SECTION 1 - DO I NEED AN EIA?

DO I NEED AN EIA? (see note 1)

Name of policy/activity:

OVERNIGHT RESPONDER SERVICE PILOT - REPORT TO IJB

Please choose one of the following:

Is this a:

• Pilot programme or project? Pilot

Decision

Set out the rationale for deciding whether or not to proceed to an Equality Impact Assessment (EIA):-

This involves a change to the service provision of people who have a learning disability and as such an EIA is required.

Date of Decision: 20/08./2019

If undertaking an EIA please continue onto the Section 2. If not, pass this signed form to the Equalities Officer.

SECTION 2: EQUALITY IMPACT ASSESSMENT

General Information

Assessment undertaken by (please complete as appropriate)

Director or Head of Service	Jane Mackie, Head of Service
Lead Officer for developing the policy/activity	Charles McKerron, Acting Service Manager LD and Consultant Practitioner.
Other people involved in the screening (this may council staff, partner or others i.e contractor, partner or community)	

Brief description of policy/activity

Describe the policy/activity (see note 2):

The pilot is designed to take place in three Elgin based houses that provide overnight care and support to 11 people who have a learning disability. All of the houses are managed by Cornerstone. The overnight support in each of the houses is provided by means of a 'sleeping' overnight staff.

The pilot is designed in two 6 week phases. During phase 1, the sleeping member of staff will remain in-place but any overnight response will be provided by a responder. The sleeping night staff can be used if there is any situation that the responder is not able to deal with safely. During phase 2 and depending on the success of phase 1, for the second 6 weeks of the pilot, the sleeping overnight staff will be removed and the responder service will provide the overnight response.

Who are your main stakeholders? (see note 3)

11 people, all of whom have a Learning Disability and who live in the houses identified.

The parents and carers and legal Guardians of the 11 people.

The staff who support the 11 people.

Evidence Base for Assessment (see note 4)

Please cite any quantitative and qualitative evidence relating to groups having different needs, experiences or attitudes in relation to this policy/activity. What baseline evidence do you have already for this policy/activity?

Describe briefly the evidence you will draw on to inform this EIA.

There are currently 18 sleepover staff and 8 waking night staff provided every night in Moray for people with learning disabilities. Staff presence in a person's home has to be considered sensitively and should only be used where there is a clearly identified need and purpose. People have a right to privacy in their own home and this must be balanced with ensuring the safety and wellbeing of the person.

The Learning Disability Transformation project has been set up to maximise people's independence while also supporting them to live safely, this is consistent with the progression model which informs all of our service provision. The progression model seeks to improve an individual's independence and to ensure that the right package of care that optimises potential is achieved for the individual.

Our providers as partners in care locally are keen to work with us on testing out an alternative to the current provision based on looking outwards to other areas and the achievements that have been reached there. Cornerstone successfully operate an overnight responder service in Ayrshire, Lanarkshire and a new project in Glasgow.

The introduction of the Scottish Living Wage means that the current commissioning of night time support from providers, on behalf of Health and Social Care Moray (HSCM), continues to challenge the provision of care available in relation to the resources available both financially and in relation to workforce supply.

Engagement and Consultation (see note 5)

Thinking about people inside the council, partners and the wider community use the table below to outline any previous engagement or consultation which is relevant to this policy/activity.

Protected Groups	Engagement and consultation
Carers (for elderly, disabled or minors)	1:1 meetings and/or phone conversations with the parents/carers/legal guardians of the people in scope for the pilot to inform them of the proposed pilot and to hear their concerns and discuss the risk minimisation measures that have been put in place.
Staff	
Partners/contractors	Meetings with Cornerstone to design and agree the pilot. Cornerstone have had conversations with their staff.

Procurement and partnerships (see note 6)

Is this policy/activity currently or anticipated to be carried out wholly or partly by contractors or other partners? Are they aware of their obligations to address equalities?

Briefly explain:

As noted in section describing activity above, the pilot is designed to take place in three Elgin based houses that provide overnight care and support to 11 people who have a learning disability. All of the houses are managed by Cornerstone and it will be Cornerstone staff who will provide the responders and the management support.

Evidence gaps (see note 7)

Are there any significant gaps in the known evidence base, engagement or procurement that would prevent this EIA being completed? If so, you will need to address the gaps before finalising this EIA. Please go to Appendix 1 to assist you in developing a work plan to address the gaps.

No identified gaps.

Who is affected and what is the impact? (see note 8)

From this evidence or engagement you have already, list how this policy/activity might impact equality and/or the elimination of discrimination for each of the equality groups.

Protected Groups	Positive	Negative
Disability	The 11 people in the pilot will be	The 11 people in the pilot
	supported to have greater	will not have overnight
	independence.	sleep in staff and may feel
		and be more vulnerable.
Carers (for elderly,		The parents/ carers/
disabled or minors)		guardians of the 11 people
		are likely to feel anxious.
Staff	Staff will be freed up to work	Staff will lose their overnight
	during the day.	allowance.
Partners/contractors	The partner will gain staff who	The partners will lose
	are free to work during the day.	income from providing
	The partner will gain income	overnight support.
	from providing a responder	
	service.	

Summary of Impacts (see note 9)

Summarise the impacts of the policy/activity and resulting activities affect different communities and groups.

Does it create positive impacts? Yes

Please explain

The 11 people in the pilot will be supported to have greater independence while also supporting them to live safely, this is consistent with the progression model which informs all of our service provision. The progression model seeks to improve an individual's independence and to ensure that the right package of care is achieved for the individual.

Our providers as partners in care locally are keen to work with us on testing out an alternative to the current provision based on looking outwards to other areas and the achievements that have been reached there. Cornerstone successfully operate an overnight responder service in Ayrshire, Lanarkshire and a new project in Glasgow. Carrying out this pilot will provide learning for the whole system in Moray.

The introduction of the Scottish Living Wage means that the current commissioning of night time support from providers, on behalf of Health and Social Care Moray (HSCM), continues to challenge the provision of care available in relation to the resources available both financially and in relation to workforce supply. The pilot has the potential to achieve efficiencies both financially and in terms of staff resources

Does it create negative disadvantage or inequalities? Yes

APPENDIX 1

Please explain

In part, this depends on your point of view. The pilot is designed to minimise risk and to ensure the safety of the 11 people. Two of the parents/carers/Guardians are especially anxious and have indicated their concerns to elected members of the Council and their elected member of Parliament.

If you have indicated there is a negative impact on any group, is that impact:

Legal? Yes

Please explain

The IJB continues to fulfil its duty of care and will be providing appropriate care and support for the 11 people.

Intended? Yes

Please explain

The IJB continues to fulfil its duty of care and will be providing appropriate care and support for the 11 people. There will be learning from this pilot and this learning can be applied to all of the provision of overnight support.

Mitigating Action (see note 10)

Can the impact of the proposed policy/activity be mitigated? Yes

Please explain

The 11 people in the pilot will be supported to have greater independence while also supporting them to live safely. The design of the pilot supports this as does the introduction of telecare equipment.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact? If more than one action, please list them in the action plan in appendix 2.

The pilot is designed in two 6 week phases. During phase 1, the sleeping member of staff will remain in-place but any overnight response will be provided by a responder. The sleeping night staff can be used if there is any situation that the responder is not able to deal with safely. During phase 2 and depending on the success of phase 1, for the second 6 weeks of the pilot, the sleeping overnight staff will be removed and the responder service will provide the overnight response.

Telecare equipment will be installed in every house, specific to the needs of the residents. All sensors are linked through the community alarm system to the 24/7 alarm call centre. The call centre will alert the responder service immediately if there are any triggers. The responders have time scales and protocols to work to in order to ensure a timely and appropriate response.

In the unlikely event of fire, the houses are linked to an alarm system, in addition, the call centre will alert the fire services and the responder service. Two of the houses have fire doors and sprinkler systems fitted, in the third house additional smoke alarms will be installed connected to the call centre as part of the telecare solutions associated with this project.

Justification (see note 11)

From the evidence you have and the impacts identified, what are the key risks (the harm or 'adverse impacts') and opportunities (benefits and opportunities to promote equality) this policy/practice/activity might present?

The key risks are summarised below.

Risk	Mitigating action
Risk to wellbeing	Monitoring of overnight disturbances.
&	Continuation of sleep in staff for first 6 weeks.
Risk of wandering	Weeks.
	Telecare devices providing immediate
	alert of disturbance.
	Provision of responder.
Risk from fire	Houses linked to a fire alarm system.
	Two of the houses have fire doors and sprinkler systems fitted.
	Additional smoke alarms connected to the call centre being installed in house three.

The pilot seeks to minimise the risks to the individual through a phased approach. The pilot is designed in two 6 week phases. During phase 1, the sleeping member of staff will remain in-place but any overnight response will be provided by a responder. The sleeping night staff can be used if there is any situation that the responder is not able to deal with safely. During phase 2 and depending on the success of phase 1, for the second 6 weeks of the pilot, the sleeping overnight staff will be removed and the responder service will provide the overnight response.

The 11 people in the pilot will be supported to have greater independence while also supporting them to live safely, this is consistent with the progression model which informs all of our service provision. The progression model seeks to improve an individual's independence and to ensure that the right package of care is achieved for the individual.

Keeping in mind the proportionality of any action proposed to mitigate the impact, describe the scale and likelihood of these risks and opportunities

Risk to wellbeing Possible Minor Medium Risk

Risk of wandering Possible Moderate Medium Risk

Risk from fire Rare Extreme Medium Risk

If nothing can be done to reduce the negative impact(s) but the proposed policy/activity must go ahead, what justification is there continue with the change?

The negative impact will be reduced.

SECTION 3 CONCLUDING THE EIA

Concluding the EIA (see note 1)

Summarise your findings and give an overview of whether the policy will meet the council's responsibilities in relation to equality and human rights referring to the four possible outcomes.

The pilot has been designed to minimise risk, the project has been designed in two six week phases. In phase 1 the overnight staff will remain in place. Only if phase one is successful will phase two go ahead as currently planned. The care provision will be constantly monitored and additional mitigating actions will be put in place if required.

Telecare equipment will be installed in every house, specific to the needs of the residents. All sensors are linked through the community alarm system to the 24/7 alarm call centre. The call centre will alert the responder service immediately if there are any triggers. The responders have time scales and protocols to work to in order to ensure a timely and appropriate response.

In the unlikely event of fire, the houses are linked to an alarm system, in addition, the call centre will alert the fire services and the responder service. Two of the houses have fire doors and sprinkler systems fitted, in the third house additional smoke alarms will be fitted.

Sign off and authorisation: see EIA guidance, note 7.

Service	Learning Disabilities Services	
Department	Health and Social Care Moray	
Policy/activity subject to EIA		
We have completed the equality impact	Name: Charles McKerron	
assessment for this policy/activity.	Position: Interim Service Manager	
	Date: 20/8/19	
Authorisation by head of service or	Name: Jane Mackie	
director.	Position: CSWO/Head of Service	
	Date: 20/8/19	
Please return this form to the Equal Opportunities Officer, Chief Executive's Office.		