.</p> <p>Service user – Whilst all responses provided by current service users demonstrate that they are unsupportive, the uncertainty around the method of care delivery potentially changing will be impacting on this result. Service users will be supported by Social Work colleagues, and they will be fully consulted in the process. This approach will not be imposed on any current service user.</p> <p>Staff – Collectively, 29% of staff respondents are supportive of this proposal, 26% were unsure, and 45% are not supportive. 35% less staff have contributed to the most recent consultation process, compared to the previous consultation in January/February 2023. This is largely due to improved consultation and engagement.</p>
24.29% were supportive, 58.57% were not supportive and 17.14% were not sure.				
This was broken down as				
Respondent	Yes	No	Not sure	
Member of the Public	8	18	5	
Member of adult SC staff	5	9	3	
Member of H&SCP staff	3	3	4	
Service user	0	7	0	
Other	1	4	0	

87.14% Understood the question around the use of TEC.
24.29% were supportive, 57.14% were not supportive and 18.57% were not sure.

This was broken down as

Respondent	Yes	No	Not sure
Member of the Public	6	19	6
Member of adult SC staff	6	7	4
Member of H&SCP staff	2	6	2
Service user	2	5	0
Other	1	3	1

Service user – 28% of service users/their families were supportive of the use of TEC, whilst 72% were not supportive. Whilst this is an improvement in comparison to the previous consultation exercise, due to the concept of TEC being unfamiliar to service users, this may be attributing to the number of unsupportive responses. Having reviewed some of the comments contained within the consultation, it is worth noting that there is some misperception/misunderstanding that TEC will replace all face-to-face visits, however TEC will only be used if service users meet the criteria in place. Service users and their families will be supported by Social Work colleagues in this process, and no service user will be compromised or placed at risk.

Staff –

Collectively 30% of staff respondents were supportive of the use of TEC, 48% unsupportive, and 22% unsure. 46% of Adult Social Care staff were supportive, compared to only 20% of H&SCP staff. This is felt to be attributed to the quality and frequency of the engagement and consultation process which took place with Adult Social Care staff.

91.43% understood the proposal around a Rapid Response team.
61.43% were supportive, 30% were not supportive and 8.57% were not sure.

This was broken down as

Respondent	Yes	No	Not sure
Member of the Public	13	15	3
Member of adult SC staff	13	3	1
Member of H&SCP staff	10	0	0
Service user	5	1	1
Other	2	2	1

Service user–

71% of service users/their families were supportive of the proposal, with only 1 unsupportive response, and 1 who was unsure. The proposal to introduce this service is an improvement to the service currently in place. It must be noted however, that the responder service would be activated through use of TEC, yet use of TEC, attracted 72% unsupportive responses. This supports the suggestion that perhaps there is some misperception/misunderstanding of the use of TEC.

Staff –

Collectively, 85% of staff respondents (23 of 27) were supportive of this proposal, which is a direct result of quality and frequent consultation and engagement with staff.

92.86% understood the proposal to introduce Dawn and Twilight shifts. 37.14% were supportive, 45.71% were not supportive and 17.14% were unsure.

This was broken down as

Respondent	Yes	No	Not sure
Member of the Public	10	15	6
Member of adult SC staff	9	5	3
Member of H&SCP staff	5	3	2
Service user	1	5	1
Other	1	4	0

Service user –

Only 1 service user was supportive of this approach. The introduction of dawn and twilight shifts is a new concept and involves a change to service users routines. There is perhaps some misperception/misunderstanding of the flexibility this new approach may offer. However, service users/their families will be supported by Social Work colleagues in the process.

Staff –

Collectively, 52% of staff respondents were supportive of this proposal. Given the potential impact on ASC staff, these results are not unexpected. Staff will be fully supported by HR colleagues, senior management and Trade Union colleagues in 1:1 meetings to identify suitable alternative posts.

91.43% understood the information around staff impact. 32.86% were supportive, 47.14% were not supportive and 20% were unsure.

This was broken down as –

Respondent	Yes	No	Not sure
Member of the Public	8	18	5
Member of adult SC staff	7	7	3
Member of H&SCP staff	3	2	5
Service user	3	4	0
Other	2	2	1

Service user –

43% of service users were supportive of this proposal. Service users form a close bond with care staff, and it is possible that the service user results are in support of staff whose roles could be subject to change.

Staff –

41% of ASC staff potentially impacted as a result of this proposal, were in support of it, with a further 41% unsupportive and 8% unsure. As this proposal is likely to impact on staff roles and working patterns, this result is not entirely unexpected. Staff will however, be fully supported by HR, senior management and Trade Union colleagues in the form of 1:1 meetings to identify suitable alternative posts

<p>Other comments noted involved concerns around the following – Concerns for staff including - Staff location, contract and workload; changes to shift patterns; lone working; lack of staff/redundancy; inability of RR team to cover borders wide and staff clarity on process.</p>	<p>Staff location/ability to cover the borders – Given the very small number of service users currently in receipt of the Night Support service who would likely be considered for use of TEC, we would take into account the geographical location and place teams in care homes within travelling distance to these locations. Furthermore, each member of both rapid response teams, will have access to a vehicle (4 in total) to ensure additional flexibility to respond. Both teams involved, will liaise throughout the night and ensure effective communication and have the ability to seek additional support as required. Reports will be provided to senior management, who will have constant oversight of the service.</p> <p>Contract and workload – Staff will be fully supported by senior management, HR and TU colleagues in identifying suitable roles, taking into account personal circumstances and commitments. Senior management will review workload/demand/capacity on an ongoing basis, to ensure no staff member is compromised.</p> <p>Changes to shift patterns- Shift patterns are non-contractual and can be amended at any time with reasonable notice. Staff will be provided with reasonable notice if there is a change to their current shift pattern.</p> <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>Concerns for service users including - Risk to service users; continence/skin integrity; not a person-centered approach; inability to cover borders wide; rurality and ageing population;</p>	<p>Review would identify any risks to the service user.</p>

<p>palliative/end of life care needs; family anxiety; service user anxiety.</p>	<p>For those who require continence support overnight, these service users will be offered continence reassessment to identify more suitable aids, with the offer of a twilight and dawn visit, reducing the window for any episodes of incontinence and impact on skin integrity. If this approach is not suitable for some individuals, they will continue to receive a planned, face to face visit by care staff.</p> <p>Person centered approach - service users and their families will be included in the review of their care needs and their views and opinions will be sought. Any alternative means of care delivery will be done in consultation and with agreement of those involved.</p> <p>Ageing population - this only highlights the need to review the way in which we deliver care, with the growth in the aging population we are going to have to deliver care in different ways in order to meet demand.</p> <p>Those service users with palliative and critical/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 robust engagement, communication and re-assessment approach.</p> <p>Any service user who does not meet the criteria for TEC or is not suitable for an alternative means of care delivery, will continue to receive a physical face to face visit.</p>
<p>Limited understanding of TEC capabilities and its function including - Reduced face to face contact/Not person centred; Inability of TEC to carry out tasks including personal care; Connectivity concerns.</p>	<p>Reduced face to face contact – The majority of overnight visits are for the purpose of visual safety checks, which disturb service users unnecessarily. These visits last no more than 10 minutes, with limited or no social interaction. An unintended consequence of these visits often results in service users (particularly those with cognitive impairment) being disturbed and becoming increasingly disorientated/confused or alarmed by the level of disturbance. By replacing a physical visit with TEC, service users would benefit from constant monitoring of</p>

	<p>TEC activations, which is an improvement to the service currently provided, i.e., one visit during the night and no TEC in place to alert staff if assistance is required.</p> <p>TEC for personal care – There is no intention to provide TEC as an alternative to critical personal care needs. Any current service user with critical care needs, will continue to receive a planned, face to face visit.</p> <p>Only service users who meet the criteria for the introduction of TEC support will have this implemented within their homes. All others will continue to receive face to face support.</p> <p>CCRT will continue to regularly review service users to ensure that the care being provided through TEC is supporting them to safely stay at home.</p> <p>TEC within the home could support service users in being more involved within their communities through access to the internet and video calling.</p> <p>Connectivity concerns – These concerns are around service users being migrated to a digital phone line by their telecom provider. In the event of a power cut new digital phone lines will not work as traditional analogue phone lines have. We are mitigating this risk by upgrading our community alarms to digital ready units which come SIM enabled meaning if there is a power cut to the home the alarm will still be able to dial out through the mobile phone network.</p>
Miscellaneous/Other including – Rurality, not person centred/cost cutting, more joint partnership working.	

Engagement with all staff on the final proposal

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
There would be 15 staff impacted by this change across the Borders.			
Highlighted meetings were those completed for Duns pathfinder			Age

Date of meeting	venue	Brief overview of discussion	Attendees
20/06/2022	MS Teams	initial staff meeting held with NS teams to discuss proposed changes to the service	
11/7/22-12/7/22	MS Teams	individual staff consultations	
4/11/2022	Ms Teams	staff meeting held to discuss findings from Peebles pathfinder and next planned steps	16 support staff
23/03/23	MS Teams	Update on NS paper progress following Peebles pathfinder	10 Support staff attended
31/05/2023	MS Teams	staff meeting held to update on NS working group progress, next steps and Q+A	6 support staff attended
14/06/2023	MS Teams	121 meetings with Duns NS staff to discuss upcoming pathfinder in the area	4 Staff attended
29/06/2023	MS Teams	Duns NS staff meeting to discuss upcoming pathfinder	4 Staff attended
25/07/2023	MS Teams	Duns NS meeting final meeting before pathfinder	3 Staff Attended
4/09/2023	MS Teams	Duns staff meeting following conclusion of pathfinder, feedback given at this call from staff	3 Staff attended

60
47
41
46
49
53
63
64
47
50
30
65
44
41
61

13 Female
2 Male

Nationality – Split White Scottish and White Other.

Trans gender – no recorded
Disability – Not recorded.
Religion - not recorded
Sexual orientation – not recorded

3/10/2023	MS Teams	night support meeting held for update following Duns pathfinder and discussion around next steps	3 Staff attended	
18/10/2023	Ms Teams	night support workshop held	6 Staff attended	
25/10/2023	MS Teams	night support workshop held	8 Staff attended	

Views Expressed	Officer Response
What will the new dawn and twilight shifts look like?	The dawn shift will operate between 6am to 12.00noon and the twilight shift 6pm to Midnight. These teams will provide continence support and personal care to individuals who would ordinarily have received overnight visits to support with continence needs. We believe this would offer increased flexibility to both Service Users and staff. If staff are working a twilight shift, they would not be asked to work a Dawn shift the next day, ensuring they get the correct rest between shifts.
If this model is rolled out permanently, will staff lose their jobs?	No. There are no plans to reduce staff through this. All existing night support staff would be offered alternative posts in a care home (days and nights) and home care (days, including option of dawn/twilight) shifts, supported by HR colleagues, senior management and Trade Union Colleagues. We believe this will increase staff capacity across the Heath & Social Care System and help to alleviate pressures.
What is the average length of a night support visit?	The average planned time of visits to service users receiving a service from the night support team at this time is 10 minutes.
What happens when technology alternatives such as bed sensors or falls alarms are not a suitable option for a current Night Support Service User, will this person continue to receive a face-to-face visit?	Every Service User is assessed based on their individual needs and suitable options are discussed with the individual and/or their family. Anyone for whom technology alternatives such as bed sensors or falls alarms are not a suitable option would continue to receive a face-to-face visit.
How will this impact individuals with palliative/end of life care needs?	The needs of Individuals with palliative/end of life care needs will not be compromised and will continue to receive face to face support.

What happens if someone falls in the night?	Within the current service delivery model, a face-to-face visit is planned for a set time. Once the visit has been completed, if the service user has a fall outside the window of this visit, there is the possibility that the service user would be lying on the floor for several hours until the next Carer visited. If a bed sensor or falls alarm were in place, staff would be alerted and respond within the hour. The process involves the Alarm Receiving Centre being alerted; they would then make contact with the Rapid Response Team who would be dispatched to provide care. If it was felt that the service user had been injured and required medical assistance, Emergency Services would be contacted.
Who will answer any alarm activations?	Alarm activations will go the Alarm Receiving Centre and onwards to Rapid Response staff, unless families choose to make alternative arrangements.
What will the new service look like?	If a service user is assessed as a suitable candidate for TEC, this will be discussed with the individual and their family. If TEC is put in place, it will be monitored by the Alarm Receiving Centre, who would in turn; contact the Rapid Response team. Family could also be alerted if this is the request of the service user and family. If the assessment demonstrates that the service user is not suitable for a TEC solution, a face-to-face visit will continue to be provided.
Will face to face visits still be provided?	Yes, in certain instances where TEC solutions are not feasible, including complex care needs such as advanced Dementia/Palliative and critical/End of Life Care
Where will Rapid Response staff be based?	Staff would be based in SBC care home which will be identified based on the location of the Night Support Service Users.
How will we ensure the safety of our lone working staff?	Lone working staff will be equipped with mobile devices with the PROTECT app installed. This allows them to be located and call for urgent assistance if required. During the pathfinder in Peebles staff were also offered personal alarms.
What steps have we taken to understand the impact of the proposal on individuals that currently use the service?	A full public consultation was completed in February 2023. The results have prompted the need for a further Pathfinder in the Duns area to assess the full impact of this change. To fully understand the impact, all current service users will be reassessed individually, and options discussed with service users and their families.
How will Service Users requiring continence and skin care be supported?	Every Service User is assessed based on their individual needs. Dawn & twilight shifts will be introduced for those where it is deemed to be a suitable alternative, to provide support with continence needs, reducing the likelihood of any potential skin breakdown. Furthermore, service users identified with continence needs

	overnight, will have their continence needs reviewed to ensure appropriate aids are prescribed. Anyone whose needs cannot be met in this way, or through introduction of TEC would continue to receive this support face to face.
Why is this change to the Night Support Service being proposed, is this about saving money?	This approach would align Scottish Borders Council with other Local Authorities such as East Lothian. Following a successful pathfinder in Peebles where Service Users reported they benefited from no staff disturbance through the night, Scottish Borders Council are reviewing alternative ways of providing night support. This may include items such as alarms, movement sensors, bed sensors and door activation monitors. Given national recruitment challenges, the ageing population, and the pressure on care services nationally, we need to identify new approaches to deliver more efficient and effective care to ensure service users aren't compromised.
Concerns expressed about distances travelled when driving alone, particularly in poor weather conditions.	Senior management offered to feed back to the team with a proposal at the next meeting. Proposal was agreed that staff working in rural areas, would travel 5 miles from base, however in the event of adverse weather conditions or being required to travel in excess of 5 miles, they would be accompanied by their partner and work in pairs. Key to this arrangement, it was agreed that both teams would liaise with each other, and have access to all essential contact details, including senior manager on call and EDT.
SSSC registration concerns as staff are only Care at Home registered but asked to work in a Care Home.	During the pathfinder there was no requirement for staff to be dual registered with the SSSC. Moving forward there are planned changes to the SSSC register where staff registration will change from support worker in a care at home service to social care workforce, staff will only have to inform the SSSC of the services that they are based in. All staff will be supported with this by their direct line manager.
Staff noted that travelling additional miles would be challenging in the vehicles as they have a limited travel distance. There has been an occasion in the past where the EV ran out of charge and the team were unable to lock the vehicle.	It was agreed that the staff would be allocated a hybrid or fuel car to carry out their overnight work.
Questions about if it's a scheduled visit that requires a double up – what would happen if they got a call out at the same time.	It was agreed that on these occasions, contact would be made to colleagues in the other team on duty to request their assistance. In the event that both teams were committed to other duties, contact would be made with the Alarm Receiving

	Centre, who would then deploy alternative support as identified in the individual service user's records.
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