Report To: Health and Well-being Overview and Scrutiny Committee – 16 July 2009

Subject: Implementation of MiCARE in Adult Social Care.

Report of: Director of Adult Social Care

Summary

Adult Social Care, through mainstream service delivery and the programme for change (Care for the future: A life not a service) seeks to deliver the vision of better outcomes, greater satisfaction and lower costs for all customers. Fundamental to this is the way we record and share information.

The Manchester integrated Care and Recording Environment (MiCARE), was implemented at the end of October 2008. It replaced four main legacy IT systems and a number of paper based systems that held client information across both adults and children’s social care. The MiCARE system design was a result of a unique collaboration involving social care practitioners, senior managers and a leading edge software developer. This approach has been developed over three years and has involved the cooperation, involvement and feedback of staff across adults and children’s services.

Initially following Go Live there were some significant performance issues which are now resolved.

This paper seeks to update members on the implementation of MiCARE in Adult Social Care.

Recommendation:

To note the report

Wards Affected:

All

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1.0 Introduction

1.1 The Manchester integrated Care and Recording Environment (MiCARE), was implemented at the end of October 2008. It replaced four legacy systems and a number of paper based systems that held client information across both adults and children’s social care. The MiCARE system design was a result of a unique collaboration involving social care practitioners, senior managers and a leading edge software developer. This approach has been developed over three years and has involved the cooperation, involvement and feedback of staff across adults and children’s services. This paper focuses on the implementation in adult social care.

1.2 The blueprint for the Adult Social Care (ASC) and the programme for change (Care for the future: A life not a service) seeks to deliver the vision of better outcomes, greater satisfaction and lower costs through three main pillars and building upon a bedrock of increased efficiency and better information.

1.3 A large element of Adult Social care delivery is focussed around the development of Individual Budgets (IB’s) which although successfully introduced for all new customers in 2008/09, there is still a way to go to continue its development and ensure embedding within routine processes. The other two pillars namely targeted prevention to reduce or delay dependence and the supermarket (active engagement by ASC in creating a market place) have started successful delivery through the re-ablement project and the home care commissioning project. However, this is only the start and these early successes will support further development work to continue. The bedrock of increased efficiency and better information are an essential element of the business and were supported by the implementation of MiCare.

2.0 Pre go live support and activity

Prior to going live with MiCARE managers in Adult Social Care worked hard to ensure that staff were fully supported:

2.1 MiCARE training commenced early April 2008 starting with Generic training for all staff. This was followed by a series of specific training session for individual roles. Following feedback back from staff this was backed up with a number of on-site training sessions for front line practitioners.

2.2 ASC engaged operational staff in the role of super users of the system prior to go live. These workers participated in 3 days of End-to-End User Acceptance Testing, followed by a further week in August, which provided hands on experience of the system and the opportunity to test out different scenarios. Additional training took place from just prior to go live in October to further enhance their knowledge of processes and procedures and to provide confidence to carrying out the role of super user.

2.4 As we moved towards go live and the closing down of legacy system briefings were provided for managers so they were clear on priorities to be managed
during implementation to minimise the impact on staff in their teams during the transition phase.

2.5 Support was arranged on site from go live through super users, Micare support workers, a help desk and go live guidance booklets “how to start your work in MiCARE” and access to the MiCARE Support Process. In addition desk aids were provided to enable system users to better understand the new work processes and how to manage these within the new Micare system. A full set of manuals were available and have been regularly updated on the staff intranet site.

3.0 As with any major system implementation we experienced a number of issues around system performance and user engagement.

3.1 System performance

System performance has been monitored daily since go live. The system initially performed well, however during weeks 3 to 7 following go live some significant difficulties were experienced, much of which related to the infrastructure rather than the application itself. This did attract some media attention. The Micare team worked very closely with colleagues in corporate technology (CTU) and with the suppliers Corelogic to address these issues. However as these issues were resolved we were then impacted by the general ICT issues caused by the virus. This has now been resolved. System performance continues to be monitored as is good practice with any major system and has been stable for some time with positive feedback from users.

3.2 User engagement

All staff were trained and prepared for the implementation of Micare however it was recognised that delivering a major system change which was also supporting significant changes in the work of frontline staff was always going to be a challenge. Some staff found the new business processes more time consuming and they required considerable support to begin to work effectively in this way.

A backlog of work was anticipated as people familiarised themselves with a new system and new ways of working. This was effectively managed with the lead member and the senior management team reviewing the implementation daily and then weekly as well as use of additional staff during transition to ensure that service users were safeguarded during this period of significant change. Trade unions were also briefed on a regular basis to ensure they were up to date with action being taken to deal with any concerns their members might have. All backlogs are now cleared and at no time was the safety of any services users compromised.

4.0 Live Proving

In line with good practice a short while after Go live, in February, we undertook what is known as ‘live proving exercise’. System users went through each part
of the process to identify potential issues either within the business processes or with the actual system. These were then categorised to determine the type of issue and the level of priority and a plan was developed to address these issues. A further engagement/training programme is now in the process of being delivered across all the business areas in Adult Social Care focussing on the customer journey and how Micare supports this. Amendments to the business processes and associated reconfiguration within the system have now been completed and will roll out across all teams at the end of June once all teams have received training.

5.0 Benefits

5.1 The MiCARE Adult Social Care (ASC) assessment tools have been designed from customer, carer and practitioner perspectives that incorporate and support the challenges of personalisation and Individual Budgets. As well as supporting the work of social workers for the future Micare will also support staff working in a much wider range of areas including day centres, home care

5.2 Residents of Manchester and their families, who have a need for social care services across the city, are beginning to benefit from:

- More control over the services that they receive and the way that they receive them;
- More choices and help to decide how their needs can best be met;
- The chance to do the things that other people take for granted and to have better access, quickly and with ease, to universal services;
- Integrated, locally delivered services that achieve comprehensive prevention, early intervention and independence;
- The best quality support, ensuring protection for those with the highest levels of need

5.3 In transforming the customer experience we are simultaneously changing the overall shape of services, including the numbers of people receiving different forms of help.

5.4 The MiCARE system will enable us to manage and appropriately share service user information more effectively as well as providing a platform for reporting on performance across all areas. It supports the recently developed Customer Services, Information and ICT strategies for the council and will provide a more efficient platform for workers across Adult Social Care.

6.0 Future planned developments for MiCARE include:

- Support for mobile working
- Integrated working with health
- Health individual budgets pilot (recently awarded by the DOH to Manchester)
- Further work around contact and access to services