	ROLE	ORG DETAILS		ACM RELATED ACTIVITY											OTHER	
		Total Staff (Heads)	Total Staff Cost (£k)	Direct Access	Front End Access	Assessment/Care Plan	Re-ablement/Care Plan	Financial Assessment	Care Placement	Care Package Delivery	Client Contributions	Care Review	Other ACM Activities	ACM Sub-Total	Other Council Business	Check Total
DIRECT STAFF	Adult Services (Older People)															
	Team Leaders / Managers	43	£2,111k	6%	6%		6%	12%	1%	11%	4%	11%	2%	59%	41%	100%
	Assistant Team Managers / Senior Social Workers	71	£1,372k	9%	1%	10%	9%		6%	3%	8%	12%	9%	67%	33%	100%
	Care Managers	55	£310k	4%	9%	7%	10%	6%	4%	12%	1%	2%	6%	61%	39%	100%
	Field Social Workers	78	£3,219k	9%	5%	7%	7%	7%	5%	5%	2%	4%	2%	53%	47%	100%
	Social Services Officers / Social Work Assistants	55	£1,395k	9%	11%	5%	12%	3%	7%	11%	2%	12%	3%	75%	25%	100%
	Community workers	63	£2,205k	2%	6%	3%	11%		1%	8%	12%	2%	1%	46%	54%	100%
	Occupational therapists	90	£46k	11%	6%	11%	10%	3%	6%	9%	12%	1%	3%	72%	28%	100%
	OT Assistants, Equipment Aids & Other Officers	29	£666k	9%	4%	4%		6%	12%	2%	8%	11%	9%	65%	35%	100%
	Technical Officers	100	£1,911k	7%	9%	11%	1%	4%	3%	5%	12%		9%	61%	39%	100%
	Repeat for specialist areas as required															
	…	87	£2,633k	10%	2%	4%	12%	12%	12%	9%	2%	6%	12%	81%	19%	100%
	Sub-Total for Direct Staff (FTEs)	**671**		**53**	**39**	**47**	**54**	**34**	**38**	**50**	**45**	**35**	**39**	**434**	**237**	**671**
	Sub-Total for Direct Staff (Approx Cost)		£15,868k	£1,184k	£869k	£867k	£1,256k	£973k	£852k	£1,151k	£895k	£975k	£862k	£9,885k	£5,983k	£15,868k
INDIRECT STAFF	Strategic / Central Staff															
	Senior directing staff	6	£183k	1%	7%	5%	8%	7%	3%	11%	13%	5%	2%	62%	38%	100%
	Planning staff	4	£58k	4%	1%	2%	11%	14%	4%	6%	6%	14%	4%	66%	34%	100%
	Senior support staff	3	£24k	12%	8%	9%	13%	13%	10%	8%	5%	14%	7%	99%	1%	100%
	Other Support Functions															
	Finance	3	£116k	8%	13%	7%	11%	6%	4%	13%	6%	12%	6%	86%	14%	100%
	IT	1	£48k	4%	11%	9%	12%	9%	6%	12%	7%	6%	14%	90%	10%	100%
	HR	8	£304k	6%	12%	9%	6%	8%	11%	9%	6%		8%	75%	25%	100%
	Sub-Total for Indirect Staff	25	£733k	£36k	£72k	£52k	£61k	£60k	£51k	£74k	£57k	£37k	£46k	£546k	£187k	£733k
GRAND TOTAL		25	£16,601k	£1,220k	£941k	£920k	£1,317k	£1,032k	£904k	£1,225k	£952k	£1,012k	£908k	£10,431k	£6,170k	£16,601k
	Cost as a percent of ACM Total			**12%**	**9%**	**9%**	**13%**	**10%**	**9%**	**12%**	**9%**	**10%**	**9%**	**100%**		

Process Overview

A – Direct Access	B – Front End Access	C* – Assessment/Care Plan	D* – Re-ablement/Care Plan	E – Financial Assessment	F – Care Placement	G – Care Package Delivery	H – Client Contributions	J – Care Review	X – Other Activities

INCLUDES :-

A – Direct Access
- Third sector prevention
- Self-service channels
  - Web service
  - Information / leaflets
- Day centres

B – Front End Access
- Contact centre / Duty team activities
  - Contact needs assessment
  - Introductory financial assessment
  - FACS eligibility assessment
- Simple services
  - Blue badge
  - Meals on wheels

C* – Assessment/Care Plan
- Overview assessment / SAP
- Care plan preparation
- Entry into care management system
- Travel to/from location
- Care plan approval (panels)
- Simple assessed services
  - Community Eqipment
- Discharge planning

D* – Re-ablement/Care Plan
- As Assessment / Care Plan plus :-
- Suitability Assessment
- Reablement activities
- (also include Rapid Response services here)
- * if an intake service exclude C

E – Financial Assessment
- Travel to/from location
- Completing the financial assessment
- Benefits
- Contract placement

F – Care Placement
- Converting care plan into 'order' format
- Finding suitable suppliers
- Agreeing commercial terms
- Resource alocation
- Care plan management

G – Care Package Delivery
- Performance Monitoring (versus care plan - see later)
- Dealing with Complaints
- Transaction Monitoring / Adjustments
- Provider Purchase-to-Pay process
- Service delivery

H – Client Contributions
- Collection of payment
- Processing of payment
- Adjustments to reflect changes
- Management of 'top-ups'
- Direct payments/IBs?

J – Care Review
- 6 weeks review (if not re-ablement)
- 12 month review
- Intermediate (ad-hoc) review

X – Other Activities
- Strategic management
- Demand forecasting
- Strategic commissioning / contracting
- Management meetings
- Training
- Other indirect tasks

COMMON ISSUES :-

A
- Poor quality information
- Excessive (and out-of-date) information publications
- Lack of measures on prevention
- Historical grants with no understanding of VFM
- Under-utilisation of day centres

B
- High failure demand
  - Missed / abandoned calls
  - Re-entries / chase-ups
- Low resolution rates
- Many points of contact (inconsistency, etc)

C
- Long delays
- Wasted assessments
- Inappropriate assessments
- Too few professional staff
- Lots of paperwork
- Panel approval bottlenecks
- Extensive travel
- Lack of discharge planning

D
- Mode of referral
- Lack of evidence over effectiveness
- How to charge
- Health input (intermediate care versus social care)
- In-house versus external service provision

E
- Late assessment
- A lot of paperwork
- Multiple financial assessments

F — (blank)

G — (blank)

H
- Under collection
- Bad debt

J — (blank)

X — (blank)

OPPORTUNITIES TO CONSIDER :-

A
- A1 Improved web based information e.g. FAQs
- A2 Self-assessment
- A3 Improved information leaflets
- A4 Better use of 3rd sector
- A5 Convert grants into contracts / agreements

B
- B1 Simple initial financial assessment
- B2 Switch on simple services
- B3 Immediate Assessment Booking
- B4 Frequently asked questions
- B5 Simple FACS eligibility assessment
- B6 Transfer activity to contact centre
- B7 Establish contact centre infrastructure

C – X — (blank)

KEY MEASURES — Channel 1 (mainly internal)

Left-column labels:
- Total Input Demand :
- Ext. Failure Demand (%):
- In-Process Failure Demand (%):
- Resolution / Closure (%):
- Cycle Time :
- Capacity :
- Output Rate :
- Release Frequency :
- Derived metrics
- Throughput Rate :

A (Web / Information Centre)
- Potential service requests
  - Generally not applicable
  - Generally not applicable
  - Requests sign-posted elsewhere
- Generally not applicable
- Generally not applicable
- Requests for services
- Usually continuous
- Requests/week

B (Contact Centre)
- No of contacts / requests
  - Mis-directed contacts %
  - Repeat / missed contacts %
  - Dealt with at point of contact %
- Typically within 48 hours
- Number of contact FTEs
- Number of referrals
- Case allocation frequency
- Contacts/person/week

C (Normal Social Care Assessment)
- No of referrals
  - False / unecessary referrals %
  - Rejected / unapproved plans %
  - Dealt with at point of contact %
- Usually 28 days
- Number of assessors (FTEs)
- Number of referrals
- Case plan approval frequency
- Assessments/person/week

D (Intake Based Service)
- Number of referrals
  - False / unecessary referrals %
  - Rejected / unapproved plans %
  - No longer require service %
- Usually 6 weeks
- Number of re-ablement FTEs
- Number of care plans
- Care plan approval frequency
- Re-ablements/person/week

E (Council Offices)
- No of care plans
  - Incorrect assessment (FACS) %
  - Multiple assessments %
  - Dealt with at single assessment %
- Typically within 20 days
- No of financial assessors (FTEs)
- Number of contracts
- Assessment approval frequency
- Asessments/person/week

F (Home care)
- No of care plans
  - Incomplete care plans %
  - Client/Provider refusals %
  - Successful on 1st placement %
- Typically within 48 hours
- Number of 'brokers' (FTEs)
- Number of service packages
- Care placement approval frequency
- Plans/person/week

G (Home care)
- No of service packages
  - Sub-optimised care plans %
  - Service user complaints %
  - Services no longer required %
- Ongoing
- Care package managers
- Number of cases
- Ongoing
- Cases/person/week

H (Payment Collection)
- Number of contributers
  - Disputed packages %
  - Bad billing / debt %
  - Payments on-time in-full %
- Ongoing
- Number of collection staff (FTEs)
- Number of collections
- Ongoing
- Collections/person/week

J (Home care)
- No of cases to review
  - Out-of-date care plans %
  - No review impact %
  - Packages reduced %
- Typically annually
- Number of reviewers (FTEs)
- Number of updated plans
- Package adjustment frequency
- Reveiws/person/week

X — (blank)

KEY MEASURES — Channel 2 (Often external)

Left-column labels:
- Total Input Demand :
- Ext. Failure Demand (%):
- In-Process Failure Demand (%):
- Resolution / Closure (%):
- Cycle Time :
- Capacity :
- Output Rate :
- Release Frequency :
- Derived metrics
- Throughput Rate :

A (3rd Sector / Prev. Services)
- Service users
  - Generally not applicable
  - Serviced users
- Generally not applicable
- Number of available places
- Requests for services
- Usually continuous
- Requests/week

B (Contact Centre)
- No of contacts
  - Unnecessary contacts %
  - Repeat / missed contacts %
  - Dealt with at point of contact %
- Typically within 48 hours
- Number of contact FTEs
- Number of referrals
- Usually continuous
- Contacts/person/week

C (OT Based Assessment)
- No of referrals
  - False / unecessary referrals %
  - Rejected / unapproved plans %
  - Dealt with at Assessment %
- Usually 28 days
- Number of assessors (FTEs)
- Number of care plans
- Care plan approval frequency
- Assessments/person/week

D (Hospital Discharge Service)
- Number of referrals
  - False / unecessary referrals %
  - Rejected / unapproved plans %
  - No longer require service %
- Usually 6 weeks
- Number of re-ablement FTEs
- Number of care plans
- Care plan approval frequency
- Re-ablements/person/week

E — (blank)

F (Residential / nursing care)
- No of care plans
  - Incomplete care plans %
  - Client/Provider refusals %
  - Successful on 1st placement %
- Typically within 48 hours
- Number of service packages
- Care placement approval frequency
- Plans/person/week

G (Residential / nursing care)
- No of service packages
  - Sub-optimised care plans %
  - Service user complaints %
  - Services no longer required %
- Ongoing
- Care package managers
- Number of cases
- Not applicable
- Cases/person/week

H (Residential / nursing home care) — (blank)

J (Residential / nursing home care)
- No of cases to review
  - Out-of-date care plans %
  - No review impact %
  - Packages reduced %
- Typically annually
- Number of reviewers (FTEs)
- Number of updated plans
- Not applicable
- Reveiws/person/week

X — (blank)

HIGH LEVEL SPEND :-

A – HIGH LEVEL SPEND BREAKDOWN :-
Approximate ACM process costs	e.g. Associated ACM Staff £0k
Other Impacted Costs	e.g. 3rd Sector Grants etc £0k

B
- e.g. Contact centre costs £0k
- e.g. Costs of simple services £0k

C
- e.g. Assessment staff costs £0k
- e.g. Community Equipment £0k

D — e.g. Reablement Staff costs £0k

E — e.g. Financial assessor costs £0k

F — e.g. Care brokerage costs £0k

G
- e.g. Associated ACM Staff £0k
- e.g. Home care costs £0k

H — e.g. Back-office costs £0k

J — e.g. Care review staff £0k

X — e.g. Management / Contracts £0k

IMPACT OF OPPORTUNITY

For each process box (A–X):

OPPORTUNITY	Comment	Cost	Value	Time

Easy to Implement (< 3 Months)	OK to Implement (3 to 6 Months)	Difficult to Implement (> 6 Months)
Big Value Ideas (>= £xxk)		
Medium Value Ideas (€xk to €xxk)		
Low value ideas (< £xxk)		