**White paper**

# Digital Social Work

## Systems and technology

**By Peter Begley,** October 2020

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digital initiatives in care

# About the author

Peter Begley is an independent consultant specialising in finding ways to improve organisational performance, with a focus upon information systems and technology; his early work in managing business risk through better IT was in the financial services sector, which included merchant banks, international insurance brokers and building societies that were changing into banks.

He transferred across to the public sector in the early 90s to be the IT Director in Kent Social Services where he led the largest ever IT Group seen in this sector, with over 110 specialist staff. He left as part of local government re-organisation to establish his own consultancy company, and since then has advised on a number of national programmes, led Director or Chief Executive sponsored strategic reviews, worked on the first tranche of the government intervention projects to 'turn-around' zero-star councils and has developed robust working relationships with the IT industry in many settings, but particularly in social care.

Peter has also been an associate consultant to a number of the 'blue-chip' consultancies as a subject matter expert on achieving business change and improving organisational performance through the strategic and practical use of information systems, in their broadest sense. However, throughout all of this there is a continuing need to keep a clear focus on innovation, when looking at service design=systems design aspects.

He his currently working with BetterGov on the design and development of AI and Predictive Analytics system services in social work, and separately, exploring new ideas around how to create the next generation of digital solutions in the Education Management and Children's Services sector which will also cover the design of "minimum viable products' and implications of using this innovative technology across the 'whole system of care'.

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# 1. Introduction

Without a doubt, the remainder of 2020 and for some time thereafter will present another period of substantial challenge in social care, both in adults and children's services. The impact of the Covid-19 pandemic combined with increasing demands, massive budget pressures and workforce/resource challenges creates a climate of uncertainty that shows little sign of easing in the foreseeable future. The opportunities for effectively managing change and creating associated 'room for manoeuvre' are becoming more elusive to meet these difficulties, but one of the few remaining 'tools in the box' is better utilisation of systems and technology.

A positive change in business practice in this pandemic has been the rapid and successful implementation of remote working solutions like Microsoft Teams. Alongside this, accessing Local Authority (LA) case management systems remotely has also been relatively straightforward. Remarkably, some LAs have even implemented new case management solutions mid pandemic in this 'working from home' environment; with successful systems configuration, user acceptance testing, data migration, user training and actual go lives all being achieved.

Currently though, there is an absence of any national or regional guidance on digital strategies for social care and how to get the best out of information technology. The publications described in the footnote1 can help set a framework and dialogue for local authorities and their associated IT suppliers, which may help redress this historic imbalance. Appendix Five gives more detail on existing central government initiatives.

What technology can do is important, what is more important is what LAs do with it, and there is an opportunity to get greater value if LAs focus more effectively on understanding the potential of their suppliers.

This report builds upon the findings published in March 2018 and describes the progress in social care IT in England since then and within this pandemic period. The report updates market share data and comments on the supplier landscape. It has also added some new elements to help encourage the debate on social care IT. These cover:

- The shared care record space with the NHS

- The views of senior managers in IT, social care services, and IT suppliers in the Covid environment on 'futures' for social care IT, drawn from recent interviews

- The clear distinction that delivering children's social care systems now needs to be seen as significantly different to adults' social care, partly due to the Ofsted inspection regime, and linked to the emergence and the importance of integrated solutions in children's services with education services.

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1. Please see: https://adcs.org.uk/assets/documentation/ADCS_A_country_that_works_for_all_children_FINAL.pdf
https://www.adass.org.uk/media/8036/adult-social-care-shaping-a-better-future-nine-statements-220720.pdf

In terms of what exists today with social care IT, there are millions of service users and families supported through case management systems, thousands of professional and administrative staff engaged in using them and billions of pounds of financial transactions.

However, in most cases, these systems are not managed as a strategic asset by LAs and thus opportunities for enabling service innovation are being missed. In short, in most LAs there is an opportunity to extract more value from their IT assets.

Social care is dependent upon a small and diminishing number of case management system suppliers. Having the right supplier, and one that has a sustainable future, is more critical than ever, as is developing good working relationships with them to achieve greater value from limited budgets. Thus, it is highly likely that opportunities for enabling service innovation are being missed. In short, in most LAs there is an opportunity to extract more value from their IT assets.

# 2. The current shape and structure of the market for social care IT

Local Authorities [LA's] now rarely develop or support their own systems. Only one LA has its own in-house system, – Calderdale – which also provides neighbouring Leeds City Council with its Adults' Social Care systems solution.

Tables One, Two and Three below show the current position of IT suppliers and their corresponding LA customer base in both major service groups. The great majority of LA's are now being supported by only three suppliers: Liquidlogic, Servelec and OLM. The tables below show the current market position by suppliers and their customers, as at the end of September 2020. Table Four overleaf shows the supplier changes over the last five years.

These data sets cover 150 social care LAs[2] in the UK and treat Adults' Social Care [ASC] and Children's Social Care [CSC] as separate systems solutions to reflect the emerging shift in service re-configurations involving Education Services. Thus, there are 300 'instances' of installed systems counted in determining market share etc. In some cases, there is a different IT supplier supporting ASC or CSC services in the same LA, and these are shown in Appendix Three.

**Table One**  **Supplier numbers by major service groups**

| Suppliers | ASC | CSC | Total |
|---|---|---|---|
| LiquidLogic | 70 | 86 | 156 |
| Servelec | 45 | 46 | 91 |
| OLM | 17 | 9 | 25 |
| Careworks | 7 | 4 | 11 |
| Azeus | 4 | 3 | 7 |
| Civica | 3 | 1 | 4 |
| TPP | 3 | 0 | 3 |
| In-house | 2 | 1 | 3 |
| **Total** | **150** | **150** | **300** |

2. For ease of refernce, the Bournemouth, Poole and Christchurch Unitary council are not included as they have two suppliers in each of ASC and CSC services by virtue of the demerger from Dorset CC in April 2019

## Table Two — Supplier by council type – ASC

| Suppliers | County | London Borough | Metl | Unitary | Total |
|---|---|---|---|---|---|
| LiquidLogic | 15 | 10 | 22 | 23 | 70 |
| Servelec | 9 | 20 | 5 | 11 | 45 |
| OLM | 4 | 2 | 4 | 6 | 16 |
| Careworks | 2 | 0 | 2 | 3 | 7 |
| Azeus | 1 | 1 | 0 | 2 | 4 |
| Civica | 0 | 0 | 0 | 3 | 3 |
| TPP | 0 | 0 | 1 | 2 | 3 |
| In-house | 0 | 0 | 2 | 0 | 2 |
| **Total** | **31** | **33** | **36** | **50** | **150** |

## Table Three — Supplier by council type – CSC

| Suppliers | County | London Borough | Met | Unitary | Total |
|---|---|---|---|---|---|
| LiquidLogic | 19 | 14 | 26 | 27 | 86 |
| Servelec | 9 | 18 | 6 | 13 | 46 |
| OLM | 2 | 0 | 3 | 4 | 9 |
| Careworks | 1 | 0 | 0 | 3 | 4 |
| Azeus | 0 | 1 | 0 | 2 | 3 |
| Civica | 0 | 0 | 0 | 1 | 1 |
| TPP | 0 | 0 | 0 | 0 | 0 |
| In-house | 0 | 0 | 1 | 0 | 1 |
| **Total** | **31** | **33** | **36** | **50** | **150** |

**Supplier gains and losses**

## GAINS

| Suppliers | 2016 | 2017 | 2018 | 2019 | 2020 | Total |
|-----------|------|------|------|------|------|-------|
| LiquidLogic | 7 | 14 | 9 | 6 | 1 | 37 |
| Servelec | 0 | 3 | 3 | 2 | 1 | 9 |
| Azeus | 0 | 0 | 2 | 0 | 0 | 2 |
| TPP | 0 | 0 | 1 | 0 | 0 | 1 |
| Careworks | 0 | 0 | 2 | 1 | 1 | 4 |
| **Total** | **7** | **17** | **17** | **9** | **3** | **53** |

## LOSSES

| Suppliers | 2016 | 2017 | 2018 | 2019 | 2020 | Total |
|-----------|------|------|------|------|------|-------|
| NPS* | 0 | 5 | 7 | 4 | 1 | 17 |
| OLM | 7 | 5 | 2 | 2 | 2 | 18 |
| LiqidLogic | 0 | 0 | 1 | 0 | 0 | 1 |
| Servelec | 0 | 2 | 2 | 1 | 0 | 5 |
| Careworks | 0 | 1 | 0 | 1 | 0 | 2 |
| In-house | 0 | 2 | 2 | 0 | 0 | 4 |
| Civica | 0 | 0 | 1 | 1 | 0 | 2 |
| Mixes** | 0 | 2 | 2 | 0 | 0 | 4 |
| **Total** | **7** | **17** | **17** | **9** | **3** | **53** |

* OLM took over NPS customers in 2017

** In all 4 of these sites one supplier replaced the different ASC & CSC suppliers in each service group

**2017** Servelec displaced Careworks/NPS at Dorset CC
Liquidlogic displaced OLM/Servelec at Stockport

**2018** Servelec displaced OLM/Liquidlogic at Doncaster
Liquidlogic displaced NPS/Azeus at Bedford Borough

The ability to produce good quality social care IT solutions has never been easy, or quick. It is a broad, complex and constantly evolving requirement, and social care systems are seen in the industry as selling for relatively low cost, especially compared to markets such as health.

A supplier needs to achieve a reasonable market share to be commercially viable [typically seen to be around 10% over five years] and would be incurring substantial development and sales and marketing costs until they did. They will also need to

meet the ever-changing business demands of their customers at the same time as winning new ones. This is one of the main reasons why barriers to new entrants are so high and partially explains the departure of six systems suppliers over the last decade[3], and a current scarcity of new entrants. There are no indications that this situation is likely to change in the near future.

To illustrate this, Azeus UK was one of the recent new entrants in 2013 but has fallen short in expectations around growing its customer base. It initially showed promise, with claims of being able to deliver high levels of innovation, lower costs, and improved customer services. Unfortunately, it now appears that it has not achieved its ambitions, so much so, that in the author's opinion, its existing customers need to seriously consider how it will be able to meet their future requirements.

For new entrants to prosper the price point that authorities are willing to pay would have to be significantly higher, and this is unlikely in the current climate. To put this into context, it is possible that a new entrant would need to spend on initial development around £5-6m for an integrated CSC system solution and around £8m for an ASC/Finance system solution and provide customer service support [help-desk, technical implementation etc] and expensive sales and marketing resources. Altogether a difficult business start-up and continuity challenge, especially if the forecast market turn-over is slowing down and the competition remains strong.

Social care IT suppliers now also provide offerings in the Education Management Systems sector [EMS]. Servelec provides this through a set of system modules from their Synergy Division, which was acquired from Tribal in 2018 and requires integration with Mosaic to provide a composite view of children's services. OLM also claim to have begun development of EMS modules and have a small number of SEND customers.

Liquidlogic started an organic development of Education Management functionality in their existing children's systems solution in partnership with Bristol City Council in late 2016 and now has an increasing presence with customers in double figures including gaining some high-profile LA's from Capita last year (Manchester, Oxfordshire, Surrey).

As Table Four indicates, there has been a wide range of LAs involved in changing social care system supplier in the last five years, with the high volume of Northgate/OLM sites coming out to tender creating most of the system changes.

This has typically been driven by a combination of LA's being uncertain as to how the supplier can meet requirements [The Care Act, integrated Education and CSC services etc], and comparative value for money, alongside concerns about 'future-proofing' against the continuing business change that inevitably occurs in social care services.

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3. Siebel, Lagan, SAP, Capita, Northgate, CSC ; over the same period the virtual disappearance of in-house development has also taken place.

Changing suppliers is a complex decision for LA's, and they need to undertake this with care given the limited choices they face and the frequency that this occurs[4]. A rigorous approach to this is recommended to develop the confidence around selecting an IT supplier and assessing if they have a commercially viable future in the sector[5].

Many LAs looking to change suppliers have typically [but not exclusively] used Crown Commercial Services [CCS] procurement frameworks. G-Cloud has also been used in a couple of instances The OJEU tendering process has also been used although what happens to OJEU processes post-Brexit is currently uncertain.

Three main IT software suppliers provide 90% of case management systems solutions in England (Liquidlogic, Servelec and OLM). The business of social care is critically dependent on these suppliers to function well and they can make an important contribution to the ongoing 'success' of social care. However, they are usually not treated as an essential partner, which is both surprising and a missed opportunity to do more, and better, with their products.

Looking at these three suppliers in England, Liquidlogic continues its strong growth and is clearly the most successful supplier in terms of overall market share, with Servelec also in a solid position and OLM in the weakest position by far.

Over many years OLM has failed to win any new social care case management customers in England and has lost a significant number of existing clients despite having a new product strategy. This leaves them with less than 10% of market share in England, which has caused some LAs to express concerns about their long-term commercial survival in the sector. They do have customers in Wales and Scotland, but in the latter case, when there was a national systems procurement framework created, they failed to make the short-list of three, but subsequently challenged the result and halted the initiative[6].

A significant number of OLM customers did not automatically upgrade to their Eclipse platform after its inception in around 2015, instead choosing to test the market and consequently, move to a different supplier, as Appendix Four clearly demonstrates.

English Local Authorities that have moved over to the OLM Eclipse product now make up the bulk of OLM's customer base. The ex-Northgate customers[7] that OLM took on have virtually disappeared and most moved to different suppliers. Eclipse customers like Devon CSC took a very long time to implement the system and they, like others, will be evaluating how well the systems functionality, usability and local overhead costs compare with CareFirst, once that system has bedded down and greater utilisation has been achieved.

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4. LA's traditionally changed suppliers around every six-eight years, and contracts are getting longer.

5. Appendix One describes a thorough 'due-diligence' approach that LAs ought to be considering as a health-check in tender situations and to assess current supplier viability.

6. It is unusual in the social care IT market for suppliers to challenge procurement decisions but has recently become more apparent as OLM has also challenged two further decisions, again in Scotland, where LiquidLogic is making inroads to their hitherto considered 'safe' market share.

7. OLM acquired the Northgate social care customer base in 2017, giving it six legacy systems solutions to support. [SWIFT, CareFirst, AIS, CCM and Finance [2] at the same time as trying to bring Eclipse to market.

## Four other suppliers exist in the sector: Careworks, Azeus, Civica and TPP.

As Table Four shows, Careworks has gained and lost some customers and overall has below 5% market share in England. The company was recently purchased by a Private Equity Group and merged with Advanced, a much larger services and software company, which now gives them a presence in social care alongside their health portfolio. It remains to be seen as to how much new investment in Careworks will be made as they move forward.

Azeus and Civica each has a very small market share, which inevitably must raise questions about their sustainability in the sector. Azeus has won some business in the last three years but it has also lost its flagship CSC customer [Bedford Borough] and now provides case management systems for only four Councils, including the Isles of Scilly, which may be replaced by the Servelec Mosaic system solution as Cornwall CC now oversee social care there.

Civica has historically provided an integrated health and social care legacy system [PARIS] which is still in use in Torbay [ASC], the Isle of Wight [ASC] and Windsor & Maidenhead. Civica also has five PARIS sites in Wales and one in Scotland but seems to show no obvious interest in winning new business when there has been significant opportunity to do so in England.

TPP is a major community health and GP system provider that has three adults' social care clients, each with strong relationships with its partner organisations in the health sector. TPP does not seem to compete in open tenders for social care systems solutions, and it is very unclear as to how they could meet the complex requirements in CSC which may account for their lack of interest in this sector.

All IT suppliers need to be able to demonstrate how they are utilising the very best of modern technologies to design, develop and deliver good quality solutions. Two of the key indicators in this are the extent to which they have corporate financial strength and technical depth, and specifically how much they invest in Research and Development. Companies House records can identify this where it exists for most businesses, for example, around £3m pa is spent on R&D shown for Liquidlogic in its last filings and Servelec claim to spend around £1.5m pa on R&D for social care IT.

For LAs, software acquisition costs remain very competitive compared to historical prices and compared to markets such as health; and supplier support and maintenance costs have reduced considerably. However, internal LA costs of new systems implementation and continuous improvement programmes [where they exist] have risen due to the lack of enough skilled and experienced staff within LAs. These gaps are often being filled by comparatively expensive external contractors or consultancy businesses.

Investing in, and actively managing social care IT solutions needs executive leadership and attention to detail alongside good supplier engagement if it is to reach anywhere near its full potential. There are many good examples of how these case management systems solutions enable improvements in operational practice and delivery[8], but there are still two distinct and significant 'gaps' in developing digital solutions at the local and strategic level in social care.

Firstly, in England, unlike Wales and Scotland, there is a lack of any significant national guidance or financial support on how to achieve improvements in performance through digital strategies for social care[9].

Secondly, even though social care services consume up to 40% of overall council budgets and are its highest risk and most complex services, it is unlikely that IT spend for social care in most LAs approaches this in proportional terms. Moreover, if there is a digital strategy for a LA, it is interesting to see where social care features in the list of priorities and associated funding.

8. There would be some real benefit if sharing good experiences more systematically within the LA community could be achieved. No mechanism currently really exists for this except for the LOTI initiative.[https://loti.london/about/].

9. The Local Government Association published in 2016 a strategic report on IT in social care; please see: https://www.local.gov.uk/transforming-social-care-through-use-information-and-technology

# 3. Key features of the social care IT market

Social care IT requirements change frequently, driven by central government requirements and shifting local priorities. A weak supplier is typically slow to respond to change and a failing supplier is even worse. There have been historic and recent examples of failed software suppliers in this sector (such as the Capita and the Northgate exit), and smaller suppliers could also be seen to be having difficulties in increasing their market presence to the point where they are sustainable. Each one of these works with a number of LA's where the care to the most vulnerable could be impaired by IT failings. It is imperative that the ongoing 'health' of the supplier is carefully evaluated, which the 'due-diligence' checklist in Appendix One will help with, if undertaken thoroughly.

Each of these social care case management IT companies has finite resources and difficult commercial environments in which to thrive and survive. Software development and customer support is expensive, it requires highly skilled, in-demand people and the two leading suppliers employ around 150 – 200 staff each and turn over up to £25 million pa.

Some are also supporting differing national policy and legislative frameworks, for example four suppliers [Civica, Liquidlogic, OLM and Servelec] have customers in Scotland, and three suppliers also have customers in Wales [Careworks, Civica, OLM].

Two things can differentiate suppliers – the range of products they support and whether they are part of a wider group structure. The latter enables cross-learning, sharing of technical expertise and can bring greater financial stability.

Three out of four of the suppliers are part of larger groups that supply to the NHS, and two of these also have competitive products in the Education Management Services area. Careworks, Liquidlogic and Servelec have larger parent companies in the healthcare IT space: Liquidlogic and Servelec have Education Management systems.

All suppliers must be able to provide a full suite of systems to support all types of LAs, ranging from the smallest [Rutland] to the largest [Kent]. All LAs have less money than ever before to spend on IT, whatever its potential value may be, and this fact can unfortunately dominate 'systems thinking' for both LAs and suppliers.

The IT supply side is now the smallest it's been in the last two decades. Seven suppliers [if you include in-house capability] have exited the marketplace in this period.

In the last five years supplier changes by LAs has averaged just over ten per year, a reduction from around fourteen in the previous five years.

As Table Four shows, fifty-three [35%] of Local Authorities have changed supplier in the last five years across both major service groups, these predominantly being NPS/

OLM sites moving to Liquidlogic or Servelec. In the previous five years, sixty-four [43%] LA's also changed supplier. Liquidlogic and Servelec sites rarely change suppliers.

As a consequence of the historically high volume of LAs changing suppliers, software acquisition costs and annual maintenance charges have been very competitive over the last five years. However, low prices are not necessarily always a good thing for the sector as it leaves reduced margins for investment by commercial software companies and puts pressure on their cost base. This will inevitably impact customer service levels and/or R&D. Implementation costs for LAs have been increasing due to lack of skilled and experienced internal resources and the need for LAs to employ contractors or agency staff.

In Adults' Social Care, information sharing with the NHS has dominated systems thinking over recent years, and there are many LAs involved in these shared-care record initiatives. Section Six describes these in more detail and Appendix Two gives a candid insight into the challenges in this complex area.

In Children's Social Care, team working and a more 'joined-up' approach and data-sharing has increased substantially across Education and Children's services. There are clear benefits to be gained from this at many levels, and IT suppliers have responded to this in different ways, and this is described in more detail in Section Seven.

# 4. Technology Platforms

In terms of technology, UK social care systems are widely recognised as being advanced, both with respect to similar systems internationally, and when compared with other software systems used by local and national government in the UK. This reflects the competition between leading suppliers, which has driven up sophistication while simultaneously containing prices.

All the main suppliers use broadly the same technology platform. There is little material technical difference between the ICT platforms employed by the top four suppliers, and all provide Hosting/Cloud services. The level of service a supplier offers in their hosting/cloud proposition does vary, sometimes significantly, and it is vital for LAs to define requirements (such as disaster recovery and business continuity) if they are to make like for like comparisons. For example, it is easy to look cheaper than the next supplier if you don't offer off site failover and full disaster recovery replication within industry standard timescales. Equally, authorities should be aware of specifying standards too high, for example, that last 0.25% of availability required in a service level agreement may cost more than it is worth.

Assistive technology has yet to gain a significant presence within LAs although it is being trialled in a number of social care settings, particularly in adults' services. It is difficult to make a robust business case for wider deployment as the most recent SOCITM report on care technologies concludes[10]. The ability of case management suppliers to integrate with this newer generation of 'person-based' styles of technology is apparent, but the current gap appears to be in generating real business value from its use, the corresponding scale of deployment, and what the interface with their case management system should cover.

Artificial Intelligence and predictive analytics have been promoted as two of the key areas that could be utilised to improve social care services but have also yet to gain a significant presence. Recently, EY produced a research report highlighting the potentially huge value in the hidden NHS data repositories, citing around £9 billion as a largely untapped resource. There could be similar untapped data resources in social care, but no attempt has yet been made to put any value on these.

Initiatives with AI and Predictive Analytics are currently being piloted in a number of LAs and there is general consensus that this emerging technology has something to offer, for example, in strategic commissioning and developing client-based risk criteria, especially to enable early intervention in Adults' Services and developing pre-crisis assessment tools in Children's Services[11].

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10. Please see: https://socitm.net/download/socitm-advisory-care-technology-landscape-review/.
11. Please see: https://whatworks-csc.org.uk/research-report/machine-learning-in-childrens-services-does-it-work/.

# 5. Cost and value of social care IT

In terms of what LAs might need to spend on systems and technology, it is still unclear as to what the 'right' level of spend in social care IT should be to get the best advantages from a typical five-year investment programme. Unhelpfully, there are no specific or up-to-date national guidelines to help with this. The Wanless review of health & social care over two decades ago came up with a notional 4% of overall annual revenue for a care organisation as a benchmark figure for investment in ICT.

The benchmark in social care when planning for new investments in system solutions was seen to be around 2% of the LA overall spend on social care at the time of the Personalisation Programme for Adults social care, and around 1.5% for delivering improvements to meet the Munro Review recommendations in children's services. How valid these assumptions are today is open to debate, but in the absence of any other guidance they do offer a point of reference.

Remarkably, LAs have rarely shared information about costs for systems replacement programmes and procurement, but new system acquisitions costs are estimated for a medium sized LA at around £1.2 - £1.5m for software and implementation. Around £100k pa would then be needed on supplier support and maintenance costs, and the same again if it is a hosted or cloud-based system. These costs are less than what has been charged in the past, and significant improvements in terms of functionality are offered by all software suppliers in the sector.

Implementation is achievable by suppliers on average, within twelve months, but this is highly dependent upon scope and more significantly, on the availability of skilled and experienced council project team resources, which could easily add a further six – twelve months. Projects usually range from 12-24 months, but Devon CC took nearly three years to implement the new OLM Eclipse System, in part due to complex data migration and reporting issues.

In terms of overall value from systems replacement programmes, as social care is in a state of permanent change it is difficult to pin down benefits that are solely attributable to IT programme activity, although that does not mean there aren't any. It is very clear that in the last five years LAs have been getting substantially improved systems functionality through systems replacement programmes, or incremental software enhancements, and they have been getting this for a very competitive price.

However, profit margins for all IT suppliers need to be reasonably healthy to generate new developments and to maintain acceptable customer service levels. LAs need to be aware of the balancing act that suppliers must perform to support their business operations whilst offering a competitive price and be prepared to have a dialogue with them over this as part of developing closer working relationships.

# 6. ASC Systems integration & shared care records

There has been substantial commitment in Adults' Social Care from both LAs and the NHS to the principle and practice of sharing data and this features heavily in the NHS national IT strategy through programmes and projects generally badged 'interoperability'. The Local Health and Care Records and Integrated Digital Care Records projects have accelerated local 'shared care' record initiatives. Appendix Two gives a candid precis of recent fieldwork in this area.

Shared Care records are in essence a summary health and social care record for people in a locality/region drawn from data contributed from all of the core health and social care systems (GP, Acute, Community Health, Mental Health, social care etc). These combined or 'shared' records can then be accessed from within those core systems through an interface, so that the user does not have multiple log ins.

Shared Care solutions are generally considered a significant step forward in using IT to support joined up working across health and social care. The leading suppliers have supported this. Liquidlogic shares common ownership with one of the leading providers of digital solutions for this (Graphnet) so have extensive live Integration with them as well as linking to other providers such as Cerner, Healthcare Gateway and Rhapsody.

Servelec has also linked to Graphnet and other providers through the Health Information Exchange etc. Interestingly, Hampshire CC have developed a bespoke data-exchange platform in-house using Dell technology, demonstrating the widespread availability of products capable of delivering 'interoperability', which the NHS has been attempting to deliver since around 2005 through in-house national systems programmes.

Another area of development has been interfaces between social care and acute trust systems to automate the exchange of discharge and assessment Information. NHS Digital has been active in funding LAs to implement this and Liquidlogic and Servelec have received funding to develop national solutions for their customers, with Liquidlogic leading the way in getting these into live operation. The approach has been to use health interfacing standards in order to make it easier for health to participate.

It is interesting that despite the very obvious higher level of funding in the NHS and for the health suppliers, it has been social care suppliers who have led delivery on this, with local health organisations lagging behind, in part due perhaps to their over-emphasis upon information governance processes and indeterminate discussions on standards.

NHS data-sharing seems to dominate the 'systems thinking' on systems integration, but it would only be reasonable to point out that albeit critical and important in terms of improving service user outcomes, it's not the only priority for service Directors. There is as much need for data-sharing and systems integration with agencies such as Providers but this surprisingly doesn't seem to feature as highly, or be seen as a priority in LA IT planning and systems development.

# 7. Consolidated systems for CSC & Education Services

There is now a much clearer distinction between the needs for Children's and Adults' social care solutions. In Adults Social Care, for example, there has been an emphasis on self-service and on linking with health, whereas in Children's Services, a major shift has been towards the demand for integrated solutions that support social care, education management (including admissions), SEN and early years.

There is thus a clear rationale for consolidating education management systems onto the same IT platform as social care in children's services. At the strategic level this enables more joined-up information in terms of resource management and tracking how service demand is being met; also, at the operational level this single systems approach can bring increased efficiencies. There are also obvious risk management advantages too, through not having information about the same child or family spread across different systems (sometimes as many as four).

Having all the case file information in the same place can also improve outcomes by having a more complete picture of life events and how to meet them. There could also be some financial advantages in systems management in some circumstances for the LA if they are not having to deal with multiple suppliers, but the major advantage lies in having a composite solution to a much more integrated business operation in Education and Children's care services planning and delivery.

The two major suppliers have been doing this for some time now, albeit with different delivery strategies. Liquidlogic has undertaken an organic development on their existing social care platform, whereas Servelec bought an existing supplier [Synergy] with the intention of integrating it with their social care system. OLM has also indicated that it is developing similar systems solutions, to be delivered through their Eclipse platform, although there are no live reference sites as yet beyond SEND.

Historically, Capita has dominated the Education Management systems market [EMS] with its Capita One product and its SIMS schools' product. However, continuing corporate business difficulties are seeing impending software business disposals, specifically of its IMS business, which may weaken its already stressed position in the market. It is significant that Capita also recognised the future need for integrated social care and education management systems and attempted to deliver this twice. They subsequently failed to make any substantive progress and withdrew from the social care IT market, having invested around £5-6m and converting only one existing Education Management customer. Currently both Liquidlogic and Servelec are taking customers away from them when open market EMS tenders are undertaken.

# 8. Messages from the Pandemic Experience IT Survey

To try and get a better understanding of the key IT issues that the service currently faces during the Covid-19 pandemic, a series of interviews were undertaken with senior managers in the service, senior IT managers, sector based independent consultants and the main IT suppliers. The overall format for that is shown at Appendix Six and the key findings are described in abridged form below. There is a more detailed briefing paper available as a separate document on the Initiatives in Care website [www.initiativesincare/reports].

## Some key points:

- For LAs and social care, the crisis management response has shown that new ways of working were essential and are likely to become more permanent as the benefits from them are becoming more apparent in a wide range of settings. Learning from Covid experiences is critical to future success, e.g. what to keep, build on, or let go - redesigning services and business processes to support service delivery across organisational boundaries is seen to be signposting the 'future shape' of services.

- Business transformation projects to support this are either planned or underway in a number of LA's, and systems support for a wide range of new style services, particularly around more collaboration and systems flexibility to provide customer-led recording are starting to emerge.

- A digitised 'front-door' for service users and practitioners/professionals is becoming more essential, with personal access to care records becoming more widespread as investing more in 'personalisation' and direct payments occurs.

- More intervention-based, preventative and community-based services are likely, but within the context of a more focussed and inclusive strategic commissioning process with partner agencies; new style systems solutions will be required to reflect this.

- An increase in supported living styles of service could introduce more 'assistive technologies' which will require integration with existing systems, but scalability and real benefits of these new digital solutions will probably be difficult to achieve.

- The office of the future is probably not going to be an office in the traditional sense and there is a need to identify new forms of care service 'value chains' to deliver improved outcomes and using these to re-shape the service, and services for communities.

- Social workers are more 'digital ready' than previously thought and are willing to engage more in technology solutions, as long as it can be clearly demonstrated that it brings direct value to front-line operations.

● Data management can become a new 'industry' now, not in the future; the harmonisation, relevance and quality of data needs to improve to achieve this, and is paramount if services are to take greater advantage of the huge amount of data that it generates[12]. Better use of this growing mountain of information has the potential to improve care and how services are run, but making the most of its needs more people with the right analytical skills to create all-round benefit and value.

● There was a clear recognition that individually and collectively, senior managers in the service, and local IT managers need to get more engaged in identifying opportunities across the whole range of service operations for 'digital-age' improvements. Not just in improving service management and client outcomes, but also in projecting what the 'future-shape' of social care services could be in terms of citizen-based public services in the 'information-age' they find themselves in.

● LA's would like to see more competition and choice in the social care IT market, but don't really know how to help achieve this, due to their acknowledged lack of commercial 'nous'.

● Conversely, IT suppliers would like LA's to spend more time trying to understand the commercial nature of a software company, for example, applying strategic commissioning attitudes and recognising that being [collectively] risk-averse limits innovation.

● Ideally, LA's should be developing local information strategies derived from business objectives and service policy initiatives if long-term value from investments are to be achieved.

● IT suppliers would like LA's to develop robust Return on Investments models as part of the commitment to strategic planning for IT, rather than the ad-hoc business cases that are typical when systems replacements are considered.

● There was a clear recognition by IT suppliers and LA's that more value from existing case management systems could be achieved if the service had a higher level of skilled resources to support them. Working in partnership with IT suppliers is the most productive way for this to happen.

● It is clear that more team working between CSC and Education Services brings value and reductions in risk, and supporting this with systems and technology solutions means having a different and divergent approach to ASC systems, which some IT suppliers have already recognised and are delivering against.

12. Please see: https://assets.ey.com/content/dam/ey-sites/ey-com/en_gl/topics/life-sciences/life-sciences-pdfs/ey-value-of-health-care-data-v20-final.pdf

# Conclusions

Social care services have a high dependency on a small range of IT suppliers to support their critical business's, and as a consequence, what happens to them impacts the 'business' of social care. This report is intended to help LA's and IT suppliers understand this reality in a bit more detail, and to encourage them to work more collaboratively to develop strategies and technology solutions to meet business requirements more effectively, now, and in the future.

New to this situation is that the Covid-19 pandemic has brought shocks and more financial uncertainty, however it has accelerated the digitisation of social care.

It also follows that IT companies, like many other business's which were barely profitable before Covid, may find this the proverbial 'last straw'. Consequently, the shape and structure of the case management supplier market may change in the near future. Suppliers need financial stability if they are to thrive in the social care IT market, and suppliers have to generate core revenue through customer retention and increased market share. It may be realistic to expect at least one supplier to drop out of the market, just as we saw with Northgate and Capita over recent years.

It may also be the case that newer or larger companies see the public sector as a relatively safe source of revenue in these uncertain times and will seek to expand their activities here. However, the social care IT sector has seen a steady stream of new entrants fail in recent times: the barrier to entry is high, and new entrants would need to attract a large number of customers in a short space of time to cover costs, which has traditionally been shown to be difficult to achieve.

Even though IT offers opportunities for improving productivity and service quality, investing in systems and technology is a difficult choice given the other pressures and priorities. In essence this report can be seen as an evidence base for further debate on this. But it is also apparent that financial constraints inhibit IT innovation, and exploring how the enabling role of IT could be developed much more robustly within the service presents a clear challenge in these difficult times.

Better value for money and improved organisational performance might be achieved from systems and technology in the wider sense when there is more leadership and skilled resources focussed on it. This should be alongside a clearer approach to information management in its broadest sense, ideally developed through an information strategy linked to business strategy and service objectives.

There is now a much clearer distinction between the needs for Children's and Adults' social care solutions. In Adults Social Care, for example, there has been an emphasis on self-service and on linking with health, whereas in Children's Services, a major shift has been towards the demand for integrated solutions that support social care, education management (including admissions), SEN and early years. There is thus a clear rationale for consolidating education management systems onto the same IT platform as social care in children's services.

# Essential Health Check for Social Care Systems Suppliers

## Introduction

Local authorities tend to overlook the longer term financial health of companies in procurement evaluations. Instead there is a tendency to focus exclusively on the product, service offer and pricing, whilst not fully appreciating the wider implications of the company selected being a partner for anything up to ten years and sometimes beyond. This short-term approach has inherent risk, compounded by the fact that rarely do LAs carry out regular in-depth fiduciary reviews of a business-critical supplier over the life cycle of the contract to assess future financial performance or the impact of a downward trajectory in its market share.

In theory, the initial procurement screening process might filter these companies out, but in practice it rarely does and standard credit or financial checks are not adequate, as they are a 'snapshot' in time.

## The Three Headline Questions: Assessing supplier performance

### 1. Are their profits consistent & substantial enough to sustain them in the market?

Whilst a local authority may not want a company to be seen to be making substantial profits at the expense of the public sector, it is important that they are returning reasonable enough profits to maintain service levels, invest in R&D, and to grow or survive as a business.

Statutory accounts can be obtained via a simple free internet search on the Companies House website and these show profit and loss. It is worth investing in a forensic accounting specialist service to review the accounts of suppliers and identify strengths and weaknesses.

### 2. Is their market share large enough?

Contracting with a company with a small market share has inherent risk, as they are unlikely to be generating sufficient revenue to invest in their social care business in the short term and may not be financially secure in the longer term. Achieving 10% of the English market could seem a minimum safe requirement, although even that carries some risk over a five year term.

### 3. Is their market share growing or contracting?

What is their trajectory, up or down? If it Is the latter and this continues, how will this impact points One and Two above in the future?

## The Acid Test

Would you invest your own money in them for a five year return?

## Checklist

The following is a list of useful information to gather when assessing a company's prospects:

**1. Basic organisational information**
- Ownership
- Geographic footprint – areas of strength and weakness
- Key partnerships

**2. Financials**
- Revenue by customer segment (i.e. separating social care from other product lines)
- Last five year revenue and profit

**3. Current competitive position**
- Market share
- Wins in five years
- Losses in five years
- Overall market share growth or loss in five years

**4. Customers**
- List of current customers
- Customer experience e.g. levels of customer satisfaction (via customer surveys and references)

# Interoperability and Social Care IT

## Candid messages from field work – The LHCR 'Discovery' Project

### Background:

In mid-2019 a small team of mostly independent consultants took part in a jointly commissioned NHS/Local Government Association project that SOCITM undertook. One of the key objectives was to determine how ready the social care IT suppliers and their social care customers were to support the very high profile Local Health Care Records national strategy that NHS-Digital had been funded to deliver as part of the five year NHS Digital Strategy, intrinsically linked to the NHS Five-Year plan.

The formal report is available here: https://socitm.net/download/lga-social-care-standards-and-interoperability/ and this short and more candid briefing note is the author's interpretation of the messages from the fieldwork and the information gathering that took place mostly from interviews and workshops. Participant organisations are described in more detail in the formal report. These observations were refined for publication of the final report, following numerous stakeholder revisions to meet LGA/NHS 'traditional management standards'.

### Informal Summary Points:

To NHS Digital's great surprise, IT suppliers in social care were more than capable of meeting requirements to deliver systems integration functionality with local NHS organisations, and had been doing so for some time. Moreover, LA's were also already successfully delivering joint working information sharing projects as part of local Integrated Digital Care Records initiatives.

That's not to say that improvements couldn't be made in both of these areas, but in essence, the Local Health & Care Record (LHCR) would very much be 'more of the same', just more ambitious, and more unrealistic in its objectives given the process, timescales, and share of the local funding that social care may get to take part in the programme.

Some Social Care senior managers and their operational social work and associated IT staff do not like the term 'interoperability'; they think it's clumsy, difficult to grasp as a concept without paragraphs of explanation, "and it's mostly about technology", which many directors choose to not really understand ("back-stairs stuff"). They much prefer and understand the principles, value and practice of information sharing, because after all, they have been doing this for some time. And technology should have enabled this in greater volume, but disappointingly they haven't had the investment or leadership to achieve this.

LA IT managers and social care IT suppliers know that when NHS IT staff and policy managers talk about 'systems integration/interoperability challenges' they usually relate to the difficulties around getting the myriad NHS systems to talk to each other. But they are reluctant to admit that, and instead insist on adding social care IT systems into the mix as well, without sorting out their own problems out first.

NHS Digital is fixated on national systems solutions; they have a universally accepted weak track record in this but still insist on it as a way forward, despite the large evidence base about local systems bringing good value system solutions, that meet business requirements. They also seem to have a 'blind-spot' in engaging with IT suppliers, and typically don't understand the commercial realities that they face, especially in working on pilot programmes.

The LHCR programme is not adequately funded, and never will be, but IT policy managers in the NHS will not accept this; instead they seem to insist upon endless project reviews until they get the answers they can present to national stakeholders about its progress. This is also the off-the-record view from local programme managers as well as social care IT managers.

Social Care stakeholders in these groups regularly describe the difficulties they have about the need to have proper funding and resourcing to take part in projects and deliver solutions, but this is conveniently overlooked by NHS colleagues who spend inordinate amounts of time on information governance issues and the need for data standards, without understanding the commercial realities associated with this, not least in retro-fitting these across 151 councils via their IT suppliers

The Integrated Digital Care Records programme has now achieved traction in many areas and is fundamental to the success of any regional LHCR programme. These can be expensive, with few real direct benefits to social care operational services, and is unlikely to produce them in classic business case terms[13]. Bizarrely, Cornwall and Devon are included in the LHCR programme, but did not have an Integrated Digital Care Record (IDCR) project in place or planned, so had the unenviable burden of 'selling' both concepts at the same time and for delivery within an already unrealistic timetable.

NHS Digital has an aversion to rigorous scrutiny of their project work, and don't seem to grasp the value that independent oversight can bring. Very few post-implementation reviews have ever been undertaken for local information-sharing/interoperability projects; South Gloucestershire remain committed to the Connecting Care programme as a strategic investment in information sharing, but acknowledge that its business case wouldn't pass scrutiny today.

There are good examples of interoperability in many LA's working with their IT systems suppliers. To achieve this, comments like "put it in the contract, and performance manage your supplier" was received with incredulity by NHS-IT colleagues, and left out of the final report perhaps as it was seen as being too critical of other councils and the local NHS IT community.

However, the preference by the LGA was that they should follow the national template for justifying national or local funding for interoperability projects; most LA's knew that that this would not be accepted by service directors as it was too 'woolly' and full of 'consultancy speak'; the compromise was that 'use-cases' needed to be developed locally, using national metrics, backed up by local demand and demographics.

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13. The SW Connecting Care programme is probably the most successful example; it has taken nearly eight years to show value. It cost social care £900,000 in one council to define the use cases just for CSC, and the annual charges for around 100 of their social care users is about £80k for software licences to access the data-lake.

Remarkably, it seemed that LHCR Programme managers chose to ignore utilising the extensive use-cases already developed by some local IDCR programmes as a recommended good starting point for new projects. As an example, the Connection Care Project had come up with the estimate that around 50% of ASC data and around 30% of CSC was likely to be shareable, which are valuable base-line datapoints, but this was ignored as a working example and didn't feature in the final report. They also seemed to want to ignore the many examples of where case management suppliers in social care had delivered good systems integration solutions for existing customers, working across organisation boundaries, including the NHS.

There were some really good examples of local NHS and LA IT managers working well together with social care and health practitioners, but where innovative ideas clashed with NHS-Digital strategy, e.g. their obsession with minimum data-sets and hub/spoke data-lakes they were quietly ignored. One of the best examples we heard of this was the idea around 'fast streaming' which GPs were exploring. In essence, GPs would get training on social care case management systems and via role based security, they would get secure network limited access to case files and vice-versa, so could see real-time, very accurate and up-to date information via 'single-views' on patients that were known to social care. It wasn't clear how far this innovation had progressed by the time the fieldwork was completed.

## Different Suppliers in ASC & CSC

| Local Authority | Type | ASC | CSC | Supplier |
|---|---|---|---|---|
| Durham | County | Azeus | LCS | Azeus/LL |
| Leicestershire | County | LAS | Mosaic | LL/Servelec |
| Somerset | County | Eclipse | LCS | OLM/LL |
| Northumberland | County | AIS | LCS | OLM/LL |
| Cambridge | County | Mosaic | LCS | Servelec/LL |
| Kent | County | Mosaic | LCS | Servelec/LL |
| Hampshire | County | Care Director | Mosaic | Careworks/Servelec |
| Redbridge | LB | Carefirst | LCS | OLM/LL |
| Enfield | LB | Carefirst | LCS | OLM/LL |
| Richmond On Thames | LB | Mosaic | LCS | Servelec/LL |
| Barnet | LB | Mosaic | LCS | Servelec/LL |
| Coventry | Met | Care Director | LCS | Careworks/LL |
| Barnsley | Met | LAS | EIS-Synergy | LL/Servelec |
| Kirklees | Met | Carefirst | LCS | OLM/LL |
| Wigan | Met | Mosaic | LCS | Servelec/LL |
| Bradford | Met | SystmOne | LCS | TPP/LL |
| Leeds | Met City | In House | Mosaic | in-house/Servelec |
| Wakefield | Met | Care Director | LCS | Careworks/LL |
| Isle of Wight | Unitary | PARIS | Mosaic | Civica/Servelec |
| Torbay | Unitary | PARIS | LCS | Civica/LL |
| Bracknell Forest | Unitary | LAS | Mosaic | LL/Servelec |
| Swindon | Unitary | ECLIPSE | Care Director | OLM/Careworks |
| Hartlepool | Unitary | Eclipse | LCS | OLM/LL |
| Central Beds | Unitary | Care Director | Mosaic | Careworks/Servelec |
| Peterborough | Unitary | Mosaic | LCS | Servelec/LL |
| North East Lincolnshire | Unitary | SystmOne | LCS | TPP/LL |
| Portsmouth | Unitary | SystmOne | Mosaic | TPP/Servelec |
| Blackburn | Unitary | Mosaic | LCS | Servelec/LL |
| Bournemouth, Poole & Christchurch | Unitary | Care Director/Mosaic | Care Director/Mosaic | CW/Servelec |

# Supplier Changes 2016-2020

| 2016 | Service Group | LA Type | Old Supplier | New Supplier |
|------|---------------|---------|--------------|--------------|
| Hull | ASC & CSC | Unitary | OLM | Liquidlogic |
| Southend | ASC & CSC | Unitary | OLM | Liquidlogic |
| Nth Tyneside | ASC & CSC | Met | NPS | Liquidlogic |
| Norfolk | ASC & CSC | County | OLM | Liquidlogic |
| Kirklees | CSC | Met | OLM | Liquidlogic |
| Sunderland | ASC & CSC | Met | NPS | Liquidlogic |
| Stoke | ASC & CSC | Unitary | OLM | Liquidlogic |

| 2017 | Service Group | LA Type | Old Supplier | New Supplier |
|------|---------------|---------|--------------|--------------|
| Nth Somerset | ASC | Unitary | NPS | Liquidlogic |
| Telford & Wrekin | ASC | Unitary | OLM | Liquidlogic |
| Knowsley | ASC | Met | NPS | Liquidlogic |
| Bournemouth | ASC & CSC | Unitary | Careworks | Servelec |
| Barking & Dag. | ASC & CSC | LB | NPS | Liquidlogic |
| Havering | ASC & CSC | LB | NPS | Liquidlogic |
| Dorset | ASC & CSC | County | NPS/Careworks | Servelec |
| Suffolk | ASC & CSC | County | OLM | Liquidlogic |
| Wiltshire | ASC & CSC | County | OLM | Liquidlogic |
| Sheffield | ASC & CSC | Met City | OLM | Liquidlogic |
| Shropshire | ASC & CSC | County | OLM | Liquidlogic |
| Stockport | ASC & CSC | Met | OLM/Servelec | Liquidlogic |
| Manchester | ASC & CSC | Met City | Servelec | Liquidlogic |
| Durham | CSC | County | In-house | Liquidlogic |
| Durham | CSC | County | In-house | Liquidlogic |
| South Glos. | CSC | Unitary | NPS | Servelec |
| Oxfordshire | CSC | County | Servelec | Liquidlogic |

| 2018 | Service Group | LA Type | Old Supplier | New Supplier |
|---|---|---|---|---|
| Durham | ASC | County | In-house | Azeus |
| Gloucestershire | ASC | County | In-house | Liquidlogic |
| Kent | ASC | County | Liquidlogic | Servelec |
| Croydon | ASC | LB | NPS | Liquidlogic |
| Portsmouth | ASC | Unitary | NPS | TPP |
| Southampton | ASC & CSC | Unitary | Civica | Careworks |
| Dudley | ASC & CSC | Met | NPS | Liquidlogic |
| Bedford Borough | ASC & CSC | Unitary | NPS/Azeus | Liquidlogic |
| Solihull | ASC & CSC | Met | OLM | Liquidlogic |
| Doncaster | ASC & CSC | Met | OLM/LL | Servelec |
| Worcestershire | ASC & CSC | County | Servelec | Liquidlogic |
| NE Lincs | CSC | Unitary | NPS | Liquidlogic |
| Portsmouth | CSC | Unitary | NPS | Servelec |
| Stockton | CSC | Unitary | OLM | Liquidlogic |
| Swindon | CSC | Unitary | NPS | Careworks |
| Cambridgeshire | CSC | County | Servelec | Liquidlogic |
| ER Yorkshire | CYPS | Unitary | NPS | Azeus |

| 2019 | Service Group | LA Type | Old Supplier | New Supplier |
|---|---|---|---|---|
| Hampshire | ASC | County | NPS | Careworks |
| Buckinghamshire | ASC | County | NPS | Liquidlogic |
| South Gloucestershire | ASC | Unitary | NPS | Servelec |
| Stockton | ASC | Unitary | OLM | Liquidlogic |
| Milton Keynes | ASC | Unitary | Servelec | Liquidlogic |
| Salford | ASC & CSC | Met | OLM | Liquidlogic |
| Wakefield | CSC | Met | Careworks | Liquidlogic |
| Torbay | CSC | Unitary | Civica | Liquidlogic |
| Hampshire | CSC | County | NPS | Servelec |

| 2020 | Service Group | LA Type | Old Supplier | New Supplier |
|---|---|---|---|---|
| Bromley | ASC & CSC | LB | OLM | Liquidlogic |
| Central Beds | ASC | Unitary | NPS | Careworks |
| Gateshead | ASC & CSC | Met | OLM | Servelec |

# Digital Strategies – a brief summary

## The Department for Education:

The DofE's current digital strategy programme does intend to include what it thinks the next generation of children's social care IT might look like in the near future. This is the second recent initiative trying to develop an IT 'blue-print' for frontline social workers, with the priority being towards having systems and technology solutions which enable better shared-care records, and to create more time for social workers to spend with children and families.

However, the initiative is currently paused due to CSC Policy Team resource constraints, but it is expected to restart soon.

There were clear points for success identified in the first initiative[14], including:

- Having early supplier engagement,
- Learning from the difficulties created by the nationally-led ICS and Contact Point experiences, which are still fresh in many people's minds in the IT community supporting Children's Services.
- Having a 'service design=systems design' approach
- Recognising it is a difficult market to serve.
- Acknowledging that new funding would be essential if new systems solutions were needing to be designed, developed and implemented.

## The Department of Health and Social Care:

NHS IT strategies try to set the pace for adults' social care but are typically very NHS centric and thus arguably limited in delivering real direct benefits for social care. More significantly, in the authors opinion, paraphrasing the recent Audit Commission review on NHS-IT, it would be an unprincipled act of faith based on poor precedence to rely upon NHS-IT management generally to 'get it right, or do it right', without significant changes[15].

It remains to be seen how responsive they may be to this report, which makes for very uncomfortable reading, and this was published before the first generation Track and Trace web-application systems results became more public.

However, currently, there are two areas which are clearly of interest to case management IT suppliers and their LA customers, and they need to be encouraged, although recognising that there will be genuine difficulties in funding and resourcing these initiatves in the current climate:

14. Undertaken as part of the Partners in Practice service innovation programme in late 2018, but paused as policy team staff resources became limited.

15. Please see: https://www.nao.org.uk/wp-content/uploads/2019/05/Digital-transformation-in-the-NHS.pdf.

### [i] Care Providers IT strategies:[16]

NHSX, the strategic IT arm of the NHS,  has begun work on a Digital Social Care Record Programme aimed at accelerating the adoption of digital records by providers of social care services, which are predominantly [but not exclusively] in the private sector and are  a significant component in strategic commissioning of services and associated revenue spending by ASC.

One of the priorities is to continue to build on the interoperability of systems, supporting the sharing of information on care recipients not just between the NHS and local authorities but with the independent providers and vice-versa. There is slow progress in making use of digital technology and records in the sector, and early research indicates that 30% of providers are still using entirely paper-based systems and another 30% are only partially digitised.

Data exchange and systems interfaces in this sector already exist with ASC and increasing this would be welcomed to improve analysis and forecasting to enhance strategic commissioning, managing markets, supply and demand management, and overall performance management of the sector.

### [ii] Digital shared-care records strategies

The National Audit Office report mentioned earlier expects that the NHS will spend around £8.1 billion to deliver digital ambitions up to 2024, but this includes up to £3 billion expected from hospital trusts for the period up to 2029. However, the NAO report mentioned earlier casts doubt on whether these figures are credible or realistic.

Within this large-scale digital investment strategy, to support multi-faceted regional shared care record initiatives, there was a nationally funded £30m Local Health Care Record[17] programme. LA's have been involved in this to a greater or larger extent depending on local priorities and availability of funding; the programme is now apparently stalled.

Also funded nationally over the last five years, through a £218m Tech Funding initiative, are a number of local Integrated Digital Care Record projects [IDCR]. Most of these projects have also required substantial local investment of around £8-£10m each and LA's have been involved in this to a greater or larger extent depending on local priorities and availability of funding.

Many IDCR projects are underway [perhaps in excess of forty] but with ownership and stakeholders having greater control of them than the LHCR programme, they are becoming more embedded in the operational service areas and have greater potential value and sustainability, although business cases typically look very optimistic.

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16. Please see: https://www.ukauthority.com/articles/nhsx-begins-digital-social-care-record-programme/?utm_source=newsletter&utm_medium=email&utm_campaign=UKAuthority+News+Extra+24th+September.

17. Appendix Two covers this in more detail.

## The Department of Housing, Communities and Local Government:

The Local Government Association [LGA] co-ordinates the Social Care Digital Improvement Programme[18], which funds local project work across a whole range of topics, and there have been many successes in these. However, there is a genuine difficulty with scaling these up and replicating them to the wider social care base, due to lack of resources, even though there seems to be real benefits to be gained from the project experiences in many instances.

Meanwhile, LA's and social care IT managers in England in particular are, in the main, left to cope with evaluating 'future digital opportunities' with relatively little practical and up-to-date national guidance[19], although there are digital standards being established by the LGA, and many councils do have digital initiatives underway[20], particularly relating to 'citizen-centric' engagement, which would naturally be of interest to social care.

Compared to say Wales and Scotland, which have published national digital strategies and ambitions linked to procurement frameworks and funding opportunities, there must be missed opportunities for IT suppliers and council IT managers, but it is difficult to see how this may change in the current climate.

Perhaps to offset this, more collaborative working amongst LAs could help pool expertise to cope with resourcing shortfalls and gaps in strategic thinking. Combined Authorities and the London Information Technology Office[21] may also offer some opportunities for this in the future.

18. Please see: https://www.local.gov.uk/transforming-social-care-through-use-information-and-technology.
19. Please see:  https://theknowledgeexchangeblog.com/tag/difficulties-in-digital-transformation/.
20. Please see: https://localdigital.gov.uk/declaration/.
21. Please see: https://loti.london/about/.

# Local Authorities & Social Care IT – Pandemic Experiences

## Questionnaire

**Q1.** What are your top three-five service priorities 2020-2021?

**Q2.** Do you think that IT is seen as a strategic asset and an opportunity for service innovation and business change?

**Q3.** If so, what's your local experience?

**Q4.** What do you see as the top three- five IT priorities for 2020-2021?

**Q5.** BASW AND SCIE research identifies that frontline social workers spend too much time in front of computers to the detriment of face-to-face time with clients – what is your view and local experience?

**Q6.** The same research has identified that there is a greater need for education and training needed to create a more 'digital-ready' workforce - what is your view and local experience?

**Q7.** What might bring you the highest value from IT investment and how might this be achieved?

**Q8.** What would be the most important change you would like to see from your existing IT suppliers [Liquidlogic, Servelec, OLM etc] or customers?

**Q9.** What would you like to see as the outcome from this research project on social care IT and case management suppliers?

**Q10.** Would you be interested in taking part in future research/shaping of social care IT?

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