





Domiciliary Care Workforce Evaluation

Introduction

Context

For the adult health and social care workforce, Skills for Care reported an average vacancy rate of 9.9% and a turnover rate of 28.3%, with 22% of workers on zero-hour contracts (Skills for Care, 2023). Significant pressures are impacting workers, service users, and local authorities, and providers are reportedly struggling with low workforce utilisation.

Unity Insights were commissioned by Health Innovation West of England to independently evaluate the Domiciliary Care Workforce Programme, assessing the effectiveness of Procomp's Strategic Optimisation Service in supporting the social care workforce.

The evaluation aimed to answer questions on the acceptability and implementation of the solution, effectiveness against desired outcomes, and a value-based health economic review.

Changes introduced included:

- The use of optimisation software by providers
- Reviewing care assessment practices
- Balancing demand by having non-critical activity at off-peak times
- Reviewing double-ups
- Introducing flexible start times
- Discussions around care worker gender

Timeline of implementation:

- Sep-22: Site A 1st round of changes
- Apr-23: Site A 2nd round of changes
- Jun-23: Site B 1st round of changes
- Sep-23: Site B 2nd round of changes

Approach



Quantitative insights

Data containing care workers schedules and estimates for travel distances and timings.



Qualitative insights

A survey of care workers before and after optimisation, and semistructured interviews.



Health economic modelling

A cost-benefit analysis (CBA) to forecast the prospective impact of the programme.

Survey findings

Feedback from the survey suggested a very positive reception amongst care workers.

Site A

+21%

Increase in satisfied or very satisfied responses when asked about their workload.



Site B



Increase in satisfied or very satisfied responses when asked about the time available between visits.





Increase in satisfied or very satisfied responses when asked about their overall job satisfaction.





More workers agreed they felt supported to challenge existing practice to improve care provision.



More workers agreed they felt supported when dealing with unsettling feelings.

Interview results

Seven interviews and a focus group were conducted with council and care provider commissioner managers/leads. The following themes were found:

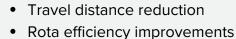
Council staff



- Inter-agency communication
- Understanding of processes



Care provider managers





- Provider resistance to change
- Project engagement requirements

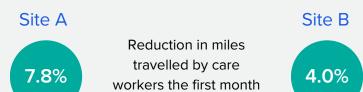


- Nuance in rota requirements
- Project engagement requirements

"[...] it's more transparent in terms of how they're planning their routes and how they would look to absorb more people into their rounds from the waiting list. It is a collaborative approach, which has been very positive."

Quantitative insights

	Baseline (Site A)	Intervention (Site A)	Baseline (Site B)	Intervention (Site B)
Average miles travelled per visit	2.31	2.33	3.05	2.97
Average number of care workers seen by each client	14	14	15	15



after implementation.

Additional considerations

- Findings suggest that the impact is diluted over time if frequent changes do not occur.
- No substantial impact on continuity was observed as a result of the optimisation.

Cost-benefit analysis

Overview

The cost-benefit analysis modelled the benefit of efficiency gains to providers due to optimisation. Results estimate the net present value (NPV) and the benefit-cost ratio (BCR) between 2023/24 and 2027/28. Benefits were derived from an increase in care packages delivered, reduction in distance travelled, and improved staff retention (Site A only).



Additional considerations

The benefit was experienced by home care providers. Local authorities are also expected to benefit indirectly, as they are able to service a greater level of demand.

From a value perspective, the impact of this intervention requires further investigation before definitive conclusions can be drawn due to variability in results between sites, influences from a changing landscape, and limitations of the data.

Limitations



External factors

The evaluation's realworld setting imposes uncontrolled variables affecting results, including changes in supply and demand, care package turnover, and client location.



Visit length distribution

Analysis of the distribution of reported visit lengths suggested that timings provided were rounded up. This may be affecting quantitative and health economic results.



Travel distance analysis

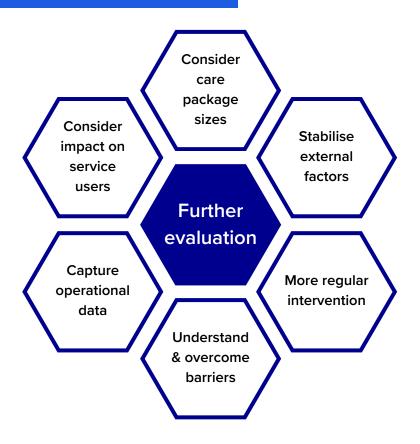
Due to data protection requirements, travel distances did not include travel to and from home and full client postcodes, affecting certainty of calculations.



Cost-benefit analysis

Several metrics informing the benefit streams are impacted by external factors, including travel distances and retention rates.

Recommendations





Interface access

Allow providers direct access for quicker data entry and facilitate regular implementation of changes.



Greater transparency

Make reporting more transparent and improve the format of planned and actual visit lengths with allocation of travel time.



Client requirements

Enhance functionality that accommodates for visit requirements to address acceptability concerns.

Summary

Qualitative feedback suggested improved scheduling and worker satisfaction from implementation of Procomp; however, interviews highlighted a range of implementation barriers. Quantitative analysis suggested Procomp can be effective, but challenges remain in measuring impact. Cost-benefit analysis indicates a positive return on investment, contingent on sustained positive impact and the low costing structure applied after Year 1. Overall, the evaluation results suggest that if barriers and challenges in the market are overcome or mitigated, there is potential for strategic optimisation to achieve impactful change and desired outcomes.