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**Report To:** Inverclyde Integration Joint Board      **Date:** 17 March 2020

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/31/2020/AS

**Contact Officer:** Allen Stevenson  
Head of Health & Community Care  
Inverclyde Health & Social Care  
Partnership      **Contact No:** 01475 715283

**Subject:** TAILORED MOVING AND HANDLING SOLUTIONS

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board of the initial outcomes of an IHUB funded project and to propose a “spend to save” mode of changing practice around complex moving and handling and care solutions.

## **2.0 SUMMARY**

- 2.1 This spend to save work is offering an opportunity to move away from entrenched practice and shift towards safe, creative and tailored solutions offering the least intrusive care provision, more personalised care and allowing increased choice for service users and their families.
- 2.2 The approach has been very well received by service users and their families and by care at home staff members as it offers opportunities for families to be more involved in care provision offering people more flexibility and choice in how their support is delivered. Where Care at Home staff have been involved, there is a more personalised 1-1 approach and less intrusion of multiple carers providing care, resulting in an improvement in people’s dignity and quality of the care provided.

## **3.0 RECOMMENDATIONS**

- 3.1 That agreement be given to implementation of the roll-out of Tailored Moving and Handling Solutions beyond the project timeline.
- 3.2 That it be agreed to support the funding of 1 WTE I grade Occupational Therapist (for 18 months initially) to sustain the focus of the work and drive this work forward, and to have the capacity to support reviews around moving and handling.

## **4.0 BACKGROUND**

### **4.1 Complex Care Demands within the Community**

The shift in the balance of care has resulted in a far higher proportion of complex care being provided at home. Our Home First approach and remodelling of services to support this work have resulted in many older people with complex needs being supported at home reducing the demand for Care Home placements and resulting in decisions by Elected Members recently to reduce this budget.

Within Inverclyde there are 163 service users who receive double up (2 carer) care visits at home. The total hours in these care packages are 3768 hours per week (based on 2 workers, 1884 care hours).

To accommodate this, there has been a significant increase in moving and handling equipment provision to people's homes. Some of the care we deliver requires hoisting or using patient handling equipment.

Our approach, which has been in place for many years, is to use two carers in these cases to ensure safe moving and handling procedures using the current provision of equipment. Evidence from other areas which have implemented a one handed care approach has seen that around 30% of people who have complex moving and handling needs are suitable for a model of moving and handling which, using different techniques and equipment, is able to be completed by one carer. The feedback from this work, which has gained much traction in England, is very positive from people who receive services and who feel the quality and delivery of care are more personal.

### **4.2 Difficulties around Care Demands**

Inverclyde is experiencing the same issues with regards to recruitment of care staff as other areas across the UK. There is increasing demand to the front door of services as we support more people to live well within their own homes; however on current projections the care response required to support this is consistently growing in a climate of restricted resources.

Silo budget thinking was a barrier to moving forward in the past with this work as there is an increased cost to the equipment and adaptation budget that has a positive effect on care budgets.

Creative thinking to best meet the projected care demands and deliver the best quality care solutions for people with care needs gives rise to different solutions to how care is delivered.

### **4.3 Test of Change**

In 2018 an application was made to the IHUB (Health Improvement Scotland) for consideration of a 1 year project that looked at a test of change - to tailor and seek opportunities to look at where 1 carer instead of 2 can provide care using special equipment and training. The bid was successful and funding was provided for 1 year costs for an Occupational Therapist to lead the project, training costs to train OT in the techniques and for start-up equipment costs. The aspiration of the project was to remodel the Moving and Handling training in Inverclyde, train staff in new techniques, assess all new cases where double up care is required to ensure any opportunities to tailor and train staff/families/carers to provide support in moving and handling using different techniques and equipment that only require

support of one other.

There is now equipment on the market that in certain situations allows for the same transfer and support being carried out by one carer therefore enhancing the care experience. This equipment is significantly more costly than the standard equipment currently used and has a cost implication to Equipment Services however the resulting care cost reductions allow for an overall reduction in the cost of care delivery. It is important to work outside silos of practice to ensure that we continue to improve our service delivery to the people of Inverclyde.

There has been a lot of interest in this test of change project from other areas in Scotland; the barriers in these areas to move this forward appear to be budget silos and no capacity within OT services.

#### 4.4 Outcomes of Test of Change

From May 2018 to date, 27 people with complex care needs have moved to 1 handed care solutions. This has resulted in a reduction/prevention of 321.5 care hours per week.

The service users groups were from Learning Disability, Physical Disability and Older People services. It is important to differentiate between actual savings and cost avoidance (where services have been requested and an assessment, equipment provision and training has prevented the care being required).

Based on the indicative budget rate of £15.94 the tables below highlight the outcomes of the project.

##### Care cost package reduction

<b>Care hours Saved</b>	<b>121 hours per week</b>
<b>Cost of care hours saved</b>	<b>£1929.54</b>
<b>Projected current year savings PYE</b>	<b>£50,392</b>
<b>Annual savings ongoing FYE</b>	<b>£100,606</b>
<b>Equipment /adaptation costs</b>	<b>£11,276</b>
<b>Total annual costs savings (excluding OT costs)</b>	<b>£92,238</b>

##### Care package cost avoidance on assessment

<b>Care Hours saved</b>	<b>200.5 hours per week</b>
<b>Cost of care hours saved</b>	<b>£3195 per week</b>
<b>Projected current year savings PYE</b>	<b>£76,850</b>
<b>Annual savings ongoing FYE</b>	<b>£166,637</b>
<b>Equipment/ adaptation costs</b>	<b>£15,945</b>
<b>Total ongoing annual cost avoidance</b>	<b>£150,692</b>

Full costs of an occupational therapist not included above are £48,712. There are additional training costs for staff to become trainers - level 4 ROSPA qualification

in advanced manual handling training for single handed care. £6,000 for a 2 day session (10 staff).

Based on the indicative SDS rate of £15.94 care rate this is a reduction on current care package costs of **£50,392** (projected full year costs of **£100,606**).

Client group	OP	Total
Reduction of care costs from assess date to year end	£50,392	£50,392
Reduction of Care Costs (projected for full year ongoing)	£100,606	£100,606

As the focus is currently at new people accessing the service or requests for increases in care there has also been a focus around cost avoidance of increasing packages of **£76,850** (projected full year costs **£166,637**). The breakdown of this is detailed in the table below.

Client group	LD	PD	OP	Total
Prevention of increased hours costs to year end	£29,520	£35,001	£12,329	£76,850
Prevention of care costs projected for full year ongoing (cost avoidance)	£37,400	£90,590	£38,647	£166,637

#### **Additional Costs for Implementation**

The equipment costs to date around £35,440 with an additional £800 per year LOLER testing and servicing costs on lifting equipment. When no longer in use the equipment is able to be recycled and used for other service users. There will be an escalation in proportion with the number of people supported using this approach however this should be absorbed with any care savings costs and reduction in traditional equipment orders.

- 4.5 The cost of training staff to be a certified trainer is £600 per person. To date, 7 Moving and Handling trainers have completed the course (funding from the IHUB) award. The service is scoping training for all Inverclyde Local Authority Moving and Handling trainers being hosted in Inverclyde with other Local Authorities purchasing a place to contain costs.

#### **4.6 One Handed Tailored Care in Practice**

To date, the work has allowed for the roll-out into Reablement Home First staff only, the In Reach OT has also trained staff in the Larkfield Unit and provided equipment to the local hospital and it assesses and plans for discharge using this model of care.

In 50% of the cases family members have been trained and are able to use the equipment, 5 of the people have been identified by the In Reach OT with a comprehensive plan in place and training staff on the ward and follow up at home

to deliver the care.

To deliver this work requires a comprehensive detailed risk assessment to ensure safe delivery as well as a lot of OT time to train staff and family carers on site. However this pays dividends in the longer term around longer term care costs.

The feedback from service users, families and carers has been very positive as this approach allows for more choice around how care is delivered and people report that care feels more intimate with 1 carer rather than with 2 people. Inverclyde also has a service users' representation group which tells us that they would prefer to have fewer people through their homes and this project is in line with the wishes of the service users.

#### **4.7 Next Steps and Recommendations**

Following the pilot, it is recommended that Tailored Moving and Handling solutions be mainstreamed for internal and external care providers to improve the quality of care and investment in this work.

To facilitate this work requires focus and detailed assessments, training and risk assessments. In practice to move the work forward and mainstream this approach requires that all manual handling trainers require to be trained, the moving and handling annual training be updated, and the new techniques become common care practice. (Approximately 450 of our care and therapy staff are trained). Longer term partnership work will be required with external care providers. To sustain the approach will require that all Occupational Therapy moving and handling assessors are able to identify all opportunities and have the abilities and skills to carry out the required with support colleagues across the service.

The work to date has focused around new requests for care which require 2 carers however there are over 150 people who have had two carers for all calls who have yet to be assessed at review to identify if there are any opportunities to change the care approach.

To implement this model of support, sustain the focus to drive this work forward, build the expertise of staff and have the capacity to support reviews around moving and handling would require an additional 1 F/T Occupational Therapist ongoing to ensure leadership and focus.

An improvement approach will be taken throughout the roll-out of this work. There is comprehensive data relating to the test of change that can be built on to support this work, and when funded a focused project charter and plan will be developed for reporting on outcomes.

#### **4.8 Savings**

The aspiration of the service is to mainstream this work and roll-out to as many people as possible. From other areas which have taken this approach, the evidence is strong around potential savings. A savings target of £50K is anticipated on top of costs covered. This target is indicated on current savings proposals for Care at Home Services.

### **5.0 IMPLICATIONS**

#### **FINANCE**

##### **5.1 Financial Implications:**

One off Costs

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect From	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
Physical Disability	Equipment	2020/21	40		Projected additional cost of equipment and testing/ Servicing.  Training and accreditation for Moving Handling Trainers/ refreshment updates  FTE of 1 OT Therapist Grade H/I for 18 months
	Training Costs	2020/21	12		
	Employee Costs		73.5		

**LEGAL**

5.2 There are no legal implications associated with this proposal.

**HUMAN RESOURCES**

5.3 There are no specific human resources implications arising from this report.

**EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact on for people with physical disability

People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report. The approach recommended is robust to ensure that staff are trained appropriately to use the equipment and techniques.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Supports living safely and well at home and offers more choice in how care can be delivered. Family where appropriate are able to be involved in providing support.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Supports less intrusive care provision of two carers, allowing for a more intimate experience of care provision.
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Care package and moving and handling approaches are tailored to the person and family requirements.
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Where carers are involved they are often able to be partners with the care provision following comprehensive training on techniques and equipment. Less intrusion in family life by tailoring the care solutions and more flexibility in support for the person.

People using health and social care services are safe from harm.	Comprehensive assessments and risk assessments and training around the person to ensure that if they are able to access this approach to their care provision the care provided is robust and safe.
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Approach has been very well received by front line care staff, who are trained and delivering care using these techniques and equipment. Roll out requires individual training of staff by qualified trainers, to allow staff to be confident and competent in the approach. r the
Resources are used effectively in the provision of health and social care services.	Reduction in silo budget approaches. To date the evidence shows by investment you prevent or reduce the care provision required, the additional cost on equipment adaptations and Occupational Therapy involvement is offset by the ongoing reduction in care provision.

## 6.0 DIRECTIONS

### 6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	X

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 8.0 BACKGROUND PAPERS

8.1 None.