

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views



Reprovisioning of Night Support Service:

Review of Duns Night Support clients to see if Night Support is required or if the individual could be supported by TEC or a Dawn/Twilight shift.

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	
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?
<p>What equalities information is routinely collected from people currently using the service or affected by the policy?</p>	<p>Age, Gender, Race, Religion, Disability.</p>	<p>There are 8 Night Service users in the Duns area. By the nature of the assessed need, these tend to be older adults with substantial support needs. Full service user details below.</p>
<p>Data on populations in need</p>	<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</p>

disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition)

Gender reassignment – Data states that 0.5% of population is Trans.

Marriage and Civil Partnership - Not relevant

Pregnancy and Maternity – Not relevant

Race -

Ethnicity	Scottish Borders
White: Scottish	70%
White: Other British	25.9%
White: Polish	1.3%
Asian	N/A
Other Ethnic Group	N/A

Religion or belief -

Religion	Scottish Borders
None	59%
Church of Scotland	25.5%
Roman Catholic	4.3%
Other Christian	10%
Other Religion	1.1%

Sexual Orientation -

		1.4% of adults identify as “LGB & Other” (Lesbian, Gay, Bisexual or Other).				
Data on relevant protected characteristic	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					
Data on service uptake/access	Age	Disability	Gender	Race	Religion	A total of 8 service users could be impacted by the proposal. Age –75 % of service users are over 80 years old. Gender –75 % are Female Race – 100% white Religion - 2 Church of Scotland 1 Roman Catholic 5 Not disclosed 4 Staff would be impacted (as noted in the staff section below)
	95	Frailty	Female	White	Church of Scotland	
	94	Frail elderly	Female	White	Roman Catholic	
	67	Physical disability & sight impaired	Male	White	Not disclosed	
	85	Frail elderly/palliative	Female	White	Not disclosed	
	91	Frail elderly	Female	White	Not disclosed	
	53	Physical disability/ non verbal	Female	White	Not disclosed	
	92	Frail elderly	Female	White	Church of Scotland	
	96	Frail elderly	Male	White	Not disclosed	
Data on socio economic disadvantage	Not available					
Research/literature evidence						

Existing experiences of service information	Following on from the Pathfinders in Tweeddale and Berwickshire, evaluation and IIA's were completed for both areas.	
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		

Consultation

Duns Staff Engagement and Consultation

Dates	Venues	Number of People in attendance by category*	Protected Characteristics Represented
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4 staff potentially affected by the proposed changes. Engagement sessions listed below. Some were for Duns only staff and some for the whole NS staff team.

Date	Venue	Subject	Attendance
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	
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	1-2-1 meetings with Duns NS staff to discuss upcoming pathfinder in the area	
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
3/10/2023	MS Teams	Night Support meeting held for update following Duns pathfinder and discussion around next steps	3 Staff attended

Age
65
44
41
61

4 Female
0 Male

Nationality – Split White Scottish and White Other British.

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

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 will be based in Saltgreens care home which has been 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.
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.

Duns Pathfinder (service users)

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented				
01/08/2023 – 01/09/2023	Duns	8	Age	Condition	Gender	Race	Religion
			95	Frailty	Female	White	Church of Scotland
			94	Frail elderly	Female	White	Roman Catholic
			67	Physical disability & sight impaired	Male	White	Not disclosed

			85	Frail elderly/palliative	Female	White	Not disclosed
			91	Frail elderly	Female	White	Not disclosed
			53	Physical disability/ non verbal	Female	White	Not disclosed
			92	Frail elderly	Female	White	Church of Scotland
			96	Frail elderly	Male	White	Not disclosed

Views Expressed	Officer Response
Service users noted no change, as the service for many continued but was provided at an earlier/later time by the twilight/Dawn shift.	It is clear from this feedback that the move to twilight and dawn shifts does not impact service users in any way.
The NS service was required for three service users. (One palliative, one awaiting 24-hour care and one that is now supported by the cheviot team)	From the pathfinder it is clear that a support overnight is still required in some circumstances. But with the low number of service users support could be provided by fewer teams.
Staff feedback - During the pathfinder staff noted that they were travelling an increased no of miles.	This was noted and routes altered to decrease the mileage.

The pathfinder resulted in 3 service users that still required overnight support, which resulted in a change in approach for the final proposal.