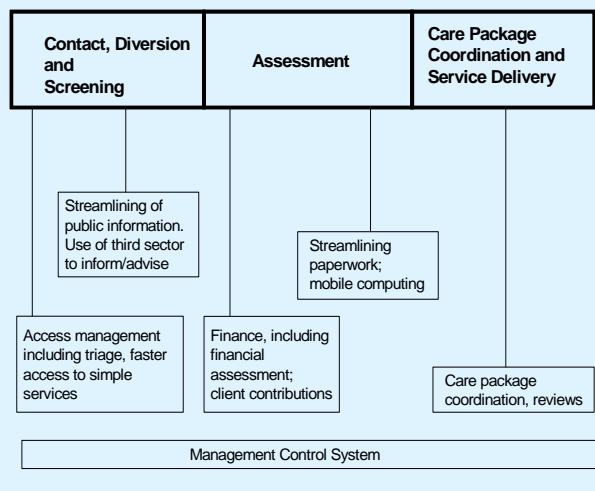




**Referral, Assessment & Care Management**

This end-to-end process accounts for approximately £7million spend per CSSR. The front-end of the process is the public face of social care. The later stages deal with vulnerable adults and potentially high-cost packages. We need to get it right.

Fig 1: Scope of process and proposed improvement initiatives



**Challenges**

CSSRs need to look at the whole process and challenge current assumptions. For instance, they can streamline Blue Badges and take out the cost of GP advice...but why not explore the role of the contact centre in “fronting” all simple services?

**Ownership of RACM Improvement?**

The findings and recommendations of CSED’s work with a number of regions are of interest to Directors, ADs, Heads of Service, Improvement Teams, Corporate Transformation or Efficiency Units. CSED will provide the tools for CSSRs to learn to “help themselves.”

**The CSED experience with RACM**

Applying Business Process Redesign techniques to RACM shows:

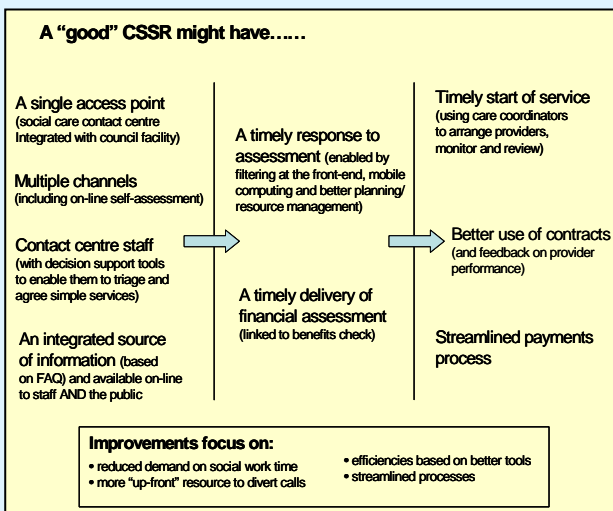
- That many processes can be simplified
- That decisions should be made as close to the front-line as possible
- That the skill mix can be optimised
- That once the process is streamlined, IT can play an important role in improving efficiency
- That awareness of activity and cost is key
- That the public, service users or advocates can be given a greater part to play in the process

**Implementation Guidance**

CSSRs start from different points, have differing infrastructures and capacity for change and also their own view of the organisation’s aims. They will need to decide how far and how fast to go. CSED advises on logical groupings and sequences of initiatives.

**What Does it Take?**

Many of the improvements can be done “just like that”. Others take time to apply the recommendations, train staff and even invest in I.T. systems. However, doing nothing will cost much more in the longer term.



**Benefits**

- Efficiencies are expected from:
- reducing duplication of effort;
  - eliminating activity that does not add value;
  - moving workload from professionally graded staff;
  - simplifying processes (lower costs, better quality);
  - improving access to information resolving enquiries before people enter the care system;
  - reducing transaction costs

The scale of savings varies depending on current position of individual councils, but all authorities should expect to make improvements.

CSED is now working with all nine ADASS regions on implementation throughout England.

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