DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	CAREDIRECTOR IMPLEMENTATION FOR ADULT SOCIAL CARE
DATE OF DECISION:	1 JULY 2021
REPORT OF:	EXECUTIVE DIRECTOR WELLBEING (ADULTS AND HEALTH)

CONTACT DETAILS				
Executive Director	Title	Executive Director Wellbeing (Adults & Health)		
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

The Client Case Management (CCM) Programme concerns the procurement and implementation of a new social care IT system (CareDirector v6), for both Adult and Children's Services. CareDirector will be replacing Paris, the incumbent system, which has been in place since 2003. 18 years on from implementation, Paris has become difficult to use, make changes to and to extract data from.

Go live is targeted at October 2021. The programme sponsor is Rob Henderson Executive Director Wellbeing (Children & Learning).

Programme Vision: The implementation of CareDirector V6 will "transform the way we record, manage and use information to help us provide the best care for the people in our city who need it".

RECOMMENDATIONS:

	(i)	That the Panel note the forthcoming implementation of CareDirector and progress made to date.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to scrutinise the implementation of CareDirector.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	Not app	licable. Report developed at the request of the Panel.	
DETAIL (Including consultation carried out)			
3.		gramme consists of workstreams (projects) to deliver the system and build for Children's, Adults and finance elements and is supported	

	by workstreams dedicated to Testing, Business Change, Training, Migration, Reporting, Infrastructure, Configuration and Interfaces.
4.	 Programme Benefits include: Replacement of Paris with a modern, robust and user-friendly social care solution built to support services in meeting the needs of service users. Streamlining of processes across Adults, Children's and Families and ICU, increasing efficiency and productivity. Core system integrations, including Business World and Health. Ability to improve the way we manage suppliers and measure performance. Significant data management improvements and cleanse of old/duplicate/redundant data.
5.	 Governance: The CCM Programme Board has delegated decision-making authority from Executive Management Board/Full Council (within tolerances). Robert Henderson, project sponsor (Senior Responsible Owner) has delegated authority to give a Go/No Go decision at the point of Go Live.
6.	 Progress: Processes across Adults and Children's and Finance have been documented and streamlined. A portal to enable access to the Paris historical record has been built and integrated to CareDirector. Seven data migrations have been executed, and most data has been migrated to the new system including client data, teams, providers and financial assessments. 20/21 Statutory returns are being run from the CareDirector reporting infrastructure. Development of Power BI capability gives social care teams self-serve capability that will transform our ability to view and analyse performance data. Go-live release (v6.2.1) has been received and installed.
7.	 Key milestones: User Acceptance Testing begins mid-July (an opportunity for users to test and sign off the end-to-end processes that will be followed in the system once live in a test environment). Training begins 6 September. Go live scheduled for 31 October.
8.	 Future phases: Phase 1 will deliver the new system with streamlined processes, significant improvements to reports and data, key integrations, workflow and workload management. Phase 2 is at the concept stage and will build on the foundation of Phase 1. Possible adult social care candidate improvements for Phase 2 include further health integration, automation of brokerage,

	support of Carers in Southampton, differed payment and BetterCare integration.
RESO	JRCE IMPLICATIONS
<u>Capita</u>	/Revenue
9.	A budget update and request for sufficient funding to complete the project was provided to Full Council in February 2021 (item 56, report 2.1 (a)). The programme remains within its allocated capital and revenue budgets, which are delegated to the SRO to manage and for which he is accountable to Council.
10.	 Remaining capital budget is £1.28M and is expected to be spent as follows: £402,933 Internal resources £493,503 Temporary resources £253,300 Supplier costs
Proper	ty/Other
11.	Not applicable
LEGAL	IMPLICATIONS
Statuto	ory power to undertake proposals in the report:
12.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000
Other I	<u>_egal Implications</u> :
13.	Not applicable
RISK	IANAGEMENT IMPLICATIONS
14.	Risk management governance is in place. A full risk report including mitigation strategies is provided to the Programme Board monthly and strategies to manage key risks and issues are discussed and agreed. The programme has also been subject to a review by Internal Audit who have recently published their report.
POLIC	Y FRAMEWORK IMPLICATIONS
15.	This programme supports corporate wellbeing objectives by delivering a modern, robust, user-friendly social care solution and reporting infrastructure designed to support the council in meeting the needs of service users.

KEY DE	ECISION?	No		
WARDS/COMMUNITIES AFFECTED:		FECTED:	All	
SUPPORTING DOCUMENTATION				
Appendices				
1.	None			
Documents In Members' Rooms				
1.	None			

Equality Impact Assessment			
Do the implications/subject of the report Impact Assessment (ESIA) to be carried			
Data Protection Impact Assessment			
Do the implications/subject of the report require a Data Protection Impact Yes Assessment (DPIA) to be carried out?			
Other Background Documents Other Background documents available for inspection at:			
Title of Background Paper(s)Relevant Paragraph of the AccesInformation Procedure Rules / Schedule 12A allowing document be Exempt/Confidential (if applice)			
1. None			