

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

15 MARCH 2006

“CAREFIRST – review of implementation”

Purpose of the Report

1. To report on the progress in implementing the CareFirst IT system for social care.

Background

2. CareFirst is a software package supplied by OLM Group systems, that consists of a suite of integrated modules aimed to cover all aspects of social care systems. It is the ‘market leader’ as a product - in use in over 75 local authorities. The modules are continually being developed and added to by the suppliers, in order to support the changing agenda of the social care environment.
3. The project which led to the procurement and implementation of CareFirst was initially established in 1999; key drivers were as follows:
 - Increasing demands placed on the council by the Department of Health’s national performance agenda, which were beyond the scope of existing information systems
 - To implement a fully integrated departmental management information system to assist strategic planning and operational & financial management
 - Lack of reliability and support issues associated with existing systems, principally the Client Index Register and local spreadsheets
 - A national drive by the Department of Health to improve information management, under the banner of Information for Social Care (including a new information management grant for councils).
4. In December 1999, the then Social Services Committee established the project and estimated costs of the project of £1.249 million were identified within the Department’s budget. A year later, after a detailed procurement exercise, Members approved the awarding of the contract to OLM for the CareFirst system.
5. In the light of service financial pressures on the department at that time, the purchase was on the basis of a scheme of deferred payments, which phased costs over a three year period. There was also a decision at that time, based on affordability, that the system would be implemented for input by administrative staff, rather than front-line care managers. Practitioner input would not have been possible without further investment in the Wide Area Network (additional bandwidth) and at least 150 additional computers, which

at that time was considered to be unaffordable. Unfortunately, input by administrative staff did increase the paperwork burden on care managers.

6. A project board was established, with the Director of Social Services as project sponsor, and representatives from all areas of service. The Head of the Corporate IT Unit was a member of the project board.
7. In September 2002, with the formation of the new Children, Education and Libraries and Adult and Community Services Departments, the decision was taken for the CareFirst project to reside within DACS, and a protocol established between the two departments covering financial and support arrangements.

Main Considerations for the Council

Progress made

8. **Care management** - the care management modules of the system were implemented in April 2002, and have been 'live' since that date for all adult care teams, learning disabilities teams, Emergency Duty Service and all Children and Families teams. Client details and care management events are recorded and processed on the system, and management/performance information is extracted for use both locally and at a department level (to feed into our PAF Performance Indicators).
9. **MyCareFirst** - A significant system upgrade to the system – "MyCareFirst" – was introduced in December 2004. This upgrade provides a much more user-friendly look and feel to the system, and is more popular with staff.
10. **CareSupport** - The CareSupport module was introduced in 2004. This module provides functionality for the Supporting People Team.

Current and future priorities

11. **Practitioner input** – The current priority for CareFirst is practitioner input. This will involve a significant reduction in paperwork for social workers and other practitioners, as they will be able to input the results of their case assessments and reviews directly into the system, which will then print out relevant documentation for the service user automatically. Practitioner input means a major reconfiguration of the CareFirst package to ensure that the workflow of different activities for team managers, social care practitioners and administrative staff is supported by the system. It also entails the introduction of a new module – CareDocs – for the automatic production of letters and other paper forms required for service users. Practitioner input is seen as a significant element of the DACS '06' Project, as it will enable the department to streamline its processes, reduce reliance on paperwork, and ensure that timely information about service users is available within the new team structure.

12. **Service package and Financial modules** – The use of CareFirst for monitoring care packages, and their costs, and for driving the monitoring of expenditure, has been seen as a priority, and in 2004-05, a business case for implementing these modules was developed and supported by the Make It Happen Group and the Corporate Change Programme. Since that time, however, there has been further research into other local authorities' experiences of using CareFirst Financial modules, and into opportunities for overlap with the work being undertaken corporately towards a new financial system.
13. **Mobile working** – A future priority for CareFirst is to enable practitioners secure access to their case records whilst out of the office, either on a mobile device, or working at home. Introduction of mobile working will reap efficiencies in terms of office space and staff travel, and could enable a more timely response to service users. Mobile working will depend on a future upgrade of the CareFirst software, to a web-enabled version, as well as investment in mobile computing technology. A pilot for mobile working is scheduled for 2006-07.

Challenges

14. As with many major systems implementations, the introduction of the CareFirst system has not been smooth.
15. IT infrastructure problems have meant staff have sometimes lacked access to computers and have endured ongoing network/bandwidth problems, which slow the system down. These problems have now been addressed by additional investment by the Council in ICT infrastructure.
16. A raft of policy changes, as directed by Central government, have needed to be accommodated by the CareFirst system, including Supporting People, Single Assessment Process, Fair Access to Care eligibility criteria.
17. Organisational change and staff turnover within the organisation, as a result of implementation (and now realignment) of integrated management arrangements has caused some disruption to CareFirst implementation timescales. Additionally, integrated working meant that the CareFirst system did not cater for all types of services provided by our teams - e.g. intermediate care – and it has taken time to establish solutions to support this.
18. Inconsistencies in processes and practices across the County were underestimated, but these inconsistencies were addressed during 2004 through the completion of a Care Management Review and the adoption of standard, documented, processes.
19. There were initial problems with the quality of data brought over from the old CIR system. Data quality is now good, having been addressed through some short-term additional capacity to local teams, and ongoing efforts by local administrative staff in making corrections.

20. Initially, there was heavy staff turnover and key skills shortages within the CareFirst Project Team (e.g. 5 different project managers within the first 18 months of the project) and a difficulty in attracting staff with the right technical skills at affordable salary levels. These issues have now been addressed and, from 1st April 2006, the CareFirst Project Team transfers to the management of the Head of ICT.
21. There was an issue of skills shortages of staff using the system, which has now been addressed through a programme of IT training for admin staff, and increased availability of training in the use of the system.
22. Organisational and financial challenges within Adult and Community Services over the past 12 months have delayed the implementation of practitioner input from April 2005 to April 2006. These recent delays have been in part due to personnel difficulties within the Project Team and a lack of capacity of front-line staff to assist the project team (they are busy concentrating on budget recovery measures), and partly an intentional delay to ensure that practitioner input can be implemented to support new organisational structures and new ways of working within the department – currently being covered by the DACS '06 Project.

Adult & Community Services '06' Project

23. Implementation of practitioner input for DACS has now been subsumed under the DACS '06' Project. Practitioner input is seen as essential to enable the council to realise the benefits of the BPR exercise and establish a single social care help desk. A working group has documented new streamlined business processes, to make reductions to paperwork, and to enable savings on administration costs. The CareFirst system has been upgraded and a new module – CareDocs – is ready for implementation and will automatically generate the paperwork required for service users.
24. The new team structure and practitioner input will be interdependent. The new team structure is implemented in April 2006, and, at the same time, practitioner input will be implemented on a team-by-team basis. CareFirst will also be introduced for Social Care Helpdesk staff to use when the helpdesk becomes operational in July 2006.

Governance and Monitoring Arrangements

25. The CareFirst Programme Board is chaired by the Director of Adult and Community Services, and includes senior managers from Adult and Community Services, Children & Families and Corporate IT (it is now attended by the Head of ICT). It meets monthly to monitor progress on priorities, authorise any changes and commit resources to the project.
26. The Project reports monthly to Make It Happen Group and, through an Assistant Director, to the corporate ICT Steering Group.
27. A separate project team meets monthly to monitor progress on the implementation of practitioner input.

28. From April 2006, the CareFirst Project Team will transfer to the management of the new ICT Unit. The CareFirst Programme will be managed within the new ICT Unit, working together with Adult and Community Services and Department for Children & Education.

Environmental Impact

29. No environmental implications in the short term. Mobile working will, in the medium term, provide opportunities for savings in staff travel and accommodation.

Risk Assessment

30. The implementation of CareFirst has ensured access to timely electronic information about service users.

Financial Implications

31. None. The CareFirst project is funded from existing budgets and from the Corporate Change Programme. Practitioner input is built on a business case which will provide savings on administration costs.

Reasons for Proposals

32. To provide Scrutiny and Overview Management Committee with an overview of progress and priorities for CareFirst implementation.

Proposals

33. The report and actions taken to address challenges faced during implementation of CareFirst be noted.

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The following unpublished documents have been relied on in the preparation of this Report: NIL