AGENDA ITEM: 10   Pages 56 – 74

Meeting	Cabinet Resources Committee
Date	13 January 2011
Subject	**Use of capital money for developing Adult IT infrastructure**
Report of	Cabinet Member for Adults
Summary	To approve the allocation of £1,150,000 of capital money to the improvement of information systems for adult social care.

Officer Contributors	Ed Gowan – Head of Transformation (Acting) – Adult Social Services David Court – Business Systems Team Manager – Adult Social Services
Status (public or exempt)	Public (with separate exempt report)
Wards affected	All
Enclosures	Appendix – Business case for use of capital money for developing adult IT infrastructure
For decision by	Cabinet Resources Committee
Function of	Executive
Reason for urgency / exemption from call-in (if appropriate)	Not Applicable

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1. RECOMMENDATIONS

1.1 That £1,150,000 of capital money be allocated for the improvement of information systems for adult social care in line with the business case shown as in the appendix to this report.

1.2 That £103,000 is vired from Corporate Services Capital Programme – Swift (IT15) to Adults Capital Programme.

1.3 That the Adults Capital Programme is increased by £1,047,000 for Swift upgrade funded from capital grants (see paragraph 6.1.1).

1.4 That the Commercial Director be authorised to commence the procurement process to replace the Adult Social Services information management system SWIFT following completion of the pre-procurement options appraisal.

2. RELEVANT PREVIOUS DECISIONS

2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

3.1 To be able to deliver on local and national drivers, Adult Social Services requires Information Systems that:
- Give the citizen direct control over information about themselves, their care, and their customer journey. Locally, this aligns with Adult Social Services' personalisation agenda, the One Barnet principle of 'a new relationship with citizens' and the corporate priority of 'sharing opportunities and sharing responsibilities'. Nationally, this aligns with the Government's new vision for social care: 'Capable Communities and Active Citizens'.
- Maximise interoperability and integration, both with other elements of the Council's own information systems architecture and with other partners, such as health. Locally, this aligns with Adult Social Services' personalisation agenda, the One Barnet principle of 'one public sector' and the corporate priority of 'better services with less money'. Nationally, this also aligns with the Government's new vision for social care.

3.2 In addition to the above, investment in the improvement of Adult Social Services' Information Systems will enable us to make a number of savings in the department's Medium Term Financial Strategy.

3.3 Finally, Swift is no longer being developed by its supplier, Northgate. It is likely to become unsupported within a few years. This would put at risk our ability to store information about vulnerable clients, compromising our ability to safeguard them.

4. RISK MANAGEMENT ISSUES

4.1 The risks of doing nothing are that:
- ❖ The citizen is not empowered:
  - The Directorate cannot deliver on its personalisation agenda as the current information system does not support self directed support.

- The Directorate has commenced implementing separate solutions that will deliver choice and independence (e.g. Social Care Connect). Any further expenditure on solutions that assist citizen access will carry the risk of not being integrated with the core social care system (because of high costs and complexity of integrating with Swift). This would result in piecemeal development which would not effectively support the citizen.
  - ❖ The system has little interoperability and integration.
    - No system would be in place to support work with the NHS Barnet (and its successor bodies) or to integrate with other Council systems from the One Barnet perspective.
  - ❖ The system does not support efficient working.
    - Adult Social Services' ability to deliver One Barnet-related budget savings whilst maintaining service levels would be seriously hindered.
    - The current system becomes obsolete over the next couple of years as Northgate develop their successor solution to Swift.
    - The risk of doing nothing is that Adult Social Services rely on a social care system that is no longer fit for purpose. Costs are incurred with developing bespoke "work arounds" to meet changing business requirements. These bespoke solutions are high risk.

4.2 There are operational, financial and procurement risks attached to investing in new systems, where the costs to the Council are likely to be in a range of £800,000 to £1,150,000 covering. These have been identified with managing actions and are set out in paragraph 4.2 in the business case attached in the appendix to this report.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 A full Equalities Impact Assessment will be conducted prior to the procurement of the new system.

5.2 One of the benefits of procuring a new system will be that citizens can directly access and amend information relating to their care and support online. It is vital that this functionality is accessible to all of the people supported by Adult Social Services, including those with learning disabilities and visual and sensory impairments. Through its procurement and implementation of the Social Care Connect website, the Council has a model of good practice for involving citizens with such impairments in every stage of an information system procurement and implementation project. This helps to ensure that the system is fully accessible. This model will be used in this work.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 **Finance Implications:**

6.1.1 Market sounding indicates that the procurement and implementation of a new system for adult social care will cost in the region of £800,000 to £1,150,000. The table below proposes that sources of existing funding to be allocated to meet these costs.

Source	Amount (£)
Infrastructure Grant[1]	£294,808
Transformation (IT) Grant[2]	£183,815

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[1] The Government have provided £294,808 "Adult Social Care IT infrastructure" capital grant in recognition of the significant changes required to prepare Adult Social Services systems and data so that the NHS number becomes the primary identifier and to be able to integrate with the NHS spine.

Capital monies agreed for Adult Social Services Information Systems (Borrowing)[3]	£103,000
Adult Social Care Capital Grant (Single Capital Pot)[4]	£568,377
TOTAL	**£1,150,000**

6.1.2 Market sounding suggests that the annual revenue cost of running a new system would cost roughly £40,000 more than the £60,000 currently spent to support Swift. It should be noted, however, that additional cost is more than outweighed by the £2,283,000 revenue savings which investing in a new system will make possible (see section 6.3, below).

6.2 **Procurement Implications:**
6.2.1 This is a significant procurement exercise. To ensure that the Council follows an appropriate procurement process, six options have been identified and assessed (as set out in paragraph 2.2). It is proposed that options 3 to 6 will be considered in more detail prior to commencement of the procurement process in order to support alignment of a new adult social services information management system with the One Barnet programme, the Commercial Directorate will be producing a new Information Management policy prior to this project entering its procurement phase. The procurement process will be led by the Commercial Directorate in partnership with Adult Social Services.

6.2.2 Parallel to this, Adult Social Services intends to spend £30,000 of the proposed £1,150m project budget on a 3 to 4 month piece of preparatory work. The products of this will be:
- An analysis of the progress currently being made by the Common Assessment Framework (CAF) Demonstrator site programme and key learning from it to be incorporated into our specification of requirements.
- An analysis of which systems would have utility for the Children's Service.
- An analysis of procurement options with other London Boroughs for adult social care information management system.
- A more detailed business case and investment appraisal including project staffing costs and Council costs associated with procurement.
- Sounding of potential suppliers to scope out their offerings, their ability to meet requirements and the implementation and maintenance costs that will be incurred in order to establish a baseline for funding required.
- Finalisation of business processes to be implemented in the new system.

6.2.3 It is anticipated that the procurement process will commence in quarter one of 2011/12 with the system replacement process estimated to take a minimum of 18 months from the commencement of the procurement.

6.3 **Performance and Value for Money Implications:**
6.3.1 The following performance benefits are expected as a result of this investment in Adult Social Services' information systems (see Section 3 of the appendix tot his report, below):

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[2] In addition £183,815 capital monies have been allocated to help Barnet adult social care improve IT systems to help in accounting for personal budgets – "Transforming Adult Social Care – The Social Care Reform Grants" [LAC(DH)2010 1].

[3] £103,000 already approved within the current corporate IT capital programme to fund the Adult Social Services Information Systems (the eSAP solution – a previously identified Adult Social Services IT solution that no longer meets the Directorate's requirements). This could be made available to this development.

[4] The Government have paid the Council £400,000 Adult Social Care capital grant in £200,000 instalments over the two years 2008/09 to 2009/10 via the Single Capital Pot. £200,000 is due for 2010/11. Of this £568,377 is the bulk of the resource remaining to be allocated.

- Citizens should become more empowered through the availability of technology that allows them to self-manage their social care and develop their social support networks. This should decrease their dependence on the Council to manage social care activity, freeing up resource to focus on people who most acutely need our support.
- Citizens, the Council and its partners will benefit from the ability to integrate systems more easily and at lower cost. This should decrease the need to manually re-enter information captured elsewhere in the public sector. It should also allow for more intelligent analysis of information, identifying people who need coordinated assistance from multiple services.
- The Council will benefit from a system which enables and promotes efficient working through functions such as workflow, e-forms and mobile access to data.

6.3.2   £2,283,000 reductions from Adult Social Services base budget will be enabled by the procurement and implementation of a new system (see Section 5 of Appendix A, below). These form part of Adult Social Services' Medium Term Financial Strategy. The table below explores key links between the implementation of this technology and Adult Social Services' planned actions to decrease costs.

Service Area	Where investment in new systems will support revenue budget savings
Supply Management & Direct Payments	- Investment in a system where providers maintain their own information within their view of the database (provider portal), resulting in a reduction in administrative costs for the Council. - A system that assists electronic authorisation of care plan costs by budget managers reducing the need for dual systems as now and removing the care plan authorisation task from Supply Management. - System that provides workflow so that the management and allocation of work can occur within a single process. - Reduction in requirement for back office staff to correct data. - Integration with other systems reduces the need to collect performance and management data from multiple sources
Financial Assessments	- Use system to do financial assessments of community based care where rules "built in" to make process more efficient. - E-forms provided to enable assessment to take place in clients own home and be uploaded into database maximising the number of visits that can be undertaken.
Care Services Delivery	- Invest in system that provides self service available through a client portal – clients brokering their own support through accessible information on providers, cost and quality. Reduction in avoidable client and carer contact. - Improved system navigation and "look and feel" assists professional staff enter data. - Workflow reducing administrative overheads on managers. - Improved system navigation and data quality tools minimises data checking by managers. - Access to NHS spine provides improved opportunities to integrate support to service users. Professional workers able to SMS text colleagues within a virtual team to respond quicker to need. This is thought to be of particular benefit to professionals working on long-term conditions and (separately) to their colleagues working in hospitals).

Service Area	Where investment in new systems will support revenue budget savings
	• Electronic forms that can be loaded back into the care management database can be used in the client's own home.
Partnership working with the NHS	• Ability to integrate with the NHS spine and to have NHS number as unique identifier will enable improved integration of health and social care commissioning. This will allow us to identify and macro manage shifts in demand and impact of change of policy with partners. • Technical integration will allow us to define client pathways more effectively and identify where processes not working.
Integration across Council	• Investing in system that supports One-Barnet and integrates with CRM for authenticated single person and property description will enable greater economy of transactions. • Investment to ensure potential for cascading information from CRM and other systems to ASSD system and vice versa.
Integration with partners	• New generation of systems have health modules that sit within the social care database and can be used by community based PCT staff. • New system interface to NHS spine allows greater data sharing on a secure basis for professionals. • Duplication of professional effort removed through virtual team working supported by more integrated systems.
Integration with providers	• Enhanced integration with electronic call monitoring systems that provide actual visit data that can be reconciled with planned data both for the reconciliation of invoices and monitoring contracts. • Implement a system where the provider can view both planned and actual data will allow them to see why the Council is querying payment – decreasing administration on our side and decreasing ongoing payment disputes.

6.3.3 Once these have been realised, the net annual revenue saving made possible by the procurement and implementation of a new system would be £2,245,000.

6.4 **IT Implications**

6.4.1 This project will involve the decommissioning of Adult Social Services' current case management system, Swift, and the procurement and implementation of a new system. This will require new interfaces with existing corporate systems, such as Wisdom and SAP. It is likely that changes and improvements to our server capacity will be required to support this.

6.4.2 All of the above is modelled into the costings given above.

7.   LEGAL ISSUES

7.1   The value of the, proposed, contract exceeds the, relevant, European threshold and, consequently, the new system will be procured in accordance with European Procurement Rules, as well as domestic rules and the Council's, own, Contract Procedure Rules

8.   CONSTITUTIONAL POWERS

8.1   The Council's constitution in Part 3, Responsibility for Functions, paragraph 3.6 states the functions of the Cabinet Resources Committee including capital and revenue finance.

9. BACKGROUND INFORMATION

9.1   In 2006, the Council procured, from Liquid Logic, via Serco, the Integrated Children's Solution (ICS) and eSAP solution (eSAP being an acronym for electronic Single Assessment Process). In January 2007, Cabinet agreed the Choice and Independence vision for Adult Social Services to change the operating system for adult social care to one of self directed support through personal budgets. As a result it was necessary for the Directorate to review their system requirements and implementation of eSAP was put on hold.

9.2   Between August and October 2009 a thorough review of adult social services system requirements was developed and was submitted to Serco. These requirements gave an overview of what the business requirements were, as well as a detailed "product" description down to data level. The solution proposed by Serco, in response, did not meet the requirements and on 15 December 2010, Notice was served upon Serco Limited, terminating, in accordance with the provision of the Contract with Serco, the part of the Contract relating to eSAP

9.3   The business case for the improvement of information systems for Adult Social care is provided in the appendix to this report.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Legal – SCS
CFO – MC

APPENDIX – BUSINESS CASE FOR USE OF CAPITAL MONEY FOR DEVELOPING ADULT IT INFRASTRUCTURE

1. Reasons

1.1 Context

To be able to deliver on local and national drivers, Adult Social Services requires information systems that:

- **Give the citizen direct control** over information about themselves, their care, and their customer journey. Locally, this aligns with Adult Social Services' personalisation agenda, the One Barnet principle of 'a new relationship with citizens' and the corporate priority of 'sharing opportunities and sharing responsibilities'. Nationally, this aligns with the Government's new vision for social care: 'Capable Communities and Active Citizens'.

- **Maximise interoperability and integration**, both with other elements of the Council's own information systems architecture and with other partners, such as health. Locally, this aligns with Adult Social Services' personalisation agenda, the One Barnet principle of 'one public sector' and the corporate priority of 'better services with less money'. Nationally, this also aligns with the Government's new vision for social care.

Adult Social Service's primary case management database, Swift, is not able to support these drivers. More generally, **Swift is becoming obsolete**. It is no longer being developed by its supplier, who has developed a successor system which better supports the drivers listed above. Swift is likely to be de-supported in the next couple of years. In March 2009, only 3 of 20 councils polled did not have plans to replace Swift.

In addition to the above, investment in the improvement of Adult Social Services' Information systems will enable **a number of savings to be made as set out in the Medium Term Financial Strategy**.

Sections 1.2 to 1.4, below, discuss these key drivers for change in more detail.

1.2 Key Driver: the requirement to empower the citizen

Requirements

The Council wishes to share with citizens both the responsibility for managing the social care they receive, and also the opportunity of it providing high quality support which meet their desired outcomes. To do this, we must provide citizens with open access to social care information. This should enable them to:
- manage their own support plans;
- identify and purchase services;
- give them control over their own record and who has the right to access it;
- access a communal area where information about services is available and networks can be built with peers;
- be supported to navigate their way through their 'customer journey'.

Gaps and challenges
- Swift cannot meet the requirements of personalisation and self directed care.
- Swift cannot, in itself, be opened up to provide citizen access.
- It is very unlikely that others will develop integration between citizen portal products and Swift, making integration with such products highly expensive.

Potential of new systems
- New systems provide citizen portals as standard.
- Further developments in this approach are taking place through the Common Assessment Framework Demonstrator Site programme with support from the Department of Health. This is investigating different approaches to the individual taking control and improved information sharing across health, social care and wider community support services.

1.3   Key driver: the requirement to maximise interoperability and integration.

Requirements
There are a number of parallel drivers for Adult Social Services' systems having maximum interoperability and integration with other systems used within, and outside of, the Council. These include:
- Supporting joint working and possible integration with the NHS as part of, or in line with, the One Barnet programme;
- Enabling secure communication of personal data between the Council and the NHS Barnet[5];
- Meeting the Information Standards Board for Health and Social Care standard of using the NHS number as the primary identifier in social care systems;
- Integrating the social care system with the NHS Spine Patient Demographic Service via a Council N3 connection;
- Supporting the realignment of front line services through integration with a Customer Relation Management approach and CRM software;
- Ensuring that an operational system can support the information management model currently being developed, within which there would be master data management and an alignment to a "Single Version of The Truth";
- Better integration with the Children's Services system to deal with the financial pressures arising from transition into adult social care.

Gaps and challenges
- Swift will not support the integration of functions between the Council and Barnet NHS. Reasons for this include:
  o The suppliers of Swift are not going to develop an interface between Swift and the NHS Spine;
  o Our information is not compliant with Information Standards Board for Health and Social Care standard of using the NHS number as the primary identifier;
  o There are no data-matching tools for Swift to enable accurate matching of citizens across Swift and NHS systems.
- More generally, the integration of Swift with other systems is comparatively expensive. This would decrease the feasibility of integrating with both the Council's CRM and Integrated Children's System software.

Potential of new systems
- The CAF Demonstrator Programme has an aim of improving information sharing across health, social care and wider community support services.
- Solutions on the market offer integration with the NHS spine and matching tools in respect of social care records and demographic data on the spine.
- Providers will offer lower cost integration to other systems, as more modern systems have been developed in an age where the prevalent business model is to integrate with others.
- Links to the NLPG and a corporate master data system from an adult social care system are available in modern software.

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[5] Throughout this document, references to NHS Barnet also refer to its successor organisations.

1.4   The requirement to release efficiencies through improved Information systems

Requirements
- To re-model the back office in line with the Council's "One Barnet" programme helping us to provide better services for less money.
- To reduce transaction costs around the management of suppliers.
- A system that is staff and citizen focused, supports business processes, is reliable, easy to use and has tools to drive excellent data quality.
- The input of data once through a single front end.
- Full utilisation of workflow.
- Support for mobile working with electronic forms (e-forms).

Gaps and challenges
- Northgate now only makes limited changes to Swift care management because they have developed a successor system. Swift is therefore increasingly becoming a system where "work arounds" are required to meet the needs of case management and support planning. These "work arounds" are inefficient and do not make effective use of staff resources.
- Swift does not currently support mobile working through the use of e-forms and the remote viewing and updating of Swift data. This impacts on the efficiency of case management staff.
- Corporate plan targets, performance indicators and performance management data have a dependency on Swift which is requiring more and more intervention in order to ensure data validation and data quality. This situation is forecast to get worse as outcome measures become increasingly prevalent, as Swift is not ideally suited to recording outcomes in the way these measures often require.
- Inputting complete data, which is required to ensure high quality case recording and management information is time consuming because Swift does not assist staff in stepping through complex business processes or in navigating round the system.
- The current use of Swift does not include authorisation workflow and the display of commitment data essential for authorising the costs of care and this makes managing our resources more time consuming.
- Aspects of safeguarding are managed outside of the current system because of lack of confidence in its functions and usability.
- Swift does not contain the option of providers of care being able to undertake administration of their own data through a provider portal. We cannot benefit from a positive impact on "whole systems resource management" and supporting providers with their operating costs.

Potential of new systems
- New systems have the potential to address all these gaps, as has been evidenced in other local authorities.
- Provider portals are now available that allow providers to access and update their own information on social care systems reducing the transaction costs to the authority.

1.5   Summary
Given the context and drivers discussed above, Adult Social Services' directorate intends to invest in its information systems. As Swift is becoming decreasingly fit for purpose, this work will centre on the replacement of Swift. As should be understood from the description of the potential of the new systems described above, however, this will not be a like-for-like replacement. Barnet will, instead, be replacing a traditional database with a system which would enable an entirely new relationship between the citizen and his / her social services data, and between the Adult Social Services and all its current and potential partners.

It is anticipated that with the releasing of this money the implementation of a new system will take between 18 – 24 months.

2.   Options

2.1   Investment Options

Option	Projected Result
1 – Do nothing.	This would seriously hinder Adult Social Services' ability to deliver One Barnet-related budget savings whilst maintaining service levels. It would also mean that no system would be in place to support work with the NHS Barnet or to integrate with other Council systems. Citizen centric requirements that put the individual in control of their own care records cannot be developed. At some point in the next couple of years the current system is likely to become unsupported as Northgate develop their AIS solution.
2 – Allocate £1,150m of capital money to develop IT systems to promote the challenges of the Corporate Plan and One Barnet and ensure systems are fit for purpose.	This investment would enable Adult Social Services to be in the best possible position to meet its commitment to delivering significant One Barnet related savings whilst promoting independence, personalisation and self-directed care.
3 – Divert other resources to fund the developments.	Adult Social Services is experiencing significant budgetary pressures and are also committed to making large running cost reductions over the next 3 years. Consequently, it would not be possible to resource this from the department's revenue budget.

Recommendation: Option 2 is recommended and that £1,150m is allocated for investment in Adult Social Services' information systems.

2.2   Options for the procurement of new systems:

Option	Projected Result
1 – Enhance Swift care management	The Swift care management system cannot be enhanced to meet corporate priorities. There will be no integration between Swift and Citizen and Provider Portals and no interface to the NHS Spine. The Swift finance system as a back office function remains a viable part of a future solution only if Northgate's other products were capable of meeting Adult Social Services requirements. If not there would be major technical challenges to make the Swift finance module work with another supplier's care management software
2 – Use another Council's social care database	There is a shared service agreement in South East Wales between 6 councils. Collaboration has extended to aligning requirements and business processes. It has not been viable to have their data on one hosted database.

	It is not feasible at this stage to implement a shared system because local political and management priorities are unique as are business processes, system and finance configuration and the interfacing of data to other Barnet systems.
3 – ASSD to go through a single procurement process to purchase a solution that meets its business requirements	Conduct full EU procurement exercise. Solution purchased will be best fit to Barnet's requirements dependent on cost.
4 – Enter into an existing framework agreement or a proposed framework agreement with other local authorities	There is a framework agreement that has been in place for about 2 years with 3 London authorities. They have already procured a solution and are going live with it. This option would give Barnet only limited control in whether the solution met its needs. It could, however, save the Council money.
5 – Enter into a proposed framework agreement that has recently been proposed by Westminster who want to replace their adult, children's and finance systems	A framework agreement will allow Barnet to call off against this framework rather than conduct full EU procurement exercise. Westminster intends to award contracts in April 2011 and have invited Barnet to be part of this process.
6 – Enter into an agreement with Logica for the development of SAP as a care management system	An analysis of the feasibility and cost of this option was undertaken in April 2008. Due to its commercial sensitivity, key findings are included in the separate exempt report. The overall result of this analysis, however, is that officers recommend that it should not be discounted as an option at this stage.

Recommendation: That options 3 to 6 are considered in more detail.

2.3 Pre-Procurement Options Development

Prior to the development of this business case, Adult Social Services commissioned work to map its current use of information systems and specify its requirements for the next 3 to 5 years. This work was done in conjunction with Corporate IS. As a result of this, a full specification of system requirements exists and would form the initial basis of a procurement specification.

During the development of this business case, a series of conversations have taken place with the Children's Service and the Commercial Directorate. Key conclusions from these are that:

* It is a requirement that there is close integration with the Children's Service information systems for management of transitions, safeguarding and integrated practice. The Children's Service systems over the past five years have developed separately from Adult Social Care with investment in an ICS system. As a result the Children' Services are running a much more modern system, work to significantly different processes and national drivers is very important. Consequently, it has been agreed that:
  o The ability to integrate fully with the Children's Service's ICS system, and any potential successors to it, would be an absolute requirement of any procured Adult Social Service's system;
  o The ability for the supplier of a new Adult Social Service's system to support the work of the Children's Service through the system it was selling, or a 'sibling' using the same underlying technology, would be considered a highly desirable requirement in the procurement process.

- The Council requires a strong Information Management policy, which specifies in detail how systems are expected to interact with one another to support the aims of the One Barnet programme. This does not currently exist. Consequently, it has been agreed that:
  - o The Commercial Directorate must produce a policy of this nature **prior** to this project entering its procurement phase;
  - o That any procured system must be completely aligned with this policy.

The last point, above, identifies some key work of the Commercial Directorate that needs to take place prior to any procurement of a new system. Parallel to this, Adult Social Services intends to spend £30,000 of the proposed £1,150m project budget on a 3 to 4 month piece of preparatory work. The products of this will be:

- An analysis of the progress currently being made by the Common Assessment Framework (CAF) Demonstrator site programme and key learning from it to be incorporated into our specification of requirements.
- To work with the Commercial Directorate to ensure that our specification aligns with the One Barnet programme and the planned new Information Management policy.
- An analysis of which systems would have utility for the Children's Service.
- An analysis of procurement options including the existing framework agreement developed by Islington, Kingston and Lewisham and the agreement currently being proposed by Westminster City Council.
- A more detailed business case and investment appraisal including project staffing costs and Council costs associated with procurement.
- Sounding of potential suppliers to scope out their offerings, their ability to meet requirements and the implementation and maintenance costs that will be incurred in order to establish a baseline for funding required.
- Finalisation of business processes to be implemented in the new system.

3. Expected Benefits

3.1 Benefit: a more empowered citizen
- Providing the benefits of social networking for vulnerable adults and for their carers with Adult Social Services directly being able to promote the growth of social capital. This is aligned with the corporate priority of sharing opportunities and responsibilities.
- Building on co production principles that Adult Social Services are already applying as a Right to Control trailblazer site and through the evidence from the Common Assessment Framework Programme.
- The benefits of the development of citizen portals to:
  - o Empower and provide self service. This will enable individuals to plan and action their support needs with assistance where and when they need it, with people that they want to be involved.
  - o Enable person-centred planning, not restricted by Local Authority or PCT boundaries or the services they provide.
  - o Provide a potential single point to access across health and social care and enable a single pathway or process. This should remove or reduce handoffs between services.
  - o Offer choices/options to enable individuals to select the best service/outcome for themselves.
  - o Be quick and easy to use by all, including people new to services.
  - o Be portable, so that an individual moving between localities can plan their care and support in advance.
  - o Link with local and national Information sources in a seamless way. Provide good quality and impartial information for the individual.
  - o Provide a timely response to an individual, not just at the point of enquiry, but throughout their customer journey (e.g. when there are changes in needs).

3.2   Benefit: greater interoperability and integration

- Potential to integrate our social care system with the NHS Spine which would future proof any different requirement to function as "One Barnet" and to assist in strategic planning in the Barnet community.
- New social care solutions increasingly have health modules as part of their standard offering which means they can be used by health staff.
- Potential to integrate with Council wide CRM system.
- The development of a new operational system will take account of "One Barnet" and requirements of a Single Version of The Truth, the need for authenticated data across systems and savings through maximising the impact of transactions across the Council.
- Platform to work jointly with Health so that client experiences "joined up" working and data can be shared for strategic commissioning.
- Attain the government imperative of storing NHS number in a social care system as a potential mechanism to share information with health.
- Improved integration with other systems.

3.3   Benefit: greater efficiency

- Citizens able to be involved in managing their own support reducing the need for continuous transactions with front line staff and thus resulting in cost savings.
- Effective use of workforce maximising potential of mobile working resulting in professionals being able to work more intensively with clients on reviews and releasing them to be more innovative with support plans and thus achieving cost savings.
- Effective workflow allowing professional staff to work more intensively.
- Adult Social Services will have a multi agency team working with people with learning disabilities and require an integrated system that avoids the dual keying of data.
- Providing a solution that removes the current dual keying undertaken by mental health teams.
- Potential for providers to maintain information subject to security with data entered once only.
- Improved financial management through introducing a business change that enables budget managers to authorise expenditure within the system.
- Improved data quality and consistency. Adult Social Services currently has to mitigate against poor quality data and the impact on performance indicators by the use of "back office" staff to add and correct data.
- Improvement in Corporate Plan targets and Performance Indicators.
- Sustainable improvements in business process and data recording.
- Improvement in workflow and in the relationship with Wisdom.
- Remove the risks of enforced and costly "work arounds" and bespoke solutions that are made to the Swift system.

4.   Summary of Key Risks

4.1   The risks of doing nothing are:

The citizen is not empowered:
- The Directorate cannot deliver on its personalisation agenda.
- The Directorate has commenced implementing solutions that will deliver Choice and Independence (e.g. Social Care Connect). Any further expenditure on solutions that assist Citizen Access will carry the risk of not being integrated with the core social care system (because of high costs and complexity of integrating with Swift). This would result in piecemeal and uncoordinated development with the potential of inconsistent or partial availability of data to citizens.

The system has little interoperability and integration.

- No system would be in place to support work with the NHS Barnet or to integrate with other Council systems.

The system does not support efficient working.

- Adult Social Services' ability to deliver One Barnet-related budget savings whilst maintaining service levels would be seriously hindered.
- The current system becomes obsolete over the next couple of years as Northgate develop their successor solution to Swift.
- The risk of doing nothing is that Adult Social Services will rely on a social care system that is no longer fit for purpose. Costs are incurred with developing bespoke "workarounds" to meet changing business requirements. These bespoke solutions are high risk. Costs are also incurred in the validation and correction of data for performance indicators because Swift process navigation is poor making it difficult for care managers to use.

4.2 The risks attached to investing in new systems:

There is significant risk around procuring a new solution where the costs to the Council are likely to be in a range of £800,000 to £1,150,000. These, along with proposed managing action, are listed in the table below.

Risk	Managing Action
That an 'immature' system is procured that cannot support all of our requirements or is unstable.	This risk should be **tolerated.** Many Adult Social Services' departments have already moved to the newer generation of systems, meaning that issues typically experienced with less mature systems have already been worked through.
Insufficient link between this work and the development of our Information Management policy during changing times.	This risk should be **minimised.** This will be done by running the project as a joint project with the Commercial Directorate.
The project will not be tightly managed, leading to waste of money or effort.	This risk is to be **minimised.** This will be done through tight project management using the corporate methodology.
A procurement approach involving a framework agreement could take longer than stand-alone procurement	This risk should be **tolerated** due to potential concurrent financial benefits.
A lack of in-house knowledge about business processes and requirements.	This risk is to be **minimised**. This will be done through linking the resourcing of the project to Adult Social Services' existing Business Systems and Transformation teams, which have developed a depth of knowledge in this area.
A risk of information sharing complexities making it very hard to run a citizen portal.	This risk is to be **minimised**. This will be done through development of clear protocols for: - Authentication; - Third party access; - Mental capacity and safe-guarding; - Managing consent; and - Audit trails.

5.   Costs

5.1   Capital Costs and Funding

Market sounding indicates that replacing Adult Social Services systems is likely to cost in the region of £800,000- £1,150,000, dependent on the scope agreed. This would include services linked to implementation and ensuring that all current interfaces to other systems are refreshed from the new solution. For instance, the indicative cost provided by one provider[6] for a system broadly comparable with our current requirements is £868,000 (please see table 1).

Table 2: Example breakdown of system costs

Component	Cost (£)
Care Management and Finance. Financial Assessments/pay providers/bill clients. Key forms and interface to SAP	344,000
Personalisation gateway (portals for clients, providers and the market)	207,000
Supporting People	69,000
Integration with other systems. (3 integrations to replace "as is" ie CM2000, Finance BO universe and Wisdom & 2 speculative ie CRM & ICES)	107,000
Planning, management and implementation costs	100,000
Contingency (5%)	41,000
Total	**868,000**

Adult Social Services has identified the unallocated capital resources to fund this development (please see Table 2).

Table 2: Capital resources available to fund project

Source	Amount (£)
Infrastructure Grant[1]	£294,808
Transformation (IT) Grant[2]	£183,815
Capital monies agreed for Adult Social Services Information Systems (Borrowing)[3]	£103,000
Adult Social Care Capital Grant (Single Capital Pot)[4]	£568,377
TOTAL	**£1,150,000**

1. The Government have provided £294,808 "Adult Social Care IT infrastructure" capital grant in recognition of the significant changes required to prepare ASSD systems and data so that the NHS number becomes the primary identifier and to be able to integrate with the NHS spine.
2. In addition £183,815 capital monies have been allocated to help Barnet adult social care improve IT systems to help in accounting for personal budgets - "Transforming Adult Social Care – The Social Care Reform Grants" [LAC(DH)2010 1].
3. £103,000 already approved within the current corporate IT capital programme to fund the Adult Social Services Information Systems (the eSAP solution – a previously identified Adult Social Services IT solution that no longer meets the Directorate's requirements). This could be made available to this development.
4. The Government have paid the Council £400,000 Adult Social Care capital grant in £200,000 instalments over the two years 2008/09 to 2009/10 via the Single Capital Pot. £200,000 is due for 2010/11. Of this £568,377 is the bulk of the resource remaining to be allocated.

It is proposed that these capital resources are earmarked for this project to ensure that sufficient funding is available to enable delivery.

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[6] For reasons of commercial sensitivity, the name of this provider is given in the related Exempt report.

5.2   Revenue Costs / Associated Savings

The implementation of a new social care system is an essential element in being able to generate many of the Directorate's saving proposals (with the precedent of SAP Optimisation as an IT project that enables savings). By supporting the personalisation agenda, the new system will be aligned to the work practices of practitioners enabling key information to be entered directly with the minimum of administrative support. This enables savings, for example, in the following areas:

- In Supply Management a reduction in posts will be facilitated through a system that allows us to change business process and passes administration of provider information to providers. By enabling citizens to access provider information directly.
- In Care Services Delivery a new system would enable professional staff to work more effectively. Electronic forms that can be loaded back into the care management database can be used in the clients own home. This allows staff to work more intensively on achieving review targets so that support plans meet need but do not increase dependency. This will allow staff time to be more innovative with self directed support.
- In the Assessment & Income team e-forms will be available increasing the ability of staff to work more efficiently and maximising the collection of client contributions.

Table 3, below, provides a more detailed breakdown of how this investment will translate into savings to Adult Social Services' revenue budget. These savings have been included in the development of Adult Social Services' medium term financial strategy.

Table 3: system developments enabling revenue budget savings.

Service Area	Where investment in new systems will support revenue budget savings
Supply Management & Direct Payments	- Investment in a system where providers maintain their own information within their view of the database (provider portal), resulting in a reduction in administrative costs for the Council. - A system that assists electronic authorisation of care plan costs by budget managers reducing the need for dual systems as now and removing the care plan authorisation task from Supply Management. - System that provides workflow so that the management and allocation of work can occur within a single process. - Reduction in requirement for back office staff to correct data. - Integration with other systems reduces the need to collect performance and management data from multiple sources
Financial Assessments	- Use system to do financial assessments of community based care where rules "built in" to make process more efficient. - E-forms provided to enable assessment to take place in clients own home and be uploaded into database maximising the number of visits that can be undertaken.
Care Services Delivery	- Invest in system that provides self service available through a client portal – clients brokering their own support through accessible information on providers, cost and quality. Reduction in avoidable client and carer contact. - Improved system navigation and "look and feel" assists professional staff enter data. - Workflow reducing administrative overheads on managers. - Improved system navigation and data quality tools minimises data checking by managers.

Service Area	Where investment in new systems will support revenue budget savings
	• Access to NHS spine provides improved opportunities to integrate support to service users. Professional workers able to SMS text colleagues within a virtual team to respond quicker to need. This is thought to be of particular benefit to professionals working on long-term conditions and (separately) to their colleagues working in hospitals). • Electronic forms that can be loaded back into the care management database can be used in the client's own home.
Partnership working with the NHS	• Ability to integrate with the NHS spine and to have NHS number as unique identifier will enable improved integration of health and social care commissioning. This will allow us to identify and macro manage shifts in demand and impact of change of policy with partners. • Technical integration will allow us to define client pathways more effectively and identify where processes not working.
Integration across Council	• Investing in system that supports One-Barnet and integrates with CRM for authenticated single person and property description will enable greater economy of transactions. • Investment to ensure potential for cascading information from CRM and other systems to ASSD system and vice versa.
Integration with partners	• New generation of systems have health modules that sit within the social care database and can be used by community based PCT staff. • New system interface to NHS spine allows greater data sharing on a secure basis for professionals. • Duplication of professional effort removed through virtual team working supported by more integrated systems.
Integration with providers	• Enhanced integration with electronic call monitoring systems that provide actual visit data that can be reconciled with planned data both for the reconciliation of invoices and monitoring contracts. • Implement a system where the provider can view both planned and actual data will allow them to see why the Council is querying payment – decreasing administration on our side and decreasing ongoing payment disputes.

Table 4, below, compares the additional annual running cost of a potential solution provided by one provider to costs that would be saved both in terms of current systems' running costs (i.e. those costs replaced by potential solutions' running costs) and reduced costs achievable as a result of the move to a new system, with the net saving calculated.

Table 4: Projected net savings

Costs / Savings	£000
Potential Solution - Estimated Annual Cost	98
Less:	
Annual cost of current system	60[7]
Planned budget savings aligned to new system development over a three year period (see **table 3** for detail)	2283
Projected Net Saving	2245

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[7] Information provided by Kirit Patel (corporate IS) in March 2010.

6.   Timescale

The preliminary work by the project manager is to commence in January 2011 and to be completed by the end of April 2011.

The system replacement process is estimated to take a minimum of 18 months from April 2011 dependent on the solution procured and capacity within the Commercial Directorate and Adult Social Services.

7.   Investment Appraisal

This is covered in detail in Section 5. It is estimated that this development would conservatively enable the Directorate to make net annual savings of £2.2m whilst also enabling Adult Social Services to operate in a manner more consistent with the Personalisation agenda which is at the heart of the corporate objective "Sharing Responsibilities / Sharing Opportunities."