Reducing the cost of assessments and reviews

An adult social care briefing for councils

August 2012
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*Audit Commission  | Value for money in assessments and reviews*
Summary

1. Councils must assess social care needs on request, or where they think it is necessary to do so. Once councils have provided services or a personal budget, they periodically review the individual's needs. In 2010/11 English councils did about 1.8 million assessments of needs and reviews of the resulting care.

2. While councils have final responsibility for assessments and reviews of needs, personalisation has changed the way they carry them out. It involves self-assessments and assessments of carers. It promotes a greater variety of care packages, and a wider range of people who provide care. It alters staff roles and activities.

3. Spending on assessments and reviews increased in real terms in 12 of the past 14 years. In 2010/11, councils spent £2.2 billion (12 per cent of gross spending on adult social care). The variation across councils was between 8 and 17 per cent.

4. Some councils have consistently low unit costs for assessments and reviews. They achieve this by controlling costs and through more efficient business processes. They spend less on assessments and reviews, but provide services to a similar proportion of their older population.

5. Councils could save £182 million (at 2010/11 prices) if all reduced their unit costs of assessment and reviews to the median for councils of similar type and facing similar circumstances. And if the average spend on assessment and care management was no more than 10 per cent of all adult social care – in line with councils with low unit costs – the potential savings could be as high as £312 million. These savings could fund more frontline services.

6. The largest cost element in assessments and reviews is the pay of the professionally qualified, and other, staff who carry them out. The biggest contribution to making savings will come from changing the mix of staff grades and skills that councils employ.

7. The number of staff involved in carrying out assessments and reviews increased by 33 per cent in the 20 years to 2010/11. The
biggest increase was for staff without a professional qualification, such as social work and occupational therapy assistants, whose numbers doubled between 1996/97 and 2010/11.

8 Between 2005/06 and 2009/10, the number of reviews increased much faster than the number of assessments of clients, or the number of clients receiving services in the community. Councils reviewed service users more frequently; and most of these reviews were done by staff without a professional social work qualification.

9 2010/11 data show a drop in levels of activity to those in 2005/06. The number of assessments, clients receiving services and professionally qualified social workers returned to previous levels. But numbers of staff like social work assistants and community outreach officers continued to rise.

10 Complex assessments need the specialist knowledge and skill only qualified and experienced social workers can provide. Contributions from other staff, in supporting routine assessments, providing information, and working on reviews, can release professional resources for complex assessments and reviews.

11 The key risk for councils is that they fail to meet vulnerable people’s needs. Poor assessments increase the risk of harm and bring higher costs later. In making savings in assessments and reviews, each council must monitor service quality and outcomes for people. Some measures of efficiency will provide an indication of quality, such as the time taken to provide needs and financial assessments.

12 The analysis in this report shows that low-cost councils achieve broadly the same levels of service quality as high-cost councils. This suggests that councils that spend more on assessments and reviews can make savings without sacrificing service quality, or putting vulnerable people at higher risk.

Recommendations

13 Councils should aim to spend less on assessments and reviews, and more on care. Councils can reduce their spending on assessments and reviews by:

- redesigning the care pathway to provide information at an early stage to reduce the potential demand for formal assessments;
- reducing overheads, by streamlining the administration supporting assessments and reviews;
- reviewing the grade mix of staff providing assessments and reviews;
- reviewing pay rates to find savings, but without risking recruitment and retention;
- matching staffing more closely to workload; and
- looking for opportunities to collaborate with other councils to reduce overheads and costs.

14 Councils should use the benchmarking costs tool that accompanies this report, and the checklist in Appendix 1, to identify the scope for reducing their costs of assessments and reviews.
Introduction

The briefing is for managers and senior managers in adult social care and for lead members for care services. It shows how councils can implement personalisation and reduce unit costs in assessments and reviews by improving efficiency and productivity.

Assessment and reviews are core features of the assessment and care management (ACM) pathway. This covers:

- the process of receiving referrals, assessing need, defining eligibility, arranging for packages of care to be provided and reviewing the quality of and continued relevance of that care, including field social work costs.’ (Ref. 1, page 23).

Integration of health and social care is a government priority and both councils and the NHS employ the staff who carry out the complex functions involved. These staff often work in co-located premises and include:

- managers, social workers, care managers and occupational therapists, who have professional qualifications to practise;
- social work assistants, occupational therapist assistants, support workers, community outreach workers and technical officers, up to 60 per cent of whom have vocational qualifications, but not necessarily related to social care (Ref. 2);
- support staff working in strategic and central roles; and
- support staff working in assessments and reviews.

The focus of this report is on the first two groups of staff. For convenience, the first group is described as ‘professional staff’ and the second as ‘other trained staff’. Both provide assessments and reviews services directly to the public.

The government has provided additional funds rising to £2 billion per year by 2014-15, through the NHS and local government, to break down the barriers between health and social care.
**The financial challenge**

18 In 2010/11, councils spent £2.2 billion on assessments and care management, and carried out nearly 1.8 million assessments and reviews of clients. This spending represented an average of 12 per cent of their gross spending on adult social care overall, but varied between 8 per cent and 17 per cent across all councils.

19 Assessments are the gateway to social care and it is vital councils carry out this important task well. The amount of money councils spend on care is based on the results of those assessments, which should accurately diagnose needs. But reducing the amount spent on assessments and reviews could free more funds for care.

20 Some councils spend more than others on care, depending on their populations. But nearly all councils with low unit costs of assessments and reviews spend no more than 10 per cent of their total adult social care budget on assessment and care management. If the average spending by all councils of 12 per cent on ACM fell to 10 per cent, this would generate £312 million to meet the care needs of their populations, based on 2010/11 figures.

21 This report contains analysis that shows how some councils have obtained low unit costs for assessments and reviews. This helps them to reduce their costs of ACM overall.

22 If councils do this, it will help them to meet their financial challenges from the combination of an ageing population and public spending cuts. The Commission described the scale of the financial challenge posed by an ageing population in 2010 (Ref. 3).

23 Grant funding to local government will reduce by 26 per cent between 2010 and 2014 (Ref. 5), although the government has provided additional funds for social care and councils have more discretion about diverting resources to priority services.

24 Councils have to reconfigure services and the workforce to reduce costs, while meeting increased demand. In 2011/12, councils planned

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i The Office for National Statistics projections show that the proportion of older people in England aged over 74 will increase from 7.9 per cent in 2010/11 to 9.2 per cent in 2020/21 (Ref. 4).

ii The 2010 Spending Review allocated an extra £7.2 billion over four years to protect access to services that support vulnerable people (Ref. 4). Local authorities have significantly greater freedom and control over budgets to be able to move resources to priority services. This includes an additional £150 million to local authorities to help people to leave hospital more quickly and receive support at home. The funding will be given to primary care trusts for transfer to local authorities to enhance social care capacity to relieve pressure on the health system over the winter period. The Disabled Facilities Grant provides an extra £20 million to help people live independently at home.
to protect adult social care budgets more than most other services, but will still reduce spending in this area by 2.5 per cent in real terms over the previous year (Ref. 6).

25 Although demand is growing, the next spending review is likely to reduce further the funding to councils, so they need to make sure that they and their clients are making best use of social care budgets. Spending on assessments and reviews can help to manage demand, but it must be maintained at levels that are affordable and proportionate to the total spend on adult social care.

Assessing and reviewing needs

26 The government intends to open up assessment to a wider variety of providers (Ref. 7):

‘We want people to have choice and control over who carries out their assessment… Our ambition is for many more new providers to offer assessment services, and we will consider this as part of our work to develop and test options for a new framework’ (page 33).

27 But councils will continue to have a legal duty under Section 47 of the NHS and Community Care Act 1990 to conduct assessments:

‘when it appears to the local authority that a person to whom they may provide community care services may be in need of such services’ (Ref. 8, paragraph 5.37).

28 In practice, councils must conduct an assessment if a person requests one, regardless of their financial circumstances. Public funding for social care is limited, so councils work within the Fair Access to Care Services (FACS) framework to ensure fairness and consistency (Ref. 9). FACS help councils to decide whether potential clients’ or carers’ (Ref. 10) needs are critical, substantial, moderate, or low.

29 A person’s eligibility for care should not be determined by their suitability for existing services. Assessments should:

‘identify and evaluate an individual’s presenting needs and how these needs impose barriers to that person’s independence and/or well-being’ (Ref. 9, paragraph 78).

30 Through more frequent reviews, councils will try to ensure that people continue to make progress towards their goals, and to receive the most appropriate care package to meet these objectives.
Statutory guidance sets out some features of how councils should carry out assessments, but does not prescribe roles, practices and systems. Traditionally, social workers carried out assessments and reviews, while other staff mainly screened new referrals and undertook scheduled reviews.

The boundaries between staff roles have become increasingly blurred. In 2011, one survey found that social workers and other professional staff carry out under half of initial assessments, with the remainder carried out by other staff, including call centre workers, unqualified care managers and social work assistants (Ref. 2).

Personalisation explains some of these changes. The principles underpinning personalisation were set out in 2007 (Ref. 11). Since then, it has been the main policy affecting how councils provide adult social care. Councils must now develop personalisation while having to make savings. Both objectives challenge councils’ current arrangements for employing and deploying social care staff.

**Personalisation**

Personalisation involves:

‘thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations, and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services are geared up to put people first’ (Ref. 12, page 1).

Personalisation promotes independent living as a means to improve people’s quality of life. It focuses on reablement and recovery (for example, on discharge from hospital, or as a preventative intervention) to avoid residential or medical care. Through self-directed support, social care clients have greater financial control with personal budgets (often via direct payments). Clients have more say for themselves, their families and carers in what care they receive and how it is provided.

Under personalisation, the care pathway (Figure 1) becomes a shared endeavour between councils, service users and their carers, and user-led and other independent organisations. Social workers are co-assessors and co-support planners with clients and their carers. Care management becomes mainly a joint effort between personal budget holders and their support network, with social workers and other staff potentially playing a different and possibly reduced role.
Figure 1: The care pathway model

Source: ADASS

Figure 1 is adapted from a presentation given by ADASS at the National Homecare Council’s conference, Oct. 2008.
While councils keep final responsibility for assessing needs, personalisation promotes user involvement through self-assessments and assessments of carers. It encourages councils to provide more information to people through different media, to allow them to make their own choices about care, including whether or not they need an assessment.

Personalisation promotes a wider variety of care packages to meet needs. It has also created a need for support brokerage, to help people identify their needs, the resources to meet them and support in managing their care, among other things. Friends and family, user-led organisations, other voluntary organisations, private firms, and social care staff can all provide social care support brokerage.

Personalisation alters social care staff roles and tasks. Self-directed support and personal budgets change the role of social workers and other staff, particularly social work assistants. Social workers previously assessed people’s care needs and commissioned a package often limited to pre-purchased block contract or existing in-house services.

Some commentators believe that councils have responded to financial pressures by raising eligibility levels and cutting provision (Ref. 13). But this should not affect how councils implement personalisation, which aims to improve services by granting additional choice of how available budgets are spent (Ref. 14 and 15). Our analysis confirms that councils can streamline business processes for assessments and reviews to achieve cash and efficiency savings, while maintaining quality and continuing to make progress in delivering greater personalisation.

This briefing

This briefing highlights the ways in which councils can save money in assessments and reviews.

- Chapter 1 describes trends in costs and activities involved in assessments and reviews.
- Chapter 2 shows how reconfiguring the staff profile is the key to driving down unit costs.
- Chapter 3 sets out how councils can achieve savings from more efficient business processes.
- Chapter 4 discusses the implications of this analysis on cost and quality for assessments and reviews.

Appendix 1 contains information about the costs benchmarking tool published with this report, available at [web link here], and a checklist of areas for further discussion about efficiency savings.

A technical note with full details of the analysis methods used in this project is available at [web link here].
Chapter 1: Trends in assessment and reviews

The numbers of staff involved in assessments and reviews have grown over the past 20 years, reflecting the increase in government spending. The number of assessments and client numbers has remained stable, but reviews have increased. Councils employed more staff without a professional qualification to carry out these reviews.

Staff numbers

In 1996/97, around 23,000 staff carried out assessments and reviews in England. By 2010/11 there were nearly 31,000, a rise of 33 per cent. The biggest increase was for other trained staff, whose numbers nearly doubled over the period (Figure 2). In 2010/11, they outnumbered their professionally qualified colleagues in 17 councils.

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i Full-time equivalents (FTE). Data for 150 councils, using pre-April 2008 boundaries.
Figure 2: Change in staff numbers 1996/97 to 2010/11

Numbers of other (non-professionally qualified) staff and support staff increased faster than numbers of professionally qualified staff in each of the periods.

The fastest increases in staff numbers took place in the middle section of this period. Numbers of other trained staff increased by 14 per cent between 1999/2000 and 2001/02 and by 21 per cent over the following three years. Staff numbers continued to increase from 2005/06 onwards, but at a much slower rate.

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Source: Audit Commission

45 FTE data for 113 councils, using pre-April 2008 boundaries.
Spending on assessments and reviews

46 Spending on assessments and reviews increased in real terms in 12 of the last 14 years (Figure 3), and by 84 per cent overall. Since 2005/06 the rate of change in spending has slowed substantially and numbers of staff have increased faster than spending.

Figure 3: Change in staff numbers and spending on assessment and reviews 1996/97 to 2010/11

Spending increased at a faster rate than staff numbers up to 2004/05. Since 2005/06 numbers of staff have increased faster than spending.

Source: Audit Commission

i Spending refers to gross current expenditure excluding capital charges, at 2010/11 prices. Data for FTE staff numbers relates to 113 councils and data for spending relates to 150 councils, using pre-April 2008 boundaries.
The average cost of assessments and reviews for each member of staff has started to fall after a sustained period of increase. This is because staff numbers have risen faster than funding. This suggests that councils have recruited staff other than professionally qualified social workers and their equivalents.

**Workload**

In keeping with the growth in spending and numbers of staff, councils have carried out more assessments and reviews over the past decade. Between 2005/06 and 2009/10 the number of assessments and reviews carried out by councils increased by 11 per cent to about two million.

Between 2005/06 and 2008/09 councils increased the frequency of reviews faster than the increase in the number of clients receiving services. Figure 4 shows that:

- the numbers of reviews increased at a much faster rate than the number of assessments until 2009/10;
- the number of reviews also increased faster than numbers of clients receiving services in the community; and
- the numbers of assessments of carers increased at a much faster rate than assessment of clients.
The number of reviews increased at a much faster rate than the number of clients receiving services.

Source: Audit Commission analysis of RAP returns

50 The number of reviews rose rapidly because councils reviewed clients more often, and not because they provided services to more clients. Councils also dealt with a backlog of older, unreviewed cases, and began to assess carers independently of the people they look after. This generated the need for more reviews.
Levels of workload per member of staff have also increased since 2005/06, due to a substantial rise in the average number of reviews carried out by each member of staff. The average number of assessments for each member of staff was unchanged throughout the period.

In 2010/11, activity levels fell near to those in 2005/06. This shows councils provided services to fewer people and carried out fewer assessments and reviews. They may have started to make in-year budget savings in anticipation of the reductions in their funding in the 2010 Spending Review.  

But while numbers of assessments, reviews and professional staff returned towards their 2005/06 levels in 2010/11, the numbers of other trained staff continued to rise. This may be because recruitment policy was not aligned with workloads. Or because councils were deploying them on wider social care support, apart from assessments and reviews.

Although these overall trends apply to all councils, similar types of council spend different amounts of money on assessments and reviews. The next chapter describes the reasons for this variation and suggests a potential for savings if this variation reduces.

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i In 2010/11, for every 1 per cent fall in numbers of community-based clients, the number of reviews falls by 0.75 per cent (not every client gets a review each year, depending on their circumstances).
Counсils could save over £180 million in assessment and reviews. The biggest contribution would come from spending less on staff, by changing the mix of grades.

55 Reliable data on spending on assessments and reviews exists for about 60 per cent of all councils in England that provide social care.\textsuperscript{i} This in effect provides a sample of councils for analysis. It may not be representative of all councils, but is large enough to provide good indicative data.\textsuperscript{ii}

56 Councils’ spending on assessments is driven by the needs of the population they serve. But within any given level of demand for services, it is possible to compare the unit costs of assessments and reviews to see where savings might be achieved.

57 Figure 5 shows there is substantial variation in how much councils spend on assessment and reviews. The cheapest councils spend about half the amount per assessment and review of the most expensive councils. They have the biggest potential savings if they can change their approach to assessments and reviews.

\textsuperscript{i} It is not possible to separate the costs of assessments and reviews. See the technical appendix for more details.
\textsuperscript{ii} It includes more metropolitan districts and councils in the south-east region than would be expected by chance
Figure 5: **Cost per assessment and review (2010/11 price base)**
The highest-cost councils spend double per assessment and review of the lowest-cost councils.

Source: Audit Commission

58 About 60 per cent of this variation is associated with factors outside councils’ control, including population demographics, deprivation and local economic factors, as reflected in the area cost adjustment. Councils can do more about the remaining 40 per cent because it arises from decisions they take about numbers and roles of staff, and the number of assessments and reviews they complete. Their greater control over these matters presents an opportunity for the sector to make substantial savings.
A challenging, but realistic, level of savings for the sector overall is £182 million, based on the median spend in 2010/11. If all councils reduced their unit costs to the same as those at the lowest quartile, the savings achieved would be nearer to £286 million.\(^i\)

The characteristics of low-cost councils

The overall sample of 87 councils analysed in this project contains two groups of councils that return either consistently high and low unit costs of assessments and reviews.

The high and low-cost councils (14 and 13 councils respectively) are very similar in many respects, including:
- the proportion of their population of older people that receive help;
- the proportion of their population of older people who are in residential and nursing care;
- the time they take to complete assessments and to organise care packages; and
- the number of reviews clients receive per year.

But in 2010/11, it cost on average almost one and a half times less to complete an assessment and review in the low-cost group (£830) compared with the high-cost group (£2,249). Low-cost councils spend only 9 per cent of their total adult social care budget on assessments and reviews, compared with 16 per cent in higher cost councils.

The low-cost councils are more efficient because they spend less on staff pay by employing proportionately more other trained staff and pay lower rates. They also carry out more activities for their spending.

Pay

Low-cost councils spend an annual average of about £53,000 per member of staff per year. In the high-cost group it is £96,000. These differences arise from decisions councils take about the mix of staff grades they employ and how much they pay them.

Low-cost councils employ proportionately more other trained staff, and they have increased their use of such staff faster than high-cost councils. In 2010/11, other trained staff comprised four in ten (42 per cent) of the assessments and reviews workforce in low-cost councils, against three in ten (30 per cent) in high-cost councils.

\\(^i\) The separately published technical note for this project shows the impact of achieving different savings targets, based on quartiles.
This difference directly affects workforce costs. In 2010, the mean basic salary for an assistant member of staff was £22,956, which was just under three-quarters (73 per cent) of the cost of a qualified social worker (Ref. 16).

The mix of staff grades is more important than differences in pay rates in explaining lower costs. But pay does make some difference. Information from the National Minimum Data Set for Social Care includes median salaries for social workers for 17 of the 27 councils in the low and high-cost groups. In 2011, on average, councils in the low-cost group reported median salaries £3,250 lower than councils in the high-cost group.

**Efficiency**

Figure 6 compares the average number of assessments and reviews completed for each member of staff in low and high-cost councils. Staff in low-cost councils complete more assessments and reviews than staff in the high-cost councils. But the gap between the two groups of councils has narrowed. Between 2005/06 and 2010/11, the difference between the output per worker of high and low-cost councils reduced by 19 per cent.
Figure 6: Average number of assessments and reviews completed per member of assessments and reviews staff (full-time equivalent)
On average, staff in low-cost councils complete more assessments and reviews than staff in high cost councils.

Source: Audit Commission

69 Low-cost councils achieve lower unit costs through lower input costs (grade mix and pay rates) and higher outputs (more assessments and reviews). Of these, grade mix is the most important and low-cost councils appear to have reconfigured their staff profile to achieve this.
There are challenges for councils in changing the role of social workers. For some, service redesign requires a greater understanding of how social workers and other staff spend their time.

Low-cost councils are also more efficient than high-cost councils in providing assessments and reviews, partly because they spend less time on providing full assessments for people who then do not receive any services. This suggests people who make contact about services are more able to decide their options using the information initially provided to them.

Personalisation can contribute significant savings, if councils redesign services and the structures and business processes to deliver them. The next chapter describes the main ways in which councils are improving efficiency to provide more personalised services.
Chapter 3: Savings from more efficient business processes

Councils can use personalisation to improve efficiency and benefit service users. It requires redesigning the care pathway, including better screening of eligibility and providing useful information early to people.

73 In 2011, the Commission’s analysis of self-assessments collected by the Care Quality Commission (CQC) found that around a third (32 per cent) of councils reported achieving efficiencies through changing assessments and reviews (Ref. 17). These changes included reducing the number of assessments that do not lead to a service, and ensuring consistent application of the Fair Access to Care Services criteria.

74 Savings can come from measures that:

- improve advice and assistance via the web and user-led organisations to free care managers’ time;
- streamline assessments to avoid duplication and gather the right information as quickly as possible;
- enable people to write their own support plans, by providing toolkits and examples;
- focus care managers’ help only on those who need help in writing a support plan;
- build community capacity for brokerage; and
- use more services provided or commissioned by people and organisations other than care managers or councils.

75 Other measures address greater business efficiency in general, including reducing transaction or back-office costs in IT and care management systems, and maximising income and debt collection. In 2008, the Commission reported that the most successful approaches to improving back-office efficiency lay in redesigned business processes and improved use of information and communications technology (Ref. 18).

76 Numbers of back-office staff in social care increased by 34 per cent between 1996/97 and 2005/06 and then contracted, most likely due to pressures to make savings following the Gershon Review (Ref. 19).
Social care finance and care management systems are generally not well adapted to personalisation. But improving the quality of service through personalisation can help to reduce back-office and transaction costs, both for councils and for individual clients. Cheshire East Council’s Empower Card (Ref. 20) is one example which reduces the need for service users to keep detailed records of how they spent personal budgets, and the need for councils to put in place onerous and expensive monitoring systems. But councils must take care to ensure effective monitoring of potential fraud.¹

The remainder of this chapter focuses on two key areas: providing better information and advice; and redesigning the care pathway.

**Better information and advice**

Good information and advice for people who use services can reduce the time spent by staff in responding to telephone calls. Information can be confusing and badly coordinated. For example, we heard from the Care Services Efficiency Directorate that one council had produced over 70 advice leaflets.

As well as better information through call centres, councils are improving their websites so that information is more streamlined and accessible.² In both cases, this makes it possible for some people to resolve their queries without speaking to a member of staff and helps to reduce the number of assessments that do not lead to services.

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¹ In 2011, the Commission reported that councils had recorded 102 cases of social care fraud in that year, to a value of £2.2 million, or £21,000 for each case (Ref. 21).

² Councils will know that people who use services vary in their familiarity with web-based information. While it can be helpful for many, digital exclusion remains a problem for others, particularly poorer older people (Ref. 22).
Stockport Council: improving access to information

- A research project in October 2007 revealed that 43 per cent of enquiries to the adult social care contact centre in Stockport were not, in fact, related to adult social care. The remainder could have been reduced by improving the quality and accessibility of information on the website. However, 90 per cent of all requests for assessment were made by telephone and 14 per cent of all calls made were abandoned. The Council worked with the Care Services Efficiency Directorate to develop a new website that would both provide better information, and also simplify assessment processes.

- In 2008, Stockport launched a new website, mycaremychoice.org.uk, with the support of Quickheart, a specialist consultancy firm. The website provides information on universal assessments, FACS eligibility and financial assessments. It also has a ‘shopping mall’ containing information for personal budget holders on the range of services that are available.

- People who would have previously abandoned the old website and telephoned social services, were more likely to find the information they needed. The Council believes that the website has saved £330,000 per year.

Source: Stockport Council

Redesigning the care pathway

81 Efficient business processes avoid duplication and save time by directing people at first contact to the appropriate care package. The right frequency of reviews will help to change a care package to meet new needs in a timely fashion, and identify when a service is no longer needed or can be reduced.

82 In the past, customer journeys have frequently been characterised by delay, causing frustration for people who use services, and inefficiency and wasted effort for councils. Following the introduction of personalisation, many councils operated two parallel systems and are now aiming to eliminate duplication.
Many councils are reviewing assessment and care management as part of a much wider process to redesign adult social care. Typically this will look at the pathways that people follow through services, from their first contact with the council, to the point beyond which they no longer need help.

Hertfordshire County Council has low unit costs for assessment and reviews. The Council has designed a four-stage process based on functional specialism and the clear separation of roles. It is one example where other trained staff can focus on initial and less complex assessments and on reviews, leaving social workers to focus on complex assessments.

**Case study 2**

**Hertfordshire Council: streamlined assessment and reviews**

**Specialisation and separation of roles**

- Following a review, the Council concluded that it was no longer possible for a client to have the same worker for all parts of a client’s journey through the system. The redesigned system is based on separating roles and responsibilities for different types of assessments and reviews.

- There are four components of the assessments and reviews process.
  - A call centre, which provides advice and information. This costs £1 million per year to run, and employs around 45 adult social care call advisor staff. The average cost of a call is £2. Over its life, the centre has generated significant savings by resolving queries immediately, and by routing queries to the right destination first time.
  - Four referral management teams, staffed by unqualified community care officers. They provide short-term interventions and a quick response service by telephone, dealing with eligibility assessments and changes to care packages.
Locality teams, staffed by a mixture of unqualified practitioners and qualified social workers and occupational therapists. They receive referrals from the referral management teams, but occasionally direct from the call centre when a fast referral is needed. They have a target to complete 14 such assessments per month at one and a half days per assessment, including administration.

Four area-based service solution teams, mainly with unqualified staff, which provide an internal brokerage and procurement service for social workers. These service solution teams match care packages to the assessed need, record care and any changes, and monitor the cost and use of the care package. Staff can ensure that the records are set up in a way that makes it easier and quicker to process invoices. This makes a big difference to the time required to check and clear invoices.

Source: Hertfordshire County Council

Our fieldwork showed that councils are very concerned to manage risks to vulnerable people, as they restructure and redesign services and roles. The next chapter looks at whether reducing costs affects service quality or outcomes for people who use social care services.
Many councils can reduce spending on assessments and reviews without reducing service quality. But any strategy to reduce costs must also manage risks to vulnerable people.

86 National data on service quality from the CQC shows no difference between low and high cost councils in their ratings.

87 More detailed information about assessments comes from the Audit Commission’s analysis of CQC’s 2010 ‘mystery shopper’ data for all councils that provide social care in England (Ref. 23). This project tested councils’ responses to first contact.\(^i\) It enabled CQC to assess councils on 19 indicators of service quality in:
- access and facilitation (for example, how easy it was to get through to the right person);
- exploring and assessing needs (for example, whether callers received an offer of further discussion); and
- provision of information, advice and support (for example, how well councils explained the assessment process to callers).

88 There are no significant differences between high and low-cost councils in the overall score or aggregate theme scores they achieved, so there is no evidence that lower costs leads to poor quality. But councils must assess and manage potential risks in changing the staff grade and skills mix, or when redesigning the care pathway.

89 Call centres, for example, can save money by reducing the potential demand for formal assessments through providing accurate information and correctly routing enquiries. But they can add to costs if the initial assessment closes down too quickly, or provides inadequate information that leads to poor decisions by people or their carers. This will generate costs later if councils have to intervene in emergencies, or when earlier action would have been more cost-effective.

\(^i\) The CQC evidence does not cover information about users’ outcomes. Although councils monitor this, it is not currently collated nationally. The new indicators in the Adult Social Care Outcomes Framework (ASCOF) will provide this. At the time of writing, the NHS Information Centre is consulting on the ASCOF indicators, as part of its wider consultation on adult social care data.
Getting assessments and reviews right is critical in achieving the right balance between reducing costs and meeting people’s needs. This is particularly important because older people (who form the bulk of the client population) do not always present their needs accurately on first or subsequent contacts.

Personalisation helps by including carers, friends and family members in discussions about needs. But with its greater focus on self-assessment and the role of carers, the skills and judgment of professionally qualified social workers remain vital. Across all aspects of the social care pathway – not just assessments and reviews – social workers perform key roles in managing risks of harm to vulnerable people, promoting enablement, safeguarding, and coordinating care.

Personal budgets bring more control for people. But councils retain the responsibility for achieving good value for money for taxpayers and good outcomes for budget holders. Fieldwork shows councils have concerns about how best to balance these two objectives. Streamlining the processes for needs and financial assessments is important, delegating risk assessment and decision making to individual social workers as far as possible. Good governance, for example, through effective risk panels, should involve senior managers only in exceptional cases.

Councils will always need to weigh carefully the impact of using staff other than qualified social workers and other professional staff to make savings in their spend on assessments and reviews. They will need to train other staff well to enable them to assess risks and refer to professional staff when necessary. This will need to be part of a wider programme of investment in staff to manage the changes required. Evidence from several councils makes clear this can be done.

The need to make savings in back and front-office services will encourage councils to consider collaboration with public, private and voluntary organisations. Low-cost councils tend to be larger, so can benefit from larger economies of scale. High-cost councils could achieve these through sharing assessments and care management. To do so, partnerships will need to overcome the risks that arise from different IT systems, eligibility criteria, terms and conditions of employment, and blurred accountability for users.

Each council will need to monitor the quality of service measured through indicators of efficiency, such as the time taken to provide needs and financial assessments. And, importantly, each will need to monitor the impact on outcomes for people as a result of the changes described in this briefing. This is particularly important for councils that involve private or user-led organisations in assessments and reviews.
Councils can begin to manage their resources and their risks better by benchmarking their spending on assessments and reviews using the tool published with this report [link here]. The information and checklist in Appendix 1 will help them understand how they can reduce their costs while maintaining service quality.
Appendix 1: A checklist of areas where councils can make potential savings

COUNCILS CAN USE THIS CHECKLIST TO REVIEW WHERE THEY CAN MAKE SAVINGS IN ASSESSMENTS AND REVIEWS. WITH THE TOOL THAT ACCOMPANIES THIS REPORT, THEY CAN COMPARE THEIR COSTS AND ACTIVITY RATES TO UNDERSTAND THE SCALE OF THE SAVINGS THEY COULD MAKE.

97 The costs benchmarking tool is available on the Audit Commission website. It uses nationally available data that can help councils to assess their costs against others of similar type, labour markets and scale of operations in these areas:

- pay rates;
- the costs of carrying out assessments and reviews;
- the mix of professional and other staff;
- the proportion of first contact callers who go on to receive a full assessment.

98 Councils need to think about how they review their service and cost base. They need to use these data as a diagnostic to decide whether their costs appear high relative to others and/or as a percentage of their total spend on adult social care.

99 Where comparisons show high costs, councils will want to investigate the reasons for this and the scope for making savings. Local circumstances will inform this, but the following topics will be relevant to most councils that seek to make efficiency savings in this important service.
**Staff costs**

100 Councils could consider the scope for making savings from the social care pay bill, including:

- the mix of staff at different grades and in different roles;
- the spend on permanent and agency staff;
- how professional and ‘other’ staff spend their time on different activities; and
- matching workload and staffing more closely.

**Efficiency savings**

101 Councils could consider the scope for improving processes within the care pathway, including:

- introducing lean systems that enable staff to identify (and eliminate) ways of working that do not improve the experience of people who use services;
- back-office reorganisation that reduces the overheads attached to assessments and reviews;
- better use of ICT to support needs and financial assessments, and risk management;
- better web-based and other information to minimise the number of full assessments that do not lead to people receiving services;
- involving user-led organisations, and third and private sector organisations in assessments and reviews, including independent brokerage;
- greater specialisation of functions, which allows staff to develop and use specific skills, including monitoring finances and detecting fraud; and
- reducing overheads through collaboration with other agencies, including sharing premises and staff, to increase economies of scale.
Methodology

102 A full description of the analysis for this report is contained in a separate note, published on the Commission’s website [web link here].

103 This report is based on secondary analysis of the following quantitative data for councils that provide social care in England:

- RAP returns for information about activity between 1996/97 and 2010/11;
- PSS EX1 returns for information about spending between 1996/97 and 2010/11;
- SSD001 returns for information about staffing between 1996/97 and 2010/11;
- 2010 CQC data on mystery shopping; and
- CQC overall assessments of councils between 2005/06 and 2009/10.

104 The Commission carried out interviews in five councils and gratefully acknowledges the following councils for their help in fieldwork:

- Cheshire East Council;
- East Sussex County Council;
- Hertfordshire County Council;
- Oxfordshire County Council; and
- Wigan Metropolitan Borough Council.

105 The research team for this study varied over time, and included Jane Carrier, Richard Edwards, Mark Burkett, Mark Wardman and Michael Hughes.
References


3 Audit Commission, Under Pressure, Audit Commission, 2010


5 Audit Commission, Work in progress, Audit Commission, 2011.

6 Audit Commission, Tough Times, Audit Commission, 2011.


8 Law Commission, Adult Social Care, TSO, 2011.


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We welcome your feedback. If you have any comments on this report, are intending to implement any of the recommendations, or are planning to follow up any of the case studies, please email: nationalstudies@audit-commission.gov.uk