Report to: **STRATEGIC COMMISSIONING BOARD**

Date: 13 February 2019

Reporting Member / Officer of Strategic Commissioning Board Councillor Brenda Warrington – Executive Leader

Stephanie Butterworth – Director of Adult Services

Subject: **PROPOSAL TO CONSULT WITH KEY STAKEHOLDERS AND INDIVIDUALS ON CHANGING MANUAL HANDLING ASSESSMENT.**

Report Summary: The report focuses on seeking permission to consult with key stakeholders and individuals on changing manual handling policy with a view to subsequently seeking authorisation to proceed with the establishment of a single handed care team for an initial two year period

Recommendations: That approval be given to enter into consultation from mid-February 2019 to mid-April 2019 with:

- Current service users that could be directly affected by the proposed change of policy and practice;
- Potential future service users;
- The general public to seek their views

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Integrated Commissioning Fund Section	Section 75
Decision Required By	Strategic Commissioning Board
Organisation and Directorate	Tameside MBC – Adult Services
Budget Allocation	Investment of £ 0.390 million over two years as referenced in section 2.6. (2019/20 and 2020/21). Proposed estimated savings to be realised as detailed in table 1 section 3.2.
Additional Comments The proposal is estimated to realise annual savings of £ 1.1 million by 2021/22 (profiled in table 1 section 3.2) based on an estimated two year investment of £ 0.390 over 2019/20 and 2020/21. The estimated savings are based on a 50% conversion success rate. Clearly additional savings will be realised if the proposal is approved following consultation via a greater level of conversion success. Any additional savings will contribute towards the projected financial gap of the Strategic Commission in future years.	

Legal Implications:
(Authorised by the Borough Solicitor)

Consultation is required with all key stakeholders whenever a change of policy takes place. Careful analysis is always important and this case is no exception. There are a number of potential implications arising from the proposed change to

	manual handling services by establishing a single care team, and the risk of claims arising out of this change which could prove counterproductive to savings proposed. The Council's insurers should be involved in the consultation process.
How do proposals align with Health & Wellbeing Strategy?	The proposals align with the Developing Well, Living Well and Working Well programmes for action
How do proposals align with Locality Plan?	The proposed change in practice is consistent with the following priority transformation programmes: • Enabling self-care • Locality-based services • • Planned care services
How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: • Empowering citizens and communities • Commissioning for the 'whole person' • Creating a proactive and holistic population health system
Recommendations / views of the Health and Care Advisory Group:	This report has not been seen by HCAG
Public and Patient Implications:	None
Quality Implications:	Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness
How do the proposals help to reduce health inequalities?	The proposal will not negatively affect protected characteristic group(s) within the Equality Act
What are the Equality and Diversity implications?	The proposed change in policy and practice will be applied to adults regardless of ethnicity, gender, sexual orientation, religious belief, gender re-assignment, pregnancy/maternity, marriage/ civil and partnership
What are the safeguarding implications?	There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider. The purchaser's Terms and Conditions for services contains relevant clauses regarding Data Management.
Risk Management:	The consultation, if approved, will be undertaken in accordance with good practice and risk management advice from Policy as used in other wide ranging consultation.

Access to Information: The background papers relating to this report can be inspected by contacting the report writer

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1. INTRODUCTION

1.1 On-going engagement with the borough's six contracted support at home providers as part of the transformation of homecare in Tameside – itself, part of the wider GM sponsored Living Well at Home programme – has raised the issue of risk adverse manual handling practices across the piece leading to a high level of double handed manual handling transfers where there is often scope for safe, more person centred single handed approaches.

1.2 Providers have been consistent in highlighting the difficulties they routinely face providing staff to undertake transfers risk assessed as requiring two staff. One of the most significant impacts of this is delayed hospital discharge.

1.3 This view chimes with the trend nationally towards reduced care handling options; a trend that recognises the benefits to be realised by such an approach:

- The doubling up of calls places restrictions on how support at home providers rota and use their staff flexibly within a person centred, outcomes focussed model. Providers employing single handed care techniques report increased flexibility for staff, hours 'freed up' and greater scope to provide an outcomes-focussed service.

- Single handed care techniques can reduce the lead time to get packages of care in place thus potentially speeding up hospital discharges.

- The lack of clarity within manual handling plans as to the exact role of the second staff member can lead to potentially ambiguous and unsafe manual handling practices.

- Double handed approaches can negatively impact on the experience of the person needing support. An individual's dignity can be enhanced by a reduction in the number of people providing intimate support whilst potentially they benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.

- Double ups can, unintentionally, undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers.

1.4 In addition, there are clear financial benefits to be had across the health and social care economy by embracing a concerted, comprehensive switch to single handed care; principally in the number of homecare hours commissioned. Whilst to some extent, this will be offset by a reduction in revenue from charging as service users pay for the hours of one member of staff rather than two, the number of hours in question is significant.

2. SINGLE HANDED CARE TEAM

2.1 The intention is to establish a single handed care team to address the perception of social care, hospital and community based assessors, support providers and service users and family that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers. The team will be tasked with instigating whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support.

2.2 The team will be community-based, but with close links to the hospital and other services and will have the sole function of embedding safe, single handed care, as normal practice across all sectors within the Tameside MBC footprint:

- FTE Senior Practitioner Occupational Therapist (OT);
- 3 FTE Occupational Therapist/Manual Handling Assessor.

2.3 The team will be employed on a two year fixed term basis. Some initial investment will be required in respect of employing the dedicated staff team.

2.4 Buy-in from all relevant staff groups and from support at home providers is crucial. The proposed approach – based on a tried and tested approach adopted by Derbyshire Social Services some two and a half years ago - accounts for this in terms of establishing a shared set of policies and practices from the outset; support at home providers have already indicated their commitment to this approach.

2.5 A comprehensive training/awareness raising programme will be part and parcel of the roll-out:

- Equipment specific training by the equipment provider(s) to OTs, providers, social workers, family etc i.e. all relevant stakeholders.
- Manual handling training and up-dates with a focus on risk assessing single handed care by manual handling practitioners.
- Potential for initial awareness raising 'hearts and minds' work around the cultural shift to single handed care.

2.6 Initial investment will be required in respect of employing the dedicated staff team £0.120 million per annum for a 2 year fixed term period. Further additional investment for hoists etc at an average cost of £1,500 per service user is currently being considered. The estimated equipment cost based on a 50% conversion success rate is approximately £0.150m over two years i.e. total estimated investment of £ 0.390 million over two years.

3. WHY ARE WE PROPOSING THESE CHANGES

3.1 The Single Handed Care Team, once in post, will provide clinical and project leadership as well as additional capacity and will work with the existing Manual Handling Team as well as hospital based practitioners with the following brief:

- Review existing best practice in safe manual handling specifically related to single handed care.
- Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period.
- Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer.
- Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff.
- Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists.
- Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment.
- Support service users, providers and carers in the use of techniques and equipment to reduce double handling.
- Inform on-going arrangements across the borough to deliver a sustainable approach to manual handling.

3.2 In terms of the financial impact, based on a fairly conservative assumption that 50% of current transfers undertaken by two carers were to switch to single handed care, it has been estimated the following savings would be realised as stated in **table 1.**

Table 1

	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000
Estimated Investment (per section 2.6)	195	195			
Estimated Savings	(540)	(1,079)	(1,079)	(1,079)	(1,079)

4. WHO WILL BE IMPACTED

4.1 There are a number of impacts that need to be considered in such a proposal, outlined below.

a. Service users – the proposed approach will mean people currently assessed as requiring two people to transfer will, over time, be reassessed and, depending on the risk assessment change to single handed care or a combination of double handed and single handed where safe and where the individual concerned is agreeable. Experience in Derbyshire and elsewhere where practice has changed from double handed to reduced care handling has shown that some people, used to being transferred by two people, can become anxious using new techniques. People will be given the choice in such circumstances and a gradual, phased approach could be offered to allow people the time to become used to the change.

b. Providers – a shift to single handed care practice as the 'default' wherever safe and viable would have significant implications for support at home service providers and their staff. Training and access to the right equipment would be key as well as strong links with the Single Handed Care Team (as per the Derbyshire model). Impacts would be largely, if not exclusively, positive in terms of freeing up staff – a significant issue given on-going challenges around recruitment and retention of staff – and the ability to get packages of care in place quicker and easier. Evidence suggests that involving informal carers – family members who are willing and reliably available – is a positive in terms of increased flexibility of care and support for people, whilst single handed care better facilitates person centred approaches from staff.

c. Future service users/third parties – For people newly requiring assistance transferring, the aim wherever possible will be to use a single handed approach and, hence, this is all they will have known.

5. HOW WILL WE CONSULT AND ENGAGE

5.1 The consultation will take place for six weeks from mid-February 2019. The format and questions to be included in the consultation are included at **Appendix 1**.

5.2 Consultation will be with those people currently affected by the proposal and potential service users who may be affected by the proposal in the future. Advice was sought from colleagues in Policy to determine the best methods of consultation.

5.3 The proposal is to run a six week consultation via two key routes:

- On-line utilising The Big Conversation website. The background and rationale for the changes would be outlined focussing on the shift to an outcomes focussed support at home service before detailing the charging policy proposal.

- A questionnaire undertaken by all six support at home providers with as many of the people they support who currently required double handed care as possible. Providers

have indicated they will be in a position to do this from the third weekend of January onwards.

6 RISK MANAGEMENT

6.1 There are a number of risks identified as a result of undertaking this review:

Risk	Consequence	Impact	Likelihood	Action to Mitigate Risk
Failure to effectively communicate the proposal to service users and the public	This would impact on the validity of the consultation and results, and therefore impact on the decision making	High	Low	To ensure that a range of different consultation approaches are used to fully inform consultees and subsequent decision making. To offer support for individuals who require support understanding or answering questions.
Need to ensure that individuals being consulted with have capacity and fully understand what they are being consulted on.	Failure to do this would impact on response rates. This would in turn impact on the validity of the consultation and results, and therefore impact on the decision making.	High	Low	To offer a range of consultation methods including face to face discussions to ensure support is available to respondents.

6.2 To try and mitigate these risks a range of consultation and engagement methods (see section 5 above) will be utilised with all stakeholders to ensure they are fully informed and engaged in the decision making process, and thereby ensure that decisions are informed and valid.

7. EQUALITIES IMPACT

7.1 An Equalities Impact Assessment has been undertaken (initial draft attached as **Appendix 2**) to support the proposed establishment of a single handed care team and will be updated and reported alongside the results of the consultation exercise.

8. CONCLUSION

8.1 The proposal is entirely consistent with the overall aims of the Council, the wider Care Together programme and the GM transformation programme.

8.2 It will deliver savings whilst also:

- Building capacity in homecare – recruitment and retention of staff remains a challenge.
- Assisting with the planned reduction in residential and nursing placements – increased capacity in the support at home service is crucial if this is to be achieved.

8.3 Helps providers co-produce and deliver more person centred/outcomes focused care and support.

9. RECOMMENDATIONS

9.1 As stated on the front of the report.

APPENDIX 1

Background

Increasingly, local authorities are reviewing their manual handling policies and practice to allow for a more flexible, person centred approach that recognises that with the right training and modern, specialist equipment, people requiring assistance transferring can be supported safely by a single carer. A number of local authorities have used and championed so-called single handed care over recent years and the approach and real life evidence has demonstrated that thousands of individuals are able to manage well with lone carers and prefer the flexibility this provides. Many people wish to participate in their care and enjoy the one-to-one relationship that single carer packages afford them. Indeed, much of the evidence points toward current practice often being out of step with what is actually required by the service user.

A policy that encourages unnecessary caution leads to a culture of 'proving' the case for one carer rather than the other way around. Making the correct choice has major implications in terms of cost – to the Council and to the service user - the number of carers required, the impact upon the client's privacy and their general well-being. Difficulties recruiting and retaining care staff only serve to exacerbate this situation and the proven long-term cost benefits of providing suitable equipment for the client's needs and the argument for thoroughly challenging the perceived need for double-handed care is strong.

As a result Tameside Council is minded to review manual handling practice locally. Tameside's plans are based, in part, on neighbouring Derbyshire County Council's Single Handed Team, created in August 2015 to address the perception that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers. Whilst by no means the only such service nationally, Derbyshire's approach was felt to be particularly pertinent not just because of the change in practice already achieved, but because in Glossopdale the model is already in practice across one of the borough's integrated neighbourhood teams.

Should a new manual handling policy be introduced, people currently in receipt of double-handed care will, over time, have their support reviewed. Following a full risk assessment, if the transfer could, with the correct specialist equipment and the necessary training, be safely undertaken by a single carer, this option will be discussed with the individual and, where appropriate, their family. Practice and research elsewhere recognises that making the change from having two carers to one can, for some people, be anxiety provoking. Where this is the case, people will be fully involved in decision-making. The option of having two carers present for a period of a few weeks to allow time to get used to, and be reassured by, any new equipment required and/or having only one carer involved in the transfer will be available and, ultimately, if someone does not want to change they will not have to.

It is also worth noting that any assessed reduction in the number of carers required to transfer will not affect any benefits that individual's might be in receipt of and that a reduction in the number of carers will mean a reduction in the amount people are charged for the support they receive.

This is most likely to affect people already supported at home by one of the boroughs contracted homecare providers – this currently equates to between 150 and 200 people. All six providers have been fully involved in the decision-making process and are supportive of it.

Single Handed Care – Consultation

1. Please tick the box that best describes your main interest in this issue? (Please tick one box only)

- I am a service user who currently receives care at home provided by two carers (dual care)
- I am a relative or friend of someone who currently receives care at home provided by two carers (dual care)
- I am a member of the public (Go to **Q4**)
- I am a carer from one of the organisations providing a two carer approach (dual care) in people's homes on behalf of Tameside Council (Go to **Q4**)
- I represent a community or voluntary group (Go to **Q4**)
- I represent a partner organisation (Go to **Q4**)
- I represent a business /private organisation (Go to **Q4**)
- I am a Tameside Council employee (Go to **Q4**)
- Other (please specify below) (Go to **Q4**)

2. How long have you (or your friend or relative) received care at home supported by two care workers as part of a dual care package? (Please tick one box only)

- ☐ Less than one month
- ☐ More than one month but less than three months
- ☐ More than three months but less than six months
- ☐ More than six months but less than a year
- ☐ More than a year but less than two years
- ☐ More than two years but less than three years
- ☐ Three years or more

3. The proposed model (as outlined at link to webpage with background info / covering letter if paper copy) recognises that there is a need for a Single Handed Care Team approach whilst at the same time ensuring that the new function is safe.

Please tell us your thoughts on the proposal to implement single handed care. If you, a friend or relative uses the service, please explain how single handed care would impact you / your friend or relative directly. (Please write your comments in the box below)

4. Do you have any other comments you would like to make about the proposal to implement single handed care in Tameside? (Please write your comments in the box below)

About You

We would like to ask some questions about you. This information will help the council to improve its services. The information you provide will be kept entirely confidential and will never be traced back to you as an individual. The information you provide will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

5. What best describes your sex? (Please tick one box only)

- ☐ Male
- ☐ Female
- ☐ Prefer to Self-Describe
- ☐ Prefer not to say

6. What is your age? (Please state)

7. What is your postcode? (Please state)

8. What is your sexual orientation? (Please tick one box only)

- ☐ Heterosexual / Straight
- ☐ Gay man
- ☐ Gay woman / Lesbian
- ☐ Bisexual
- ☐ Prefer to self-describe
- ☐ Prefer not to say

9. Which ethnic group do you consider yourself to belong to? (Please tick one box only)

- ☐ White – English / Welsh / Scottish / Northern Irish / British
- ☐ White Irish
- ☐ White – Gypsy or Irish Traveller
- ☐ Other White background (Please specify in the box below)
- ☐ White & Black Caribbean
- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British – Bangladeshi
- ☐ Asian/Asian British – Chinese
- ☐ Other Asian background (please specify

in the box below)

- ☐ White & Black African
- ☐ White & Asian
- ☐ Any other Mixed / Multiple ethnic background (Please specify in the box below)
- ☐ Arab
- ☐ Black/Black British – African
- ☐ Black/Black British – Caribbean
- ☐ Other Black / African / Caribbean background (please specify in the box below)
- ☐ Any other Ethnic group (please specify in the box below)

Any other Ethnic group: ☐

10. What is your religion? (Please tick one box only)

- ☐ Christian
- ☐ Muslim
- ☐ Buddhist
- ☐ Jewish
- ☐ Hindu
- ☐ Sikh
- ☐ No Religion

Any other religion, please state: ☐

11. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

12. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long term physical or mental ill-health / disability, or problems due to old age? (Please tick one box only)

- ☐ Yes, 1-19 hours a week
- ☐ Yes, 20-49 hours a week
- ☐ Yes, 50+ hours a week
- ☐ No

13. Are you a member or ex-member of the armed forces? (Please tick one box only)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14. What is your marital status? (Please tick one box only)

- ☐ Single

- ☐ Married
- ☐ Civil Partnership
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to say

APPENDIX 2

Subject / Title	Single Handed Care Team

Team	**Department**	**Directorate**
Strategic Commissioning Function	Adults	People

Start Date	**Completion Date**
October 2018	

Project Lead Officer	Dave Wilson
Contract / Commissioning Manager	Trevor Tench
Assistant Director/ Director	Stephanie Butterworth

EIA Group (lead contact first)	**Job title**	**Service**
Dave Wilson	Team Manager	Commissioning
Trevor Tench	Service Manager	Commissioning
Julia Worthington	Integrated Neighbourhood Manager	Adults
Wendy Gee	Manual Handling Practitioner	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

1a.	**What is the project, proposal or service / contract change?**	Facilitate whole system change in practice via the establishment of a single handed care team with the sole function of embedding safe, single handed care, as normal practice across all sectors within the TMBC footprint
1b.	**What are the main aims of the project, proposal or service / contract change?**	1. Review existing best practice in safe manual handling specifically related to single handed care 2. Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period 3. Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer 4. Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff 5. Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists 6. Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment 7. Support service users, providers and carers in the use of techniques and equipment to reduce double handling 8. Inform on-going arrangements across the borough to deliver a sustainable approach to manual handling

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on any groups of people with protected equality characteristics?

Where a direct or indirect impact will occur as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	x			Of the 900+ people who will be supported by the Support at Home Service – ie those people currently supported by the Homecare Service – a significant number are older people. • 80.5% of people in receipt of homecare are 70+ years old • 19.3% of people in receipt of

				homecare are 90+ years old Of these, at any given time around 200 people require support with manual handling transfers currently assessed as requiring two people. Depending on how the SHC team approaches reassessments, a significant number of these people may have their transfers reassessed so that they can be safely and appropriately transferred by one person with the necessary equipment and training. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Furthermore, double-ups potentially undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers.
Disability	x			Of the 900+ people who will be supported by the Support at Home Service – ie those people currently supported by the Homecare Service – a significant number will have long-term health conditions/disabilities. • 77.3% of people in receipt of homecare have a disability (physical access & mobility & personal care and support) Most of the 200-odd people currently in receipt of double handed care will have a disability. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single

				handed care, but for those who do, the shift to a more person centred, outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Ethnicity		x	X	Approximately 7% of people currently supported by the Homecare Service identify themselves as other than White British; broadly in-line with the Tameside population (8.7%). With providers trained to provide single handed care to those people requiring transferring, evidence would suggest the people they support will experience a more person centred approach as a result. Hence, there may be an indirect impact, but no direct impact is anticipated in terms of ethnicity.
Sex / -			x	Overall, the service is used by broadly similar numbers of men and women. There is no evidence available to suggest any direct or indirect impact in terms of -sex
Religion or Belief			x	The service is used by people of all religion/beliefs. There is no evidence available to suggest any direct or indirect impact in terms of religion or belief.
Sexual Orientation			x	The service is used by people of all sexual orientations. With providers trained to adopt a more person centred approach people may experience a positive impact but there is no evidence available to suggest any direct or indirect impact in terms of sexual orientation
Gender Reassignment			x	No direct impact is anticipated in terms of gender reassignment. There is no evidence available to suggest any direct or indirect impact in terms of gender reassignment.
Pregnancy & Maternity			x	No direct or indirect impact is anticipated in terms of pregnancy/maternity due to the age range of people predominantly accessing the service.
Marriage & Civil Partnership			x	No direct impact is anticipated for those who are married or who are in a civil partnership. There is no evidence

				available to suggest any direct or indirect impact will be experienced in terms of marital status.
Other protected groups determined locally by Tameside and Glossop Single Commissioning Function?				
Group (*please state)*	**Direct Impact**	**Indirect Impact**	**Little / No Impact**	**Explanation**
Mental Health	x			It is anticipated that people with dementia and mental health needs should experience a positive impact as a result of this service transformation • 4% of people in receipt of homecare use mental health services Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single handed care, but for those who do, the shift to a more person centred, outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Learning disability	x			It is anticipated that people with learning disability should experience a positive impact as a result of this service transformation. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living. Not everyone will see their support change from double-ups to single handed care, but for those who do, the shift to a more person centred,

				outcome focussed approach should mean they experience life at home more positively with improved outcomes around health, wellbeing, independence and reduced social isolation.
Carers	x			The introduction of single handed care techniques that engage and utilise the support of family, friends and other informal carers will positively impact on carer health and will contribute to preventing carer breakdown.
Military Veterans		x		The service is used periodically by military veterans, particularly older veterans, and so there may be an indirect impact but no direct impact is anticipated in relation to military veterans.
Breast Feeding			x	The service is predominantly used by people beyond child bearing age and hence no direct impact is anticipated in terms of this particular characteristic.
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, proposal or service / contract change? (*e.g. vulnerable residents, isolated residents, low income households)*				
Group (*please state)*	**Direct Impact**	**Indirect Impact**	**Little / No Impact**	**Explanation**
Isolated older people	x			A significant number of people supported by the service routinely or periodically report social isolation and the often negative impact this can have on their physical and emotional wellbeing. Evidence from areas where single handed care techniques are routinely used suggests that person centred care is improved and an individual's dignity enhanced by a reduction in the number of people providing intimate support ie people tend to benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.
Vulnerable older people	x			A significant number of people supported by the service routinely or periodically report feeling vulnerable as a result of their health and/or social care circumstances or are considered vulnerable by family, friends or services. As above; where single handed care is assessed as being appropriate, people in receipt of care

				should experience more personalised support when transferring.

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	**Does the project, proposal or service / contract change require a full EIA?**	**Yes**	**No**
		x	
1e.	**What are your reasons for the decision made at 1d?**	The changes proposed are seeking to make a direct and positive impact for service users and service providers alike. However, it will entail a complete change to manual handling assessments and whilst the implications – in terms of changing arrangements they might otherwise be used to - for people requiring transferring after the SHC team is in place, for some people already in receipt of double handed care, there is more likely to be an impact as a result of change.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

This from a 2015 report 'It Takes Two; Exploring the Manual Handling Myth' jointly authored by University of Salford and Prism Medical Uk:

"*Our research shows that misconceptions regarding moving and handling, insufficient knowledge of specialist equipment and an often outdated and inflexible approach has led to too much generalisation regarding the perceived need for two carers as opposed to one. This has led to a culture of 'proving' the case for one carer rather than the other way around. Furthermore making the correct choice has major implications not only in terms of cost but also the number of carers required, the impact upon the client's privacy and their general well-being.*

Add to this the increasing difficulty of recruiting and retaining carers and the proven long term cost benefits of providing suitable equipment for the client's needs and the argument for thoroughly challenging the perceived need for double-handed care is strong.

Real life evidence has proven that thousands of these individuals are able to manage well with lone carers and prefer the flexibility this provides. Many clients wish to participate in their care and enjoy the one-to-one relationship that single carer packages afford them. The findings of our research are consistent and all point toward current practice often being out of step with what is actually required by the client. A policy that encourages unnecessary caution and over provision in the workplace has huge cost implications against a backdrop of persistent pressure to reduce the burden of cost of social care. A dwindling carer workforce only serves to exacerbate this situation".

Tameside's project is based, in part, on Derbyshire County Council's Safe/Single Handling Team, created in August 2015 to address the perception of social care, hospital and community based assessors, support at home providers and service users and family that many care and support interventions which require manual handling can only be delivered safely through the provision of two carers.

Whilst by no means the only such service regionally/nationally, Derbyshire's approach was felt to be particularly pertinent not just because of the demonstrable change in practice and associated cost savings already achieved, but because in Glossopdale, the model is already in practice across one of our neighbourhood footprints.

Manual handling can be defined as lifting, lowering, carrying, pushing or pulling (Health and Safety Executive 2004) (HSE)……which in the context of social care is an everyday occurrence to facilitate activities of daily living and it is this occupational task which can be a particular risk factor due to the unpredictable nature of the load (adapted from Bracher and Brooks, 2006).

As with the Derbyshire project, the proposal to form a Tameside SHC team takes as it's starting point, the recognition that instances of double handling have steadily grown over recent years for a number of reasons:

- Risk adverse approaches by hospital based therapists resulting in recommendations that equipment (which is designed to be safely operated by one person) should only be used by two staff
- Risk adverse agencies who insist on double ups with above equipment
- Risk adverse approaches by the Council themselves particularly in the training of relevant staff
- People leaving hospital earlier requiring more initial assistance, but without timely review once home due to a lack of capacity amongst neighbourhood based therapists

Whilst there are clear financial benefits to be had across the health and social care economy by embracing a concerted, comprehensive switch to single handed care - in their first 18 months (through to September 2016), the DSS team calculate that across five hospitals and the entire county, they achieved £1.8m savings on avoided double ups and double ups switched safely to single handed care - the need to reduce instances of double handling is not driven purely by financial considerations. There is a significant body of evidence to support other potential advantages. These include:

- The doubling up of calls places restrictions on how support at home providers rota and use their staff flexibly within a person centred, outcomes focussed model. Providers employing single handed care techniques report increased flexibility for staff, hours 'freed up', greater scope to provide an outcomes focussed service
- It can increase the lead time to secure services due to tying up already limited provider capacity, thus potentially delaying discharges while the necessary additional resources are sourced
- The lack of clarity within manual handling plans as to the exact role of the second can lead to potentially ambiguous and unsafe manual handling practices
- Impacts on the experience of the person needing support whose dignity would be enhanced by the reduction in the number of people providing intimate support and who would benefit from less intrusive responses to achieving outcomes associated with their activities of daily living
- Double ups potentially undermine an asset based approach to support at home by working in opposition to approaches that engage and utilise the support of family, friends and other informal carers

Based on the above, the intention is instigate whole system change with the aim of reducing the instances of double up staffing in order to undertake safe manual handling activities associated with the provision of care and support. This will be facilitated via the employment a community-based team of OTs and/or Manual Handling Assessors, with the sole function of embedding safe, single handed care, as normal practice across all sectors within the TMBC footprint:

- FTE Senior Practitioner OT
- 2 FTE OT/MH assessor

- 1 FTE OTA

These staff will provide clinical and project leadership as well as additional capacity and will work exclusively with the existing manual handling team with the following brief:

- Review existing best practice in safe manual handling specifically related to single handed care
- Apply this to the review of the existing 200+ cases across the borough within the initial 12 – 18 month period
- Review all service users with two carers to identify if equipment (hoist, rotunda etc.) that can be prescribed by use of one person and/or use of alternative techniques would safely meet their manual handling needs and therefore eliminate the need for the second carer
- Work with a range of stakeholders to achieve a common understanding of, and develop an effective approach to, risk assessment and management regarding manual handling across all assessment and provider staff
- Contribute to integration with local health partners by promoting a common understanding of and approaches to risk assessment and management with hospital and community based therapists
- Coordinate the training of all prescriber staff in understanding of and use of alternative techniques and (where appropriate) the use of specialist equipment
- Support service users, providers and carers in the use of techniques and equipment to reduce double handling

Consultation is required with current recipients of double-handed manual handling transfers and with potential future users as implementation will necessitate a change of policy and practice. The intention is to engage as many of the current recipients – in the region of 200 in number – in consultation via the use of a small questionnaire undertaken with their support at home providers and, by way of potentially reaching a wider audience, via The Big Conversation.

2b. Issues to Consider

The introduction of a single handed care approach to manual handling assessments and transfers will be mindful of some of the key demographics of the group:

- 77.3% of people in receipt of homecare have a disability (physical access & mobility & personal care and support)
- 80.5% of people in receipt of homecare are 70+ years old
- 19.3%of people in receipt of homecare are 90+ years old

Any negatively perceived issues or impacts raised at this point will be reviewed and, wherever possible, changes made to the policy and approach to reduce/mitigate against the (potential) impact. Throughout, people will have the option of opting out a change from double handed care to single handed care.

Evidence from Derbyshire and elsewhere where single handed care approaches have been introduced is that some people who have been used to having two staff support them to transfer – particularly those where these arrangements have been in place for lengthy periods of time – can be anxious or wary at the prospect of change. One option that could be offered to people where a reassessment is indicating a switch from double-ups to single handed care, with the right equipment and training, is to retain two staff for a period of time where the second staff member does not participate in the transfer, but is close at hand should they be required. This could

continue until such a point that safety has been demonstrated.

The approach will, wherever appropriate and safe also mean that family members can also be trained to undertake safe single handed transfers which would mean increased flexibility – that is to say, reduced reliance on paid, formal carers – and possibly too, more agreeable support for personal/intimate care.

The Single Handed Care Team will be working closely on an on-going basis with providers, manual handling assessors, OT's, physio's, social workers and other stakeholders to review practice generally and, where appropriate, individual's specifically.

2c. Impact

It is anticipated that:

- Having single handed care as the default for manual handling transfers so that practitioners have to justify *not* using a single handed approach, will decrease the lead time to secure services, thus potentially speeding up hospital discharges. Given the demands support at home providers face most of the time in terms of having enough staff to pick up work, double up's tend to tie up already limited staff capacity; delays in discharge, while the necessary additional resources are sourced, can result. Such delays can have negative effects on the individual concerned impacting potentially on health and well-being, on individual's waiting on hospital beds where bed availability is an issue and on health services facing financial pressures.

- Single handed care will improve safety and wellbeing where the lack of clarity within manual handling plans as to the exact role of the second staff member can lead to potentially ambiguous and unsafe manual handling practices.

- The experience of the person needing support whose dignity will be enhanced. A reduction in the number of people providing intimate support means people will benefit from less intrusive responses to achieving outcomes associated with their activities of daily living.

- Single handed care approaches engender an asset based approach to support at home by better engaging and utilising the support of family, friends and other informal carers.

2d. Mitigations *(Where you have identified an impact, what can be done to reduce or mitigate the impact?)*

Impact1 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 2 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 3 (Describe)	*Consider options as to what we can do to reduce the impact*
Impact 4 (Describe)	*Consider options as to what we can do to reduce the impact*

2e. Evidence Sources
SALT - services are mapped and would specifically say Homecare Census 2011 'It Takes Two; Exploring the Manual Handling Myth' University of Salford and Prism Medical Uk:

2f. Monitoring progress		
Issue / Action	**Lead officer**	**Timescale**
Satisfaction survey	Dave Wilson	By February 2019

Signature of Contract / Commissioning Manager	**Date**
Signature of Assistant Director / Director	**Date**