

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting: 9th February 2016
Report of: Chief Operating Officer, Peter Bates
Subject/Title: Social Care Case Management System
Procurement
Portfolio Holder: Cllr David Brown

1. Report Summary

- 1.1. The Social Care Case Management systems provide a set of tools to identify, monitor and deliver social care services in order to meet the needs of Cheshire East residents by providing information, advice, early help and support prevention of issues. Having access to relevant information enables Cheshire East to deliver the Care Act in the most collaborative way in order to put our residents first by meeting the care needs of both adults and children in Cheshire East, allowing people to live at home and as independently as possible, whilst also ensuring the vulnerable in society are safeguarded.
- 1.2. Projects / procurements above £1 million are deemed to be a 'key decision' of the Council and need to obtain 'Cabinet' approval. The purpose of this Cabinet paper is to provide the reasoning, and gain approval to award a contract to LiquidLogic, for the Adults and Children's Case Management system, at a cost of £2.4m for 5 years until March 2021.
- 1.3. The current 2 year GCloud contract with the suppliers of LiquidLogic ends on 25th March 2016; therefore it is vital that approval to proceed is granted swiftly to ensure the continued and uninterrupted use of the existing case management system.
- 1.4. This paper seeks Cabinet approval to procure the case management system required to support the implementation of the Care Act 2014 for Adult Social Care and to deliver for Children's social care services the continued system that has been designed and implemented to be legally compliant.
- 1.5. Consideration has also been given to Cheshire East / Cheshire West and Chester (CWaC) Service Reviews to ensure that opportunities for sharing and future economies of scale can be achieved through common solutions, shared platforms and processes. This programme of work is also aligned with other strategic initiatives with the broader partnerships that Cheshire East Council is actively working with. These include: Cheshire Care Record, the North West ADASS Informatics Network (AIN) sub-regional

collaborative Care Act solutions group, the Cheshire East Digital by Design or Digital Customer Services major change programme and the emerging needs of the Complex Dependencies sub-regional agenda with CWaC, Halton and Warrington.

- 1.6. There are in addition some added elements of the product specification which will benefit public health services and their interaction with potential suppliers.

2. Recommendations

- 2.1 That the Cabinet approve the procurement and award of contracts for the LiquidLogic Children's and Adults Social Care Case Management System at an estimated cost of £2.4m over a five year contract period, via the Crown Commercial Service RM1059 Local Authority Software Applications Framework (LASA Framework) in accordance with the Public Contracts Regulations 2015 and Cheshire East Borough Council's Contract Regulations.
- 2.2 That a supplementary capital estimate of £2.4m be approved, funded by £0.75m Adult Social Care grant funding, held within the Commissioning Capital Systems budget and virement of £1.65m from the existing approved Strategic Initiatives allocation.
- 2.3 That authority be delegated to the Chief Operating Officer in consultation with the Portfolio Holder:
 - to enter into all necessary contractual arrangements to deliver the solution; and
 - to use the LASA Framework to procure the LiquidLogic Children's and Adults Social Care Case Management System.

3. Other Options Considered

- 3.1. LiquidLogic Case Management was procured in 2014 through the government G-Cloud framework. This framework is a 2 year pay-as-you-go framework for the rental of application solutions. The full suite of LiquidLogic applications required to meet the Care Act is not available via G-Cloud therefore the LASA Framework is recommended as the most economic direct award framework available. The costs of, and the time commitment required to undertake a full OJEU procurement within the timescales are unachievable.

4. Reasons for Recommendations

- 4.1. This paper outlines what is needed to provide the solutions required to deliver the Phase 2 of the Care Act for Adult Social Care. It builds on the Care Act Phase 1 work previously undertaken in Adults Social Care. This section provides a summary with a more detailed breakdown included within Appendix 2.

4.2. The aim has been to identify and provide electronic solutions in the most economic and collaborative way to meet the needs of both Adults Services, Children's Services and Public Health, where appropriate.

4.3. There are two key components to the information technology solutions and information sharing requirements:

- Public facing information and systems for residents access
- Professional information and systems for health and social care partners

This paper focuses directly on the technical solutions for the public facing information solutions but ensures indirect/interfaces with the professional solutions identified.

4.4. Adults Social Care Priority Outcomes 2015 states the following key strategic outcomes:

- Enable people to live at home and as independently as possible – this is what people say they want
- Enable people to fully contribute to and be supported in strong and supportive communities – (Council Outcome 1)
- Enable people to access information, advice, early help and prevention so that they can help themselves and take responsibility for their well-being
- Enable carers of people to live well and be supported to fulfil their caring roles

The solutions recommended directly support access to information, advice, early help and prevention so that individuals and their carers can be better supported to help themselves and take responsibility for their well-being

4.5. Children's Services 2015 states the following key strategic purpose: To ensure that the needs of children, young people and their carers are effectively identified, early enough, so targeted prevention and protective services can promote their well-being and protect them from further harm. The solutions recommended support youth and transition by providing information and advice to partner organisations relating to Complex Dependencies and to support Troubled Families.

4.6. Children implemented the case management solution in October 2014 and continue to implement subsequent modules to provide a comprehensive solution for their case management needs.

4.7. The proposed solutions will ensure the Council is able to meet its requirements in the implementation of the Cheshire Care Record (CCR). This is a joint record of health and social care information across a range of services including GPs, hospital, community, mental health and social care services. The CCR is dependent on the information held within the technical solutions recommended and continued integration of these systems. The CCR will improve decision making about resident care by facilitating access to vital information which provides a fuller understanding of the health and care needs. The CCR provides a means of bringing data

from multiple partner systems into one place so that there is a comprehensive single view of key elements of the resident's care record.

- 4.8. The Cheshire Care Record (CCR) is a professional portal for sharing health and social care information across the Cheshire footprint. Collaboration between all GP, hospital, community, mental health and social care services.
- 4.9. The introduction of the Cheshire Care Record has the potential to change the nature of and components within a patient's social care package. Better access to see which other services are seeing which resident and their care package, perhaps in terms of the number of home visits required but also in terms of when these visits are required. Care can be better coordinated across all services so that the resident gets visits when they want them, perhaps on different days by different services, thus providing a better and safer service to the patient and ensuring that someone is calling in to see them regularly.
- 4.10. The Cheshire Care Record can also enable the social and community care teams to find if a resident has been admitted to hospital, perhaps if they turn up for their daily visit and they are not there and to also better plan for their discharge so that they know when to resume home care services.
- 4.11. In addition there will be the provision of a Resource Directory (eMarketplace) combining Adults and Children's existing systems, and potentially the Public Health Lifestyle Wellness hub and community navigator.
- 4.12. Procurement of the technical solution proposed in this paper will enable the establishment of multi-agency teams such as those working on Complex Dependency Programme.
- 4.13. The work of the multi agency teams will rely on integration of information from case management solutions. A possible solution proposed is the LiquidLogic Single View and Atom solution, so this paper ensures that the existing components are re-procured to support Troubled families, Safeguarding and associated integration.
- 4.14. Over the last 3 years the Supporting the Front Line project has taken £1.3m out of the budget up to 2015/16, these savings include those relating to the Case Management System (CMS) so savings have already been applied to Support to Social Work teams. Once the CMS is in place this will allow the savings to be delivered.
- 4.15. It is anticipated that improvements in management information as a result of the new systems will lead to more informed decision making and improved budget management, creating benefits in terms of future potential savings.
- 4.16. There may also be savings within Business Intelligence as the reporting from the new systems will be more robust, and easier to access data.

5. Background/Chronology

- 5.1. In March 2014: The Contract for LiquidLogic was awarded via G-Cloud; contracts procured through the G-Cloud framework, call-off contracts under G-Cloud frameworks are limited to a maximum duration of 2 years.
- 5.2. In January 2015: ICT Strategy produced a detailed draft business case to deliver the technical components to enable the Care Act 2014; supporting Phase 2 and delivery of Citizen Care Accounts by April 2016. The government have since extended this deadline to 2020.
- 5.3. In September 2015: ICT Strategy was commissioned to produce a detailed proposal on requirements and solutions needed along with a costed implementation plan. Business Analysts undertook work to review the recommendations of the draft detailed business case, validate the statement of business requirements, research scope and update possible alternative solutions, and request updated supplier/provider costs. This resulted in the drafting of a High Level Business Case (HLBC) for consultation with Adults, Children's and Public Health stakeholders.
- 5.4. In November 2015: the HLBC was submitted to Technical Enablers Group (TEG) and then Executive Monitoring Board (EMB), for consideration. On 20th November 2015: the HLBC was approved by EMB; which triggered the need to proceed to the next stage (Cabinet Approval to spend > £1m). In order to achieve this as quickly as possible (to enable procurement), the following timetable is being followed:

DEADLINE FOR MGB REPORTS	MANAGEMENT GROUP BOARD	DEADLINE FOR BRIEFING REPORTS	PRE-AGENDA BRIEFING	DEADLINE FOR CABINET REPORTS	CABINET
24-Dec-15 (Thursday) or 04-Jan-16	06-Jan-16	13-Jan-16	19-Jan-16	28-Jan-16	09-Feb-16

- 5.5. On 25th March 2016 the G-Cloud call-off contract for LiquidLogic expires and cannot be extended via this framework.

6. Wards Affected and Local Ward Members

- 6.1. All Wards will be affected by this proposal

7. Implications of Recommendation

7.1. Policy Implications

- 7.1.1. This proposal is in keeping with the requirements of the Care Act 2014.

7.2. Legal Implications

- 7.2.1. The value of this procurement at over £1,000,000 requires it to comply with both the Council's Contract Procedures and the Public Contracts Regulations 2015 (Public Contracts Regulations). The proposed

procurement route using the LASA framework provides a compliant route for procuring the software applications.

7.2.2. The Public Contracts Regulations permit the direct award of contracts to suppliers who have been appointed to frameworks where the framework sets out:

- (i) all the contract terms governing the supply; and
- (ii) all the objective conditions are in place that are required to make a decision for award of the specific contract to a supplier.

The LASA framework meets the above and permits direct award to suppliers appointed to the framework.

7.2.3. The Council's Contract Procedures provide that, where a legally procured framework agreement is used, there is an exemption to the requirements for competition.

7.3. Financial Implications

7.3.1. The high level business case developed for Children's Services, Adult Social Care and Public Health proposes a strategic investment programme with an estimated cost of £10.3m over five years including all procurements, resources to implement, and ongoing support and maintenance. Programme governance will continue to review and scrutinise the spending profile between capital and revenue over the five year period.

7.3.2. In the immediate future there is an urgent requirement to procure a replacement of the Children's and Adults Social Care Case Management System at a cost of £2.4m over a period of five years. This £2.4m is part of the overall £10.3m stated above. In order to allow this project to progress now as part of getting the new system in place for April 2016 the full £2.4m will be for capital expenditure, funded from a combination of grant funding £0.75m and a virement from the Strategic Initiative allocation of a further £1.65m. This will allow the project to progress whilst the detail is being developed, which is likely to result in some expenditure in later years being assessed and detailed as revenue, which will be built into later year budget setting processes.

7.4. Equality Implications

7.4.1. An Equality Impact Assessment has been completed and is attached as Appendix 1

7.5. Rural Community Implications

7.5.1. The proposal will support the creation of greater choice of type and location of support for those in rural communities to have a personalised response to their circumstances and needs.

- 7.5.2. Service users and carers living in rural communities will be engaged to design the services that will meet their specific needs.

7.6. Human Resources Implications

- 7.6.1. No implications identified, as this paper relates to the provision of the technical solutions required in order to enable the compliant delivery of the Care Act 2014. Resources to implement the solutions are identified in the high level business case.

7.7. Public Health Implications

- 7.7.1. Implications for Public Health are set out in paragraph 4.7 in the reasons for recommendations section 4 of this paper.

7.8. Other Implications

- 7.8.1. No other Implications identified

8. Risk Management

- 8.1. This paper relates to the provision of the ICT systems required in order to enable the delivery of full compliance with the Care Act 2014; the risks detailed here relate to the procurement and implementation of the technical systems, and not the delivery of the Care Act.
- 8.2. Currently, Cheshire East Council is appropriately placed to deliver the full requirements of the Care Act within the timescales defined by government. If timescales were to slip, due to delays in implementation, achieving the requirements within the prescribed timescales may be put at risk.
- 8.3. If the proposals made in this paper are not approved at the Cabinet meeting on 9th February 2016, there is a high likelihood that it would not be possible to renew the contract for the Case Management system by 25th March 2016. The implications of this would be that access to the social care case management system could be withdrawn, thereby endangering the authority's ability to deliver social care.

9. Access to Information/Bibliography

- 9.1. Appendix 1 - Equality Impact Assessment
- 9.2. Appendix 2 - Reasons for Recommendation - expanded version

The background papers relating to this report can be inspected by contacting the report writer:

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