WILTSHIRE COUNTY COUNCIL   **AGENDA ITEM NO: 10**

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

21st MARCH 2007

"CAREFIRST – Update on Implementation"

1.   Purpose of the Report and Main Findings

1.1   To report on the substantial progress made in implementing the CareFirst IT system for social care since the last report 12 months ago.

1.2   The main points are:

- CareFirst has moved from an average c20 concurrent user administrative system to one with an average of 238 concurrent active users. This makes it the most heavily used system (except for email) in WCC
- CareFirst holds 53,000 child records and 71,000 adult records and is critical to the provision of high quality social care services. Accordingly, arrangements are in place to ensure it is not vulnerable to hardware failure and to maximise the ease by which it can be deployed to users who need it
- The CareFirst project in 2006/07 worked well under its governance mechanism, and a similar mechanism involving both DCE and DCS will continue in 2007/08 and beyond
- There is a clear route forward to develop CareFirst. This will remove the imperfections of the current configuration and extend the value received by WCC from its investment
- Much has been achieved during a difficult year for DCE and, especially, DCS. CareFirst has helped WCC move towards standard processes, but computerisation and new standardised processes have brought fundamental changes to the way practitioners work and their work culture. Efforts need to continue to support staff in achieving WCC's objectives

2.1   Background

2.1   OLM CareFirst is a comprehensive, modular software package for social care. It continues to be the 'market leader' for social care software. Version 6 of this product has been fully certified by the Department for Education and Skills as meeting the requirements of the "Every Child Matters" initiative. This certification has not been achieved by the other major competitor in this area (Anite Swift).

2.2 The project which led to the procurement and implementation of CareFirst was initially established in 1999. Key drivers were as follows:

- Increasing demands from the Department of Health's national performance agenda (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)

2.3 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.

2.4 There were a number of barriers to success in the period 1999 to 2006 that restricted the ability to widely utilise CareFirst and gain the benefits of the investment made. The key ones include:

- The absence of a corporate Wide Area Network which meant many users away from County Hall could not connect to CareFirst
- Inconsistencies in processes and practices across the County and changing government policies which have meant that consistent and new processes have had to be developed
- High staff turnover and key skills shortages within the CareFirst Project Team (e.g. 5 project managers within the first 18 months) and difficulty in attracting staff with the right technical skills at affordable salary levels. These issues were compounded during 2006 by further staff turnover following the creation of Corporate IT (only 2 of the team of 9 in place in April 2006 remain in a CareFirst post today)
- Limited IT Skills amongst some social care staff. This has been overcome by a combination of basic IT skills training and an extensive training programme for the use of CareFirst
- In spite of the challenging financial situation in 2006/07 DCS still found the resources to make the Practitioner Input project happen

3.   Progress since the Last Report (Practitioner Input)

Background

3.1   This project completed in January 2007 for DCS and will complete (all tasks within the project's scope) at the end of June 2007 for DCE. It is achieving significant reductions in practitioner paperwork as the primary client record is now fully electronic (instead of paper based).

3.2   This project has put in place the basic building blocks for structured data (i.e. case records) to ensure WCC meets its obligations to central government in the form of:
- Every Child Matters agenda sponsored by the Department for Education and Skills which included providing the electronic case records required for the Integrated Children's System (ICS)
- Electronic Social Care Record (ESCR) agenda sponsored by the Department of Health

Deliverables

3.3   The main deliverables were:
- New standard processes and procedures across all aspects of service delivery by DCS and Children and Families.
- Significant reconfiguration of the CareFirst package to ensure that the required workflow of different activities for team managers, social care practitioners and administrative staff is supported by the system
- The development of management reports and outputs to support service delivery
- Training of c550 staff involved in the delivery of social care in the new processes and how to work with CareFirst as appropriate

Cost

3.4   The costs of this project (additional to budgeted staff costs for the support of CareFirst) are broken down below.

Description	£000	%
Software	16	5
Consultancy	40	12
Training (Contract Staff)	229	71
Training facilities	13	4
Backfill Staffing	11	3
Other	17	5
Total	326	100

3.5   This table shows the following:

- Staff training was the major expenditure item – We have used experienced contract trainers in order to ensure that regulatory and project deadlines were met. For 2007/08 we plan to use in-house resource for training on the current product base (subject to a transition period until the end of June while a contractor trains the new WCC IT training staff)
- WCC required little extra software or consultancy to achieve its objectives

Training

3.6   In total the project will train approximately 550 users in DCE and DCS. At the end of February 2007, 533 people have been trained.

Key Statistics

	No. of Staff Trained	No. of Courses	Types of Course
DCE	222	41	15
DCS	311	71	13
Total	**533**	**112**	**28**

3.7   This has been a major logistic exercise. The user base required different types of course because their work can require distinct procedures to be followed and/or access to different parts of CareFirst to do it. Both departments found it difficult to release staff for training, especially as the majority of courses have been over 3 or 4 days. The overwhelming majority of those requiring training have now been trained.

3.8   Whilst contract trainers were expensive they brought with them social care expertise, previous experience of training social care staff in using a computerised record system and knowledge of the processes used by other authorities. They have also left WCC with a comprehensive set of training documentation and exercises that will stand us in good stead for years to come. In addition the course feedback has, on average, been excellent with the overwhelming (85%) candidates expressing a satisfaction rate of 4 or 5 out of 5.

Impact

3.9   The project training programme has had a significant impact on system usage. Current usage sampled over 2 weeks is given below:

System Usage

Description	Adults	Children	Total
Average Daily Users	152	87	238
Average Peak Users	181	107	289

3.10 Key conclusions from the table are:
- Average use has grown from c20 concurrent users in April 2006 to 238 concurrent users in March 2007. This is a very high rate of average usage bearing in mind most practitioner work is client facing
- The Average Peak use is the average of the highest readings for each database in a day. It indicates a high level of peak usage (albeit within the current licensing limits). It is further evidence that the system is now in universal use and not limited to a back room administrative function

Post Implementation Review (PIR)/Lessons Learned

3.11 The PIR will occur 3 months or so after the project completes and will involve IT and the management and service delivery staff from DCS and DCE.

3.12 Whilst CareFirst is now widely used there are still areas that require improvement. These include:
- Improved outputs – several changes in both the delivery method and content of reports for DCE have been identified. These will be developed and delivered by the end of June 2007
- Improved management information - DCS have identified additional reporting requirements. These will enable management to check that data entered into CareFirst meets process requirements and to improve the quality of performance and operational management information
- The CareDoc module (for the automatic production of letters and forms) is a victim of its own success. Current volumes are 500%+ of initial estimates with both DCE and DCS requesting additional items. IT plans to implement the corporate electronic documents and records management solution (TRIM) in the next 4 months to ensure these documents are properly managed. This solution will then form the foundation for full Electronic Social Care Records compliance at a later date
- Cultural change - the message about following consistent, standard processes has not universally been accepted but steps are in place in both DCS and DCE to bring people to a thorough understanding of why it is important and to ensure they comply
- Ease of use – the current version of CareFirst is not as "user friendly" as desired by practitioners. In recognition of this, the user interface has been considerably re-worked by OLM in the next version of CareFirst. This is planned for roll-out in WCC during 2007

4. Current and future priorities

Upgrade to Version 6

4.1 The current version of CareFirst in WCC is 5.4. This is fully supported by OLM and WCC has received no deadline for when support will be terminated.

4.2   We plan to upgrade to Version 6 in 2007. The main reasons for this are:

- The user interface can be accessed using a standard internet browser. This will minimise the costs and issues surrounding the install and patching of traditional "thick" client software. It should also facilitate more extensive flexible and mobile working
- Users will get a consistent application experience. DCE users currently have to contend with using CareAssess on Version 6 and the other modules of CareFirst on Version 5.4 (the only way we could achieve the required functionality for ICS in the time available). Whilst they can achieve their work objectives in this way the use of two interfaces is an irritant
- To fully move CareFirst to the version of the software certified by Dfes to meet the Every Child Matters (ICS) requirements
- To ensure continued maintenance and support. OLM are no longer significantly developing Version 5 and the termination of support is unlikely to be too far away

4.3   Funding for this implementation is part of the project plan for IT in 2007/08 and it should be delivered by October 2007.

Service Package

4.4   DCS are keen to implement Service Package. This enables and requires precise details of the services for individual clients to be entered using pre-prepared drop-down menus. This will include information about care packages, providers and related costs.

4.5   Benefits include:

- Shared understanding of a client's current care package across all teams with the data in a common format
- Automatic production of care plans for clients
- Ability to record financial details about service provision. This will reduce reliance on spreadsheets and ease the generation of management and performance information
- Increased visibility cycle of the cost of a client's service package to all in the care service

4.6   Funding for this implementation is part of the project plan for IT in 2007/08 and it should be delivered by the end of 2007.

CareAssess for DCS

4.7   Already used by DCE, this provides social workers with a fully configurable assessment framework. It will give DCS the ability to design their own assessment forms securely and reliably within CareFirst and enables practitioners to complete, store, view and share those assessments.

4.8 Benefits include:
- Assessments follow a standard set of questions thereby ensuring consistency
- Answers can be picked from pre-populated list to ensure the accuracy and consistency of recorded responses
- Fields can be pre-populated from CareFirst where the data is known to speed up the assessment process

4.9 Funding for this implementation is part of the project plan for IT in 2007/08 and it should be delivered by the end of 2007.

Financial modules

4.10 Neither DCS nor DCE have a great appetite to implement these modules in 2007/08. Both departments have staff capacity issues (exacerbated by the need to contribute to the Business Management System (BMS)).

4.11 DCE has a fairly small number of clients and consequently financial management is far less challenging than it is for DCS. They feel that the Version 6 upgrade is their major requirement.

4.12 DCS will be implementing the new Interim Financial System (FRED) in April 2007. This will take Care in the Community financial control off spreadsheets and into a database. This, in itself, is a huge step forward both for financial control and ease of producing performance data. DCS feel that the financial control area will need a comprehensive review in the light of FRED, the enhancements made in Version 6 and the selected product for the BMS. Accordingly, they would like to review their options in 2007/08.

5. Governance and Monitoring Arrangements

5.1 When Corporate IT assumed responsibility for CareFirst it was re-scoped to focus on practitioner input alone. The project has been managed following the PRINCE 2 methodology.

5.2 In 2007/08 the Project Board has been chaired by the Director of DCS (or their deputy). It included senior managers from DCS, DCE and Corporate IT. This body provided governance for the project and addressed any serious issues.

5.3 Both DCS and DCE have run their own implementation groups with service managers, attended by the IT Project Manager and other project staff as required. These groups have been the forums to address operational and process concerns.

5.4 Going forward, the strategy for CareFirst use will be determined by separate groups in DCS and DCE with periodic (3 or 4 annually) joint meetings to co-ordinate progress between departments.

5.5   Individual projects like the Version 6 upgrade will be managed by Corporate IT following the Prince 2 methodology. These projects will have their own project boards which will include senior users from both DCS and DCE.

6.   Environmental Impact

6.1   No significant environmental implications.

7.   Risk Assessment

7.1   CareFirst is a business critical system. A case for moving CareFirst to a high availability hardware architecture has been approved by the ICT Steering Group. This will minimise the risk of system downtime due to hardware failure.

8.   Financial Implications

8.1   In 2006/07 CareFirst was funded from the IT budget with contributions in specific cases (normally grant funding) from the service departments. This will continue in 2007/08.

9.   Reasons for Proposals

9.1   To provide the Overview and Scrutiny Management Committee with an update on progress, priorities and future plans for CareFirst implementation.

10.   Proposals

10.1   The success of the Practitioner Input project in ensuring the wide usage of CareFirst is noted.

10.2   Future plans to expand the functionality and benefits from the system are endorsed.

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