

Equality & Poverty Impact Assessment 00307 (Version 1)

SECTION ONE: ESSENTIAL INFORMATION

Service & Division:	Social Work Adult Services Community Care	Lead Officer Name:	Lynette Denovan
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Proposal:	<p>To implement a Moving and Handling Training Programme for assessors that will lead to the roll out of a Prescribing Proportionate Care ethos which assessors will apply to all moving and handling assessments and reviews.</p> <p>By applying a Prescribing Proportionate Care ethos assessors will work with service users to identify suitable equipment and techniques that support them to maximise their independence in movement and transfers and to minimise their reliance on hands-on care delivery.</p> <p>A co-production approach will be taken to the delivery of training in that mixed cohorts of allied health professions staff from NHS bed-based services and community services, social work occupational therapists, NHS and social work moving and handling trainers, in-house care at home seniors, and private provider moving and handling risk assessors will train together giving this whole staff group a shared understanding of how to achieve improved outcomes for service users and improved awareness of each other's roles in relation to moving and handling.</p> <p>Benefits for service users include reduced reliance on carers, minimising the need for two or more carers to support them, increasing choices in relation to how and when care is delivered and by whom, and increasing SDS choice options, as well as the health benefits to the individual from</p>	Reference No:	

ergonomic human movement.

Benefits to staff groups include building on existing safe systems of work, minimising unnecessary double-up packages of care, and maximising efficiency in creating staff rotas.

Benefits to the service include maximising efficient use of our valuable carer resource.

Overall, this will reduce unnecessary delays in sourcing care packages, allow for more citizens to be supported at home within restricted budgets, and reduce blockages within the care system and flow of hospital discharges.

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	No	No	No	Yes
Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	No	Yes	No
Other, please specify:	<p>Staff members of the private provider care agencies that Social Work Services contract with.</p> <p>Staff members of NHS Forth Valley, who are involved in moving and handling assessments with individuals, prescribing equipment, referring for packages of care, and facilitating discharges from hospital.</p>			

Identify the main aims and projected outcome of this proposal (please add date of each update):	
14/12/2023	<p>Aim - to update the ethos around supporting individuals across Falkirk (and Forth Valley) with their moving and handling assistance needs.</p> <p>Projected Outcome - The availability of an increased and modernised range of equipment, and detailed training for staff will allow them to identify more situations where equipment will help individuals to maximise their independence, and minimise reliance on formal care arrangements (including care packages where old-style equipment & techniques required two or more carers). This will improve practice in that it will allow individuals greater privacy, greater choice about who delivers their care and when, and will allow the service to make the most efficient use of our limited (formal) carer resource.</p>
18/12/2023	<p>Aim - People who use our services, who require moving and handling assistance in order to achieve their transfers and their care delivery, will experience up to date practice in terms of their assessment, equipment that is loaned to them, their moving & handling support planning, and the delivery of assistance, resulting in achieving the best outcomes possible.</p>

Identify the main aims and projected outcome of this proposal (please add date of each update):	
02/02/2024	Reduced reliance on additional formal carers in people's care delivery will allow carer resource to be freed up, which can be deployed to other people awaiting packages of care. This will allow us to provide care to more people, with the same resource. Single carer packages are easier and faster to resource/implement. This will allow Homecare teams to match packages to the people who need them more easily and faster.

SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:		Benchmark, e.g. Scottish Average	
Current spend on this service (£'0000s)	Total:		
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

SECTION THREE: EVIDENCE

Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

A - Quantitative Evidence

This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

The assessments with all people who are assessed in relation to requiring moving and handling assistance should now be carried out taking a Prescribing Proportionate Care (PPC) approach.

Data gathered during the early stages of implementation demonstrated the impact of this approach, on releasing carer hours for redeployment to others awaiting care packages. For those whose package of care changed following provision of new equipment, or implementing new techniques, staff could quantify the amount of funded carer hours pre and post-implementation. For those being needing assistance for the first time, assessors were required to use best judgement and quantify and record the carer hours they would have recommended in order to use traditional equipment, then quantify and record the carer hours they recommended instead to support using the new equipment & techniques.

Data was collated & analysed over a three-month period in August to October 2022 - August 4 cases, September 12 cases, October 4 cases.

Formal carer hours that would have been needed if using traditional moving and handling supports averaged 13.12 hrs per person per week.

Formal carer hours that WERE deployed to use PPC equipment averaged 7.35hrs per person per week.

This reduction, over only 20 service users, released 6006hrs per year into the system, to be deployed to other packages.

The project is not intended as a cost saving measure, however for illustrative purposes only - the 'savings' to the Falkirk HSCP care budget in the first year (net of equipment and assessor costs) by sustaining these 20 individuals with the same amount of (reduced) paid carer input would be £124,686.

B - Qualitative Evidence

This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

Social - case studies; personal / group feedback / other

As noted in A (above), being able to safely meet peoples' moving and handling support needs with reduced reliance on double-up (or more) input from paid carers, or families being able to safely support instead of paid carers has the positive impact of releasing paid carer resource, that the HSCP can deploy to other peoples' care packages. The result is that our finite paid carer resource can be spread further, to meet the needs of a greater number of people. Improving availability of care resource means that people who need support can have packages of care identified for them sooner than they would otherwise.

The data gathering for the project allowed for assessors to give feedback on the impact of the updated approach to moving and handling on individuals. The reported 'human impact' of the Prescribing Proportionate Care (PPC) approach, using new equipment and techniques includes feedback that family carers are able to safely support their loved ones, allowing greater flexibility around timing of using the toilet and of going to bed. For people receiving care in bed the reduced touching, rolling, etc resulted in less discomfort, reduced distressed behaviour in one person who has advanced cognitive impairment, and reduced effort for carers.

Best Judgement:	
Has best judgement been used in place of data/research/evidence?	No
Who provided the best judgement and what was this based on?	
What gaps in data / information were identified?	
Is further research necessary?	No
If NO, please state why.	The positive impact of implementing a PPC approach to people's moving and handling assistance is clearly demonstrated in quantitative and qualitative data, both locally and in other areas where it has been implemented sooner than in Falkirk. This approach should become our business-as-usual way of assessing people's moving & handling support needs.

SECTION FOUR: ENGAGEMENT

Engagement with individuals or organisations affected by the policy or proposal must take place

Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?	No	
If YES, please state who was engagement with.		
If NO engagement has been conducted, please state why.	The request from Gold Command in autumn 2020 was to progress the project as soon as possible. Gold Command recognised that data from implementation in other areas indicated this is an improvement to practice (in moving and handling support) and a means of redistributing the limited formal carer resource without compromising service users' or carers' safety. No financial efficiency savings were anticipated. Due to all these factors, engagement with service users did not take place. Engagement events were held for staff and contractors who are involved in assessing for and for delivering moving and handling supports.	
How was the engagement carried out?	What were the results from the engagement? Please list...	
Focus Group	No	
Survey	No	
Display / Exhibitions	No	
User Panels	No	
Public Event	No	
Other: please specify	Engagement event for staff and agency care providers: Four half-day, in-person engagement events for staff groups who would be involved in driving the new approach to assessments or affected by the new ethos in delivering care were held in December 2020. These comprised a presentation by the Project Operational Lead, and the Trainer, plus demonstrations of the equipment and techniques by equipment suppliers.	
Has the proposal / policy/ project been reviewed / changed as a result of the engagement?	No	
Have the results of the engagement been fed back to the consultees?	No	
Is further engagement recommended?	No	

SECTION FIVE: ASSESSING THE IMPACT

Equality Protected Characteristics: What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
Age		✓		<p>Older adults (over 65) make up a higher proportion of people who receive support with their moving and handling (M&H) from Falkirk care at home services and contractors. It has not been possible to extract data on this point from existing recording systems. Currently this would require manual scrutiny of records held in the Homecare management system (CM2000) and the Social Work client records system (Liquid Logic) on a case by case basis. The Performance and Quality Assurance team is aware of this and intend to build on their automated data reporting capacity over time.</p> <p>Traditional M&H equipment that has been in use in Falkirk has often required two carers (sometimes more) to use it to safely assist individuals. The new equipment, training and techniques will support improved practice and less reliance on formal care, or on 'double-up' visits for care delivery.</p> <p>People receiving support with their M&H needs will have greater privacy, and dignity, their body systems will benefit from being able to do more (safely) for themselves, and they will have greater choice around who delivers their care and when. Family members will be more capable of supporting the person's M&H needs if they want to/can.</p> <p>Adults below 65 will be affected in similar ways.</p> <p>It is expected that impact on staff members who are involved in assessing or supporting people with their M&H needs will be neutral, regardless of their age. As there are greater numbers of service users than the staff members detailed above, the impact overall is considered to be positive.</p>

Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:

			<p>and contractors. Traditional M&H equipment that has been in use in Falkirk has often required two carers (sometimes more) to use it to safely assist individuals. The new equipment, training and techniques will support improved practice and less reliance on formal care, or on 'double-up' visits for care delivery.</p> <p>People receiving support with their M&H needs will have greater privacy, and dignity, their body systems will benefit from being able to do more (safely) for themselves, and they will have greater choice around who delivers their care and when. Family members will be more capable of supporting the person's M&H needs if they want to/can.</p> <p>The change in equipment, assessing practice, and techniques to support people who use our services with their M&H needs may impact differently on staff members who have a disability. This will be addressed as required within their line management, supervision, and Health and Safety assessment in order to identify any adverse impact, and mitigate its effect.</p> <p>As the number of staff involved is smaller than the number of service users, and the number of staff with a disability who would be involved in moving and handling is even smaller, the overall impact is still considered to be positive.</p>
Sex	✓		<p>Men and women who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Male and female staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Ethnicity	✓		<p>People of any ethnicity who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them. Assessments of their support needs in general will continue to be cognizant of any specific requirements arising as a result of their ethnicity.</p> <p>Staff members of any ethnicity who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>

Religion / Belief / non-Belief	✓			<p>People who identify with different religions, have different beliefs, and non-beliefs who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Assessments of their support needs in general will continue to be cognizant of any specific requirements arising as a result of their beliefs / non-beliefs.</p> <p>Staff members with different religious beliefs / non-beliefs who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Sexual Orientation	✓			<p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their sexual orientation.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques regardless of their sexual orientation.</p>
Transgender	✓			<p>Transgender people who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Transgender staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Pregnancy / Maternity	✓			<p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their pregnancy/maternity status.</p> <p>Risk assessment will ensure that equipment and techniques identified take account of specific individual needs.</p> <p>The pregnancy/maternity risk assessment required under the Health and Safety at Work (etc) Act 1974 will highlight any risks around the work of an individual that relate to using the equipment & techniques with people who use our services, so that risks can be mitigated. The equipment & techniques themselves do not alter the risks to be considered.</p>

Marriage / Civil Partnership	✓			<p>People who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them regardless of their marital / civil partnership status.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques regardless of their marital / civil partnership status.</p>
Poverty		✓		<p>Examples are emerging of situations where family members can take over supporting people with their M&H needs, where they are willing and able to do so. Where this avoids them having to pay for or contribute to a chargeable service, this represents a positive impact.</p> <p>Staff members who are involved in assessing or supporting people with their M&H needs and who themselves are experiencing poverty will be equally affected by the change in equipment, assessing practice, and techniques.</p> <p>Fair employment practice (for staff and contracting suppliers) will mitigate the effects of poverty on staff.</p>
Care Experienced	✓			<p>People who use our services, who are care experienced, and who need support with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques to assist them.</p> <p>Staff members who are care experienced, and who are involved in assessing or supporting people with their M&H needs will be equally affected by the change in equipment, assessing practice, and techniques.</p>
Other, health, community justice, carers etc.		✓		<p>Informal family/friend carers of people who need support with their M&H needs are more likely to be positively impacted by the change, as the equipment & techniques will be assessed to maximise safety for them and the person they care for. This includes minimising the physical effort needed from the carer.</p> <p>The impact on other characteristics covered by the Equality act is expected to be neutral.</p>
Risk (Identify other risks associated with this change)				
Evidence of Due Regard				

<p>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</p>	<p>A consequence of using the updated equipment and techniques which allows less reliance on double-up (or more) carers involved in delivering care is that people have more privacy, greater dignity, and more autonomy and choice over who provides their support and the time of day care they are supported.</p>
<p>Advance Equality of Opportunity:</p>	<p>The project aims and outputs will apply equally to all individuals, whether they are people who use our services or members of staff. People will be supported to do as much as possible for themselves, which will improve and increase their choices, privacy, dignity. There will be a linked benefit to people's body systems including the musculo-skeletal system, digestive system, cardiac & circulatory system, as well as their quality of life and mental well being.</p>
<p>Foster Good Relations (promoting understanding and reducing prejudice):</p>	<p>The project will update practice and encourage good relationships between people who need assistance with their moving and handling, and those who provide assistance (both informal and paid carers)</p>

SECTION SIX: PARTNERS / OTHER STAKEHOLDERS

Which sectors are likely to have an interest in or be affected by the proposal / policy / project?		Describe the interest / affect.
Business	Yes	Impact on private care provider companies. Requirement for them to update staff training to include the new equipment and techniques. Adverse impact will be mitigated by Social Work Services and Health staff who are involved in assessing people's moving and handling (M&H), prescribing equipment, and drafting safe systems of work (M&H Support Plans) giving support and assistance to companies on a case-by-case basis, as required. Care provider companies have been offered training for their M&H or management teams, but uptake has been limited, with many citing the pressure to cover their core business as a barrier to releasing staff for training.
Councils	Yes	Council staff, particularly those who are involved in assessing and reviewing people's moving and handling (M&H), prescribing equipment, setting up care packages, and those who are involved in delivering care to individuals will be affected. Whilst a large scale review of existing double-up packages of care was planned, the implementation has had to be progressed at a slower pace due to staffing & recruitment challenges. The implementation is instead progressing on a case-by-case basis as new people become users of our services, with M&H support being part of their needs.
Education Sector	No	
Fire	No	
NHS	Yes	NHS staff, particularly those who are involved in assessing and reviewing people's moving and handling (M&H), prescribing equipment, and referring for care packages will be affected. Implementation for this staff group is on a case-by-case basis as new people become users of our services, with M&H support being part of their needs.
Integration Joint Board	Yes	The change in how M&H support can be delivered, with a reduced reliance on human support from paid-for care will allow the existing, limited, carer resource to be deployed with maximum effectiveness. More care that is delivered by family, or by one paid carer instead of two, means that more care hours will be released to support those who would otherwise be delayed in their discharge from hospital, on waiting lists for support, or having to manage with only interim short-term arrangements. This change in approach to M&H support is positive, which is positive news for the Integration Joint Board.
Police	No	

Third Sector	Yes	<p>Any third sector organisations that are involved in delivering care to individuals who have M&H support needs may be affected. The impact should be positive in that the new equipment & techniques offer improvements to the way M&H support is delivered, improving comfort & safety of people receiving support, and for those delivering the support.</p> <p>Social Work or Health staff who have been trained to use the equipment & techniques will be capable of supporting on a case-by-case basis, as required.</p>
Other(s): please list and describe the nature of the relationship / impact.		

SECTION SEVEN: ACTION PLANNING

Mitigating Actions: If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes
Potential impact on staff who assess for and/or deliver moving and handling supports, who have a disability themselves.	Staff members who have a disability.	Within individual staff members' supervision and workplace risk assessment, managers will identify any risks arising specifically from work involving moving and handling that impact on staff members who have a disability. Individual managers to agree appropriate risk mitigation with the staff member and ensure this is implemented.	Individual line managers	02/02/2025	

No Mitigating Actions

Please explain why you do not need to take any action to mitigate or support the impact of your proposals.

Are actions being reported to Members?

No

If yes when and how ?

SECTION EIGHT: ASSESSMENT OUTCOME

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	This proposal/project is aimed at improving and modernising moving and handling support practice across Falkirk. There are no financial savings linked to the project. Impacts identified are positive impacts - on the members of the public who use our services, on staff and contractors, and on the organisation. No adverse impacts on people in the Equality Act protected characteristics groups have been identified.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

SECTION NINE: LEAD OFFICER SIGN OFF

Lead Officer:

Signature:	<i>Lynette Denovan</i>	Date:	18/12/2023
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SECTION TEN: EPIA TASK GROUP ONLY

OVERALL ASSESSMENT OF EPIA: Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?	Yes / No
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ASSESSMENT FINDINGS		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?	Yes / No	If YES, please describe:
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LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA

LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

SECTION ELEVEN: CHIEF OFFICER SIGN OFF

Director / Head of Service:		
Signature:	<i>Martin David Thom</i>	Date: 10/04/2024