Adult Social Care Committee

Report title:	**Social Care Systems Re-procurement**
Date of meeting:	**25 January 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

This paper asks the Adult Social Care Committee to recommend to Policy & Resources committee that it:

a) agrees to the procurement of a replacement social care recording system that meets current and future business requirements, effectively
b) agrees the associated capital funding bid
c) considers a recommendation to P and R for the £0.478m revenue funding for 2016/17 for the corporate social care system re-procurement, and £1.793m in future years, as part of the overall NCC budget
d) adds the risks associated with the transition to the Corporate Risk Register
e) allows an exemption to Contract Standing Orders to extend the contract for the current CareFirst system to March 2018, to permit a phased transition

This will form the basis on which savings, integration and service improvements can be developed and delivered. CareFirst provides a platform for the council to deliver its statutory social care functions and in this regard there is no choice but to replace CareFirst as it reaches the end of its operating life.

Executive summary

The Care First system provided by OLM has been in place for the past nine years and is a business critical social care recording system used by Adult Social Services, Children's Services, procurement (for contract administration) and, for social care charging, by Financial Exchequer Services. The OLM contract has been extended until March 2018 but procurement law will prevent further extension and there are a number of reasons for replacing CareFirst which are set out in the body of this report.

The project to replace Care First has been provisionally planned as follows:

Phase 1 (Requirements) – market, user and stakeholder engagement to inform the development of an agreed Requirements Specification by March 2016

Phase 2 (Procurement) – selection of a solution and supplier by October 2016

Phase 3 (Implementation) – configuration of solution, business process review, training, migration of data and go-live by April 2018

The key benefits are

1) A resilient and adaptable system to underpin our delivery of social care through to 2025
2) Savings, integration and service improvement through an intuitive, flexible system
3) Compliance with the legal and procurement imperatives

The major risks are:

1) Being unable to resource the project to meet the April 2018 deadline
2) Setting a scope that is either too ambitious or not challenging enough
3) The market may not provide an affordable solution
4) It may be difficult to establish costs and fund the project

5) National and local agendas may cause our requirements to change radically between procuring and implementing the system

Recommendations:

Members of the Adult Social Care Committee are asked to recommend to Policy and Resources Committee that it:

1) **agrees to the procurement of a replacement social care recording system that meets current and future business requirements, effectively**
2) **agrees the associated capital funding bid**
3) **considers a recommendation to P and R for the £0.478m revenue funding for 2016/17 for the corporate social care system re-procurement, and £1.793m in future years, as part of the overall NCC budget**
4) **adds the risks associated with the transition to the Corporate Risk Register**
5) **allows an exemption to Contract Standing Orders to extend the contract for the current CareFirst system to March 2018, to permit a phased transition**

1. Proposal

1.1 The proposal is to replace the current CareFirst social care system through a re-procurement process to be in place by April 2018. The funding of the programme is proposed to be through the 2016/17, 2017/18 and 2018/19 capital programme.

1.2 While the procurement and implementation are carried out, CareFirst will continue to be our live Social Care system for a further two years, based on current estimates. A contract standing order exemption will be required to enable the extension of the CareFirst contract with OLM through to March 2018 under Regulation 72(1)(b)(i) as only OLM can provide maintenance services of this nature for this software for which we own a perpetual licence. The cost of this will be £260,000 per annum for two years. Earlier re-procurement of the system was not practical because in July 2013, when the re-procurement would have otherwise commenced, there was a significant amount of pressure and change being experienced in Childrens Services. The advice received from the then Director of Childrens Services was that any disruption with the CareFirst system could cause further complications.

1.3 As the new system is being procured for Adults, Children's, Procurement and Finance departments, similar reports will be taken to the Children's Services Committee and Policy and Resources Committee which will also be requested to approve the overall proposed programme including the proposed capital bid of £7.926m.

1.4 CareFirst is a major council system and four departments rely on its use as a business critical tool. CareFirst provides a platform for the council to deliver its statutory social care functions and there is therefore no choice but to replace CareFirst as it reaches the end of its operating life.

2. Evidence

2.1 **The Business Case for Change**

2.1.1 The CareFirst system provided by OLM has been in place since 2006/07 and is a business critical data recording system used by Adult Social Care, Procurement, Children's Services and Finance Exchequer Services (FES). The OLM contract needs to be extended until March 2018 during which time the re-procurement and transition will take place. There are a number of reasons for replacing CareFirst, and these include:

a) CareFirst is increasingly described as a legacy system which no longer meets business needs – both the statutory framework and working practices have changed substantially since it was bought

b) Age – CareFirst has been in operation at NCC since 2006/07 and its current configuration is fundamentally the original one, operating on a server infrastructure that reaches its original 5-year life expectancy in 2016. The risk of component failure is increasing along with the likely occurrence of unplanned downtime

c) Value – CareFirst is operationally imbedded and is indispensable to essential business processes and business-critical with 3,000 users. These are a combination of council staff and partner organisations e.g. District Councils, the Police and increasingly NHS organisations

d) Change – while some changes are accommodated effectively (such as forms development), other enhancements have proven difficult. The CareFirst environment has not to date been able to adapt easily and energise business change. The pressure to change is increasing (Health & Social Care and other partnerships working, Re-imagining Norfolk, Ofsted, Signs of Safety) and with it, this risk is also likely to increase

e) Specialist skills – operation of the system and its platform revolves around some strong in-house specialist skills and knowledge that are uncommon in the market and not always available from the supplier. These skills are often in short supply which creates an ICT capacity deficiency within the council as a whole

f) Usability – the system is sometimes described by users as 'clunky' to use, management information is not readily accessible to users and interfaces are limited to E-Business Suite and Tribal. In addition we have struggled to implement enhancements to the CareFirst system, particularly in the areas of flexible working and customer access

g) Maintainability – OLM have a policy of lifetime support for the CareFirst product, but we should note that OLM's social care system offered on the LASA framework is the new Eclipse product, not CareFirst. OLM have recently announced that CareFirst is in maintenance mode only and that development will be confined to their new product Eclipse

2.2 Data Volumes/Dimensions

2.2.1 The following tables are illustrative of the type and numbers of records held by CareFirst and will help to formulate the business requirement for the new system.

CareFirst Records	Numbers
Service users (past and present)	300,481
Carers (informal/foster/adoptive – past and present)	34,864
Employees and other professionals (past and present)	33,627
Other interested parties – family/friends/relatives (past and present)	330,698
Other records (missing persons, risk to children)	11,550

CareFirst System Users	Current Numbers
Adult Teams	1,487
Children's Teams	1,813
NHS (Mental Health)	235
Finance	162
Shared/Other	284
Total	**3,981**

CareFirst Financial Transactions – Finance Exchequer Services (FES)	Numbers in 2014/15
Financial assessments for service users in residential provision	8,273
Financial assessments for service users in non- residential provision	13,665
Total Financial Assessments	21,938
Payments made to service providers	212,478
Invoices submitted to service users	102,850

Information on Children in Norfolk	2013/14	2014/15
Number of children and young people living in Norfolk under age of 18		166,507
Number of children living in poverty		17%
Number of contacts		37,000
Number of Children in Need	9,967	10,249
Number of referrals	9,729	7,943
Number of initial assessments completed	8,925	Combined with core below.
Number of core assessments completed	2,579	7,398
Number of children subject to S47s [1] which started during the year ending 31 March	1,349	2,057
Number Children who were the subject of a child protection plan at 31 March	537	572
Children who became the subject of a plan during the year	825	855
Number Child Protection Plans ended in year	832	808
Number of children looked after at 31 March	1,150	1,070
Number of children who started to be looked after during the year ending 31 March	530	420
Number of children who ceased to be looked after during the year ending 31 March	465	510
Number of children adopted during the year ending 31 March	80	105
Care Leavers aged 19, 20 and 21	415	

[1] A S47 requires a LA to carry out an investigation when a child is suspected of suffering significant harm

Adults – the information below is from the Norfolk Story

Living status	2015	2020	2025	2030
Total population aged 65-74 predicted to live alone	28,310	29,330	28,230	31,290
Total population aged 75 and over predicted to live alone	47,837	54,800	66,498	73,181
Total population aged 65 and over living in a care home with or without nursing	6,480	7,507	8,894	10,422

Support arrangements	2015	2020	2025	2030
Domestic tasks: total population aged 65 and over unable to manage at least one domestic task on their own	84,980	95,437	107,419	120,615
Providing care: total population aged 65 and over providing unpaid care	30,469	32,700	35,271	38,713
Self-care: people aged 65 and over unable to manage at least one self-care activity on their own	69,787	78,013	87,679	98,750

2.3   Summary of the specification of requirements

2.3.1   In phase 1 (Requirements) we will specify requirements for a solution that will meet our strategic business process requirements and provide the flexibility and the tools to allow us to refine and improve our ways of working. The final product of phase 1 will be a Requirements Statement in the prescribed format to send to suppliers for the procurement process.

2.3.2   Appendix 1 sets out information requirements to inform the initial scope for the Statement of Requirements.

2.4   Project Scope

2.4.1   The proposed Strategic Approach defines the strategic principles as follows:-

1) A joined-up social care system for Adults, Children's, Finance & Procurement in order to enable and support more integrated approaches with the whole family, transition from child to adult, contracts, commitments and forecasting
2) Integration with Health and other partners is key, reflecting our integrated commissioning and delivery in Adults, including direct working together under section 75, and the new locality-based multi-agency hub approach in Children's
3) Supporting vulnerable people – the solution must be an enabler for our corporate outcome framework - that all vulnerable people who live, work, learn and are cared for will be safe; and that vulnerable people are more resilient and independent
4) Simplicity with straightforward recording, automated workflows and readily accessible information, in order to improve efficiency and release practitioner time while supporting our compliance with relevant legislation
5) Information and our use of it drives the system. Information sharing with partners underpins commissioning and delivery within a 'whole system' approach. We also need to make citizens' own records more accessible to them
6) Transformation – from the National Information Board digital strategy through to local initiatives ("Re-imagining Norfolk", "Signs of Safety" and "Promoting Independence") - will require a system and supplier that are flexible and offer innovative solutions
7) The strategic ICT&IM architecture requires integration of the social care system - with Identity Management, the Information Hub, Records Management, Customer Relationship Management, portals, and a granular access control model - in order to support the corporate programme and exploit wider benefits

2.4.2   Based on these strategic principles, the scope of the project is as follows:

Phase 1 (Requirements)
a) An agreed Requirements Specification ready to go to market for a joined-up Adults, Children's (including Early Help), Finance and Procurement system, associated business process review and implementation, with a signed off business case

b) Based on a blueprint for social care's strategic business processes, including integration with partners and statutory returns

c) Having undertaken user and stakeholder engagement

d) And clarified requirements of strategic ICT&IM architecture and deliverables of other projects and initiatives

Phase 2 (Procurement)
a) A procurement process resulting in a contract with a selected supplier.

Phase 3 (Implementation)

a) Configuration of solution, business process review, training, migration of data and go-live by April 2018

Excluded from Project Scope
The scope of the project specifically excludes the following:-
a) Tribal and other Children's Services education systems and processes

2.5 Procurement

2.5.1 Procurement of the new system has been planned on the basis of the following assumptions:-

a) Under procurement law, we have to undertake a tender process

b) There is a system in the market that meets our requirements

c) We have already undertaken market engagement to inform the requirement and the process

d) It is mandatory that the solution provides Adult social care, Children's social care (including Early Help), and associated finance and contracts functions

e) The process must test that the selected supplier is in a position to deliver to our timeframe

f) All business functions need to be operational on the new system by March 2018

g) CareFirst and supporting infrastructure will continue to be fit for purpose until March 2018

2.5.2 The Council's Head of Procurement will advise on procurement options as the specification of requirements takes shape.

2.6 Project Resources

2.6.1 Appendix 2 shows the staffing resource estimates for the project that have been constructed by the procurement consultant providing quality assurance to the project. Funding for 2015/16 of £0.150m has been made available from the councils Innovations Reserve to enable the project to be 'kick started'. Funding arrangements for the capital programme from April 2016 onwards are set out in section 3.

2.7 Benefits Realisation

2.7.1 A Benefits Workshop is planned for phase 1 and this will feed into the detailed business case. A Benefits Pack will be completed as the outcome of the benefits workshop to include a benefits map, a benefits log and a benefits profile for each project benefit. This will be reviewed and more detail added as the project develops.

2.7.2   Balanced Score Card

The balanced score card is an initial strategic view of benefits. Work is in progress to quantify the benefits. The Score Card will enable the SCS project team to set, track, and achieve its key business strategies and objectives.

Service/Customer	*Performance*
More integrated approaches with whole family, transitions, contracts, commitments and forecasting More effective support for vulnerable people Citizens' records more accessible	Compliance with statutory obligations Improves integration including direct working together and locality-based hubs Better information underpinning commissioning and delivery System resilience
Staff	*Financial*
Simplicity Better information Releases practitioner time Opportunity to work in more integrated ways	Early intervention Better information leading to better financial controls Potential staff and third party cost savings Potential system running cost savings

2.8   **Consultation**

2.8.1   The broad approach for stakeholder engagement in phase 1 will be to focus efforts on internal stakeholders (CareFirst users, other staff, senior managers and related change governance groups) to ensure involvement of appropriate individuals and enable validation of requirements and approach.

We intend to manage relationships with partners through existing communication routes and limit public communication at this time to material submitted through the democratic (committee) process.

In addition some partners, e.g. representatives of Clinical Commissioning Groups and NHS Provider Trusts, will be invited to form part of the procurement process in Phase 2 (Procurement).

2.8.2   The provisional list of interested groups appears below and this will be reviewed by the project team. These are notated as either C (Consult) or I (Inform). A communications strategy will be developed by the project team.

Ref	Group	Includes	Consult-C Inform-I	Proposed communications Jan-Mar 2016
1.	Regulators	Ofsted, CQC, CIPFA, DfE, Other	I	None, other than possible early notification of intentions to DfE.
2.	Customers	Citizens. service users	C	None, other than via committee reporting.
3.	Potential suppliers	-	C	Via pre-market engagement process
4.	Potential integration suppliers	TPP (SystmOne), Tribal, CRM, EMIS, etc.	C	As needed via dependency owners

5.	Site visit candidates	Kent CC, Essex CC, Lincs CC, others	C	Request to visit / discuss in Jan/Feb.
6.	Partners - Police	Norfolk Constabulary	C	Via MASH
7.	Partners – Suffolk CC	Suffolk CC	C	Monthly update via current contacts
8.	District Councils	All Norfolk DCs	C	Notify once committees have approved.
9.	NHS partners	CCGs, NELCSU, NCH&C, ECCH, CCS, Acute Hospitals, NSFT	C	Via Digital Roadmap development
10.	Partnership Boards	Health & Wellbeing Board, C&YP Strategic Partnership Board, Norfolk Safeguarding Children Board	I	Current attendees to update on procurement plans in normal schedule.
11.	Partners – other	Probation, Schools, Voluntary sector.	I	Notify once committees have approved.
12.	Trade unions	Unison	C	Notify once committees have approved.
13.	Media	EDP, BBC	I	None
14.	Users & staff		C	Via Finance, Adults and Children's reference groups / user forums... Publicise to all staff once committees have approved.
15.	Internal groups	Public Health, Transformation boards, Tribal Mgt, Early Help Mgt.	I	Notification via SCS project team

Key: CQC - Care and Quality Commission, CRM – Customer Relationship Management, DfE – Department for Education, EMIS - Egton Medical Information Systems, CCGs - Clinical Commissioning Groups, NELCSU - North East London Commissioning Support Unit, NCHC – Norfolk Community Health and Care, ECCH – East Coast Community Health, NSFT, Norfolk and Suffolk Foundation Trust.

2.9   **Project Plan**

2.9.1   Phases 1, 2 and 3 of the re-procurement are shown on the high level plan across years. Appendix 3 shows the plan broken down into more detailed components on a quarterly timeline.

2015	2016	2017	2018

PHASE 1 Requirements Definition

Mar 2016 SoR signed off

PHASE 2 Procure-ment

Oct 2016 Supplier chosen

Dec 2017 System ready

PHASE 3 Implementation

Mar 2018 Migration from CF

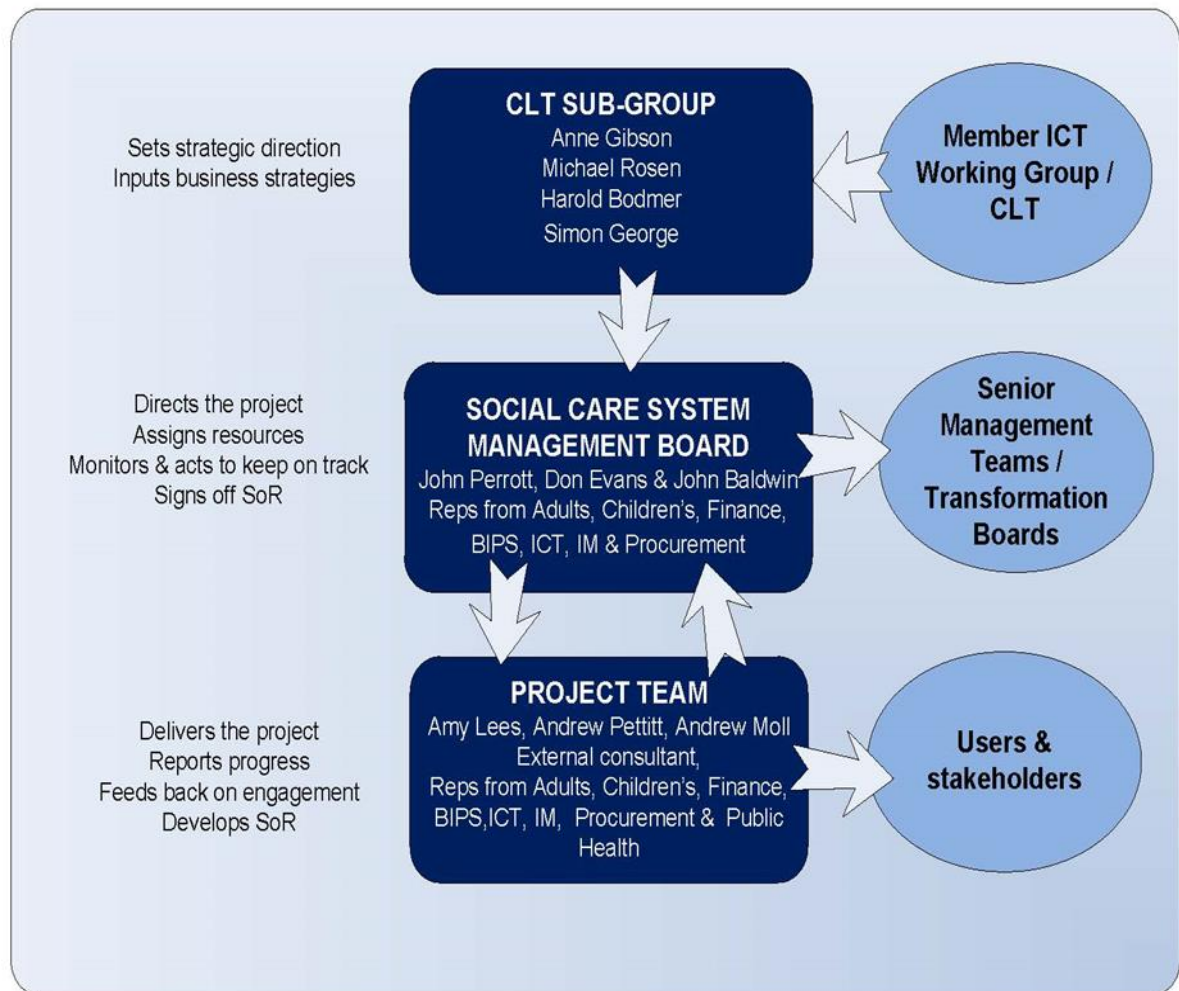| Oct	Nov	Dec	Jan	Feb	Mar
Prep					
	Bidders' Days				
Survey			Engagement		
					SoR
Integration requirements					
Data Cleansing					
Business readiness					
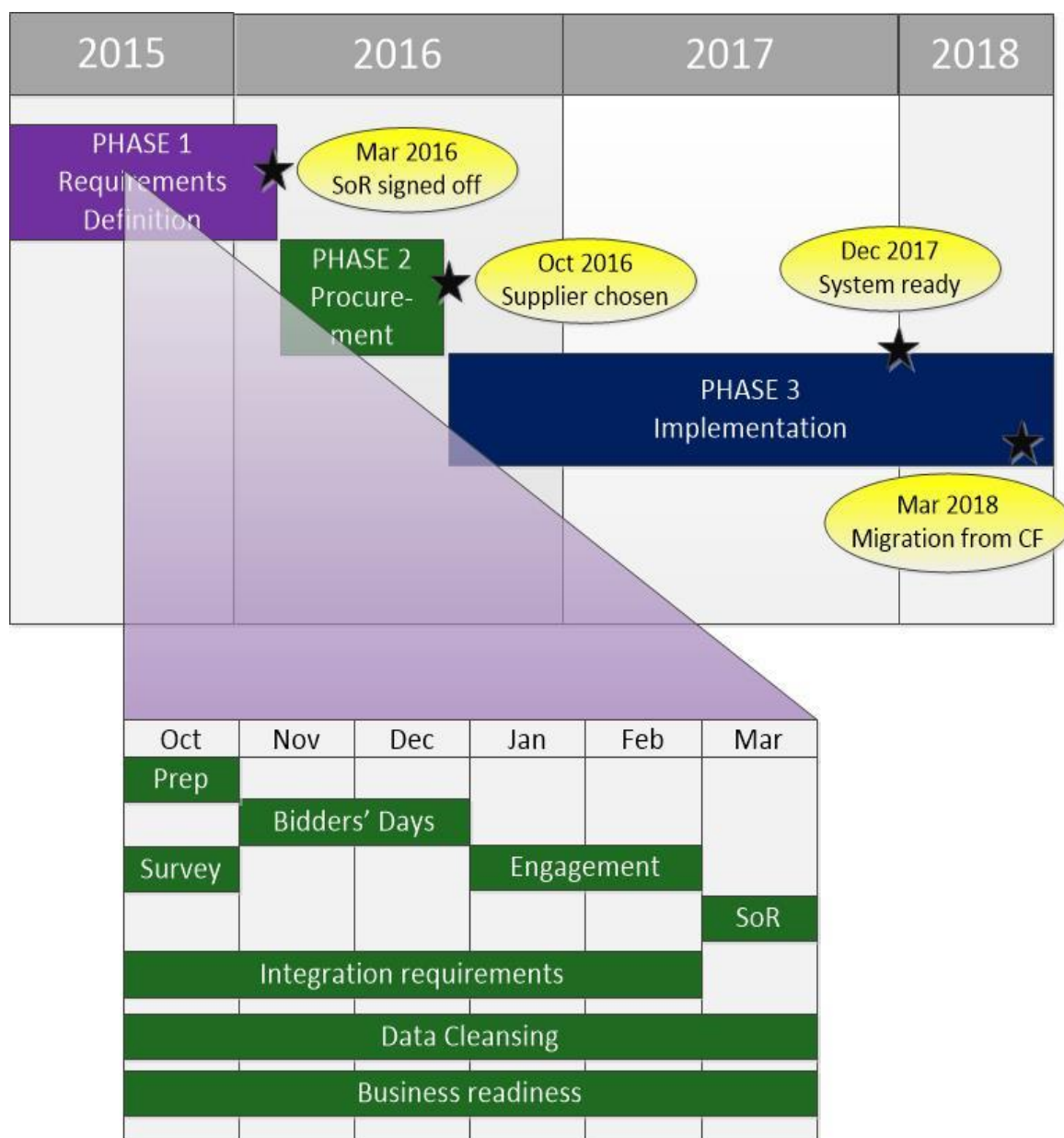
2.10 Project Governance

2.10.1 The Social Care Systems re-procurement is comprised of Adults, Children's, Procurement and Finance departments as major system users so that a joined up approach is required to manage the project. The oversight of the project is by a County Leadership Team sub group (CLTSG).

The Member ICT Working Group will receive regular progress reports. Reports will also be provided to Adults, Children's and Policy & Resources Committees.

The Social Care System Management Board (SCSMB), formerly the CareFirst Management Board, is responsible for signing off the statement of requirement, direction of the project, assigning resources and ensuring the project is on track. Members of this group report progress to departmental management teams.

The SCS Project Team develops the statement of requirement, delivers the project, reports progress, consults with relevant groups and is represented by key staff from all user departments. The governance pictorial view is shown below.

CLT SUB-GROUP
Anne Gibson
Michael Rosen
Harold Bodmer
Simon George

Sets strategic direction
Inputs business strategies

Member ICT Working Group / CLT

SOCIAL CARE SYSTEM MANAGEMENT BOARD
John Perrott, Don Evans & John Baldwin
Reps from Adults, Children's, Finance, BIPS, ICT, IM & Procurement

Directs the project
Assigns resources
Monitors & acts to keep on track
Signs off SoR

Senior Management Teams / Transformation Boards

PROJECT TEAM
Amy Lees, Andrew Pettitt, Andrew Moll
External consultant,
Reps from Adults, Children's, Finance, BIPS, ICT, IM, Procurement & Public Health

Delivers the project
Reports progress
Feeds back on engagement
Develops SoR

Users & stakeholders

2.11 Progress with the Project

2.11.1 The current position is that the core Project Team was appointed just before Christmas 2015 and arrangements are in hand to 'backfill' their posts while seconded to the project. Space for the team has been provided on floor 7 at County Hall to support co-ordination, planning and effective communication and this has been occupied from 4 January 2016.

2.11.2 During November and December 2015 five bidders' days were arranged for potential suppliers to present their systems to project staff and other professional staff. The five potential suppliers included: CoreLogic, Azeus, LiquidLogic, OLM and Tribal. The bidders' days play no part in selection of the supplier but have been helpful to establish what current systems are capable of and how they are being used on other local authorities. This information will be used to inform NCC requirements for the new system.

2.11.3 The outlook for January to March is that work on the business requirements will be completed together with work to prepare for data migration. Planned work also includes:

a) completion and sign-off of benefits cards
b) completion and sign-off of the detailed business case
c) documentation and sign-off of business requirements
d) documentation and sign-off of other requirements, including links with corporate programmes such as Customer Services Strategy
e) preparation of data for migration
f) preparation of business readiness plans

3. Financial Implications - funding the re-procurement and the Capital Programme 2016/17, 2017/18 and 2018/19

3.1 The comparable cost of introducing the CareFirst social care database in 2006/07 was £9.923m capital and £4.225mm revenue totalling £14.148m.

3.2 Initial estimates for the replacement CareFirst programme total £10.348m. Overall these are approximately £3.8m less compared to 2006/07. The differences are set out in the table below:

Programme	Capital £m	Revenue £m	Total £m
2006/07	9.923	4.225	14.148
2016/17	7.926	2.422	10.348
Difference	**-1.997**	**-1.803**	**-3.800**

The reasons for the difference are, for capital at £1.997m less than last time:

- A supplier-hosted solution will reduce/remove upfront hardware and database licence costs – market intelligence suggests that the current annual maintenance fee for CareFirst (which excludes hardware and Oracle maintenance) would cover both hosting and maintenance of a new system
- Standard configuration and migration approaches which will require less consultancy effort than the migration to CareFirst from legacy in-house systems

And for revenue costs at £1.803m less than last time:

- The reduction/removal of hardware and Oracle licence/maintenance costs as a result of supplier hosting;
- No revenue costs for consultancy are planned;
- Staff training is being undertaken within the NCC this time and over a shorter period.

Table A

PROJECT CAPITAL ESTIMATES	2016-17 £	2017-18 £	2018-19 Apr-June £	Total £
Staff Costs	1,051,000	2,788,000	551,000	4,390,000
Non Staff Costs	99,000	264,000	52,000	415,000
Supplier Implementation Consultancy	431,000	1,143,000	226,000	1,800,000
Contingency 20%	316,000	839,000	166,000	1,321,000
Total Project Capital	**1,897,000**	**5,034,000**	**995,000**	**7,926,000**

Table B

PROJECT REVENUE ESTIMATES	2016-17 £	2017-18 £	2018-19 £	Total £
Staff costs related to procurement	399,000	0	0	399,000
Training	0	762,000	732,000	1,494,000
Contingency 20%	79,700	152,400	146,500	378,600
Total Project Revenue	**478,700**	**914,400**	**878,500**	**2,271,600**
		2015/16 set up costs		150,000
		Overall revenue costs		**2,421,600**

NB Staffing costs total £6.433m - see Appendix 2

3.3   The Committee is asked, a) to agree the associated capital funding bid of £7.926m for recommendation to Policy and Resources Committee, and b) consider a recommendation to P and R for the £0.478m revenue funding for 2016/17 for the corporate social care system re-procurement, and £1.793m in future years, as part of the overall NCC budget

4.   Key Risks

4.1   The project has identified the following key risks. These are currently at high level and will be developed into a full risk register for the overall project. It is proposed that the risk should be developed further and added to the Corporate Risk Register.

	Risk	Mitigation
1	**TIMESCALE** We may fail to meet the April 2018 deadline. The in-house resource time to deliver the project may be hard to secure – both core team and in the wider services. It may be difficult to obtain time from partners and other services.	Strategic direction, priority and commitment Planning Senior stakeholder engagement
2	**SCOPE** We may try to deliver too much and lengthen the project. We may narrow the scope too much and fail to deliver benefits. Migration may prove a significant task.	Review process Market discussions
3	**MARKET** The market may not provide a solution that meets all of our requirements. Solutions may be unaffordable.	Market discussions Procurement and decision-making process
4	**COST** It may be difficult to establish costs and fund them.	Narrow down cost estimates via procurement process
5	**FUTURE CHANGES** Emerging ICT, corporate, county and national initiatives may move the target Future business requirements after March 2016 will not be accommodated through the procurement process	Links with corporate programme, management teams and wider dependencies

5. Background

5.1 As the new system is being procured for Adults, Children's, Procurement and Finance departments, similar reports will be taken to the Children's Services Committee and Policy and Resources Committee which will be requested to approve the overall programme.

6. Recommendations

6.1 **Members of the Adult Social Care Committee are asked to** recommend to Policy and Resources Committee that **it:**

   a) **agrees to the procurement of a replacement** social care recording system that meets current and future business requirements, effectively
   b) agrees the associated capital funding bid
   c) considers a recommendation to P and R for the £0.478m revenue funding for 2016/17 for the corporate social care system re-procurement, and £1.793m in future years, as part of the overall NCC budget
   d) adds the risks associated with the transition to the Corporate Risk Register
   e) allows an exemption to Contract Standing Orders to extend the contract for the current CareFirst system to March 2018, to permit a phased transition

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:
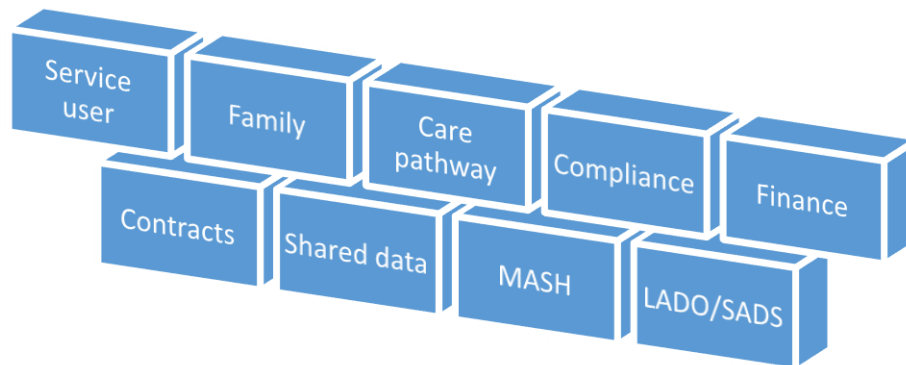
Officer Name:	Tel No:	Email address:
John Perrott	01603 222054	john.perrott@norfolk.gov.uk

We need to hold the following types of information and use different views of this information to achieve our key outcomes. This sets the initial scope for the Statement of Requirements.

	Purpose	Outcomes
1	**Service management** and case management, with an electronic social care record and case chronology, tying in with the customer service process	• Service users' care pathway managed • Whole family approach to case recording, including Early Help • Children, young people and vulnerable adults are safe from harm • Most appropriate levels of intervention arranged • Fewer people need a social care service from NCC
2	**Compliance** with statutory guidance - Care Act and Children's Act data.	• To comply with legislation and meet our duty of care efficiently and effectively. • To produce statutory and other government returns automatically • To demonstrate the effectiveness of our services to the service user and regulatory and quality agencies
3	**Sharing with partners**[1]	• Frontline sharing of information to safeguard the service user and their family • Use of information to support seamless cross-organisational delivery and joint commissioning
4	**Financial and contract management** integrated with social care need and service provision.	• Contracts are set up in the system for social workers to use • Social workers commit spend and costs are held in the system. • Payment and billing are calculated in the system and processing interfaced with NCC's Finance system.
5	**Business intelligence** including reporting facilities and interfaces with the Information Hub, Tribal (Education) and ChildView (YOT).	• Automatic production of statutory returns • Management reports to better equip service managers to manage day by day • 'Finger on the pulse' expenditure information leading to best use of resources

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[1]*While NCC will retain ownership of all social care service user data, the system must support sharing of this data with partners, and the facility to view data within the system.*

		• Performance, contractual and expenditure monitoring, forecasting and modelling information to support commissioners and contract managers
6	**Smarter processes**	• A complete social care record is appropriately accessible to inform decision-making and risk management • Improved productivity through automated workflows • Structured and secure electronic storage of documents linking to NCC's existing systems
7	**Mobile working** with secure access and update of social care records away from the workplace.	• Access in service users' homes, hot-desking environments, partner sites • Faster update of social care record • Reduced duplication of effort • Increase time available to service users
8	**Service user access** to their own data. With links to customer service process.	• Efficiencies of communicating with service users electronically, and more flexibility in the way people can contact us • People know who to ask for the right help, information or advice • Wherever possible people with long term conditions manage their own care
9	**Commissioning** of services, care arranging, letting and management of contracts and monitoring of service delivery.	• Provider access • Informed and effective provision of the right interventions • Performance, contractual and expenditure monitoring, forecasting and modelling information to support commissioners
10	**Migration** of current data in CareFirst and Early Help.	• A structured, manageable and timely process • Data quality improved and retention rules applied • A positive and successful start-up of the new system

Resource Type	Duration	Max FTE	Total Cost £
Programme Management	Jan 2016 - Jun 2018	1	126,500
Project Manager	May 2016 - Mar 2018	2	360,000
Project Manager (Fin)	Jan 2016 - Jun 2018	1	126,500
Finance Specialist	Jan 2016 - Jun 2018	1	126,500
Finance Business Specialists	Oct 2016 - Mar 2018	4	303,600
Contracts management	Oct 2016 - Mar 2018	1	75,900
Care Arranging Service	Oct 2016 - Mar 2018	1	75,900
Business Analyst	Feb 2016 - April 2016	1	30,000
Systems Analysts	Nov 2016 - Dec 2017	2	250,000
Adults Business Lead (Phase 3)	Oct 2016 - Mar 2018	1	75,900
Business Leads (Project / A P1-2 / Ch)	Jan 2016 - Jun 2018	2	253,000
Sub Business leads	Jan 2016 - Jun 2018	2	253,000
Training Manager	Jun 2017 - Jun 2018	1	54,050
Data Migration Manager	Oct 2016 - Mar 2018	1	75,900
Trainers	Jan 2018 - Jun 2018	30	1,440,000
Communications / Change Manager	Jun 2017 - Mar 2018	2	144,000
Solutions Lead	Jan 2016 - Jun 2018	0.2	25,300
Technical Solutions Manager	Sep 2016 - Mar 2018	0.2	15,640
Technical support inc DBA	Jul 2017 - Mar 2018	0.4	15,640
Test Manager	Jan 2017 - Mar 2018	1	182,000
Data Quality Team (Post BAU)	Mar 2017 - Dec 2017	6.4	250,240
Reports & Outputs Developer	Jun 2017 - Dec 2017	3	180,000
Data Migration script developer	Dec 2016 - Nov 2017	1	110,000
Project Support Officer	Feb 2016 - Jun 2018	1	61,180
System administrator	Mar 2017 - Mar 2018	0.6	33,120
Interface Developers	Jun 2017 - Nov 2017	1	25,300
Business Intelligence lead	Jan 2016 - Jun 2018	0.4	50,600
External Consultant	Jan 2016 - Jun 2018	1	412,500
Early Help / Troubled Families *	Jan 2016 - Jun 2018	-	500,000
Integration Effort *	Oct 2016 - Jun 2018	-	400,000
Citizen Portal *	Jan 2018 - Dec 2018	-	400,000
Totals		69.2	6,432,270

Provisional sums *

Reconciliation of costs to Section 3, capital and revenue tables A and B (rounded)

Capitalised Staff Costs	4,390,000
Revenue Staff Costs research and procurement	399,000
Revenue Training Staff Costs	1,494,000
2015/16 Staff Costs	150,000
Total	**6,433,000**

SCISR High Level Plan

Project Stages / Activities	2015	2016				2017				2018	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Project Start Up											
Initial Requirements and Engagement											
Procurement / Supplier Selection											
Contract Award					01/10						
Joint Planning with Chosen Supplier											
Detailed Requirements with chosen Supplier											
System Solution Design (Interfaces, migration engine, system config)											
System Build (Interfaces / migration / engine / etc.)											
System Config (workflow / user profiles / etc.)											
System / User Testing											
Source Data Discovery / As Is Process / Opportunities											
Data Mapping											
Data Migration / System and Process Transition / Training											
Care First Decommissioning (Plan and Execute)											
Complete Migration from Care First											31/3
Live Commissioning / Post implementation Support											
Data Cleansing											

Phase 1 ➡ Phase 2 ➡ Phase 3 ➡