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Feature · By John Bryant, Head of Strategy and Development, Torbay Council

The Greener Care Collaborative: Releasing Time to Care – how one council is using data to save travel time, improve care and create a greener environment

Torbay Council and the integrated care organisation Torbay and South Devon NHS Trust work with a number of home care providers, in overlapping geographical areas. Could gathering data on the journeys made by care workers offer a way to reduce duplication, improve efficiency – and provide better care? John Bryant, Head of Strategy and Development at Torbay Council, set about finding out.

The national shortage of care workers is a well-documented and ongoing problem. The provision of care is also fragmented, with local authorities often paying multiple providers for domiciliary care. In every area of the country, care workers drive hundreds of miles each week, visiting as many as 15 or 20 clients a day.

Torbay commissioners worked with care partners to create an initial framework of 16 home care providers serving Torbay, Brixham and Torquay. The geographical areas served by the providers overlap, with care workers from different providers making duplicate journeys. But what if it was possible to remove some of that duplication, reducing the number of miles each care worker had to travel each week and creating a more efficient system?

In 2016, I wrote a paper putting forward the idea of Careforce, which was about creating a more seamless and joined-up approach to recruiting and retaining a care workforce. One part of the proposition was that if the organisations involved in providing care in a particular geographical area could share relevant data relating to working patterns, particularly mileage data, then it would be possible to create a model of care provision that would save care workers' time and offer a better service to clients. That model could then be embedded in software tools and rolled out to other councils to enable them to manage the provision of care more effectively and efficiently, supporting better outcomes for clients and improved recruitment.

In Torbay, we began by gathering some basic data from providers about mileage, which suggested that our initial hunch was correct. Once we were accepted on to the Health Foundation's strengthening social care analytics programme, we worked with Torbay and South Devon NHS Foundation Trust and Whole Systems Partnership to bring our domiciliary care partners into the project and carry out in-depth data analytics.

Thousands of hours lost to travel

Extracting data from multiple different IT systems into a standard template is complex, and not something we could reasonably expect our providers to do. The shared values and collaboration of the providers in Torbay was demonstrated by the willingness of those involved in the project to accept help with the data development. An independent specialist was brought in to enable the appropriately anonymised data on travel, care rounds, timings and postcode locations to be extracted.

The data collected over the period from May 2020 to December 2021 showed that care workers were travelling 832,124 miles a year, at an annual cost of nearly £250k. Assuming a travel speed of 20mph, this equates to 41,406 hours of potential face-to-face time being spent in travel annually. As well as the immediate challenge of meeting people's care

needs there is also the future to consider. Using government conversion tables, this mileage produces 233 Tonnes of CO_2.

We know that some care workers are travelling long distances each day to visit clients passing others from different companies going the other way. If we could find a way to match care workers to clients more efficiently, then each care worker would visit clients in a smaller geographical area and cover a shorter distance each day, giving them more time to be with the client, enriching their role and improving the experience and outcomes for the clients. We could also address the fundamental inequality that almost every care worker has to own a car. With better scheduling, some care workers could do visits on foot, opening opportunities to a bigger recruitment pool of people.

Of the 16 providers, five agreed to work with us to work on a proof of concept. I've heard some scepticism about whether care providers would be willing to share information on their packages of care, but in practice our providers work closely together, recognising they are not in competition with each other: there is plenty of work to go round, and each provider stands to benefit from an improvement in efficiency both commercially and in fulfilling the values they have to undertake this challenging work.

Planning care workers' routes is not straightforward

From the work that they had done with community nursing rounds in North East London, Care City and Satalia made a significant investment in supporting this initiative. Satalia, a company that specialises in route optimisation for delivery companies such as Tesco, produced an analysis of the data from a single provider and demonstrated that we could optimise the travel arrangements to save up to 38% in the distance travelled and reduce travel time by 46%. When route-optimised services from two providers are pooled, both make an additional saving.

We have initially set ourselves a target of 12% saving – which translates into nearly 5,000 hours of extra care and a greener footprint through a carbon reduction of 28 tonnes annually. Achieving that target requires us to schedule care workers' journeys so that they drive shorter distances and avoid duplication. One of the learning points from our work has been that planning the route of care workers from numerous different providers to multiple clients is not as straightforward as mapping the most efficient route for a delivery lorry.

We are working with data companies from various fields, including those that specialise in optimising travel around hospital sites, and others that have worked with European care systems. This is enabling us to look at the data and develop a system for scheduling each provider's rotas more efficiently. Led by and through the collaboration of the care providers, we hope, by September or October, to have produced benefits from a first round of new scheduling.

We don't expect this to be a bump-free journey. Care workers form a bond with their clients, so having to transfer care workers to different clients may be difficult for both sides. To avoid this being a top-down imposition, we will be involving both carer workers and clients in the changes to help them understand what we want to achieve, and the difference it will make to them. It will be important to keep the vision of neighbourhood rounds front and centre to help us all in navigating this journey.

Ultimately, we believe this is going to be a positive and far-reaching change that will enable carers to spend less time rushing from client to client. Some of that time will be used to provide more support to individual clients, but we also want to free some of it up to give staff more time to look after themselves. As well as releasing time to care, there is the release of time to be more caring, enabling our care colleagues to fulfil the role they aspire to.

Neighbourhood rounds offer the opportunity to support the national endeavour around strengths-based working and building on the NHS Integrated Personal Commissioning agenda connecting with social prescribing and self-care. If our

proof-of-concept works, then this is a model that could benefit staff, care workers, providers and local authorities and Integrated Care Systems (ICSs) throughout the country.