

Governance, Risk and Best Value Committee

2.00 pm, Tuesday 15 December 2015

Home Care and Reablement Service Contact Time – referral from the Health, Social Care and Housing Committee

Item number	7.5
Report number	
Wards	All

Executive summary

The Health, Social Care and Housing Committee on 10 November 2015 considered a report by the Chief Social Work Officer on the management of care staff, particularly client contact time versus total hours worked and the number of visits for each carer.

The report has been referred to Governance, Risk and Best Value Committee for consideration.

Links

Coalition pledges	See attached report
Council outcomes	See attached report
Single Outcome Agreement	See attached report
Appendices	See attached report

Terms of Referral

Home Care and Reablement Service Contact Time

Terms of referral

- 1.1 The Governance, Risk and Best Value Committee on Thursday 13 August 2015 requested that the Chief Social Work Officer report on the management of care staff, particularly client contact time versus total hours worked and the number of visits for each carer. This should include the full visit data for a week – visit start and finish times and shift start and finish times to compare contact time with “down-time”.
- 1.2 The management of the home care and reablement service is subdivided into patches, which report through front line managers to home care sector managers. There are 26 geographical home care patches in the city. The rationale for the patch-based approach is to promote neighbourhood working and to reduce travel time. The electronic system used to roster home care and reablement staff time is called Webroster. This system is used to maximise efficiency of the service in real time. Regular management reports are produced to track performance.
- 1.3 The home care and reablement service employs around 1,000 full- and part-time staff, working 7 days per week over 24 hours, and on average, each whole time equivalent care worker within the service visits between 11 and 12 people per day. Schedules are constantly being reviewed and all changes must be recorded immediately in detail on the Webroster system. This is a complex and time consuming task due to competing pressures.
- 1.4 In recent years, the frequency of home care visits has increased, while the length of each visit has reduced to an average of 30 minutes.
- 1.5 Council home care staff undertake approximately double the number of 15 minute visits compared to contracted private sector providers. This is because providers are reluctant to take on short visits, due to the increased transaction costs. This means that there is more likely to be non-contact time due to travel and difficulty in ‘fitting in’ another person, than if visits were of longer duration.
- 1.6 Further work was ongoing to adjust some residual shift patterns in order to increase the efficiency of the service, but also in the longer term, to consider how channel shift and greater use of technology with such a dispersed workforce could benefit the service overall.
- 1.7 The Health, Social Care and Housing Committee agreed to:
 - 1.7.1 Note that comprehensive monitoring and adjusting of rotas in home care and reablement are undertaken regularly

1.7.2 Note that work was underway to review a small number of historical, less productive, rotas

1.7.3 Note that travel time was a significant factor in contact time in home care, up to 24% of each shift

1.7.4 To refer the report to the Governance, Risk and Best Value Committee.

For Decision/Action

2.1 The Governance, Risk and Best Value Committee is asked to consider the report

Background reading / external references

Health, Social Care and Housing Committee 10 November 2015.

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Head of Legal and Risk

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Links

Coalition pledges	See attached report
Council outcomes	See attached report
Single Outcome Agreement	See attached report
Appendices	See attached report

Health, Social Care and Housing Committee

10.00, Tuesday, 10 November 2015

Home Care and Reablement Service Contact Time

Item number

Report number

Executive/routine

Wards

All

Executive summary

This report responds to a request from the Governance, Risk and Best Value Committee on Thursday 13 August 2015 that the Chief Social Work Officer report on the management of care staff, particularly client contact time versus total hours worked and the number of visits for each carer. This should include the full visit data for a week – visit start and finish times and shift start and finish times to compare contact time with “down-time”.

The report provides an overview of the system and methodology for managing rotas in home care, alongside a description of some of the factors that influence the contact time in the service.

The report describes the changes made to the shift patterns of workers to reflect the time at which people need support, therefore maximising the use of staff time.

The report recommends further work to adjust some residual shift patterns in order to increase the efficiency of the service, but also in the longer term, to consider how channel shift and greater use of technology with such a dispersed workforce could benefit the service overall.

Links

Coalition pledges

Council outcomes

[CO11](#), [CO12](#), [CO13](#), [CO25](#)

Single Outcome Agreement

[SO2](#)

Report

Home Care Contact Time

Recommendations

- 1.1 It is recommended that the Health, Social Care and Housing Committee notes that:
 - a. comprehensive monitoring and adjusting of rotas in home care and reablement are undertaken regularly
 - b. work is underway to review a small number of historical, less productive rotas
 - c. travel time is a significant factor in contact time in home care, up to 24% of each shift
 - d. refers this report to the Governance, Risk and Best Value Committee.

Background

- 2.1 The management of the home care and reablement service is subdivided into patches, which report through front line managers to home care sector managers. There are 26 geographical home care patches in the city. The rationale for the patch-based approach is to promote neighbourhood working and to reduce travel time.
- 2.2 The electronic system used to roster home care and re-ablement staff time is called Webroster. This system is used to maximise efficiency of the service in real time. Regular management reports are produced to track performance.

Main Report

Current Situation

- 3.1 As the home care and reablement service employs around 1,000 full- and part-time staff, working 7 days per week over 24 hours, the scheduling of workers' time is a significant logistical operation. Office-based home care organisers are responsible for scheduling and rescheduling, where necessary, an average of 3,540 visits per day, 7 days per week. On average, each whole time equivalent care worker within the service visits between 11 and 12 people per day. Schedules are constantly being reviewed and all changes must be recorded immediately in detail on the Webroster system. This is a complex and time consuming task due to the enormous pressure to free up time to discharge people

from hospital, as well as to respond to emergencies in the community and to prevent hospital admission. This sits alongside the competing pressures of covering for absence, minimising travel time and ensuring minimal disruption to the service for extremely frail older people who in the main live alone in the community and are reliant on their worker visiting them at a time which meets their needs.

- 3.2 In recent years, the frequency of home care visits has increased, while the length of each visit has reduced to an average of 30 minutes.
- 3.3 In any one week, a number of staff will not be available for duty due to annual leave, sickness, maternity leave, special leave, jury duty or other factors.
- 3.4 Set out below are some of the factors that influence direct time spent in a person's home.
 - The duration of the visit, which has been assessed as sufficient to meet service user needs; this can be anything from 15 minutes to 90 minutes per visit, with an average in the sample of 30 minutes. Service users have up to 7 separate visits in a 24 hour period, depending on their needs. In order to promote independence, home care staff do not spend more than the time allocated in the person's home, even if they have a gap in their schedule, unless there is a clear, identified need.
 - Ongoing reduction in service due to reablement – there is not always a need that can be filled immediately in the short gap that might become available.
 - Time travelling between service users' homes.
 - Staff supervision, team meetings, training and appraisal.
 - Telephone contact time with manager.
 - Telephone contact with other professionals involved in a person's care (GP, district nurse, social worker, occupational therapist) in order to ensure any unexpected situations are responded to safely and in a timely manner, for example, where there are concerns regarding the correct medication not being available for the service user.
 - Telephone contact with family members and informal carers to address any issues that may have arisen.
 - Unallocated time due to the service user being admitted to hospital and immediate substitute work being unavailable.
 - Less 'popular' times for service, e.g. mid morning and mid afternoon.
 - The need to retain some non-allocated time to cover sickness absence.
- 3.5 Working with this volume of care visits (on average 3540 a day) and the constantly changing nature of the wide range of inter-dependent factors involved (e.g. changing needs of service users, volume of new referrals, geographical location) means there is likely always to be a proportion of 'non-contact time', as worker schedules are re-set to take account of the changes and care worker time is optimised.

- 3.6 Council home care staff undertake approximately double the number of 15 minute visits compared to contracted private sector providers. This is because providers are reluctant to take on short visits, due to the increased transaction costs. This means that there is more likely to be non-contact time due to travel and difficulty in 'fitting in' another person, than if visits were of longer duration. This adds to the non-contact time.

Measurement of Contact Time

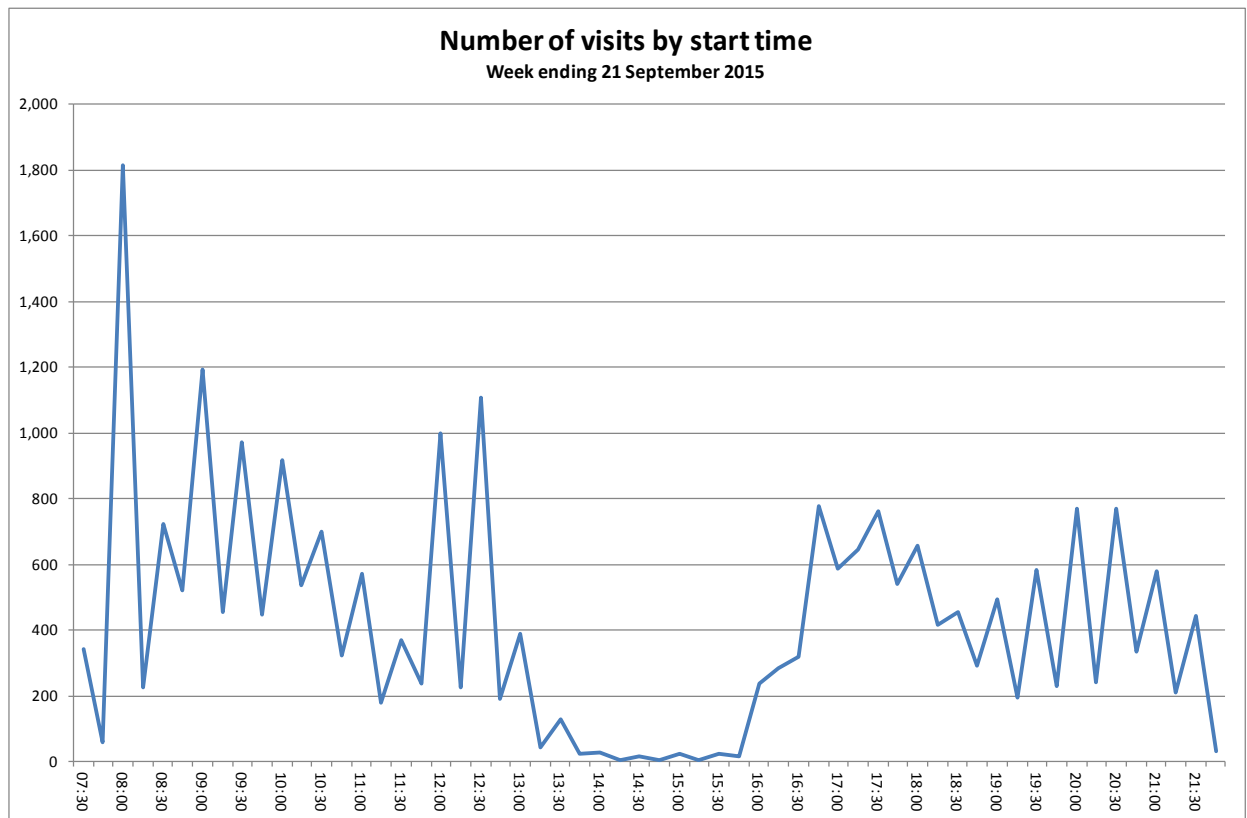
- 3.7 Contact time reports are prepared regularly and show an average of 64.5% per week (September 2014 – August 2015). This figure does not include time spent at meetings and supervision sessions, telephone contact time with the office, or time taken by workers to deal with service user emergencies. This is estimated to be an additional 2% of the hours available each day.
- 3.8 In addition to the above, travel time between service users is not recorded on the Webroster system. A study on travel time during one week in September was undertaken. In the week surveyed, travel time over the sample equated to 24% of available time. If this is added to the annual contact time of 64.5% and the supervision, training, telephone and meeting times, working time rises to just over 90%. This means that non-productive time in home care is around 10%.

Plans to increase contact time

- 3.9 Shift patterns in home care and reablement were changed in 2011/12 to provide a more flexible workforce and reduce non-contact time. This involved over 90% of staff moving to a 'four days on/four days off' split shift. A small percentage of staff remain who were not willing or able to move to this shift pattern.
- 3.10 In order to improve contact time further, it is intended to work with this staff group to move to more productive shift patterns.

Timings of visits

- 3.11 Demand for all domiciliary care is focused around time-specific tasks: getting dressed and washed in the morning, meal times, and getting washed and ready for bed at night. By using split shifts covering in the main from 08.00 to 22.00, with a break in the afternoon, the service is able to improve performance in meeting demand.
- 3.12 However, having capacity for peak demand, e.g. at 08.00, results in excess capacity at times of lesser demand, e.g. late morning. The graph below shows for the week ending 21 September the number of visits for each starting time. It should also be noted that in the afternoon a small number of visits take place – these may be for individuals who have time critical needs or who are willing to have a visit at times that are generally deemed undesirable.



Plans to increase contact time

3.12 Shift patterns in home care and reablement were changed in 2011/12 to provide a more flexible workforce and reduce non contact time. This involved over 90% of staff moving to a 'four days on/ four days off' split shift. A small percentage of staff remain who were not willing or able to move to this shift pattern and who still work at the less 'productive' times between 2pm and 4pm.

3.13 In order to improve contact time further, it is proposed to work with this staff group to move to shift patterns which better reflect the needs of the service users.

Measures of success

4.1 Consistent achievement of high levels of contact time throughout the city.

Financial impact

- 5.1 Maximising contact time within the constraints set out above represents the effective use of staffing resources, as well as supporting people to remain living in their own home, rather than move into care homes or hospital.

Risk, policy, compliance and governance impact

- 6.1 The monitoring and resource management activities described in this report aim to ensure that staffing resources are used efficiently to support strategic objectives.

Equalities impact

- 7.1 There is no specific impact on equalities arising from the activities described above, which are intended to benefit all people who are supported by the service through maximising the use of staffing resources, recognising the need for staff training and building in some flexibility to mitigate against the impact on individuals of staff sickness absence.

Sustainability impact

- 8.1 There are no sustainability implications arising from this report, however, ensuring staff are redeployed effectively is critical to achieving the best use of resources.

Consultation and engagement

- 9.1 Consultation and engagement activities are carried out in local areas, including focus groups across a range of topics, with the objective of identifying areas for improvement and good practice.
- 9.2 Routine postal surveys are carried out and the results considered and acted upon.

Background reading/external references

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Chief Social Work Officer

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Links

Coalition pledges

Council outcomes

- CO11 – Preventative and personalised support in place
- CO12 – Edinburgh’s carers are supported
- CO13 – People are supported to live at home
- C025 - The Council has efficient and effective services that deliver on objectives

Single Outcome Agreement

SO2 – Edinburgh’s citizens experience improved health and wellbeing, with reduced inequalities in health

Appendices

None