WILTSHIRE COUNTY COUNCIL   **AGENDA ITEM NO. 11**

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE
4th SEPTEMBER 2008

CAREFIRST – PROGRESS REPORT

Purpose of Report

1.   Progress reports on implementing the CareAssess upgrade to the CareFirst system have been reported to the Overview & Scrutiny Management Committee in March 2007 and January 2008. The latter was an interim update pending a fuller report following a major upgrade to the system scheduled for April 2008.

2.   This report provides an update on the upgrade, the use of the system by service departments and the results of the frontline staff survey.

Upgrade of System

3.   The plan was to implement CareAssess, the upgrade to the care management module, in both DCE and DCS in April 2008.

4.   During late February and early March 2008, several issues arose:-

   (i)   A problem with the production of reports for managers and practitioners which required more ICT resources than planned.

   (ii)   In DCS the need to prioritise available resources to improve data quality relating to 2007/08 year end performance information.

5.   Therefore, it was decided to concentrate capacity on implementing CareAssess in DCE in April 2008 and delay implementation in DCS. CareAssess went live on 7th April in DCE and 2nd June in DCS.

6.   This was a major upgrade to the system which required:-

   (i)   Re-training approx 700 staff for whom use of the system forms a major part of their routine work;

   (ii)   Implementing a web-based user interface to the system which required significant technical, process and reporting changes.

7.   Also, the previous version was becoming unsupported by the supplier, OLM, who were prioritising resources on newer versions of the software. A web-based system provides the opportunity to develop mobile working and a pilot has just commenced in DCS using tablet PCs, so that social workers can capture assessment data whilst with the client (as opposed to writing it down and then keying it in later).

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Service Department View and Plans

8.   The CareAssess module is the core care management system for both DCE and DCS and therefore it is crucial that staff are confident in its use, well supported and it delivers both operational and strategic performance information. For DCE compliance with DCSF requirements under the Integrated Children's System (ICS) policy dictates that we have to have a system like CareFirst to ensure we act in a timely manner, and collect and store the required data to secure the best possible care outcomes for children. Improvements have been made and are ongoing, for example:-

Training

9.   Until recently, initial induction into care management and IT training on CareAssess has been separate, with the former being undertaken by the Service Department and the latter by the IT Department. Plans are now in place to join this up, for example, a user will be trained on the care management assessment process and at the same time trained on how to input the assessment data onto the system. This can be achieved within existing resources.

Helpdesk Support

10.   The current procedure is that when users experience system problems, they have to contact the Steria Helpdesk who will help if it is a general IT query such as a printer fault. However, if it is CareAssess related, Steria pass the query onto the Corporate IT Team. If the query is care management process related, then the Service Department 'experts' also have to be contacted. The result has been delays and inefficiency in answering user queries.

11.   An options appraisal is currently being carried out to evaluate the introduction of a CareAssess helpdesk which will be manned by specialists and be able to answer all queries at first contact. This will cover both DCE and DCS, but there could be resource implications. This has arisen because with the introduction of practitioner input in April 2007, the number of people with access to the system to input information significantly increased but there was no increase in the support capacity to resolve users' queries. This is now being corrected. Similar helpdesk facilities are implemented in neighbouring authorities.

Data Quality

12.   In DCS during the first year of practitioner input, there have been too many input errors which have required retrospective correcting. Over the last two months, improvements are being achieved from providing additional on site support and the benefits from the MABLE system are helping because errors are identified earlier.

Response Times

13.   Some DCS teams are located on NHS sites [Corsham, Warminster, and Wootton Bassett] and are connected to CareFirst via the NHS network.

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Unfortunately these sites have experienced slow response times. Extensive discussions have been held with NHS IT staff and solutions tried, but they have not helped. Furthermore, it has now been established that the network line to these sites is only 1 mbps in capacity (far below the required 4 mbps minimum for the numbers in a Community Team). It therefore appears the only solution is to provide a direct Council line to these locations as the NHS network service is based on N3 (a national solution) that is both difficult and expensive to vary. The initial cost is estimated to be £20k and annual maintenance cost of £30k. The benefits of this investment are being evaluated and needs to be considered alongside the possibility of relocating staff / teams.

Client Outputs

14. The production of documents for clients (e.g. Assessments) was slow and inadequate in content and format at the last time of reporting. This situation has been improved with the introduction of a third party product called TV Assess which enables departments to produce assessment based outputs in a format of their own choice that they can edit themselves in Microsoft Word (the standard word processing package). This solution is used by a number of other authorities but is not perfect (as it relies on the CareFirst database making the data available to it in an efficient way). Nonetheless TV Assess has been found to be a vast improvement on the previous reported position. ICT are currently in discussions with a number of other authorities using CareFirst to look at what they do and see what would be involved in implementing it in Wiltshire.

Production of Letters (and Forms)

15. It was previously reported that the production of forms and letters was difficult to administer and slow. Two things have occurred that have, or will shortly, improve matters:

- The introduction of CareAssess into DCS has reduced the number of forms required (i.e. it has reduced the problem to be addressed)

- The Electronic Document Records Management System (EDRMS) interface between CareFirst and TRIM has been developed. So far it has only been demonstrated to departments to gather feedback, but implementation should be achieved in the next couple of months. This will greatly improve our ability to manage the documents and ensure they can be searched, promptly retrieved, deleted and archived as required.

Management Information

16. Significant progress has been made in these areas for both DCS and DCE. In both cases reporting systems have been developed by ICT and DCS/DCE staff to supplement the standard product and provide reports to support operational management, monitor performance and identify areas where performance (or the recording of activity) is an issue. This work is not complete, as ideas are still developing on what reports are required, but again we are in a far better position than at the time of the last report.

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<u>Ease of Use</u>

17.   With the system upgrade to version 6.5 there is no longer the requirement for DCE staff to log into different parts of the systems from two different user interfaces thereby greatly increasing the "usability" of the product. This will be further enhanced by the introduction of a spellchecker in the next upgrade to be implemented for both departments by the end of October 2008.

18.   As mentioned previously, CareAssess is the core care management system for DCE and DCS. Improvements from the introduction of practitioner input in April 2007, the recent major upgrade and overall support have been aimed at helping operational staff with their work. The further improvements outlined above will continue this theme and also produce strategic management information.

User Survey

19.   A web-based survey was issued to all DCS CareAssess users at the beginning of August to help us understand the views of frontline staff and areas for improvement. The survey consisted of seven questions with multiple choice answers ranging from 1 [bad] to 5 [good].

20.   One hundred and twenty two people responded as shown in Appendix A. For the purpose of summarising the responses, answer choices 3, 4 and 5 have been grouped into a positive response, whilst choices 1 and 2 are deemed to be negative. In summary:-

   (i)   87% feel effectively capable in using a PC to record case notes in CareAssess and other social care related packages e.g. Mediquip.

   (ii)   61% feel that the ICT delivered training on CareFirst has improved their confidence in the execution of your daily work using the system.

   (iii)   35% feel that the relationship between Social Care 'Care Management' and the use of CareAssess is clear.

   (iv)   68% feel that there is adequate support if you have a problem with CareAssess in terms of ICT e.g. Advice on what to do if the system responds with an error message.

   (v)   66% feel that there is adequate support available (within your department) when you have a problem with CareAssess, in terms of policy and practice.

   (vi)   92% understand the importance of making sure that all information, particularly dates, is recorded accurately and timely.

   (vii)   34% feel that CareAssess contributes to the delivery of high quality social care outcomes.

21.   From the survey, most people feel that they are capable in using a PC and they also understand the importance of recording accurate information. Responses

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to questions 2, 4 & 5 are similar in subject and response with about two thirds feeling that support is acceptable. However, responses to questions 3 & 7 suggest work on integrating training and providing practitioner based reasons for entering information into CareAssess are areas which need to be improved.

22. The improvements outlined under the Service Department View and Plan will improve support to frontline staff and the FOCUS project will improve care management processes. Additionally, the recent and continuing work around data quality, communication and information reports will assist improving the relationship and understanding between system and service delivery.

23. A similar survey is being conducted in DCE but the results are anticipated to be little different, as the system is used in a very similar way by both departments.

CareFirst and Business Management Programme [BMP]

24. CareFirst will not be replaced by BMP in April 2009. However, it is important that the care management and support processes are improved and joined up. The care management processes and input to CareAssess will be improved by the FOCUS project [Focus on Customers Underpins Success]. The FOCUS project and BMP teams have been working together and have proposed solutions on how the systems and processes will be interfaced. They will be tested as part of the project work.

Risk Assessment

25. CareAssess is the core care management system for both DCE and DCS and therefore it is important the system is robust, well supported, used and seen by frontline staff as beneficial to service delivery. With a user population of 900 care practitioners, there is the need to continue to support and develop the system. Without further investment into making the system robust (with improved hardware and standby facilities to maintain availability) , better supporting the staff through a dedicated helpdesk and new innovations, such as mobile working, there is a risk that maximum benefits will not be achieved without your continued support.

Financial Implications

26. Improvements to training support and data quality can be achieved within existing resources. However, the introduction of a CareAssess Helpdesk and mobile working will require additional resources that we feel are vital to ensuring that practice staff and management get the outcome and performance results that the system potentially offers. Proposals on this will be included within the 2009-10 budget process.

Conclusions

CareAssess is now successfully implemented in both DCE and DCS and provides a firm foundation to introduce future improvements. Changes are being made to improve support to frontline staff, such as training and response times. The User Survey shows

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a positive response in most areas whilst also identifying areas for improvement. These will be addressed.

Recommendations

Members are asked to note the report.

SUE REDMOND

Director of Community Services

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