

24th January 2024

REPROVISIONING OF NIGHT SUPPORT SERVICE

Report by Julie Glen, Operations Director



1. PURPOSE AND SUMMARY

- 1.1. **Further to the Night Support Service pathfinder in Duns and subsequent public consultation, this report proposes a reduction in the number of Night Support Service teams and also the introduction of dawn/twilight shifts. It is also proposed that teams will provide a rapid response service for any TEC activations in addition to providing planned care for those with complex and critical care needs.**
- 1.2. Following the Pathfinder in Peebles in September 2022 and subsequent consultation, a further pathfinder was undertaken in Duns during August 2023, at the request of the IJB.
- 1.3. The second pathfinder concluded that the needs of service users in Duns were very different to the needs of those in Peebles. It was established that overnight face to face support was still required for a small number of service users due to the level of complex care needs, which included palliative care. It also included a service user who was awaiting a 24-hour care placement.
- 1.4. These findings, and staff engagement sessions influenced the approach taken for the second public consultation that was carried out during November 2023. The consultation gained 70 responses.
- 1.5. The findings of this consultation demonstrated that participants had a better understanding of the proposals than in the previous consultation and were more positive about the proposed changes.
- 1.6. Given the outcome of both pilots, it is evident that a night support service continues to be required, but given the alternative means of providing this service, we now propose a reduction from 5 Night Support teams to 2 as described in section 5 of this report. These 2 teams would continue to provide planned, critical overnight support to individuals with complex health needs, whilst also providing a Rapid Response service to TEC activations. We also propose to introduce a strict eligibility criterion for critical overnight support. Dawn (6am-noon) and Twilight (6pm-midnight) shifts will also be introduced.
- 1.7. The redesign of the night support service would ensure that service users with complex health needs receive a service that meets their needs in a more person centred outcome focussed way. This along with a transition to a rapid response approach will allow the service to be more responsive to those who are requiring unplanned support overnight.
- 1.8. The proposal to introduce TEC and Twilight/Dawn shifts ensures a more person-centred approach to care can be promoted, which not only increases choice and a sense of control to service users but will also improve service user safety by providing constant monitoring and an immediate response if urgent support is required rather than a time-specific face to face visit.
- 1.9. Staff have been fully consulted throughout both pathfinders and the consultation periods.

2. RECOMMENDATIONS

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

- a) Note the consultation results.
- b) Agree the proposal to reduce from 5 Night Support teams to 2 Rapid Response Teams.

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 effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x			x	x	

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A direction is required to Scottish Borders Council.

5. BACKGROUND

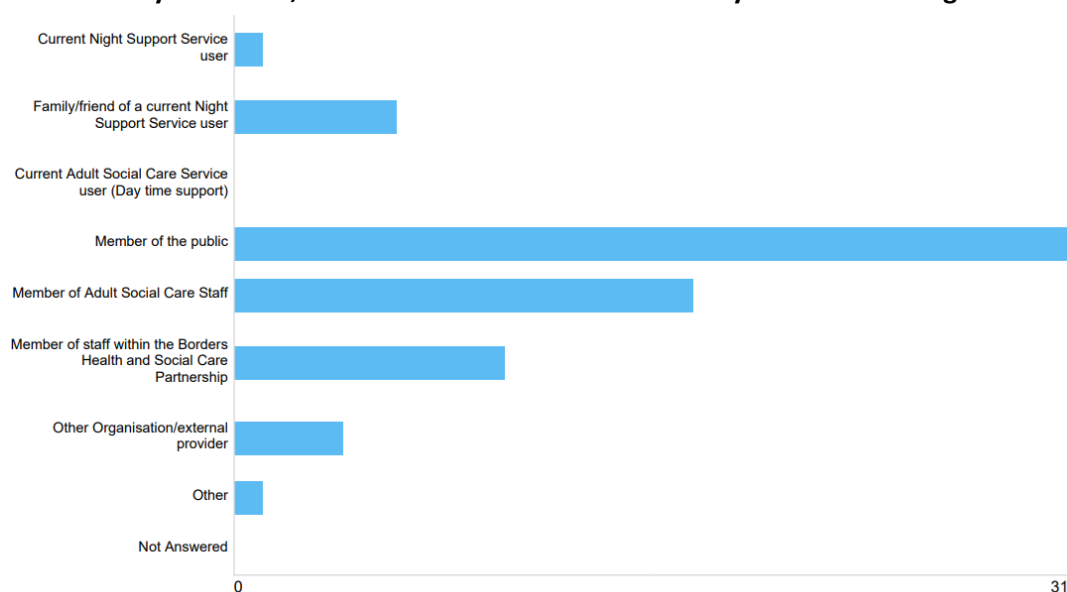
5.1. The pressure on care services nationally, is already taking its toll and it is likely to increase due to demographic change increase in the older people population and increasing complexity of care requirements along with a decreasing workforce pool. Continuing with current models of delivery is 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. After removing 7.2FTE long term vacancies at the start of this financial year, saving £185,657, five Adult Social Care staff teams still operate across each Home Care locality area and currently provide night support to only approx. 27 home care service users, at a cost to the Council of £455,504 pa. This is a very expensive service, costing approx. £16,870 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 provides 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. The Adult Social Care department undertook a pathfinder in the Peebles area in September 2022. The pathfinder concluded that in many cases, a physical visit was 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. Following this, a public consultation was undertaken. The results of this consultation and the comments provided, highlighted that the consultation had not been clear enough. In May 2023 the Integration Joint Board requested that a further pathfinder be undertaken followed by clear consultation.
- 5.5. In July 2023, a further pathfinder was undertaken in Duns. The pathfinder followed the same process and engagement with both service users and staff as was undertaken in the Peebles pathfinder. The Duns pathfinder concluded that the Night Support service was still required for a small number of service users due to the level of complex care needs, which included palliative care. It also included a service user who was awaiting a 24-hour care placement.
- 5.6. In November 2023 a second public consultation was launched. The consultation clearly stated the changes proposed and confirmed understanding of each proposal prior to asking if the respondent was supportive of the proposal.

6. CONSULTATION RESULTS

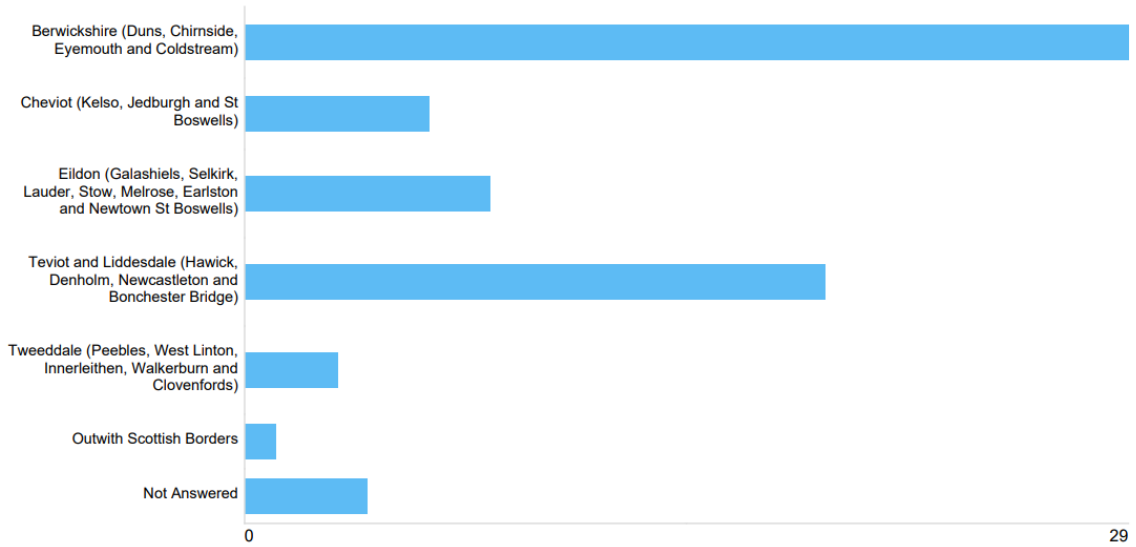
- 6.1. The consultation was completed by 70 people, ranging in age from 25-34yrs to 85+ years. This compares to 240 responses in the original consultation. The largest proportion of responses were from members of public (31), followed by staff (27). Only 7 respondents stated that they were answering as a current Night Support Service user or a member of a current night service users' family. **However, in a later section 15 stated that they were current Night Service users.**



17% of respondents stated that they had a disability and 33% reported that their day-to-day activities were limited by a health problem or disability. 80% of responses were from females.

41% of responses came from those that live within Berwickshire, 27% from Teviot and Liddesdale, 11% from Eildon, 9% from Cheviot and 4 % from Tweeddale. 6% did not answer and

2% were from out with Scottish Borders.

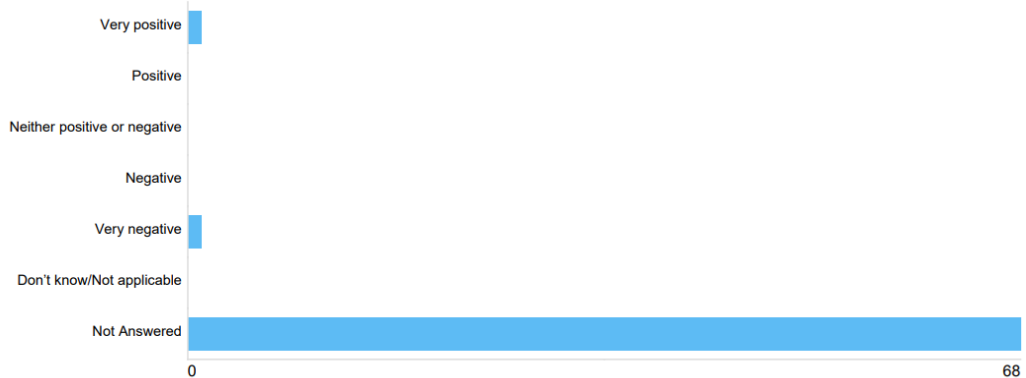


6.2. The results of the consultation are as follows –

Q1. Have you or the person that you are representing been directly impacted by the Pathfinder in Peebles or Berwickshire?



Q2. How have the changes impacted you, the current night service user or your family?



Q3. All current service users in receipt of the Night Support service will be invited to participate in the regular review process involving Social Work colleagues, where alternative options may be discussed. This may include consideration for moving overnight visits to dawn and/or twilight and establishing if use of TEC is a suitable option. If individual service users are assessed as requiring critical levels of support, such as those with palliative/end of life care needs, critical medication visits or with concerns relating to skin integrity, individuals will continue to receive face to face support from the team.

Is this explanation clear?

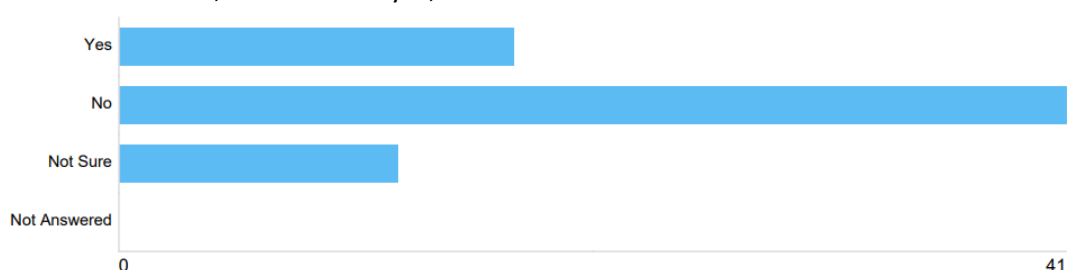
88.5 % stated that the explanation was clear, 5.7% stated that it was not clear and 5.7% stated that they were not sure.

The reasons for being unsure or stating “no” were noted as:

- Why would someone from social services assess need rather than suitably qualified health worker?
- Overnight care re: skin integrity and continence management is/has not been available routinely for some time, leading to care home/hospital admissions. Evaluating the current service will be limited by this prior change in service provision.
- ‘Regular review process’ Will feedback from service givers, clients, family, if DN/nurses/evening nurses involved - be taken into the review. Sounds like another ploy to reduce services by making it seem clients would benefit more than they will.

Are you supportive of this change?

58.5% stated no, 24.2% stated yes, and 17.14% stated not sure.



This breaks 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

Q4. The use of TEC such as door sensors, bed sensors and falls alarms have been successfully used for many years to reduce the overnight disruption caused by a physical night time visit by carers in other Local Authority areas. They are used to monitor service users in real time, for the whole night, and alert staff, should they be required. Time-limited visits currently in place only provide a snapshot of individuals during the period of that visit, whereas TEC alternatives offer constant monitoring. During routine reviews involving Social Work colleagues, the use of TEC will be discussed, but will only be introduced if individuals are deemed suitable for this.

Is this explanation clear?

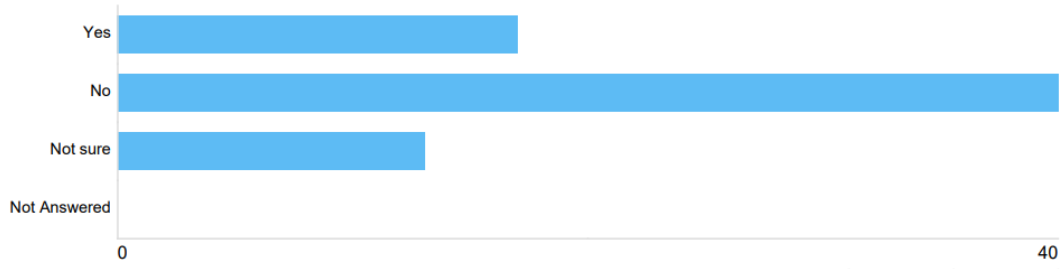
87.1 % stated that the explanation was clear, 7.14% stated that it was not clear and 5.71% stated that they were not sure.

The reasons for being unsure or answering “no” were noted as:

- Who will respond if an alarm is triggered?
- Timely response to act on an alert.
- Not using the service but feel if we need it should be there.

Are you supportive of this change?

57.14% stated no, 24.29% stated yes and 18.57% were not sure.



This breaks 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

Q5. We are proposing that a team of staff continue to work overnight to respond to any alarm activations and to carry out any critical face to face visits.

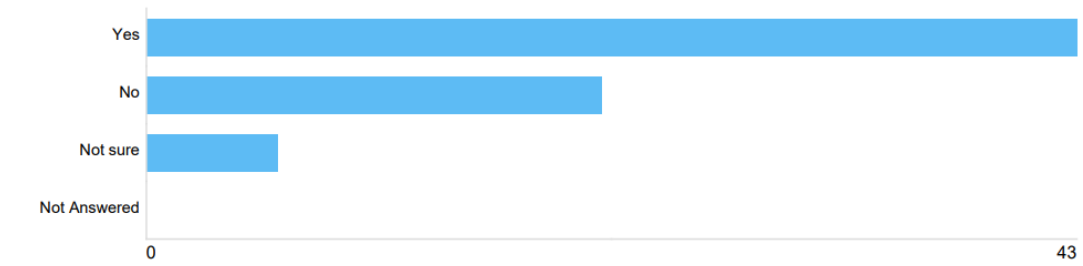
Is this explanation clear?

91.4% stated yes, 2.86% stated no and 5.71% were unsure. The reasons for being unsure or answering "no" were noted as:

- Where will the overnight staff be based, and what will the response time to alarms be?
- Team of staff/rural area/unable to predict amount of 'alerts' each night.
- No mention of where night team will be based.
- Teams reduced from 5 teams to 2 to cover the area you want them to cover is ridiculous!

Are you supportive of this change?

61.43% stated yes, 30% stated no and 8.57% were unsure.



This breaks 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

Q6. We are proposing that rather than disturb people with a physical visit overnight when they are in the main, sleeping; that their visit is moved to a dawn and/or twilight time (e.g., moving a 2am visit to 11.30pm or moving a 4am visit to 6am) depending on the support required. This will be less disruptive for the service user and their family, promote sleep and improve wellbeing. However, if individual need is such that the overnight visit is required, this will continue to be provided.

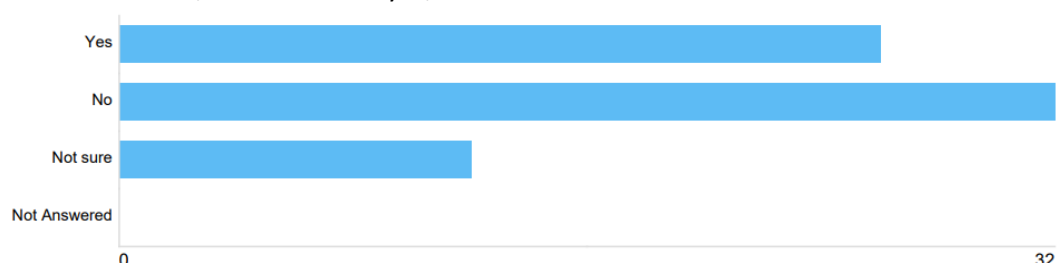
Is this explanation clear?

92.86% stated yes, 2.86% stated no and 4.29% were unsure. The reasons for being unsure or responding “no” were noted as:

- What are the conditions required for an overnight visit?
- Surely ‘during the night’ visits are already only when necessary to begin with

Are you supportive of this change?

45.7% stated no, 37.14% stated yes, 17.14% were not sure.



This breaks 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

Q7. Staff currently working in the Night support team would be offered suitable alternative employment. This may include dawn (6am to 10am or midday) or twilight shifts (6pm to midnight/8pm to midnight), daytime shifts in Home Care, overnight rapid response shifts (providing critical support) with no change to their current shift patterns, and night shifts working in care homes. There are no proposals to make any staff member redundant. The reprovisioning of this resource will improve staffing across Care at Home and in the wider social care system.

Is this explanation clear?

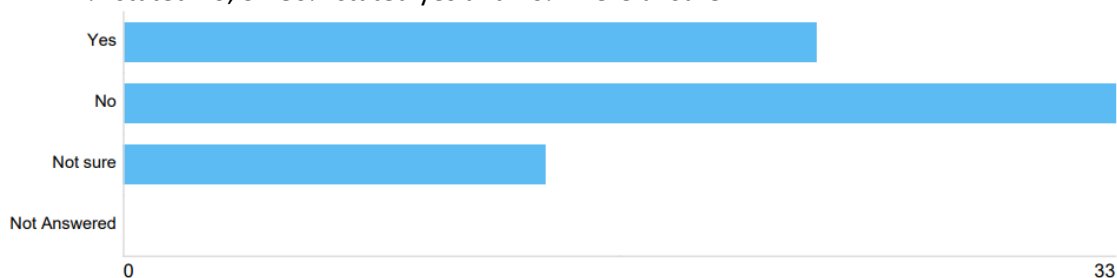
91.43% stated yes, 4.29% stated no and 4.29% were unsure. The reasons for being unsure or answering “no” were noted as:

- Not clear if staff are employed by SBC, NHS Borders or other employers.
- Little to no communication or update for staff affected.

- Will staff retain the same size of contracted hours, will they now have to travel further to place of work.

Are you supportive of this change?

47.14% stated no, 32.86% stated yes and 20% were unsure.



This breaks 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

Q8. Do you have any other comments relevant to this proposal? There were 29 responses, 12 from members of the public, 13 from staff, 2 from night support service users or their families and 2 from organisations/other. The responses are grouped as below.

- Concerns for staff including - Staff location, contract and workload; changes to shift patterns; lone working; lack of staff; inability of RR team to cover borders wide and staff clarity on process.
- Concerns for service users including - Risk to service users; continence/skin integrity; not a person-centred approach; inability to cover borders wide; rurality and ageing population; palliative/end of life care needs; family anxiety; service user anxiety.
- 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.
- Miscellaneous/Other including – Rurality, not person centred/cost cutting, more joint partnership working.

6.3. Mitigating Actions

Concerns	Mitigating Actions
Concerns for staff including - Staff location, contract and workload; changes to shift	Staff location/ability to cover the borders – Given the very small number of service users

<p>patterns; lone working; lack of staff; inability of Rapid Response team to cover borders wide and staff clarity on process.</p>	<p>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 – Contracts for the majority of staff (6.4 FTE) will remain unchanged. The proposal will see a reduction in 3.6 FTE and HR policies will be followed in relation to finding suitable alternative roles for impacted employees. Employees will be supported by senior management, HR and TU colleagues in identifying suitable alternative roles, taking into account personal circumstances and commitments.</p> <p>Through individual consultations to date, Adult Social Care are confident that there are suitable alternative posts for all impacted staff. The service have held night support worker vacancies within Care Homes and the introduction of twilight/dawn shifts appeal to staff. Early indications also suggest that some staff may also wish to be deployed into day support roles and there are numerous vacancies to accommodate this. Movement of employees to other roles within Adult Social Care will also support with recruitment pressure in the service. There is the potential risk of redundancy, but to date, that has not been evident during staff consultation.</p> <p>Senior management will review workload/demand/capacity on an ongoing basis, to ensure no staff member is compromised. 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>
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	<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>Concerns for service users including - Risk to service users; continence/skin integrity; not a person-centred approach; inability to cover borders wide; rurality and ageing population; palliative/end of life care needs; family anxiety; service user anxiety.</p>	<p>Review would identify any risks to the service user.</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 centred 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>Inability to cover borders/rurality –I think this has already been covered off in the previous section?</p> <p>Ageing population - this only highlights the need to review the way in which we deliver care, as we know we aren't going to be able to deliver according to the demand? Not sure how you would want to word this though.</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>To increase the awareness of the availability of TEC and its capabilities and functions a number of sessions have been held for social work colleagues, members of the public and NHS. These sessions will continue to be held in localities to ensure continued presence in the public domain.</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 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 clients 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</p>
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	if there is a power cut to the home the alarm will still be able to dial out through the mobile phone network.
Miscellaneous/Other including – Rurality, not person centred/cost cutting, more joint partnership working.	

6.4 View of response

In the previous consultation which took place over January/February 2023, the view of all these proposed changes were asked in one question, with only 8.33% of responses being positive. In this most recent 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 consultation that has taken place with staff, service users and the wider public.

The public consultation took place over 5 weeks and attracted responses from only 70 respondents. This is a direct contrast to the consultation which took place between January and February 2023, where there were 240 respondents, and the outcome of the consultation was largely negative across all aspects.

44% of current respondents were members of public, 38% staff within ASC and N&SC partnership, 10% service users/families, and 8% other/external organisation.

The overall outcome of this most recent consultation demonstrates a more balanced response to the proposals mentioned within this report. There is notable improvement in overall supportive responses, particularly involving staff and service users, which will be a direct result of improved engagement/consultation. Furthermore, there are less unsupportive results, with a slight increase in the unsure category.

7. PROPOSAL

- 7.1. The proposal would see the redesign of the night support service from a reduction from 5 Night Support teams (10 FTE) to 2 Rapid Response teams (6.4 FTE).
- 7.2. The Rapid Response teams would provide planned and critical overnight care, as well as responding to any TEC activations.
- 7.3. The introduction of a strict eligibility criteria for essential overnight support provided by the Rapid Response teams will ensure that only visits are provided.
- 7.4. The Rapid Response staff would have access to 4 vehicles to provide increased ability to respond Borders wide. Staff would partner with another colleague when responding to remote/rural areas. Clear guidance will be issued to staff to support with this.
- 7.5. By using alternatives such TEC and Dawn/Twilight visits, a more person-centred approach to care can be promoted which not only increases choice and a sense of control to service users; but improves service user safety by providing constant monitoring and an immediate response if urgent support is required rather than a time-specific face to face visit.

8. IMPACTS

Community Health and Wellbeing Outcomes

8.1. 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.	No impact
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.	No impact
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

8.2. From April 2023, the removal of long term vacant posts within the night support teams generated a saving of £185,657 – a reduction of 7.2 FTE posts. This still left 5 night support teams operating in the Scottish Borders. Reducing these remaining teams down to 2 teams of 2 people (6.4 FTE in total) will realise further savings of £158,035 – a further reduction of 3.6 FTE posts). A total recurring saving will therefore be generated amounting to £343,692.

Equality, Human Rights and Fairer Scotland Duty

8.3. A full consultation has been undertaken to ensure the impact of this change has been fully considered.



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Legislative considerations

8.4. No legislative considerations

Climate Change and Sustainability

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

Risk and Mitigations

8.6. As mentioned in the body of this paper, no increased risks for clients were noted.

9. CONSULTATION

Communities consulted

- 9.1. CMT have been consulted, along with service users, members of the public and Health and Social Care staff. All Night Support Staff are aware of the possible changes to the Night Support Service provision. In addition to these consultation and to increase the awareness of the availability of TEC its capabilities and functions a number of sessions have been held for social work colleagues and members of the public and NHS. These sessions will continue to be held in localities to ensure continued presence in the public domain.
- 9.2. Trade unions have been consulted and updated throughout the duration of this project at monthly Trades Union Consultation Meetings. They have also been invited to attend group staff meetings. Trade Unions are aware of the possible changes to the Night Support Service provision.
- 9.3. Elected Members have been kept informed throughout the period of this project.

In addition, the following groups have been consulted:

- IJB Strategic Planning Group

Integration Joint Board Officers consulted

- 9.4. The IJB Board Secretary, the IJB Chief Financial Officer, IJB Chief Officer, the IJB Human Rights & Diversity Lead and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

Approved by:

Jen Holland, Director of Strategic Commissioning & Partnerships

Author(s)

Julie Glen, Operations Director Adult Social Care

Background Papers: N/A

Previous Minute Reference: N/A

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