



## **FrAmework for Multi-Agency Environments (FAME)**

### **Final Report of the Learning & Evaluation Strand**

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# Overview and Key Findings

## Background

FrAmework for Multi-agency Environments (FAME) was one of the Local Government On-Line funded National Projects sponsored by the Office of the Deputy Prime Minister (ODPM). Within FAME there were six local projects (known as strands) led by English local authorities in partnership with service providers. Each strand aimed to improve a particular set of services (for example, to vulnerable older people or disabled children) through effective and appropriate exchange of information. These local projects worked with IT suppliers (known as a technology partners) to produce a technical system to facilitate the exchange and management of client / patient information across agency boundaries. Not all the outputs of FAME were in the form of IT systems. Improvements to business processes and information sharing practices were also expected.

Newcastle University led two further strands, the Generic Framework and Learning & Evaluation. The Generic Framework identifies and describes nine building blocks that are essential to effective multi-agency working. The FAME website <http://www.fame-uk.org> contains details of these building blocks, together with a 'how to' guide and a toolkit to support local authorities and their partners in assessing their 'readiness' for multi-agency working. This is the report of the Learning & Evaluation strand.

## Learning and Evaluating

The Learning & Evaluation team worked closely with the local FAME project teams, who were supportive of our work and generous with their time. Throughout the project we reported back to the local teams both individually and collectively. Evaluation was thoroughgoing and critical, not an exercise in public relations or advocacy. It is important to stress that learning is likely to be gained from what did not work as well as from what did. Problems and setbacks, as well as successes, are therefore documented and analysed in the report.

There was serious slippage in timescales for the local projects, mainly as a result of more than anticipated difficulty in integrating with core IT systems. One partner in one strand 'went live' in November 2003; only two more strands had live IT systems in place by summer 2004. Nevertheless, the local projects all produced non-technical deliverables and were able to report valuable 'lessons learned' from their experiences. Two strands eventually went live in October 2004. The delay in implementing IT systems limits the ability of the Learning & Evaluation strand to report upon implementation and to offer any assessment of the difference it made.

Project teams are rightly proud that FAME provides clear evidence that local authorities and their partners can create multi-agency environments in which information is made accessible to practitioners across traditional service boundaries. There were demonstrable instances of reduced duplication in information collection processes. Some practitioners reported that they were able to see the 'whole' patient /client in ways that had not previously been possible. Three months after implementation, however, the level of take up by practitioners trained to use the IT systems was disappointing. Some of the most important learning must draw upon the struggles within FAME to achieve the hoped-for buy-in from the professionals in the participating agencies.

## Findings

- Forming and maintaining partnerships at a strategic level with local authorities and key agencies was one of the most difficult and time consuming challenges faced by the project teams. Project managers had to work hard to 'sell' FAME to senior personnel who had many other demands on their attention.
- Factors that facilitated the initial progress of FAME were associated with the 'readiness' of local authorities and their partners. A history of joint working on the part of two or more partners meant that trust and confidence in accountability were already in place. Where there was no past experience of joint or co-operative working there were delays that projects could ill afford.
- In the strands that have gone live, some practitioners are extremely enthusiastic about the capacity of the new IT system to reveal the 'whole picture' of a patient/client.
- The level of usage of the IT systems by practitioners in the local projects that have 'gone live' is disappointing. There are practitioners who report that they are reluctant to become users of FAME because they see no direct rewards for their own practice - although other agencies may benefit.
- There were serious limitations in some service providers' IT resources. Where practitioners had to share PCs it was awkward and time consuming for them to use the system.
- The IT experience and skills of practitioners were extremely uneven. Some need more training and support before they can benefit from an IT system.
- Recruiting enthusiastic and committed practitioners as 'super users' to encourage the others is one tentative solution for low practitioner uptake.
- The complexity and cost of achieving technical integration with core systems exceeded expectations. This resulted in delays and frustration for the project teams and the technology partners.
- It was often re-iterated by participants - including the technology partners - that FAME was not about IT but about people, organisations and culture. Yet the technical challenges proved much more intractable than anticipated.
- One strand did not proceed with the build of a technical solution. It did, however, deliver a package of work on business processes and claimed to have improved these processes – and the service to citizens – as a result.
- It is too early make definitive statements about benefits to service users although there is some anecdotal evidence of individual successes.
- Multi-agency environments need to be supported and sustained beyond the life of a project.

## **1. Introduction: The 'joining-up project'**

FrAmework for Multi-agency Environments (FAME) was one of the largest and most ambitious of the national projects commissioned by the ODPM to support the delivery of local e-government by 2005. The remit of FAME was to develop a framework for sharing information between local authorities and other agencies in order to make the services they offer to citizens more efficient, responsive and joined-up. It was known within the ODPM as 'the joining-up project'.

The ODPM provided six million pounds in funding for the whole FAME Programme and local authorities themselves put in more than one million pounds. The programme was managed by the London Borough of Lewisham and there were six work strands led by English local authorities in partnership with service providers. Each local FAME strand aimed to improve a particular service through the effective and appropriate sharing of service users' information between local authorities, local authority service providers, and other agencies. All the strands involved Social Services. Health, Education, the Police and a number of voluntary sector agencies also participated as partners. In some but not all strands there was more than one local authority partner.

The local strands, services and lead authorities were:

- Children With Disabilities (Newcastle City Council)
- West Yorkshire Child Protection (City of Bradford Metropolitan District Council)
- Identification Referral and Tracking of children at risk (London Borough of Lewisham)
- Promoting the Independence of Vulnerable Older People (PIVOP) (Wirral Metropolitan Borough Council, Surrey County Council and Woking Borough Council)
- Integrated Mental Health (Shropshire County Council)
- Housing Benefits Inter-working (London Borough of Bromley)

Each of these local strands was expected to deliver a real life example of successful multi-agency information sharing and working. To this end they each undertook to produce a technical system to facilitate the exchange and management of client / patient information across agency boundaries. Two IT suppliers - Ciber UK and Liquidlogic - worked with the local strands as technology partners (TPs).

FAME recognised from the outset that sharing information is difficult for organisational, legal, and cultural, as well as technical reasons. Agencies and professional groups have different ways of working and a variety of attitudes to service users' information. Information sharing needs to be underpinned by agreements that are both robust and sensitive to the diversity of the organisations, professions and communities that participate in the provision of services. For these reasons each strand was charged with the task of creating an Information Sharing Protocol (ISP) to delineate the responsibilities for information, who should have access to it under what situations, and client consent to sharing. New ways of working, as well as new information systems, are needed in order to bring into being multi-agency environments with timely and appropriate exchange of information.

Working practices and processes in participating agencies were documented and examined using Business Process Re-engineering (BPR) techniques. A key set of FAME deliverables were 'process maps'. These are documents created by the technology partners in co-operation with the project teams and selected practitioners in order to express current ('as is') and future ('to be') practices and processes.

FAME was overseen by a National Executive Board with representation from the Programme Office (London Borough of Lewisham), the local strands, the technology partners, the University of Newcastle, the ODPM and other members from Central Government. There was a Project Board for each strand responsible for directing and monitoring progress, allocating resources, and reporting to the Executive Board. (In West Yorkshire there were also boards for sub-projects as indicated below.) Day to day management of each strand was in the hands of a full-time project manager. FAME followed the PRINCE2 project management framework in order to ensure that reporting procedures were robust, deliverables and milestones clearly defined, and risks systematically logged.

The first technical solution went live in November 2003 in Bradford, one of the partners in the West Yorkshire Child Protection strand. At the time of writing only two other strands - (PIVOP in both Wirral and Woking and Shropshire Mental Health) had had a technical solution in place for long enough to contribute any insight into the implementation process. One strand (Bromley) did all the work on business process mapping and information sharing but chose not to proceed with the build of a technical solution. Two strands, Newcastle CWD and Lewisham ISA did not go live until October 2004. One of the West Yorkshire sub-projects was also expected to go live in autumn 2004 but had not yet done so by December. This report is therefore based on the experience so far, which is not yet complete.

In the next section we describe the Learning & Evaluation methodology, the nature and extent of the data we have collected, and how the local strands contributed to analysis and learning. Then we turn to a section in which the work and achievements of the local strands are recounted. This section – long as it is - is not a complete account of all the strand activities. Their products, case studies and lessons learned are available on the FAME website and it is not our intention to duplicate that material. Rather we discuss their aims, scope, implementation, practitioner experience and main achievements and setbacks in order to give the reader insight into the material from which we have drawn our conclusions and recommendations. We then summarize key themes that emerged from the strands before going on to analyse the data by theme. Finally we draw conclusions and offer a series of recommendations.

It is too early to make definitive statements about benefits to service users although there is already anecdotal evidence of individual successes. The learning and evaluation team worked with project leaders and stakeholders to identify baseline data and evidence for improvements that can be attributed to FAME. Indicators are discussed under each project and Section 6 of this report includes reflections on capturing longer term outcomes.

## ***2. The learning and evaluation process and data collection***

The overriding aim of the Learning & Evaluation was to draw upon the experiences of the local FAME strands in order to document, assess and report what worked, what did not work, and why. Subsidiary aims were to support the local strands in assessing

their own achievements and to inform Newcastle University's other strand – the Generic Framework – which is about the wider picture. The Learning & Evaluation team worked closely the FAME local strands from July 2003 to October 2004. We consulted project managers, project board chairs and a wide range of stakeholders including service managers, front-line practitioners, and service users and their representatives.

Learning & Evaluation was planned around four rounds of contact with each local strand.

1. Objectives, Metrics and Baseline
2. Process I: Design and Project Management
3. Process II: Implementation and Deployment
4. Outputs and Outcomes

The Learning & Evaluation team undertook the following activities:

- Meetings with project managers;
- Meetings with a sample of key stakeholders/ partners;
- Observation of local FAME events, meetings, workshops;
- Document analysis;
- Visits to pilot sites;
- Work with selected service users, e.g. focus groups;
- A questionnaire survey and interviews with front line practitioners;
- Report back to project teams.

In practice it was only possible to carry out post-implementation evaluation with the strands that had gone live by summer 2004. Nevertheless, our contact with all the strands generated a wealth of data. We made extensive use of naturally occurring data (from observation of meetings and other events) and of specially designed research instruments including questionnaires and interviews. More specifically the evaluation data comprised:

- Transcripts of meetings with project managers;
- Transcripts of interviews with stakeholders;
- Field notes on observations of workshops, reference groups, launch events, awareness raising events, and local project reviews;
- Documents used in the above e.g. presentations, sample assessment forms, process maps;
- Field notes on observation of board and steering group meetings;
- Project documents i.e. board minutes, highlight reports, draft ISPs, publicity material;
- Accounts of focus groups;
- Questionnaire data from practitioners in four of the strands about attitudes to multi-agency working, IT, and information sharing prior to implementation;
- Interviews with a selection of questionnaire respondents after implementation;
- Post implementation questionnaires in two strands;
- Local evaluation data collected by some of the strands and shared with the university team;
- Some additional work with individual strands – e.g. our analysis of feedback forms collected from practitioners after a launch event in one strand.

All these data were collated and analysed by the Learning & Evaluation team in Newcastle. Our interpretation was guided and refined by repeated feedback from the local project teams. We shared interim evaluation findings with them individually and together at various points as FAME progressed. The four strands that distributed pre-implementation questionnaires were given a detailed breakdown of results highlighting differences between their strand and overall responses. We gave presentations to the West Yorkshire and PIVOP project boards. From April to September 2004 monthly meetings for local strand project managers, the university team and representatives of the Programme Office were used to exchange concerns and achievements.

### **3. Practitioner buy-in: Pre-Implementation evidence**

The Learning & Evaluation team worked with project leaders and stakeholders in our early meetings to determine baseline data and evidence for change that could be attributed to FAME. All the project teams identified practitioner commitment as the key to success or failure. Many of them suggested the collection of practitioners' attitudes and experiences before and after the implementation of FAME.

PRINCE 2 methodology requires that the Project Initiation Documents (PIDs) specify risks to the project and ways of addressing them. Several strands identified failure to obtain practitioner buy-in as a risk. To counter this risk it was suggested that ongoing consultation and engagement with practitioners and clinicians be ensured at all stages of the project if its potential benefits were to be realised. Project Managers told us that they saw practitioner involvement and buy in as a major challenge. Buy in at the chief executive level and among senior managers was important but would not necessarily deliver active participation on the part of practitioners on the front line. On the contrary it was feared that hard pressed health care/social workers would simply 'see it as more work'. Practitioners, we were told get blasé and weary and often suffer from 'project fatigue'. In some Social Services departments staff – and even management - positions were filled by agency staff. In some instances practitioners were struggling with the implementation of other new processes and systems in parallel with the project. In consequence, one project manager felt they were 'dealing with reluctance and resistance.'

Despite these concerns project managers and other participants believed that FAME had the potential to improve working practice and benefit practitioners and their clients. As one told us at our first meeting 'FAME will show that electronic working can be a good working tool and you won't have this "I did not come into social work to be a computer operator"'.

**You can not over estimate the importance of leadership and engaging front-line staff.  
Dr Sue Proctor (Director of Partnerships, WY Strategic Health Authority)**

#### Engaging front-line staff

Questionnaires for practitioners prior to implementation were designed by the university team after the initial round of meetings with project managers and observation of some early work with practitioners in the strands. We presented our plans to do this at a meeting of project managers held in Newcastle in October 2003.

We told them that, in order to gain understanding of practitioners' attitudes and expectations (which could be revisited after implementation), we would ask questions including:

- What is your prior experience of
  - IT?
  - sharing information?
  - multi agency working?
- What change would benefit your clients most?
- Have you been included in the FAME planning process?
- What are your expectations of FAME?

We subsequently discussed questionnaire content individually with project managers, who in some cases took advice from their boards on aspects of the wording. For example, where it did not reflect the history of joint working, a tailored appendix was produced to accompany the questionnaire. The agreed questionnaires were distributed to practitioners in the pilot sites by the project teams in four strands<sup>1</sup>. The timing was such that practitioners had been exposed to the aims and objectives FAME from publicity in the workplace and from local launch and awareness raising events; some had taken part in workshops with the IT suppliers. None had yet been trained to use the system.

Respondents were invited to return questionnaire forms directly to the university and promised anonymity. However, they were invited to give contact details if they were willing to take part in subsequent interviews. Nearly half (49 per cent) gave permission for us to make contact. We did follow up interviews by telephone with practitioners in the mental health and PIVOP strands. These supplemented information we collected from practitioners and managers when attending post-implementation events in Wirral and Woking and visiting a pilot site in Shropshire. In Shropshire and Wirral, with the support of the local project teams, we were able to distribute post-implementation questionnaires in September / October 2004. The PIVOP (Wirral and Woking) teams designed and distributed a questionnaire specific to the single assessment processes for older people for their local evaluations at the same time and sent us their summary results. It was not possible to distribute our FAME post-implementation questionnaire in Woking because the team there thought that yet another questionnaire would be very unwelcome to practitioners.

Overall we received 108 pre-implementation questionnaires from practitioners who had been selected by project teams to be trained to use the FAME IT systems. Response rates for the questionnaire from individual locations were variable. They ranged from an excellent 60 per cent in Shropshire to below 10 per cent in Woking. A full account of the results is given Appendix 1. Here we draw attention to some of the main findings.

The evidence from the pre-implication questionnaire is that practitioners who were introduced to FAME generally understood and supported its aims. In particular, they

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<sup>1</sup> It did not prove possible to distribute questionnaires in Bromley or Lewisham. In Bromley housing managers told us that their staff would be unlikely to comply with a request to fill in a questionnaire for FAME. In Lewisham potential users were not identified in time.

recognised that lack of co-ordination and exchanging information across agencies leads to less than optimal services to clients / patients.

- More than four fifths (82.5 per cent) of respondents agreed that lack of information sharing caused poor outcomes;
- More than two thirds (70 per cent) of respondents agreed that they relied on service users for information about other agencies/services;
- More than four fifths (84 per cent) of respondents agreed that increased knowledge of the work of other agencies/services would benefit their service users;
- Similarly, 86 per cent of respondents agreed that working more closely with other agencies/services would benefit their users.

Three quarters of respondents described themselves as regular IT users. Nevertheless, the prior IT experience and skills of practitioners, and their access to IT, were extremely variable. In some cases both skills and access were too low for participation in an IT initiative. More than two out of five respondents (42.3 per cent) reported that they lacked exclusive access to a PC in their workplace. Eight and a half per cent shared with one other person; 20 per cent shared with between 2 and 5 others; 10 per cent shared with more than five others; and 4 per cent reported no access to a PC. Forty three per cent of respondents agreed that they needed better general IT training in order to benefit from FAME. Overall about half the respondents felt that general IT skills levels in their workplace were appropriate for FAME and half felt that they were not.

More than a third (37 per cent) of respondents agreed they were unsure what information they were allowed to share with other agencies/services. More than three quarters of them (76 per cent) agreed that clearer guidelines on sharing information would be helpful to them.

In respect of potential deterrents to sharing information, 45 per cent of respondents indicated that Data Protection issues deterred them, while 56 per cent were deterred by issues around client consent and confidentiality. Nearly half (47.5 per cent) agreed that they currently shared information with individual representatives of other agencies/services on an informal basis.

Practitioners were asked to respond in their own words to the question ‘What, in your view, are the main barriers to sharing information with other agencies/services?’

The most frequently cited responses were:

- Data Protection issues, lack of knowledge re legality, fear of litigation or of disciplinary action ;
- Lack of contact with known (knowledgeable) individuals, access to appropriate people at the right time;
- Lines of communication, different systems, delays;
- Lack of time;
- Confidentiality issues, protocols, not knowing how much to say;
- Lack of information about other agencies and services involved with clients/patients.

The qualitative and quantitative data we collected from practitioners prior to the implementation of FAME IT systems in four strands offer insight into attitudes, perceptions and resources that facilitate or impede multi agency-environments. As indicated above, despite the shortage of time we have been able to do some post implementation evaluation work in the strands that went 'live' in summer 2004. As well as a new questionnaire and interviews we have observed post-implementation events and meetings organised by the strands.

A few practitioners have become enthusiastic users and energetic advocates. Some but not all of these individuals had a prior commitment to IT. Most of the strands included one or more 'technophobic' practitioners who have become converts to FAME. Nevertheless, in general take up of the IT systems by practitioners trained to use them has been low. Reasons for this include lack of access to equipment, technical setbacks, and a feeling that the effort of using the system outweighs any direct payback to individuals and their colleagues. Recruiting enthusiastic and committed practitioners as 'super users' to encourage the others is one solution with which the project is currently experimenting. All this is described and explained in more detail below under discussion of the relevant strands. We draw this evidence together to discuss the issue of engaging practitioners in multi agency working and information sharing in section 6.

#### ***4. The FAME experience by strand***

##### **Child Protection: West Yorkshire**

There is a reported average of 78 children killed every year by parents or minders, a figure that has not changed since Maria Colwell's death in 1973. Lord Laming reported on the death of Victoria Climbié:

The extent of the failure to protect Victoria was lamentable. Tragically it required nothing more than basic good practice being put into operation... doing the basic things well saves lives... Victoria died because those responsible for her care adopted poor practice standards. (Quoted by Dame Elizabeth Butler-Sloss)<sup>2</sup>

The tragedy highlighted lack of co-operation between agencies and services, in particular their failure to share the information they held individually on a vulnerable child:

Victoria Climbié came into contact with several agencies, none of which acted on the warning signs. No one built up a picture of her interactions with different services (DfES 2003)<sup>3</sup>

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<sup>2</sup> Dame Elizabeth Butler-Sloss, Are we failing the family? Human rights, children and the meaning of family in the 21st century, The Paul Sieghart Memorial Lecture, British Institute of Human Rights, King's College London, 3rd April 2003. <http://www.lcd.gov.uk/judicial/speeches/dbs030403.htm>

<sup>3</sup> DfES (2003) Every Child Matters, HMSO, London

### *Background to West Yorkshire's participation in FAME*

The Laming Report into the Climbié case contained 108 Recommendations, 63 of which were directed towards local authorities with social services responsibilities. Chief Executives were required to ensure that appropriate arrangements were in place to guarantee the quality of services to children in need, particularly those requiring protection. Analysis of the implications of Laming's recommendations for the Bradford and Airedale Area Child Protection Committee (ACPC) was the initial driver for the project.

Since early 2002 Bradford - through a co-operative relationship with Liquidlogic - had been developing a new child protection system for the Bradford and Airedale Area Child Protection Committee. Collaboration between Bradford and Liquidlogic drew upon the district's professional expertise in Child Protection and the IT supplier's technical expertise. At the time of our first evaluation meeting (July 2003) work in Bradford was already moving into final system testing and user acceptance testing phases. The FAME West Yorkshire Child Protection (WYCP) strand sought to build on the achievements in Bradford by extending the functionality to the other four districts in the West Yorkshire ACPC area (Leeds, Calderdale, Kirklees, Wakefield) and across the West Yorkshire Police.

### *Aims and objectives*

The project was committed to creating a technical solution that would span appropriate agencies across West Yorkshire and meet the overall aim described in the PID:

To equip front line child protection professionals with shared information from partner agencies to purpose making sound judgements based upon a 'whole picture' of the child.

Predicted outcomes included increased safety for children because of the highly visible nature of communications between agencies and greater public confidence in communication and practice issues between agencies.

As in other FAME strands the project team stressed to us, and to the public, that the project was not just about technology, but also about managerial challenges and new ways of working.

### *Overview of the services, partners and scope*

In comparison with other FAME strands the number and diversity of agencies that would potentially participate within the timescale were impressive. Piloting was planned in five Social Services departments (Bradford, Calderdale, Kirklees, Leeds and Wakefield) and West Yorkshire Police as well as in a selection from:

- Eight NHS Acute Trusts;
- Fifteen Primary Care Trusts;
- Nine hundred and sixty one schools.

The project aimed at full integration with all five local authority social care systems. Unlike some other FAME strands, it was not within the project scope to make inroads

into integration with Health systems. The Police wanted integration but had not agreed their own protocols for sharing with external agencies. Police, Education and Health professionals would have access to Social Services Child Protection data over a secure internet connection. The project manager reported that initially the hardest agency to get involvement from was the Police. However West Yorkshire Police became the most enthusiastic advocates for the project. They sat on the board and made a significant contribution.

The West Yorkshire project was exceptional within FAME in attempting to work across five local authorities. As a result, the management and reporting structures were more complex than the other local strands. West Yorkshire project board provided overall direction and monitoring of progress and project spend. This board was responsible for the approval of plans and deviations from plans and reporting to the FAME Executive Board. Local project boards were created with responsibility for managing individual sub-projects. There were also Special Working Groups for: technical issues; communications; information sharing, security & confidentiality; and inter-agency development

Risks to the project were identified from the start around the capacity, commitment and co-operation of the local authority partners. The project manager reported in July 2003 that she anticipated particular difficulty for FAME from the IT strategies of two of the authorities, in one case because of wrong timing (a new Electronic Social Care Record implementation going live in September 2003), and in another because of possible resistance to working with an outside supplier when over 95 per cent of applications are developed in-house. These concerns proved to be well founded. The project struggled with organisational and technical challenges of working across five local authorities. Only Bradford and one other partner, Wakefield, were fully committed throughout. From the perspective of the Technology Partners this was puzzling and demoralising. They complained of the project drifting as a result of lack of direction from board members anxious to keep everyone 'on board'. Board meetings, in their view, were 'treading lightly' rather than saying 'either you are in or you are out'.

#### *Metrics and baseline data*

The project manager, in discussion with the Learning & Evaluation team, consulted within the project for ideas about indicators that could be used to determine its effects. Some felt strongly that only qualitative measures were appropriate. The following 'hard' measures were suggested somewhat tentatively.

- Time taken from referral to allocation of named worker;
- Core assessment completed in 35 working days.

Softer data that would be of value were:

- Professionals' perception of improved working;
- Views from the voluntary sector on children's and families' experiences.

### *Highlights of the design and implementation process*

As indicated above, work on the IT system in Bradford was already well advanced at the inception of FAME. The IT system in Bradford went live on 17 November 2003. It was rolled out to one school and the hospitals, then to the Police, more schools and PCTs. The Child Protection Unit workers reported that they liked to use the Liquidlogic system instead of the backend social care system for day to day enquiries. By the end of the first week there had been about 30 enquiries put through by Social Services and the first enquiry was made from an external professional on the second night. There was a falling off of activity after the initial high level. The Police complained that they were not getting a fast enough response from Social Services. They wanted a single point of contact in Bradford with Social Services. It also became clear that that some practitioners did not have even basic Windows skills.

The West Yorkshire Project Manager reported that the problems with implementation in Bradford were not to do with the technological functioning of the system. (There were one or two bugs which were fixed.) The problems with implementation were to do with the change management agenda – the re-engineering of business processes. There was a series of meetings with senior people in children's services to discuss how to put it right. The West Yorkshire Project manager proposed that what was needed in Bradford was a 'system champion' – to meet with the users to find out what the problems were. She managed to secure a change of funding that would have gone to project management in Bradford to go to resourcing a practitioner champion.

As the first FAME project to go live West Yorkshire Child Protection attracted strong interest and there were numerous enquiries and requests to visit the site. This was difficult to manage because pressure of work meant that it was not possible to release practitioners to accommodate requests for information about the FAME system.

The project plan was to undertake business process mapping in the other four local authority areas using reference groups from the practitioner agencies. In Wakefield a series of one day workshops was held in which Liquidlogic worked with representatives of Health, Social Services and Education to map and analyse business processes. The level of contact between the suppliers and practitioners was lower than in some other strands because of the work already done in Bradford. Liquidlogic personnel stressed that although the system was configured for Bradford it would be easy to tailor functionality to suit Wakefield conditions.

Initial meetings took place between the IT suppliers and practitioners in Leeds and Kirklees. The full business process mapping exercise, however, was not repeated in these authorities and they – together with Calderdale - did not proceed towards a technical solution within the timescale of FAME. Nevertheless, Wakefield, Calderdale, Leeds and Kirklees Social Services all contributed to the generic process document which was created by Liquidlogic following the workshops. This document is one of the strand products available on the FAME website.

There was serious slippage of time in West Yorkshire as a result of delayed progress on technical integration and ongoing mismatch between FAME and the IT strategies of local authority partners. Moreover, the local authorities became alarmed about long term costs. At the December 2003 Project Board meeting some partners declared that

they could not put resources into the project because they had not got senior management sign up. In February 2004 Leeds representatives reported that the issue of sustainability costs was so serious that the authority could not continue to participate at all; subsequently they decided to do so in a scoped down project with a small community of pilot users. In Calderdale a high priority was put on realising the investment in the local authority's own new system. They did not want to confuse people or incur extra training by using Liquidlogic's front end.

In addition, concerns were raised regarding the extent of service users' personal details copied from the core Social Services database and held in Liquidlogic's *Protocol*. For the Bradford implementation data were replicated in *Protocol* on *all* Social Services clients. This raised questions relating to Data Protection and the issue was taken to the Information Sharing Group who decided to seek legal guidance.

In June 2004, in response to all these difficulties and delays, Liquidlogic proposed a new, long term interface solution. This product was based on XML, and would allow programmes to talk to each other using web services in given disciplines. This solution promised to enable delivery of a live pilot system for Bradford and Wakefield with involvement from Police, Health and Education within the FAME timescale. Other partners would join in as and when they wished and would not need to use the Liquidlogic front end. An exception report proposing this solution was submitted to the National Executive Board meeting in July 2004 and accepted.

The project held a high profile launch event in July 2004. This was aimed mainly at the 'great and good' of West Yorkshire including councillors with an interest in children's services and other key players. Presentations were made by the Project Board Chair and by senior representatives of participating agencies including West Yorkshire Police, West Yorkshire Strategic Health Authority and Leeds Social Services. The NSPCC North Division and the FAME Programme Office were also presenters and a specially prepared video about the West Yorkshire FAME project was shown. We observed this event and can report that there was a good turnout and that reactions were positive. There was clearly strong enthusiasm for the aims of the project from elected members and from numerous agencies including some that are not part of it. The only criticisms we heard were from Education and Housing representatives because these services were not included in the presentations or video.

The Wakefield pilot did not go live by the end of 2004. At the time of writing (late December 2004) testing is still taking place in order to ensure that data are being passed between the systems accurately<sup>4</sup>.

#### *The practitioner experience*

Members of the Learning & Evaluation team observed three workshops in Wakefield between December 2003 and March 2004. These workshops were well organised and practitioners were interested and enthusiastic about the promise of an electronic system to improve the quality and timeliness of information. They were able to articulate their needs and concerns to Liquidlogic and the suppliers listened and responded. Some practitioners, however, expressed anxiety that the IT system would reduce personal contact and trust. In a workshop for Health professionals it was

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<sup>4</sup> Personal communication from the sub-project manager, December 21 2004.

pointed out that, where there is a history of face-to-face relationships, practitioners know a person and what s/he will do with the information.

Comments made by practitioners in the workshops we observed confirmed the questionnaire evidence for shortfall in IT resources and skills. For example, school nurses reported that they have one PC between 15. Nurses said that six of them shared a PC which crashes at least once a day. One nurse commented, 'My IT skills are improving every day. I now use two fingers!'

### *Main achievements, setbacks and challenges*

- The West Yorkshire CP project team aimed to encompass all the agencies concerned with child protection within West Yorkshire. They justifiably claim to be the most ambitious and most successful local FAME strand in terms of the involvement and engagement of many different agencies.
- The Bradford partner was the first to have a live system. This was a key milestone for FAME. As the project manager pointed out:  
Now it has gone live it is really focussing people's minds – we have got something real here – this is not just a concept - an idea - a specification - it is real.
- The West Yorkshire project came to be seen by other FAME strands as a leader in confronting problems that became common to all such as negotiating with third party IT suppliers.
- Experiences on the project were very valuable for the future in that they informed the approaches of senior local authority personnel to multi-agency planning and IT, for example in negotiating with IT suppliers and being aware of what questions to ask them.
- Whereas other local FAME projects had to negotiate with one core system supplier for social services there were five in West Yorkshire. As anticipated, this complexity bedevilled the project. Setbacks and delays to design and implementation were repeatedly caused by problems associated with integration between Liquidlogic's *Protocol* and these core systems. This was despite strenuous efforts on the part of the project manager - with the support of the FAME Programme Office - to resolve disputes and move forward.
- The scale of the ambition which drove this project was a weakness as well as a strength. Co-ordinating and managing the agenda of five local authority partners with no substantial history of shared activity proved to be a challenge that absorbed more time and energy than the project could afford.

## Virtual Integrated Mental Health Records: Shropshire<sup>5</sup> County Council

At some point in their lives approximately 1 per cent of the UK population will suffer from schizophrenia, 1 per cent will be subject to manic depression and 5 per cent will have serious or clinical depression. The Mental Health National Service Framework (Department of Health 1999)<sup>6</sup> highlighted the need for health authorities, local authorities and other agencies to work closely together to avoid duplication in mental health services. The framework for adult protection, however, is very much less cohesive than it is for children, and agencies therefore face bigger hurdles to joint working and information sharing than they would if they were trying to protect children.

### *Background to participation in FAME*

There was already a long history of multi agency and cross boundary working in mental health services in Shropshire. Integrated teams had been operational for more than 10 years and joint commissioning of mental health services was well established. The FAME project board chair explained, 'we have been welded at the hip for years - joint teams jointly managed'. In the past 5 years joint arrangements were extended upwards through the organisations, developing from joint teams to joint locality managers with one appointee between Health and Social Services overseeing teams in each area. In addition there was a joint management structure through partnership, a joint commissioning unit between Social Services and Health with a joint director of commissioning who was director of a PCT and a senior management member of the local authority who sits on both.

An 'integrated' paper record had already been introduced. This record consisted of a set of papers brought together in a single file that resided with the main team dealing with the service user. In the words of one board member this was 'a giant leap for mankind in terms of social services but let us not fool ourselves into thinking that is an integrated mental health record'. When a service user crossed over the boundary from within the Shropshire County Council service area to Telford (or vice versa) or required a hospital admission the information already collated on paper was not readily available. It would mean telephone calls, emails and asking the service user for information that had already been supplied to another professional. The integrated paper record was only an interim solution. The logical next step was to develop integrated *electronic* records, which could be easily accessed by health and social services practitioners across local authority boundaries. The Director of Mental Health and Disability Service for Shropshire PCT explained the incentive for FAME in terms of the urgent need for technology to catch up with practice:

We have a paper record that is entirely integrated – a social worker writes in the same notes as a consultant and the in-patient nurse. That file gets transported about the county by a special courier service - all because the IT

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<sup>5</sup> 'Shropshire', it should be noted, can refer both the geographical county and the county council administrative area, which have different boundaries.

<sup>6</sup> Department of Health. (1999) National Service Framework for Mental Health: modern standards and service models.

<http://www.dh.gov.uk/assetRoot/04/07/72/09/04077209.pdf>

system has not caught up. I see FAME as the IT systems trying to catch up with the level of integration that we already have at service level

### *Aims and objectives*

The main objective for the strand was to develop an operational model to facilitate the sharing of information electronically between Health and Social Care professionals in order to support the delivery of integrated mental health services. The project undertook to create a multi-agency, virtual integrated electronic record for mental health service users. For service users the electronic integration of records promised to ensure that they receive co-ordinated, integrated and appropriate services and do not have to repeat personal information to more than one professional. Service users should benefit from increased confidence and understanding that information about their needs will be shared between relevant agencies on a need to know basis.

### *Overview of the services partners and scope*

This pilot was across two councils, two primary care trusts and a strategic health authority. The five partner agencies were:

- Shropshire County Council
- Borough of Telford & Wrekin
- Shropshire County Primary Care Trust
- Telford & Wrekin Primary Care Trust
- The Shropshire & Staffordshire Strategic Health Authority.

All information sharing in the project was within this group of five. The project involved the creation and implementation of a virtual integrated mental health record (vIMHR) for two community mental health teams, one in the Shropshire County Council area and one in the Borough of Telford & Wrekin. This system would read information about service users from the existing core operational systems of the local authority and health partners. It would display this information in a way that would be accessible and understandable to a wide range of people across the participating agencies. Writing back to the core systems was outside the project scope.

When we met the project team in August 2003 we were told that it was envisaged that emergency duty teams (EDTs) would be the first to see the benefit of being able to link things up and being able to access records outside office hours. By January 2004 however a decision had been reached that it would not be possible to engage them in FAME. The project managers explained to us that the EDTs in both areas were at that time still struggling with the recently introduced CareFirst and were not willing to work with yet another new IT system. The project team also identified GP practices in the pilot sites and made considerable efforts to persuade them to become involved. However - as in other FAME strands - GPs were difficult to engage and none was willing to participate. Implementation in the two pilot sites was referred to as 'Phase 1' – with the intention that wider roll out would follow in the next phase.

Ensuring commitment from the top in the partner agencies was a priority.

The first meetings were very broad and big. We had people from the NHSIA and people from the Strategic Health Authority at those broader meetings to make sure that as it got allocated to various people to take pieces of work

forward we had got those higher levels on board. I can go to a Strategic Health Authority meeting and they understand about FAME as a result of those first meetings. They might not know the detail but they certainly know the partners involved - what it is why it is and when - and most of them which pilot sites. (Business manager for Performance and Information in Social Care)

It was never expected that the solution under FAME would be a *final* model. When FAME started it was known that the new NHS IT system was about to be introduced and would bring changes that could not be fully foreseen in 2003. Nevertheless it was worth the investment in the medium term because of outcomes for service users and the learning that would be gained.

'FAME is part of something is good. Yes it is a pilot. Yes it is local. But it has a national link and it is looking at several other things around a common theme.'

Project Board Chair

#### Expectations of FAME

##### *Metrics and baseline data*

Suggested metrics for evaluation for the project included:

- Number of complaints
- Readmissions to psychiatric hospitals
- Number of suicide 'near misses'
- Case studies of suicide near misses – look at audits – was information sharing (or lack of) a factor?

##### *Highlights of the design and implementation process*

By summer 2003 work had begun to establish the Project Board and three sub-groups covering Governance, IT and Stakeholder issues. The Project Board comprised representatives from each of the key partner agencies and was chaired by the Shropshire Joint Commissioning Manager for Mental Health. The Governance and Stakeholder groups were later merged because there was overlap in membership and people found attending both onerous. This merged group included a Caldicott Guardian, a Data Protection Officer and a service user representative. The project also set up a 'User Interface Group' with responsibility for agreeing what the FAME software would deliver in terms of data items, and what practitioners and users would see on their screens i.e. colours, fonts etc. This group included: project managers; team managers; practitioners; administrative staff; a service user; the project champion; representatives from each partner authority; and an analyst from Liquidlogic. The 'User Interface group' discussed and approved every detail down to each data item and the background colour of the application.

The project suffered initially from delay in appointing a project manager. Eventually a manager was seconded but she resigned in November 2003 because she was not released from her other duties and found it impossible to combine, in effect, two jobs. She was replaced by two managers who took on the role as a job share. Other key

personnel including the project board chair also left during the life of the project. It is far from unusual for time limited projects to struggle to secure the services of suitably qualified and experienced staff. As one member of the project board pointed out to us, this is particularly likely to be so in a relatively small authority or partnership. This project managed its difficulty with staffing well and ensured that an appropriate range of skills was represented. (The joint project managers were members of the FAME IT sub group and had project management experience. Neither had mental health experience but this was brought to the team by the project champion.) All this highlights the need to bear staff turnover in mind when resourcing a project.

Much of the actual work – as opposed to preparation - for FAME took place in November / December 2003 thanks to good working relationships and much common ground between the partners. The project managers identified linking with core systems as a key risk to the success of the project. Shropshire County Council and the Borough of Telford & Wrekin both used OLM's CareFirst although implementation at each site was different. Negotiating with this third party supplier was described by one of the project managers as like 'treading on eggshells'.

A meeting between OLM, Liquidlogic and members of the West Yorkshire Child protection and Shropshire Mental Health FAME teams took place in Leeds on 21 October 2003. At this meeting OLM announced that integration would depend on their new product – CareExchange - which was not yet available. By early 2004 there was still no extract routine available from OLM to get data out of CareFirst . In order to prevent more delays the team devised a 'workaround' solution. Scripts to extract data from CareFirst were written in-house at Shropshire County Council (SCC) and a script sharing agreement was drawn up between SCC and the Borough of Telford and Wrekin. The strategy was successful in enabling work to proceed. Indeed, as one of the project managers reported, without it this strand of FAME would never have got off the ground.

A technical Specification of Requirements (SOR) defined exactly what going live would mean, verified where the data would be held, and ensured it would not be replicated in another environment. This document, one of the project managers reported, 'saved us a lot of the challenges that other strands faced'. It is available as one of the strand products on the FAME website.

Four 'launch' events were held in January 2004 in order to demonstrate the proposed system and make the objectives of FAME known. The events were aimed at practitioners but the team made strenuous efforts to encourage service users to attend. We sat in on one of these events and observed that it was well attended and characterised by lively questioning of the project team and IT suppliers on the part of practitioners. There were two service users present. One of them spoke out about her concerns for privacy and security of information. After the event she joined the Stakeholder group as a user representative. (The team planned from the start to represent carers and service users on the Stakeholder group. However, the carer could not continue because of too many other commitments and the original service user got a job and had no time.)

The two pilot sites – one in each partner authority –were chosen because the teams were enthusiastic and liked to innovate. In each of the sites there were fifteen staff

members expected to participate and receive training. The first pilot site – Bridgnorth - went live on May 11<sup>th</sup>. Unfortunately when FAME was switched on workers in Shropshire CC started to complain that the CareFirst system crashed when they logged on to it. Although it was not certain that FAME caused this problem a decision was made on 20<sup>th</sup> May to switch FAME off. Liquidlogic and SCC network and database staff set about trying to determine the cause of the blockage by eliminating the various components of the FAME system from the equation. The fault was eventually put down to incompatibility between the hardware of the partners and a fix was applied to correct it.

Practitioners in the pilot sites reported problems accessing FAME during the first few weeks. They complained that they were either unable to access FAME at all or gained access and then found themselves thrown out of the application after a short period. This made training difficult. The problem was probably linked to schools' use of the internet. In other words, the large volume of web traffic travelling through the link was preventing full access to FAME. In response to this unforeseen early setback the link between Bridgnorth and the PCT server which hosted FAME was upgraded.

### *The practitioner experience*

Practitioners reported to us in questionnaires and interviews that FAME is a useful resource now and potentially of greater value in the future. Five of the eight who responded to our post-implementation questionnaire agreed or strongly agreed that it is easier than before to search for and find information. Six of them agreed that 'the information I find on the vIMHR is useful to me in my daily work'. Seven agreed (one strongly) that the vIMHR 'has the *potential* to be useful to me in my daily work'. One noted in a free text answer that the vIMHR, 'saves users repeating basic details and gives the worker an overview of past involvement'. In interviews we were told by practitioners that they liked having relevant information at their fingertip and appreciated the fact that they no longer have to wait for patients' notes to arrive on paper. Some practitioners are highly optimistic about the future promise of electronic records. One for example told us in a telephone interview that he hopes that it will become possible to access care plans and discharge plans although this functionality is not part of FAME.

The Clinical Director for Adult Mental Health told us in September 2004 that she was still a 'cautious sceptic' about FAME. The NHS history of IT developments, she said, has not been as one would hope. She was particularly concerned that expectations of her staff would be raised to anticipate more than the system would deliver. Notwithstanding the comments above, her wariness has been somewhat justified by the practitioner experiences we have been able to discover in this strand of FAME so far. When we visited the Bridgnorth pilot site in late September 2004 the manager informed us that 13 individuals had to date been trained to use the vIMHR but only about 6 of them regularly went on the system. He attributed this low usage to the early difficulties they had experienced with access. Of the eight questionnaire respondents<sup>7</sup> six answered an open ended question about barriers to using FAME with reference to technical problems, for example, 'system failure, denied access' and 'time, reliability and speed of access'.

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<sup>7</sup> Received in October and November 2004.

Overall, practitioners in the pilot sites in this strand find the FAME system simple and pleasant to use when they gain access to it. Very importantly, it delivers information that they value. It is unfortunate that their encounters with FAME in the first few months after implementation tend to have been dominated by technical problems with access. Moreover the very recent introduction of CareFirst has made some workers feel over burdened with demands to learn new IT systems. (One individual we interviewed even reported that people were coming out in tears from CareFirst training.)

As in other FAME strands, failure to obtain practitioner buy-in was identified from the start as a risk that could prevent the benefits of the project being realised. The project did not fail in this respect, although for reasons described above the level of system usage has been disappointing so far. Ideally, in order to maximise learning, we would be able to revisit this evaluation in 2005. It is possible that in a few months the significance of the early technical set-backs will subside and a clearer picture will emerge of the value of an integrated electronic record for mental health practice.

#### *Main achievements, setbacks and challenges*

- The Integrated Mental Health project produced a working application in two pilot sites in time to reflect and learn by the end date of the project. This in itself is an achievement to be proud of, given the very tight timescales and many practical problems beyond the control of the project (for example, the almost simultaneous introduction of new local authority and health IT systems).
- This project achieved ‘live integration’ in the sense that it draws data electronically from each partner’s system and presents the practitioner with one view of the service user.
- Integration with core systems was flagged as a risk from the start but proved even more difficult than anticipated. It was not possible to come to any accommodation with OLM within the project timescale – despite strenuous efforts of the part of the project team and other participants in FAME nationally. This resulted in slippage of time that came close to derailing the project in the first few months.
- The project managers and IT personnel from Shropshire County Council were extremely resourceful in finding a ‘workaround’ that enabled access to social services data without input from the third party supplier. Their initiative almost certainly saved the project from failure.
- Unforeseen early technical problems meant the system was switched on and quickly switched off again. This was dispiriting for the project team and discouraging for practitioners. Technical blockages were quickly identified and fixed. However, some practitioners in the pilot sites continue to complain that the system tends to be difficult to access.

- Despite the above, professionals trained to use the system in the pilot sites in general recognise that it has potential to enhance the quality of information they can access and improve the service they deliver.

## **Promoting Independence for Vulnerable Older People (PIVOP): Woking and Wirral**

The population of the UK is getting older. People aged 60 and over made up more than a fifth (20.9 per cent) of the UK population in 2001, for the first time outnumbering children aged under 16 (Census 2001)<sup>8</sup>. There were 1.1 million people aged 85 and over in 2001, more than three times as many as in 1961. The vast majority of older adults live independently, in their own homes, with an estimated 5 per cent of older households living in sheltered and very sheltered accommodation and 5 per cent living in registered care homes (Office of the Deputy Prime Minister 2001)<sup>9</sup>. The demand on services to help older people remain independent in their own homes is rapidly increasing. The National Service Framework (NSF) for older people sets out standards which aim to provide person-centred care, remove age discrimination, promote older people's health and independence and ensure that services are tailored to people's needs. Achieving all this presents a challenge for local authorities and health service providers (Local Government Association, 2003)<sup>10</sup>

### *Background to participation in FAME*

The PIVOP strand of FAME included two local work streams, one led by Woking Borough Council with Surrey County Council and the other by Wirral MBC. The rationale for this two-part design was to include different local government structures. Wirral MBC is a unitary authority whereas Woking is a borough council with a county council structure around it.

The Woking / Surrey work built upon, and related to, other local projects. One specific requirement of the NSF for older people was for a Single Assessment Process (SAP) to be implemented nationally by April 2004. Surrey County Council was developing a paper based SAP process. There was also the legacy of ERDIP (a health driven initiative that happened before the Primary Care Trusts and Strategic Health Authorities came into being). Some useful groundwork had been covered by ERDIP. It had undertaken a certain amount of process mapping work, which - although two years old - had the potential to speed up the work of FAME/PIVOP. On the other hand the ERDIP project was never brought to fulfilment after raising expectations. As a result it left a residue of cynicism and distrust of similar projects.

The origin of Wirral MBC's involvement was through the e-government team which is based in the Finance Department. Wirral Social Service's participation in the

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<sup>8</sup> National Statistics (2003) Census 2001 - Population of England and Wales grows 2.5 per cent  
<http://www.statistics.gov.uk/census2001/profiles/commentaries/people.asp>

<sup>9</sup> Office of the Deputy Prime Minister (2001). Quality and Choice for Older People's Housing - A Strategic Framework, on-line  
<http://www.housing.odpm.gov.uk/information/hsc/olderpeople/index.htm>

<sup>10</sup> Local Government Association of Directors of Social Services (2003) *All Our Tomorrows: Inverting the triangle of care. A joint discussion document on the future of services for older people*. London: ADSS  
<http://www.adss.org.uk/publications/other/alltomtext.pdf>

information sharing project which became FAME was first proposed around community equipment. However, the Single Assessment Process (SAP) better fitted the priorities of the Social Services Department in the light of NSF requirements.

This strand was stalled in the first few months because questions were raised in the Council in Wirral about the procurement arrangements, which involved a 'key decision' as defined by the Council's constitution. A detailed case was made to the Social Care and Health Select Committee and submitted to Cabinet for approval. The committee's report noted that Wirral's participation in 'what is recognised as a significant national IT project' offered, 'considerable assistance in the development of an efficient single assessment process for older people'. A particular value of FAME would be to improve links with the Council's partners and facilitate improvement to services for older people in Wirral across health, social care and the wider range of Council services.

### *Aims and Objectives*

The overall aim was:

To promote the independence of vulnerable older people by facilitating improved access to and delivery of multi agency services that are appropriate, cost effective and responsive to their needs by means that are capable of ready adoption for use by multi-partner agencies in other health and social services economies.

Objective were:

- Support the collection, sharing and exchange of relevant and timely information.
- Promote greater efficiency, eliminate unnecessary duplication and make better use of resources.
- Provide shared learning as appropriate, of methods, approaches and processes within, and across, the project work/solution streams.
- Enable the delivery of high quality services at home or in other appropriate care settings.

### *Overview of the service/s, partners and scope*

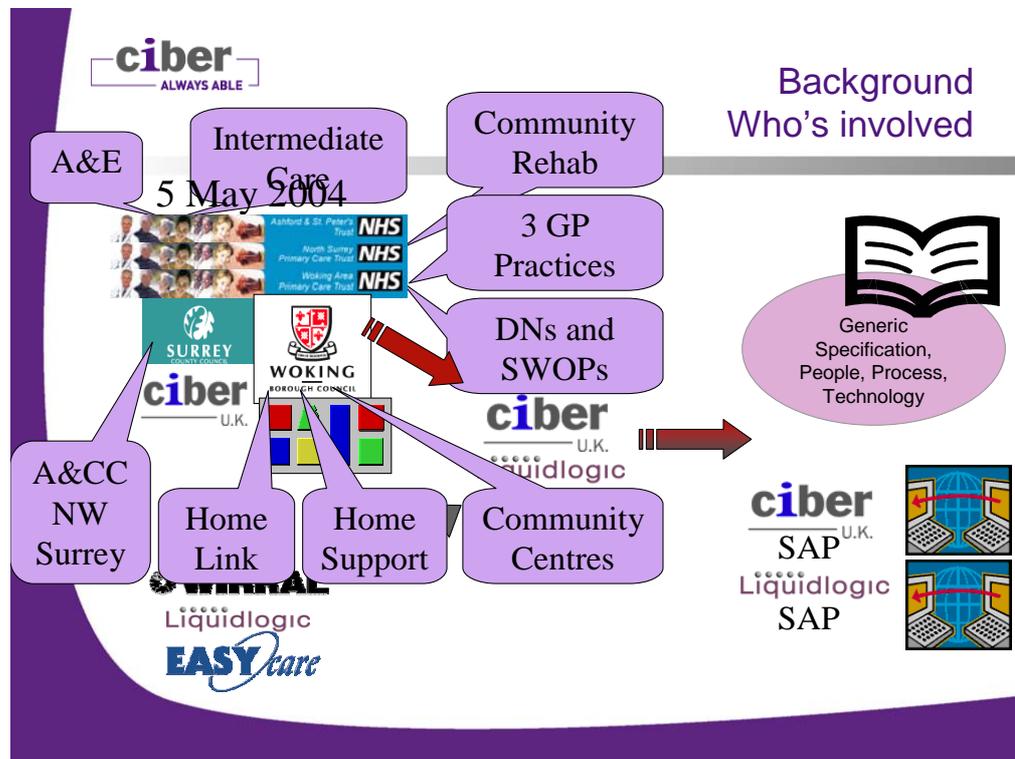
There were five partner agencies in Surrey / Woking:

- Working Borough Council
- Surrey County Council
- North Surrey Adult Community Care Trust
- Woking Area PCT
- Sussex and Surrey Strategic Health Authority:

Their counterparts in Wirral were seven agencies

- Wirral MBC
- Social Services
- Bebington & West Wirral PCT
- Birkenhead & Wallasey PCT
- Wirral Hospital Trust
- Cheshire and Wirral Mental Health Partnership Trust
- Age Concern Wirral

The Wirral partnership was larger and more complex because of the presence of two PCTs and the role of the voluntary sector organisation Age Concern in Wirral as a service provider. Also in Wirral there was a specific objective to involve the acute hospital sector.



Participation in PIVOP: Source: Ciber UK

The PID recognised that PIVOP required joint working across a wide range of professional business areas 'where perhaps this has not been done to such an extent before'. Throughout the project PIVOP in Woking and Wirral saw lack of engagement with SAP and FAME on the part of health agencies as a major threat to the project. They were extremely energetic in trying to make the project known to the NHS locally and nationally. For example they participated in road shows and attended the National Healthcare Computing Conference in Harrogate in March 2004.

The project teams set to work early to engage service managers (one level down from the steering groups) in order to establish working relationships, identify other relevant stakeholders and get sign up to the effort and commitment to the project which the various services would have to bring. It was important – and a struggle – to establish the credibility of the project. As the Woking / Surrey project manager explained:

If it became too difficult and let's say adult community care drew up the bridge...I can go to the Director of Service and say, 'They are not playing' For that guy/girl to be convinced we are saying the right things – because they might think they are running this little project down there so what – they have to be convinced that - if they back us - it is going to work.

Some individuals – notably the leader of the district nurse team and a local GP - were described as unofficial 'project champions' who enthused others. 'You would never

do it if you did not have project champions'. 'Champions' were identified and recruited by the project team:

We had probably half an hour to make the right impression [on the GP] - if we had gone in and got it wrong, we would have been out the door.

### *Metrics and baseline data*

At our first evaluation meeting in Woking discussion focused on 'soft' measures (perception) and 'hard' ones mainly related to efficiency. Many improvements, the project team noted, can not be measured in numerical terms. The project team in Woking, after some discussion with the Learning & Evaluation team, suggested the following sets of criteria would potentially be appropriate to assess the project's success:

- Service Providers
  - Better utilisation of staff time
  - Using technology
- Partner take up
  - Working together to deliver integrated service
  - Have agencies individually and collectively adopted new working practices?
- Service users
  - Better access to providers
  - Improve care and treatment

With regard to service users it was beyond the resources of the project to collect new primary data. The project team was aware of no information base of current customer satisfaction. A 'SAP group' existed with representatives from bodies who represent views of older people but was mainly concerned about clinical decisions. After some discussion it was suggested that approaching 'citizen panels' may be useful but, so far as we are aware, this avenue was not further explored. The University team was able to offer limited resources for fieldwork with service users. In consultation with the Woking project we conducted a focus group with a group of elderly residents who attended a day centre in the pilot area. This group confirmed one of the premises of FAME: they felt that they had to repeat information to different service providers. Moreover, they had concerns about lack of joining up of information and service provision. They were trusting of professionals, especially health workers, and had few anxieties about the confidentiality of the information they gave to them.

Later the PIVOP project (Wirral and Woking) chose to concentrate on practitioner reports of the electronic SAP system for their internal evaluation. For this purpose they undertook a questionnaire survey and some focus groups.

### *Highlights of the design and implementation process*

In Woking the IT partner Ciber visited workplaces and held a series of workshops with practitioners in late 2003 in order to map out existing 'as is' and future 'to be' processes'. Fourteen workshops took place with groups from single and multiple agencies. In February 2004 'awareness raising' seminars aimed at health and social

care professionals responsible for providing services to older people were held in local venues to inform the practitioner community about developments in FAME.

Members of the Learning & Evaluation team attended a multi agency workshop led by Ciber in Woking and one of the Woking ‘awareness raising’ seminars. At the workshop – one of the last in the series - practitioners participated eagerly and were enthusiastic about what was being achieved. This workshop – unlike some of the earlier ones – included a mixture of health and social care workers. One of the most interesting and positive features was the interaction between the practitioners as they discussed their different practices and attitudes to service users’ information. Some seemed surprised at what they heard from practitioners in other professions. For example, a district nurse explained that she always left her records with patients in their homes. A social worker commented that he would never leave any record with a client and asked her why she did so. One reason, she said, was security - it is not safe to keep confidential records in a car between visits. Another is to ‘empower’ patients - ‘it is the patient’s record’. This dialogue continued for some time. It seemed to be an instance of an unusual and genuinely reciprocal exchange of ideas about practice across agencies. The awareness raising seminar - one of a series of six – was well attended and generated interest and high expectations.

The work on business processes was slower to start in Wirral. Liquidlogic staff visited workplaces to talk to practitioners and draw up process maps. A first workshop for pilot site practitioners was held in February 2004. We were able to observe this event. It was well attended and the organization was smooth although there was an extremely large agenda for one day.

The Woking / Surrey project team took a ‘trickle’ approach to introducing the technology into the workplace – which they deemed better than the ‘big bang’. District nurses were the first group of practitioners to go live. Most assessments in the first few months were done by district nurses. In Wirral, in contrast, the system went live across 16 pilot sites.

Two unforeseen problems arose in Wirral with regard to information sharing:

- GPs had to be disconnected soon after FAME went live because the GPs – all in the same building –were angry that they could see names of each others’ patients. Liquidlogic pointed out that this was never raised at workshops (GPs did not attend but some of the practice staff did). GPs thought it was obvious that this was unacceptable – nobody else knew!
- Referrals to the central duty team (Social Services) are usually from third parties – e.g. neighbours - and they can not give consent to information sharing. This was ‘got round’ on the basis that the team normally refer *within* the local authority to Social Services or OT – who then need to seek consent from the user to share information with other agencies

### *The practitioner experience*

In this section we draw upon several sources of evidence: a post-implementation questionnaire designed by the University team; internal evaluation of SAP conducted by the PIVOP project team; observation of events attended by practitioners in the strands; and interviews we conducted by telephone with a selection of practitioners

who responded to our pre-implementation questionnaire. (A full account of findings from the post-implementation questionnaire and more some details from the PIVOP internal SAP evaluation are reported in Appendix 2.)

Some of the district nurse team who were the first users in Woking were extremely positive about the system. One, for example, welcomed the fact that she can now 'see the story progressing'. A manager found the build up of assessments, and their visibility, fascinating and likened the process of accessing patient information electronically to 'putting flesh gradually onto the skeleton...I can *see* this old lady'. It was pointed out by some of them, however, that there is a measure of inequality as District Nurses are putting in data but not getting the benefit of others doing so.

In Wirral too a few practitioners have become enthusiastic users and advocates of FAME. A psychiatric liaison officer in the hospital, for example, reported an early case where he had seen positive benefit for a patient. An elderly man had come into A&E with apparent memory problems but an assessment of him completed earlier gave a picture which showed that this was a result of medication and not a case of dementia. Without this assessment information A&E would have taken the memory loss at face value. Some further positive comments are shown in the boxed text below.

[I was] unsure about FAME to start with but as I began to use it more I could see an increased benefit for both patient and carer'

'When I have logged onto FAME as a duty enquiry to our department I found the information available really useful and comprehensive.'

'On one occasion [I] as duty officer was asked to respond to a situation in an emergency...the Health Visitor had done an assessment 3 days earlier and I was able to make use of this information from the computer to make a decision...'

#### Benefits of FAME for practitioners

Overall, however, practitioners in Wirral were very slow to adopt the system. 130 people were trained to use it but after three months only 36 had done so in any way. In order to understand and address the problem of low usage the project team invited practitioners to a 'review day' in August 2004. The Project Board Chair introduced the first session by saying 'the steering group have gone through the pain barrier but practitioners are still in pain!' They were asked to articulate their concerns and barriers to using the system. The main points they made were:

- This is just another project – it will not last.
- Uncertainty over NHS IT strategy discourages buy-in
- It takes time to use the system and taking that time means giving a worse service and imposing burdens on colleagues.
- It is not easy to see direct benefits for clients/ patients from using an IT system when immediate concerns are about finite resources and expanding need. 'I worry that we will have a fantastic electronic system and no service to give people!'

- Some practitioner groups are expected to put in information – at the cost of their time and effort – but will not benefit from receiving it. It was claimed that using it will ‘punish’ them.

A social worker – one of the most enthusiastic FAME SAP users in Wirral – observed that the heart of the problem of low usage by colleagues is that a new ‘user perspective’ is needed. When you put information in FAME it benefits someone else such as an NHS worker in the hospital – ‘but we must see the *big picture* - we are all one team’.

Practitioner training for FAME in this strand, with hindsight, could have been more thorough and timely. Three quarters of respondents to our post-implementation questionnaire indicated that there had been too little training and most of them thought it had been too early. The internal evaluation questionnaire sent out by the project team found some disagreement about the ease of use of the electronic systems which may also indicate that some users needed more training.

The PIVOP internal evaluation questionnaire sought opinions about improvements in working practices since the introduction of FAME. In some instances double entry of data had been necessary and this, together with inexperience on the new systems, had at times slowed things down. In consequence, staff time savings were not as apparent as had been anticipated. Whilst most practitioners indicated that FAME was helping to develop new ways of working, there was less certainty about improving speed of access to services. These differences may be attributable to participants’ particular settings (e.g. the number of persons sharing one PC as indicated in the FAME survey results) as well as the project’s limited scale and other factors outside of its control.

On a positive note, responses to the PIVOP strand questionnaire demonstrated that trust between partner organisations had improved, and a common language was developing.

#### *Main achievements, setbacks and challenges*

- Both parts of the PIVOP project succeeded in implementing a live IT system with read and write functionality by summer 2004.
- The project met its objectives to support the collection, sharing and exchange of relevant and timely information, and to provide shared learning from this experience.
- Wirral PIVOP was particularly ambitious in training more than 100 practitioners to use the electronic SAP system – by far the largest number in any of the FAME locations. The low uptake from this group was disappointing but the project team has been imaginative and proactive in assessing reasons for this and looking for ways to improve it.
- The ‘review day’ for Wirral practitioners held in a local hotel three months after implementation to evaluate factors influencing use (and non use) was an example of positive work to improve understanding between the FAME project and practitioners.

- There is evidence that duplication in information gathering has been reduced. However, saving of practitioners' time is not yet apparent.
- There is evidence that trust between partner organisations has improved.
- SAP is not a target for the health service LSPs but it was raised on the agenda by this project.

### **Children with Disabilities (CWD): Newcastle**

The social exclusion, disadvantage and discrimination many disabled children and their families face are well documented. Households with a disabled child have a much greater likelihood of worklessness and poverty than other disadvantaged groups (e.g. lone parents and disabled adults). Lack of appropriate flexible family support services can frequently lead to family breakdown (Russell 2003)<sup>11</sup>. Providing services for disabled children is complex and requires a joint approach across Health (PCTs, acute, mental health and learning disabilities trusts), Social Services, and Education. The Northern Region has the highest proportion of children with disabilities in the country (3.9 per cent in comparison with 3.1% nationally).

#### *Background to Participation in FAME*

Reflecting on their involvement in FAME, the Newcastle Board felt they had a strong history of working with other agencies: their vision of joint service delivery started five years ago but until FAME, the proposal had not been fully operationalised due to a lack of funding. The Board described several key stages as pre-cursors to participation in the ODPM funded project - these steps were perceived to 'shorten the track' towards multi-agency working:

- A review of children who received out of authority care (Health; Education & Social Services) was undertaken. This contributed to a proposal to create an electronic list of children – a database. However, there was a lack of funding to take this forward so the project idea 'sat on the shelf'.
- The Director of Social Services and the Director of Public Health realised that children with disabilities were poorly served – people were working separately and services focussed on disability not on children;
- A jointly funded management post (by Health and Social Services) was created to take a strategic view across services to work towards an integrated service
- A Children's Services Planning Group was created, involving multi-agencies and parents. The group started to develop services together – intending parents be at the centre;
- Things stood still for a year to two years because there was a retrenchment of budgets and massive changes in health provision;

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<sup>11</sup> Russell, P. (2003), "Access and achievement or social exclusion?" Are the Government's policies working for disabled children and their families?" *Children & Society* 17: 215-225.

- In 2002 the PCT, Social Services, Education and three main players in the Trust came together and created the Child Health Commission Group with senior strategic managers from all areas looking at how to cope with the needs of Newcastle.
- The Child Health Commission Group agreed to an Integration Group, with each agency providing a manager to meet together to look at an integration strategy.
- The possibility of funding from FAME arose and an earlier proposal of the database was updated to include a multi-agency assessment tool and the process of sharing live information with other agencies.
- Around the same as FAME, Newcastle were also successful in achieving Children's Trust status.

*Overview of the services, partners and scope*

Disabled children and their families often report that they 'tell their stories again and again' to several different agencies, therefore the need and requirement to share information is perceived as crucial to more effective and efficient services. The following rationale for the Newcastle FAME pilot states:

Traditionally professionals deal with certain aspects of a child and have bits of information about them. This results in fragmented delivery of care and parents have to repeat information over and over again. The FAME Children with Disabilities project wants to bring people together as if they were a 'virtual team' with access to information which enables them to co-ordinate the care they provide. (Source: Newcastle FAME Training Presentation)

Due to timescales, the FAME pilot could not include all organisations. Therefore services were selected based on the following criteria:

- core business is CWD
- have access to PC's (source: Meeting at General hospital 4/12/03)

More specifically the services to be included in the pilot phase were those who provide a specialist service following referral, for example from a school or a GP. There were 14 services involved (see figure Services in Pilot below).

## Services in Pilot

- **Newcastle Hospitals Trust**
  - Community Paediatrics
  - Children's Community Nursing
  - Specialist School Health Nursing
  - Paediatric Therapy
- **Northgate & Prudhoe Trust**
  - Community Team for Learning Disability
- **3N's**
  - Child and Adolescent Mental Health Service
- **Newcastle City Council**
  - Children with Disabilities Social Work Team
  - Short Break Service
  - Special Educational Needs
  - SENTASS
  - Educational Psychology
  - Hadrian School
  - Welfare Rights
- **Newcastle PCT**
  - Loan Equipment

Services involved in the pilot phase Source: Newcastle FAME Training Presentation 2004

### *Aims and objectives*

The Project Initiation Document (PID) stated that:

The purpose of the project is to develop a 'Children with Disabilities System' with a model framework that will facilitate the elimination of organisational boundaries and support shared multi-agency processes. This framework will itself contribute and be integral to the overarching 'Framework Strand' of FAME

The aims and objectives were described as 'to develop and implement multi-agency business processes, information sharing protocols and the technical infrastructure to enable: -

- Improved services for the child and their family through the visible cohesion of agencies involved
- The sharing of information and services seamlessly between the partner agencies to support a joint service delivery to children with disabilities
- Implementing processes that enable delivery of these services more efficiently and effectively
- The development of a 'real-time' case management system
- Create the infrastructure necessary for identification, referral and tracking of children with disabilities
- The development of single assessment of children with disabilities
- Parents and children to have access information'

Source: Newcastle PID 6<sup>th</sup> May 2003

In addition to the aims and objectives, many of the intended outcomes related to the benefits for service users, for example;

- Less frustration for families by not having to repeat information already given
- Bringing information together from a range of professionals involved with the child to provide a more collaborative response to meet children's needs
- Provide a mechanism for children and parents to contribute to the shared information and to access information held on them
- Development of a single assessment process and shared case management system

#### *Metrics and baseline data*

There was some difficulty in deciding the baseline and metrics to use in a project which focused on joint working as services from different agencies used different targets and with different priorities relating to disabled children and their families. Member of the project team explained, at our first meeting, that the likely results of FAME were not easy to define at that stage. For example, a successful IT system enabling professionals to share information could lead to more referrals, or fewer. It was suggested that talking to front-line professions and to service users about their attitudes and experiences before and after implementation would be the most valuable sources of evidence for the achievement of FAME. An important long term outcome would be better management information for planning services across the city. This would not however be achieved within the lifetime of FAME.

#### *The design and implementation process*

The Newcastle CWD team put a high priority on ensuring that practitioners and service users participated actively in the design process. Practitioners' and parents' groups were used to reflect on and discuss numerous issues such as information sharing, confidentiality, and the multi-agency assessment tool that would form the basis of the IT system.

The following were mechanisms for achieving practitioner input:

- Launch events before work was started on the IT system
- Targeted workshops (e.g. with Health professionals and Education professionals, within their workplace and at times suitable for them).
- A practitioners' reference group

In the workshops, there was an acknowledgement that each agency collects information specific to their service and, although not all this information is relevant to share, certain aspects would be useful and advantageous to other services. Practitioners decided the most appropriate way to do this was via a joint assessment.

The practitioners' reference group was formed following the launch event early in September 2003 and has spanned the lifetime of the FAME project. At the start of FAME, the reference group met every fortnight for 3 hour workshops. After a few months, the meeting frequency became roughly once a month. Practitioners from several different agencies and professions (~25) became members of the reference group. Although not all members could participate in each meeting, there was a core group of 10-12 people who attended each meeting, providing continuity throughout the year. The technology suppliers attended the reference group at the start of the project and again after the group had discussed and developed a multi-agency

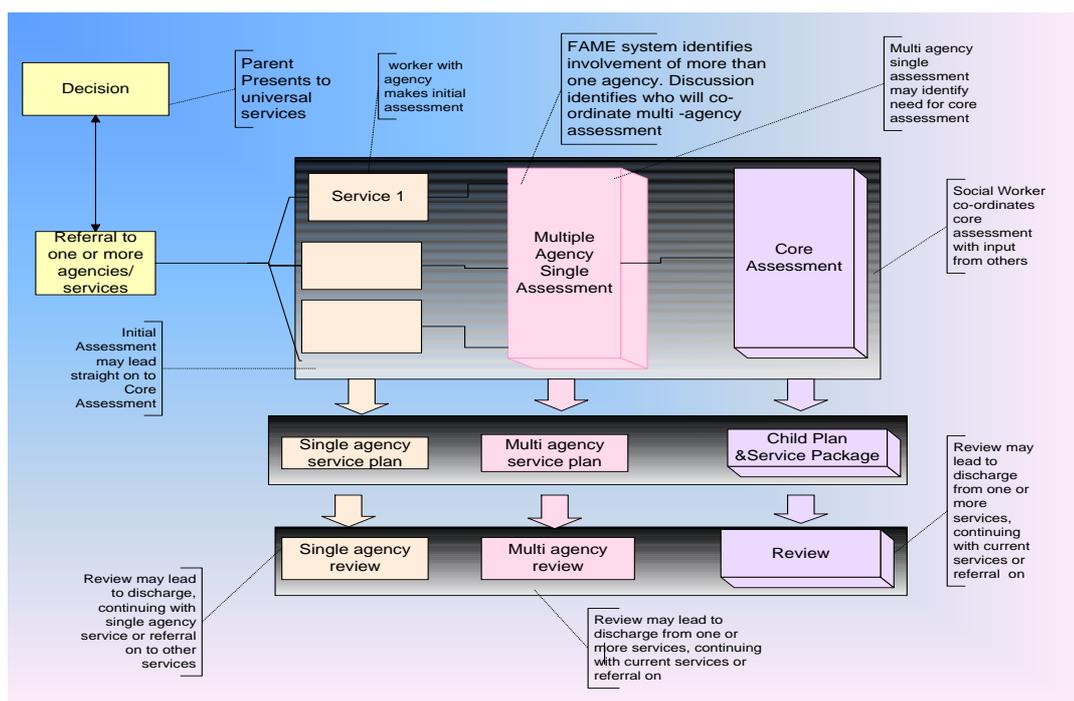
assessment tool. The suppliers were given the paper version of the assessment tool with the intention of developing this into an electronic prototype to further refine and develop in the reference group.

‘The way that [the integration manager] pulled everyone together, getting them to work on referrals, assessments has been fantastic and I think that is the lasting product of the project.(Board member)

Pulling together: a lasting effect

The FAME project tried to set up an equivalent ‘mirror group’ for IT practitioners. However, it proved difficult to engage them for several reasons. One reason cited by the project board was that across several agencies FAME was not a shared agenda; the National Programme for Information Technology (NPfIT) became a dominant agenda amongst several partners.

Consultations events and reference groups were also organised for parents. Parents who expressed an interest were invited to a series of focus groups to discuss information sharing. In addition, two further groups with parents/carers were undertaken on the same topics.



Multi-agency assessment for children with disabilities

• *Main achievements, setbacks and challenges*

- Specific outputs achieved by this strand were:
  - referral & assessment forms
  - case management
  - key worker concepts

- The strand made impressive progress in creating a *vision* of joint working. As one board member reflected towards the end of the project:

It felt like this was an opportunity to try something out which would lead on to something that was much bigger and broader... it had a focus and the resources so it felt as though it was in fact 'do-able'. But we could do a lot more on the back of it and so rather than the specific outcome of this project it was also about the process of working with other people.

- The most notable differences between Newcastle CWD and other FAME strands was the strong emphasis on engaging service users in the process of change. The FAME project in Newcastle responded to the parents' views and listened to their frustrations as well as their suggestions. This resulted in changes being made to the assessment tool.

'There has always been the desire to engage more meaningfully with parents as equal partners and this project has given us something which enables us to speak to the clients...'

'It provided an opportunity [for parents] to express their frustrations, their feelings but also to contribute some ideas and within that contribution of ideas the parents' ideas are often different from our... we have set up a particular version of what we thought parents wanted but that was not what parents thought it was about so that was a good learning experience'.

Engaging service users

- Technical issues presented formidable challenges far in excess of expectations
  - Systems weren't there to join to
  - New initiative on the horizon especially NPfIT

As one board member pointed out:

My view was that the systems ought to be there to join to...we started to worry because they [IT managers] were basically saying that there wasn't anything there and even if there is, it's closed and this is another thing that was coming along - the National Health National Programme for IT

- Differences between public and private sector ways of working led to a fraught relationship between the IT suppliers and other partners. The integration manager expressed the mismatch of expectations and assumptions in these words:

Everybody says you come from the nationalised industry you have got a lot to learn from private competitors or whatever. Now they have got a lot to learn from us, how partnership works, but they don't understand that at all its completely different and one of the things we were talking about what we learned about was when we talk about partnership work in the statutory services we mean partnership working. When you talk about partnership work in the competitive industries you mean something completely different.

## **Information Sharing and Assessment for Children at Risk (formerly IRT): London Borough of Lewisham**

The Green Paper *Every Child Matters* (DfES 2003)<sup>12</sup> proposed radical reforms to services for children and young people. A whole chapter of the Green Paper was about information sharing. It included ICT solutions and proposals for removing legal barriers to exchanging information. The Children Bill was announced in the Queen's Speech in 2003 and subsequently published by Parliament early in 2004. The Bill – which is still going through Parliament at the time of writing - includes a section seeking to legislate to make information sharing easier.

The government is committed to providing effective services to all children, with a strong focus on early intervention and prevention.....If we are to meet our objectives we have to get better at sharing information about children.' Margaret Hodge<sup>13</sup>

Following the recommendation of Laming the DfES embarked on a programme entitled Identification Referral and Tracking (IRT) now called Information Sharing and Assessment (ISA) to share information between multi-agencies about children. The Department for Education and Skills (DfES) gave ten local authorities, pairings and groups of neighbouring authorities £1m each to develop innovative approaches as 'Trailblazers' (Cleaver et al. 2004)<sup>14</sup>. The London Borough of Lewisham was one of the Trailblazers.

### **Background to participation in FAME**

This strand was unique because it had to build upon the earlier DfES funded IRT Trailblazer project. The Trailblazer had started in 2002 and was concerned with delineating the processes of identification referral and tracking. This was expected to form a good basis on which FAME could build the detailed process maps and subsequently systems solutions. In practice the relationship between the Trailblazer and the FAME IRT became complex and sometimes troubled. FAME became known locally as the 'electronic IRT' project to distinguish it from the Trailblazer pilot.

### **Overview of the service/s, partners and scope**

IRT/ISA potentially covers a multitude of agencies. There were around 80 agencies with a presence in Lewisham that could have been participants in FAME. Just eight of these agencies were judged to hold 'key' data and included in the project. There were: Local Authority Housing; Education; Youth Offending; Social Care and Health; Connexions; Police; Primary Care Trust and Local Acute Trust. Getting all of these on board was a difficult and time consuming exercise.

The partners presented on the project board were:

- LBL Education

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<sup>12</sup> DfES (2003) *Every Child Matters*, HMSO, London.

<sup>13</sup> DfES Press Notice, Issued 04 March 2004

[http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn\\_id=2004\\_0034](http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2004_0034)

<sup>14</sup> Cleaver, H. et al (2004) *Developing identification, referral and tracking systems: an evaluation of the processes undertaken by trailblazer authorities. Interim report.* DfES research report 521. London: University of London.

- LBL Housing
- LBL Youth Offending Team
- Lewisham PCT
- Lewisham Police
- University Hospital
- Connexions
- South East London Strategic Health Authority
- London East Connexions Partnership

### **Aims and objectives**

The FAME IRT strand was informed by Lewisham’s vision in which ‘children lead safe, happy and productive lives without the risk or fear of harm or social exclusion’. To this end the project aimed to contribute to ‘a seamless service to children and their families which is centred on their needs’. The PID specified a series of lower level objectives. These objectives – and evidence by which their achievement could be assessed – were discussed with the project manager at our first meeting.

- Involvement of all agencies (as evidenced for example by attendance at meetings)
- Shared Vision and Understanding (as evidenced in the outputs of workshops and seminars)
- A joined up approach (as evidenced by the breakdown of unnecessary professional and organisational boundaries )
- Accountability (which might be evidenced through the tracking element of IRT)
- Consistency of Approach (as evidenced by a consistent followed workflow)
- Openness and Information exchange (as evidenced by for example, email, phone and letter logs that who increased inter-agency communication)
- Efficiency savings

### **Metrics and baseline data**

The PID identified a number of high level outcomes for the borough:

- No more Part 8 Reviews<sup>15</sup>
- Year on Year reductions in
  - Number of children excluded from school
  - Levels of School Attendance
  - the gap between education attainment of children at risk and all children in Lewisham
  - Number of crime committed by young people
  - Numbers of young people re-offending

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<sup>15</sup> Under Part 8 of ‘Working Together to Safeguard Children’ (Department of Health 1999), an Area Child Protection Committee is required to conduct a review into circumstances where a child living in their locality has died or been seriously injured as a consequence of possible child abuse. The aim of the review is to identify the lessons that may need to be learnt by agencies and professionals, including implications for interagency working.

- Increase in the numbers of children at risk identified early and early interventions
- Increased satisfaction on behalf of children and families in Lewisham that their needs are being met.

Although these are quantifiable they are likely to be affected by numerous factors that may or may not be related to any one intervention. At the first evaluation meeting we discussed the use of data specific to FAME (e.g., using time diaries from a sample of social workers or examining communication logs).

### **The design and implementation process**

The Trailblazer had conducted broad-based seminars but did not go into individual agencies to ask, 'How do you currently communicate, share information about children and, with the coming of IRT, how do you want to do it?' FAME was initially slowed up by hold-ups in the Trailblazer project.

There were long debates about how much data should be made available, for example how much schools should see. The project team thought long and hard about how much data to move around. The decision was that it should be a minimal data set – which agencies are involved and how to make contact.

The technical solution implemented by Lewisham consists of a web server to deliver data to the practitioners, and a BizTalk integration server for the connections to the agencies. The solution is externally hosted, and is mirrored on a backup server. No data are held in the central system. The data being passed between agencies are kept physically separate from the data needed to run the web and integration servers to ensure the appropriate confidentiality of data can be achieved. The solution includes workflow so that practitioners can keep track of what has happened to particular requests for information.

A 'service directory' was added to the project deliverables. This had originally been proposed by the Trailblazer in response to the expressed need by front-line workers for comprehensive up to date information about services in Lewisham.

For the Lewisham IRT / ISA project it became a priority to 'push the boundaries' with real time information. It was recognised, however, that real time information was more important and more achievable from some agencies than from others. Some agencies do not update their data often enough to make real time access of any value while others will not permit access to outside agencies for security reasons. Data are received from the participating agencies by a mixture of secure internet connection, CDs, and real time connection with back office systems. The state of progress with each agency is:

- Social Services: A real live link is needed because information is constantly changing. Data are extracted nightly but the project is attempting a live link.
- Education: Data are updated only termly for the 103 Lewisham schools.
- Youth Offending Team: The project is working towards achieving a 'real-time' link with the Youth Offending system (YOIS). This has been delayed

because YOIS is not owned or maintained locally and there has been difficulty in establishing contact with a person with whom to discuss integration.

- Housing: A live link is not needed. There is a weekly download.
- Police: Police information is critical. The Metropolitan Police, however, do not want to provide a direct connection into their systems, for security reasons. Instead they provide a download of the relevant data that will be made available in a separate area.
- Connexions: The project wants a real time link but this not possible as yet. Connexions has recently upgraded its IT but the system in East London failed this year. .Meanwhile the project has ‘made do’ with a manual data dump
- Health: Links with NHS systems had to be put to one side because negotiations with health partners did not start early enough. An extract is being made available from the PCT.

### **Practitioners’ experiences**

As in other strands, failure to secure buy-in at practitioner level was logged as a risk to the project in the original PID. The project manager saw this as a major challenge. Practitioners in Lewisham, she reported, get blasé and weary as a result of the number of projects in the borough. ‘Project fatigue’ is a common complaint. Social Services have some particular staffing problems. For example, 20% to 50% of staff positions on some teams are currently not filled by employees; they are either not filled at all or filled by agency staff (including some management positions). Evaluation of the Trailblazer reported that poor take-up by practitioners was a serious shortcoming.

The FAME evaluation team was not able to collect information directly from practitioners in Lewisham. This was partly because it was so late that practitioners were identified to be trained to use the system. In addition, the ‘project fatigue’ already referred to severely affected people’s willingness to co-operate with evaluations, as the evaluators of the Trailblazer project reported.

### **Main achievements, setbacks and challenges**

- ISA / IRT has had a very high profile nationally and the Lewisham team has engaged at a national level in debates about the development of ISA / IRT in the light of proposed changes in legislation about children’s services.
- The project set the ambitious target of pushing the boundaries with real time information and made some progress.
- One of the project outputs is a series of ‘lessons learned’ with respect to achieving real time information sharing with various agencies. This will be a valuable resource for future projects.

## **Housing Benefits Inter-working: London Borough of Bromley**

Housing benefit (HB) is an income related benefit that can be awarded to claimants in and out of work. It can enable people to take up work they could not otherwise afford and it can help to provide income stability for pensioners and people not able to work. It therefore supports central government priorities including the ending of child poverty, improving housing, and tackling pensioner poverty (Dennett 2004)<sup>16</sup>. One in seven households in England and Wales depends on housing benefit (HB) to meet their basic housing needs. Councils have a statutory responsibility for delivering housing benefit but it is a service many of them struggle to deliver well. Poor performance in housing benefit can have a drastic impact on claimants' lives, leading to increasing hardship, stress and the threat of eviction. Housing benefit is a council service that requires effective liaison with other agencies including the Department of Work and Pensions, Residential Social Landlords, and voluntary sector organisations that act as the first point of contact for claimants (Audit Commission 2002)<sup>17</sup>.

### *Background to the FAME Housing Benefits Inter-working strand*

The London Borough of Bromley led one of the original 25 e-Government 'Pathfinder' projects initiated by the ODPM. This project aimed at improving information flow and co-ordination between housing associations and benefits agencies. It implemented a bespoke solution called ExSEL which went live in April 2002. ExSEL was an event broker that facilitated the trading of key information relating to an event between partners and organisations. It was designed to provide a solution to the problem of multi-agency events requiring an exchange of information across organisational boundaries when particular events occurred. The Pathfinder proved that the linking of multi-agencies was achievable. It was natural, given Bromley's involvement in a Pathfinder project, that the council and its partners should wish to extend such work and undertake another ODPM-funded initiative.

### *Overview of the service/s, partners and scope*

Day to day management was the responsibility of the Project Manager and the Bromley IT sponsor represented the strand the National Executive Board. The project was run to a pragmatic version of PRINCE 2 and a Project Board was established to provide overall steering and monitoring of progress, issues and strand financial integrity. The Assistant Director (Housing) Social Services, London Borough of Bromley chaired the Project Board. The London Borough of Bromley provided project office support.

The Project Board contained representatives from:

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<sup>16</sup> Dennett, B. (2004) Beacon Council Scheme Round : Benefits Administration Theme Report <http://www.idea-knowledge.gov.uk/idk/core/page.do?pageId=71803> [accessed October 2004]

<sup>17</sup> Audit Commission ( 2002) Housing Benefit: The National Perspective [www.audit-commission.gov.uk/reports](http://www.audit-commission.gov.uk/reports)

- Broomleigh Housing Association
- Affinity Housing Association
- London & Quadrant Housing Association
- English Churches Housing Association
- Age Concern
- Citizens Advice Bureau
- London Borough of Croydon
- London Borough of Bexley

Representatives from the technology partners attended the Project Board as required.

Project Board and Project Delivery Group membership included representatives from the following:

- LB Bromley
- LB Bexley
- LB Croydon,
- LB Greenwich
- Affinity
- Ciber UK
- Liberata
- L&Q
- MOAT
- Age Concern
- CAB
- English Churches
- DWP
- Kelsey
- Hyde
- English Churches

At the project outset Liberata were fully responsible for the Revenues and Benefits Service and associated systems. The systems in use were the Revenues and Benefits system from Academy and the Images DIP system from ANITE. The services and systems were required to provide residents, Residential Social Landlords (RSLs) and agencies acting on a claimant's behalf with timely information on the status of a housing benefit claim.

This strand of FAME involved three elements:

- Housing Benefit Claims
- Evictions
- Notifications

One of the often-expressed requirements of Benefits staff was the facility for Housing Associations to be able to view the *current* status of Housing Benefits applications, and, more importantly, if the Housing Benefit application had not been processed whether any outstanding information from the applicant was required. The Academy Benefits system held details of claims that had been processed, history of claims etc

and it was anticipated that it would be relatively easy to generate a standard query from within ExSEL to access that information. However the system did not hold information of claims currently being processed, or details of documents that were outstanding for the claim

Communications in respect of evictions were fragmented across 'phone calls, faxes, emails, letters etc. It was generally accepted that the process would be more efficient, and that the citizens' interest would be better represented, if the process were formalised through a standard automated process, common information provision and guaranteed deliver mechanism. It was envisaged that information on impending evictions would be shared by providing information from RSLs to the right part of Social Services in a timely fashion. This would enable Social Services to be prepared to deal with the consequences of evictions better

A scoping exercise was planned in respect of notification. The intention, if feasible, was to share information with other London boroughs.

### *Aims and objectives*

The overall aim was to support Government aims through meeting needs for joined up service delivery to housing, benefits and social care clients.

Focus areas to be addressed by the project included, joining-up benefits administration, partnerships with specialist care service providers, review of provision and strategies for housing and care for elderly people, liaison with voluntary services, temporary accommodation etc.

The nature of this included:

- Effective sharing of relevant and timely information whilst respecting privacy and citizens' rights
- An adaptable, scalable and re-usable solution replicable to other local authorities
- Collaboration to provide a co-ordinated and seamless service to the citizen
- Promotion of greater efficiency, reduction of unnecessary duplication of information to make better use of resources and services
- Provision of a road map of processes and workflow functions
- Provision of toolkits to facilitate shared learning both within the overall FAME Project and as part of the dissemination activities.
- Achievement of government targets e.g. e-government 2005

The strand products and deliverables involved delivery of a multi-agency approach to common services in the area of Housing Benefits and where applicable, Social Care and associated processes providing:

- A functional E-Gif compliant package solution, including workflow support, which could be easily deployed and configured by other local authorities. This would include user guides and training material,
- Interoperability and technical interface specifications for use by other suppliers/organisations

- Reduced complexity and inefficiencies of benefit and housing administration for the citizen and administration bodies
- A common generic framework to benefits and housing administration information and its exchange
- A blueprint roadmap and toolkit of standards that could be replicated by other local authorities.

#### *Metrics and baseline data*

There were some obvious metrics in place. For example government targets were already there for Housing Benefit claims to be processed within 14 days of the authority having all the necessary information. The project manager suggested at our first evaluation meeting that before and after surveys of staff in RSLs, Age Concern and CAB could provide evidence of the effects of the project. Other possibilities were to seek information from tenants' associations and taking data from logs of letters sent out or other communications to assess how much information sharing is taking place. Failed transaction rates might also be possible metrics. Later, she reported that improved service to the customer and key stakeholders regarding 'real time' information being available should result in the improvement in hard performance measures:

- Average days to process new claims
- Average days to process changes in circumstance
- % Of renewals determined before end of benefit period
- % Of claims processed in 14 days
- % Of renewals processed in 14 days

#### *Highlights of the design and implementation process*

At our first meeting, in July 2003, the project manager and IT sponsor reported that there was some evidence of impact already as Liberata were, as a result of FAME, looking at how they managed their relationships with RSLs and were examining fast track schemes (in which RSLs and other intermediaries help claimants to fill forms). Towards the end of 2003, discussion with key stakeholders identified that business processes needed to be improved. Although a technology solution would solve some of the problems this was not the only way to improve the Housing Benefit service. For example, the improvement in the timeliness of scanning documents onto the DIP system would mean that 'real time' information would be more accurate.

Ciber UK undertook business process mapping of Housing Evictions. They addressed this task through a series of workshops and interviews with key players in the council, the RSLs, the Citizen's Advice Bureau and Liberata. The project team hoped that housing evictions would provide a valuable 'early win', enabling dissemination and national engagement to proceed quickly.

Liberata undertook another work packages to:

- Deliver a review of the processes of Benefits and the fit to the needs of their customers including the RSLs.

- Provide a business case for investment in inter-working solutions from the Benefit Service providers perspective, including current processes and metrics

In February 2004 the Project Manager reported good working relationships generally in respect of the Project Board and partnerships. The Project Manager asked agencies to clarify what sort of information they needed. As a result of this a clear picture was emerging of how people worked together.

At the project outset there was acknowledgement of the link with the National Benefits Project (which had been asked to re-scope by the ODPM). The objectives of this large project was to provide a generic system for Residential Social Landlords, the Department of Work and Pensions, and voluntary sector advisors to assist with online HB applications, search for claimant details, record change of circumstances etc and will interface to back end system. The borough were also leading on the Data Protection work stream for this project.

The London Borough of Bromley identified an overlap between FAME and the National Benefits Project and acknowledged that duplication would not represent Best Value. Moreover, a change in legislation from April 2004 meant that people in receipt of benefits would not have to renew their claims annually, only notify the benefits agency when there is a change of circumstance. This meant that there would be many fewer status enquires which dramatically reduced the processing overhead. As a result one of the premises of the original business case was removed.

The IT sponsor presented an exception report to this effect to the National Executive Board in May 2004. After some negotiation with the ODPM the agreed outcome was that Bromley did not proceed with the build of a technical solution and the funding for that purpose was re-allocated within the programme, mainly for dissemination activity. The Bromley strand did however deliver non-IT products including business process maps and an information sharing protocol. Moreover Bromley FAME continued to make a contribution to meetings with other local projects and to the Generic Framework.

### *The practitioner experience*

The evaluation team was not able to survey or question front-line practitioners in this strand. However we conducted formal interviews with two housing managers and spoke informally to other stakeholders, including employees of Residential Social Landlords and of voluntary sector organisations, when we attended a high profile launch event in the borough for customer services. One of the housing managers expressed some scepticism about the value of FAME because of her employees' preference for face to face and telephone contact with other agencies and their lack of IT skills.

We do a lot of reciprocal arrangements and are able to horse trade which I should not say but is true. We are all in the business of building a sustainable community so will go about that however we can. ..There is a nice working relationship.

People we employ as Housing Officers are 'people' people. We are not necessarily IT-literate or au fait. Everybody has the skills but people still prefer to have a conversation and you have to recognise that.

The other manager, in contrast, was extremely optimistic about the benefits that an electronic system across agencies could offer:

You lose track of people very quickly once they move. We have loads of boroughs here...The police have established a cross-borough working initiative because they were finding the kids knew they could jump on a bus and no one would know about them...Because of the way London has been divided up you just lose people

We are working with really vulnerable people as well who cannot chase their own claims in the main, are not very good at going and asking, they might not be very good at communicating and then they get frustrated and phone HB swearing and then get thrown out or whatever. It is better for us to act as middleman because we can get the information we want. That is the vital bit for us.

#### *Main achievements, setbacks and challenges*

- The project achieved commitment from all the multi-agencies. Participation in FAME enhanced communications between them.
- Examination of business process led to improvements that did not require additional technology.
- Governance processes in the partnership were robust enough to arrive at a joint decision that proceeding with the build of a technical solution would not represent best value.
- Despite not delivering the IT system, the project produced road maps and toolkits which other agencies may want to pick up to improve their housing benefits.
- Reporting to the National Executive Board in May 2004, the IT sponsor claimed that service improvements have come directly out of the mapping process for FAME. In particular the backlog of claims had been reduced from more than 1000 down to less than 800. (The evaluation team has not been able to verify this independently.)
- Frustration was expressed from the project at the lack of 'joined-upness' at a higher level. More clarity and communications in respect of this would have reduced the duplication.

## **5. Common themes from strands**

### **Securing commitment at a strategic level**

Forming and maintaining partnerships at a strategic level with local authorities and key agencies was one of the most difficult and time consuming challenges faced by the project teams. Most strands reported that there were 'pockets of enthusiasm' with different attitudes from different participants, some partners exhibiting more readiness/engagement than others.

## **Practitioner buy-in**

All the local project teams informed us at our first meetings that ‘buy-in’ from practitioners was both essential and fraught with difficulty. That is why we devoted time and resources in our evaluation upon activities (observations, questionnaire and interviews) designed to elicit the experiences of practitioners across professions and agencies.

## **Not an IT project?**

Project managers and others typically expressed the importance of strategic and practitioner buy-in in words to the effect that ‘the technology will be easy – the real challenge will be changing the ways people work – changing culture’ (see boxed text). As time moved on however the magnitude of technical impediments to success became more and more obvious and threatening. It was acknowledged with hindsight that work on integration with core Social Services systems and (where appropriate) with NHSNET should have begun much sooner. Very late in the project one project manager raised the issue that the technology partners, in her view, were not delivering ‘live integration’ as promised.

‘We are driven by change management and implementation – not IT.’ Lewisham ISA / IRT, July 2003

‘Our main contribution to FAME is that we are driven by change management and implementation - not IT.’ Newcastle CWD, July 2003

‘We thought the most difficult thing would be joining all the people which is what we were told, that the technical thing was just something somebody wrote and it was easy and this is what we were told all the time and it has actually turned out to be completely the other way round.’ Newcastle CWD, August 2004

### Change management and technological change

## **Improving outcomes for users**

Each strand PID had a service / client group specific high level aim. e.g. Lewisham IRT/ISA declared that children should lead ‘safe, happy and productive lives without risk or fear of harm or social exclusion’. The FAME projects were built upon the conviction that such desirable results would be promoted through information sharing in a multi agency environment.

In our first round of evaluation meetings, key personnel from the local strands elaborated upon and explained their expectations around the objectives and desired outcomes stated in the PIDS. All articulated service sector / client group specific variations on the themes of better ability to meet needs and increased user satisfaction. All linked information sharing, and multi agency working to these outcomes – sometimes drawing upon their experiences to explain how this should work. Projects were driven by external demands (e.g. the Laming recommendations) as well as service managers’ reflection on their services and how they could be improved.

Some outcomes – particularly relating to service users’ perceptions - will not be reached within the evaluation timescale. There could be plans in place for ongoing work with users.

### **Making links**

The FAME programme did not exist in isolation. On the contrary it was affected by, and potentially affected, numerous other change programmes in the public sector locally and nationally. As one project manager explained:

We are a very small cog in that great big wheel. So FAME is tiny compared with the work that is going on in other organisations. They are big organisations, so you have got those complexities to deal with as well.

## **6. Analysis of evidence from the local strands**

### **Readiness for FAME**

There were no ‘green field sites’ in FAME. Each strand started with a set of existing procedures, processes and personnel. Local authorities and their partners had different histories of joint working and of shared values. There was a wide variation in ‘where we are now’ as perceived by partners. Each had different aspirations, different understandings of what was a) possible and b) desirable. There were also sharp contrasts in available technology and in experience (positive and negative) of technology projects in the past.

‘We have a long history of joint teams with one management structure and joint policies, joint protocols etc etc ..... we have been welded at the hip for years’

‘When FAME popped up we already had the idea of information sharing and commitment from people - now we have the money’

Examples of ‘FAME readiness’

One of the outputs of Newcastle University’s other strand of FAME - the Generic Framework - is a Readiness Assessment Toolkit (RAT). This toolkit is designed to help local authorities and their partner agencies to assess their readiness for multi-agency working and information sharing. We developed the RAT in the light of our early evaluation work with the FAME local strands, together with other research evidence. The RAT is based on the premise that ‘readiness’ for multi-agency environments should be assessed by partners at the time of partnership formation. In other words, the standard development cycle of strategising, resourcing, evaluating and learning should be entered at the evaluating stage. This approach will help to forestall costly delays and reduce the risk of failure by indicating what further resources, progress or knowledge are required. Ideally the RAT should be used by the partners together round the table – we suggest in a facilitated workshop environment. It can be used in other ways although it may be less effective. A copy of the RAT in Excel format can be downloaded from FAME website [www.fame-uk.org](http://www.fame-uk.org)

### **Developing Information Sharing Protocols**

All the local FAME Strands were required to produce Information Sharing Protocols. (These documents are available on the FAME website as individual strand products.)

In most cases the local strands started with an existing, overarching document or worked with one developed for another local information sharing initiative. For example, Shropshire Mental Health promised to build upon preliminary work on information sharing that the partner agencies had already undertaken. One of the partners, Telford & Wrekin, was a trailblazer for IRT. The IRT group's work on information sharing enabled FAME to 'get on the bandwagon' and save time. Nevertheless, lengthy negotiations were needed to refine the protocol for all the participating agencies. In Wirral there was already a local ISP which the project hoped to adopt but this did not cover the voluntary sector. They developed a local FAME SAP ISP that included Age Concern, a local service provider and FAME partner.

Although creating an information sharing protocol was usually perceived as a once-off activity it emerges from experience within (and beyond) FAME as an ongoing process involving lengthy and detailed negotiation and accommodation on the part of partner agencies and stakeholders. One FAME strand, Newcastle CWD, reported that the development of an ISP should be an 'iterative process'. An ISP, they report, is a 'live, dynamic document' that needs 'refining and adapting to practice and the views of practitioners and service users'. A full case study of the development of the Information Sharing Protocol for Newcastle CWD, including a list of lessons learned, is available on the FAME Website under the Generic Framework Building Block Information Sharing<sup>18</sup>.

### **Forming and maintaining partnerships**

Project managers had to work hard to 'sell' the project, especially to the health partners. As one FAME project manager explained:

The Strategic Health Authority - and health in general - are not the easiest people to 'play' with .... the council is different because it is keen to be part of the party

Identifying potential 'quick wins' was seen as a tactic which would help raise strategic level commitment. Some strands managed to locate enthusiastic service directors who would nominate relevant personnel for involvement. 'Ambassadors' were sought to represent sectors such as GPs, the voluntary sector, Special Educational Needs Co-ordinators (SENCOS).

In some instances partners were able to capitalise on involvement in previous projects or development work with the same personnel. This could facilitate the process of forming and consolidating partnerships.

When not all potential partners had confirmed their participation there was fear that others would review their involvement. Delays in making commitment impacted on project initiation tasks such as setting up of local implementation teams, increasing the risk of project slippage. One strand in particular suffered from unclear commitment from some local authority partners which, in turn, influenced others in their decision to move forward.

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<sup>18</sup> <http://www.fame-uk.org/repository/information/casestudies.aspx>.

In order to open up awareness and encourage involvement with the project, personnel arranged events such as presentations to, e.g. Strategic Health Authority. If these were well received they could result in nominations to the board from the SHA. Attendance at events, such as conferences, hosted by particular sectors afforded opportunities both to reaffirm commitment of those sectors to the projects and to invite those sectors to join the Board to promote awareness in that sector.

While there was recognition that getting partners on board early in the process was beneficial and having partners project activities run in parallel was 'elegant' it was not necessarily a problem for some partners to be more ready than others. In fact the situation could afford opportunities for learning and for the resolution of key issues prior to getting the momentum going.

The identification of appropriate personnel is a key partnership issue. Some PSPs seemed to be able to recruit interested and enthusiastic agency representatives with ease while others struggled with such recruitment. There was recognition that it was important to engage some partners more actively if the projects were to succeed.

It was not just a case of recruitment but also one of retention. Non attendance by partnership personnel at meetings and low engagement with the project had the potential to create problems in the future if they disagreed with decisions taken and wished to make subsequent changes.

It was necessary to work out who fitted where since, where there were managerial and professional lines of responsibility, people could be confused about what they should do. In some cases team building type exercises were used to help define these lines and to develop relationships between team managers. There was evidence from some early documented discussions that partners held very different views of each others' roles.

A partnership agreement needs to acknowledge the partnership and governance surrounding it along with the responsibilities and liabilities of each partner. In addition to clarification of roles in relation to FAME, there needed to be elucidation of when issues needed to be made within Federated FAME project and when they needed to go up a level to the parent FAME group to be resolved.

Resource issues arose in respect of partnership with some partners feeling that they were not fully funded, e.g. one partner deriving information about a solution from the budget while other partners derived working solutions. Obviously each partner wanted best value for money and there were concerns that there appeared to be very different costs for the same piece of work across the project.

Staffing resources were also problematic with some partners having difficulty recruiting appropriately qualified project coordinators and some agencies experiencing difficulties in releasing such personnel to fulfil these roles. Consideration, in such cases, was given to recruiting retirees with the appropriate background and experience. While some project management team members were seconded, fully funded, to full time posts, others were to be recruited on a part-time basis so distribution of funding had to be examined to cater for this.

Identification and release of IT representatives proved difficult for some agencies. Financial issues were involved in such cases but there were also issues of the investment of time by practitioners.

Concern that partners might not be able to meet sustainability costs was a big issue...The concern amongst partners about their ability to meet ongoing support costs had the potential to affect their commitment to the Fame project. This might also impact on their decision to enter into a longer term contract since this would have to be included in forward planning of the budget. For these reasons project partners identified a need to plan a negotiation strategy and to include risk monitoring on the agenda of meetings.

Good communications are vital and include examples such as the following:

- The clarification on the partnership agreements and e.g. ensuring that, if some authorities request additional information on these, that such information is circulated to all.
- The identification of ways in which cross-contacts can be developed and cross-working encouraged.
- The involvement of TPs fully in communications plans.
- the use of mechanisms such as websites and monthly newsletters, into which partners can feed, to keep all informed
- the successful cascading of information within partners
- the development of a strong training package

### **Engaging practitioners**

The commitment of senior personnel does not necessarily deliver buy-in on the part of front line practitioners. This buy-in has been variable across and within the FAME strands. One project manager described it as 'patchy and bizarre'. We were repeatedly told that GPs and education were particularly difficult to engage in FAME projects despite very hard work by project managers. A few committed and energetic front-line managers and team leaders have been vital links between projects and practitioners.

Health and social care staff were consulted and supported during the FAME projects by a mixture of: -

- Systems training
- Ongoing consultation about proposed changes in service provision
- Being given the opportunity to take part in 'leading edge' developments
- Involvement in workshops to define processes

Workshops for practitioners (and in one strand service users) were at the heart of the business process mapping exercises from which IT systems were developed. In general the workshops we observed were lively and well conducted and communications were good. The boxed text below summaries some key factors for successful workshops.

### **Workshops – what makes for success?**

- More receptive/useful if attendees actually using a system
- Separate groups with fewer people facilitates
- More people makes it harder to explore the process
- Need to bounce ideas, engage interest
- Project manager appointed early on (expert)
- Communications to people are critical
- Clear perception of what is going on/role on the day
- Knowledge of project and what it is trying to achieve
- IT people attending for information (but not hijacking)
- Higher level practitioner engagement
- Good sustained involvement of all agencies

### **Checklist for successful workshops**

Under individual strand reports above we recounted practitioners' responses to the new systems. Unfortunately only three FAME strands had live systems in place for long enough to gather such information.

In the strands that have gone live, some practitioners are extremely enthusiastic about the capacity of the new IT system to reveal the 'whole picture' of a patient/client. Overall, however, practitioners who have had the opportunity have been slow to adopt the system. In some cases reasons from this can be placed at the door of early technical problems which, from the perspective of practitioners, have made the system slow and frustrating to use. Many of them nevertheless remain optimistic that in the longer term it will have value for them and their service users.

A more intractable barrier to usage of FAME IT systems is the one reported from Wirral PIVOP where – at present – there is the largest number of practitioners who have had the opportunity to use a FAME IT system. Putting information onto the system is perceived to represent a cost in time and resources for which there is no obvious payback. (The same issue was raised in Woking but much less strongly.)

From this evidence the inequality of costs and benefits for individual practitioners and agencies appears to be a serious barrier to the successful introduction of information systems for multi-agency working. It must be acknowledged, however, that it is a conclusion based on quite limited experience. It is possible that the picture would look different if the FAME strands that implemented in autumn 2004 could be included. It would be particularly useful to contrast, in the longer term, practitioners' behaviour in Newcastle CWD where their input into defining and designing the system was much more intensive than in the strands that implemented earlier.

### **Working with IT suppliers**

At best public sector partners and technology partners in FAME claimed to work together in a 'true partnership - sharing common goals'. At worst we were told that there was – in the words of one project manager - 'a web of misunderstanding'.

In respect of Technical Partners (TPs) there are contractual, legal and technical issues.

At the outset of FAME there was controversy regarding the procurement route suggested by the ODPM in the choice of Ciber UK and Liquidlogic as TPs. Concerns about the legality of this route centred on potential infringement of EU regulations and whether or not nomination of Ciber UK and Liquidlogic in the business case provided tacit approval for their engagement.

Delays in drawing up contracts in FAME, resultant from the legal issues above, meant a concomitant delay in payments to TPs for costs incurred at the outset of the project. This issue had the potential to damage the partnership and was flagged up at Programme Board meetings as a concern.

In respect of costs, the TP need to provide their partners with realistic costs and detailed financial information. TP payment in instalments on deliverables meant public service partners (PSPs) had to roll the money into next financial year for which their authority's permission was needed.

Working with multiple agencies might mean that TPs' contracts have to have overall terms and conditions which allow flexibility for each strand and for the different partners. If this does not happen, some partners may demand to know who is in control of the project, the partnership or the supplier. On the other hand, the suggestion that individual PSPs might each have a direct agreement with the TP raised concerns about the dangers of separateness.

'Technology Partners want to work with Public Service Partners as *partners* – they want us to be more open with them. They are getting work in a piecemeal fashion at present – they feel there is a need to work more closely with us.' FAME Programme Board

#### Trust between public service and technology partners

Where risk assessment tables were drawn up, partnership with IT suppliers was seen as high risk with key issues and risks frequently focused around the ability to interface with third parties. Third party suppliers reportedly had potential supply/delivery issues and the TPs expressed concern regarding cooperation with them in respect of integration. Strands reported the following:

- a one to two month delay caused by a third-party supplier
- technical difficulties building an interface to an in-house legacy system which impacted on the scope of the integration
- cost problems incurred by a TP for development work done by a third party
- no tolerance in the budget to include integration costs
- integration being dependent on a not yet fully developed 'new' product
- inability for a PSP to sign up to the project until a third-party supplier confirms their participation in integration work

Clarity was necessary on the respective roles of the FAME Technology Partners and third-party suppliers. In some cases TPs and third-party suppliers already had a working relationship through other migration/integration work. It might be assumed that this should facilitate the partnership but it also has the potential to engender cynicism and aspersions of 'cosying up'.

For all the above reasons PSPs can experience difficulty reaching a common understanding with key IT partners. Concerns about the IT infrastructure can exacerbate this. Some PSPs expressed apprehension about how the FAME projects fitted in with their own local authority IT strategy and a perceived illogicality about introducing a different system alongside an existing one which appeared to fulfil many of the functions already. Some local authorities appeared to feel ' beholden ' to their existing IT partners and almost fearful of doing something which might upset them. This was partially understandable in that they were fearful of risks. In one case Social Services regarded their existing supplier as the provider of an IT solution that took them from zero stars to several stars.

Technology partners, and some other stakeholders, claimed that local authority IT departments had an adverse influence. There was, we were told, a degree of cynicism amongst technical staff in local authorities who felt they had yet to see data shared across agencies. Establishing a multi-agency technical group to pull together local projects might overcome this negative impact, but this was dependent on the identification of appropriate IT personnel to be involved.

'IT managers are being obstructive. They have their own resources, their own ways of doing things, their own wish to progress their own development - building little empires'

#### An IT supplier's perception of local authority IT

One representative from a Technology Partner summed up the issues

- Lack of engagement at the appropriate level with different partners
- Director level buy-in not reflected at more 'junior' levels
- The inability of boards to 'make things happen' resulted in slippage
- Technical meetings revolved around questions such as, 'Who will resource this? What about the Help Desk?' In consequence they often failed to progress beyond finance to the IT issues.
- Problems have come out at board meetings but have not been addressed at the appropriate level. If the board does not have the necessary technical expertise it should call upon people who have.

In order to implement e-government policies more generally local authorities and their partners have to work with IT suppliers, who are often more used to dealing with the private sector. Public sector clients are often said by technology suppliers to have trouble specifying their IT requirements, but there is evidence that local authorities are now learning from their experiences and becoming increasingly sophisticated in their interaction with suppliers (Cornford et al 2003)<sup>19</sup>. FAME provided some valuable learning experiences that local authority personnel will take into future negotiations: As one senior manager explained:

For those of us who are not from an IT background, it is difficult to see behind the glossy sell aspect. I am not suggesting that Liquidlogic have employed this tactic, but when I meet with IT providers now, I am more aware of relevant

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<sup>19</sup> Cornford, J, Wessels, B, Richardson, R., Gillespie, A, McLoughlin, I, Kohannejad, J, Belt, V and Martin, M (2003), *Local -eGovernment: Process Evaluation of the Implementaion of Electronic Local Government in England*, London, ODP, November.

questions to ask and less hooked by the product-selling alone. I think there are lots of social care professionals looking for an IT solution, without understanding the broader implications. The FAME project has helped me to be confident in the Board [of another IT related project] and putting forward an argument why we should not buy a particular package at this stage.

### **Communications with stakeholders (including service users)**

An identified risk in some PIDs was unrealistic expectations of the project and, as a result, a perception of project failure. A measure to counteract this was to ensure there was regular consultation and communication with stakeholders. In some projects this took the form of a stakeholder group. In others it comprised a members' reference group. There was some representation of service users on such groups. One service user – the lone representative of service users on the Shropshire Mental Health strand stakeholder group - told us:

They have tried to accommodate me – it could have been a very negative experience for some service users. I came away at times feeling tokenism, not being listened to, not being heard, being patronised – sometimes just uncomfortable. My overall impression is that the service user's voice is not heard properly

This service had a service users' coordinator who tried to support FAME by finding individuals for the stakeholder group and to get involved with the launches. However this proved unsuccessful:

Whenever you talk about IT to service users you get the glazed over look...  
Service users are keen to get involved in their service but they don't seem to be keen to get involved in the IT part.

FAME was publicised locally alongside other projects. For example one authority ran a 'Serving Customers Better' awareness-raising event held at a civic centre which showcased new and developing services offered by the local authority. It operated under three themes:

- Listening
- Learning
- Improving

The boxed text below indicates the variety of 'launch' events organised for staff and other stakeholders by the FAME strands:

#### **Example one**

Two half day launch events, comprising presentations and workshops, were held at a community college. The first one was for managers, the second was for practitioners from a wide range of services working in Health, Education, and Social Services together with delegates from the steering group and the TP.

#### **Example two**

A one day event introduced by a Director of Social Services featuring other high profile speakers, a demonstration of the system by the TP and a question and answer session. This event was aimed at the 'great and the good' from partner local authorities. The main criticisms made in the question and answer session were from agencies who felt under-represented, e.g. Education and Housing.

### Example three

Although it was not termed a 'launch' one strand had an event chaired by a representative of the Strategic Health Authority which included presentations by the project manager and TP representative plus practitioners views from members of the Steering Group. No service users appeared to be present at this event. The project manager who arranged this was conscious of the need for wider involvement and saw an opportunity to influence processes through the SHA.

#### Example of launch events organised by FAME strands

By far the most substantial example of service user involvement from the strands was a Parents Consultation Event, commissioned Newcastle City Council to canvass service users' views on projects including FAME. After a series of presentations discussions took place between groups of parents who were asked to focus on topics such as the following:

- Would you like on-line access to your records?
- How would you like 'one point of contact' to be managed?
- How could communication between professionals be improved?
- How could communication with you be improved?

Facilitators were asked to feedback to the group as a whole following these discussions. Parents/carers were asked whether they would like to be involved in further discussion about FAME and some then took part in focus groups.

In some instances the FAME local projects were showcased at national conferences where the audience would comprise management level representatives.

### **Sustaining change beyond the project**

In June 2004 the FAME Project Managers meeting was dominated by the sustainability issues. This was as the result of the circulation of the IT suppliers' sustainability paper which provoked animated discussion. Project teams, partners and many practitioners had given FAME time, energy and commitment. The long term sustainability of their systems was a cause of anxiety which remained unresolved.

For many of the strands FAME was just one of a number of projects all of which had sustainability issues. There was a danger such projects might die a death through lack of sustainability. To continue such projects beyond the pilot period had enormous resource implications.

Fear that Partners may not be able to meet sustainability costs was expressed during a visit to one strand:

[The Technical Partner] has provided Support and Maintenance costs ...per annum after the end of the Fame project...there is concern amongst partners about their ability to meet ongoing support costs and this may affect commitment to the FAME project.

Points made by project managers in connection with sustainability included the fact that the continued utilisation of the knowledge and experience gained in the FAME local projects would underpin the FAME sustainability programme. The FAME project strands were perceived to represent real-life examples of successful multi-

agencies environments in practice, the sustainability of these projects would, therefore, serve to demonstrate sustainability and act as a proof of concept.

If the framework were truly generic, it should be applicable to other services within local authorities and project managers in some instances hoped to be able to ‘sell’ this applicability to their LAs in order that FAME might be included in the overall strategy.

There is another sustainability issue which is that of sustaining the partnership, processes and working practices (i.e. **governance**) in addition to IT. In the words of a project manager

There is definitely an issue around sustainability with these partnerships, not so much with the supplier although that is part of it because we need to know what the costs are going to be, but it’s more around how do we ensure that the partners stay together and what are the contractual arrangements around that.

There are, according to one project manager, two basic models and an add-on model. The first one is, one of the partners acts as the legal entity and contracts the others. The other one is to set up an arms length company on behalf of all the partners within, within agreed timescales and parameters, open up timescales, resources and parameters, and the final one is about having a public / private partnership

In terms of the IT systems, whether or not the FAME participants continued their partnership with the TP depended on costs. The technical infrastructure and security needed for practitioners in health to use the system made it much more costly to sustain and costs needed to be shared.

To make the software products created by the FAME Programme sustainable and to allow for take up by local authorities, it was essential there was an affordable and realistic pricing model and licensing option. Without either of these it would not allow the FAME Programme to communicate/disseminate these products as best value and an affordable option for the local authority market place.

So, as one FAME participant commented, concern about sustainability on a really inter-agency basis once the national project ends was the ‘\$64,000 question’. It was felt there was a clear need for investment and for funding beyond September 2004 since it was likely to be another year or eighteen months before FAME strand projects were capable of being rolled out across their respective regions. There were likely to be issues around the levels of funding deemed appropriate by ODPM and the expectations of LAs and partners within FAME conscious of the operational costs they would have to meet.

### **Indicators for successful multi-agency environments**

It was not our role to dictate evaluation criteria to the local strands, which had different objectives in different local contexts. On the contrary, it was important for each strand management – in consultation with partners and stakeholders – to identify the information from which they could most usefully learn about the success (or otherwise) of the project. In order to support this learning we talked at length to project teams about metrics in the context of their specific services and strand goals. We discussed the multi-faceted nature of evaluation; it does a lot of jobs and speaks to

various audiences. The roles of evaluation can include: timely feedback within projects; internal learning and capacity building; evidence of impact for funders and other stakeholders; supporting bids for new projects. We gave a presentation on evaluation principles and procedure to the National Programme Board in September 2003 and to a meeting of project managers in October.

Some individuals working within strands had shown considerable imagination and initiative in collecting valuable data early in the project. In Newcastle for example feedback forms were given to managers and practitioners who attended 'launch' events in September 2003; attendees were asked about how prepared they felt for FAME and to indicate any barriers they foresaw to participation. In Bromley a survey was conducted of residential social landlords.

We advised project teams to make as much use as possible of data that are available and accessible in order to minimise the strain upon their resources. In particular we suggested that they should look carefully and critically at Key Performance Indicators (KPIs) although these are, of course, never perfect and need care to interpret. We suggested that they put the question to service managers, 'if this works which KPIs will move?' Some project managers argued that the applicability of KPIs in the context of FAME was limited because projects were confined to pilot areas and teams - not across the whole system. Although data were collected routinely they did not necessarily believe these captured real weaknesses and improvements. Some talked about the 'perverse' nature of aspects of the data they are required to collect. At one project board we attended there was a heated debate about the nature and use of KPIs. Some board members thought that including such hard data was essential in order to render a convincing account of the project while others dwelt on the contested and political nature of performance measures.

Evaluation of the process and outcomes of partnership working is crucial not only for local stakeholders but also for regional and national monitoring. Evaluation of the process involves assessment of joint working or an examination of how 'healthy' the partnership is. Evaluation of the outcomes of partnership working looks at such outcomes for service users and their carers, the services themselves and how they have changed as a result of partnership, the outcomes for the organisations involved and the impact across the service system.

Tools have been developed to assess the process or health of partnerships (e.g. Hardy<sup>20</sup> et al 2000, Greig & Poxton<sup>21</sup>, Audit Commission<sup>22</sup> 2000). Such tools are development for management to help identify progress in the process and objectives of partnership and to identify obstacles which might impede that progress.

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<sup>20</sup> Hardy, B., Hudson, B. and Waddington, E. (2000) What makes a good partnership? A partnership assessment tool, Leeds: Nuffield Institute for Health.

<sup>21</sup> Greig R. and Poxton R. (2000) Partnership Readiness Framework. London: King's College Institute for Applied Health and Social Policy

<sup>22</sup> Audit Commission (1998) A Fruitful Partnership: Effective Partnership Working, London: Audit Commission

These address key indicators of successful partnerships including, e.g., recognition and acceptance of the need for partnership; vision, clarity and realism of purpose; commitment from the top; ownership across and within sectors; trust; robustness in partnership arrangements; clarity about resources, responsibilities and timescales; agreed success criteria; and effective monitoring and evaluating mechanisms (Audit Commission<sup>23</sup> 2000, Carley<sup>24</sup> et al 2000, Hardy<sup>25</sup> et al 2000). Some of these evaluative frameworks also provide checklists and examples of good practice.

Tools for assessing the outcomes of partnerships are less well developed than tools for assessing the process. Assessment of outcomes is likely to be made from the different perspectives of different stakeholders. The fact that partnership organisations may have differing expectations as well as differing points of view compounds the complexity of outcomes evaluation (Thomas & Palfrey<sup>26</sup> 1996). In examining the implementation and roll-out of new partnership arrangements it is necessary to look vertically at all levels and horizontally at impact on other organisations and services.

## **7. Conclusions and recommendations**

Almost every participant in FAME, including the technology partners, insisted that it was about workforce change and business processes. Some claimed that others (mistakenly) think it is about technology but we never encountered anyone who made such an assertion. We often heard in the early days of the project that the technology is easy while people, organisations and culture are difficult. In practice implementing technical solutions was far from easy and the most damaging delays resulted from struggles with integration. It is our judgment – based on evidence from within and beyond the FAME strands – that the technology / practice dichotomy is misleading and unhelpful. Multi agency practice and ICT should be understood as two facets of the same whole. The following specific recommendations are based on our work with the FAME local strands:

- Local authorities and their partners start with different histories of joint working, as well as various levels of experience with IT implementation. ‘Readiness’ for multi-agency environments should be assessed by partners at the time of partnership formation. The FAME Readiness Assessment Toolkit (RAT) facilitates this process. To download a copy of the RAT in Excel format visit the FAME website [www.fame-uk.org](http://www.fame-uk.org).
- There is a need for early and ongoing commitment at a strategic level from *all* participating agencies. Making a partnership work is a skilled and complex

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<sup>23</sup> Ibid

<sup>24</sup> Carley, M. et al, (2000) Urban regeneration through partnership. Bristol: Policy Press

<sup>25</sup> Op cit 2

<sup>26</sup> Thomas, P. and Palfrey, C. (1996) Evaluation: stakeholder-focused criteria, Social Policy and Administration, 30 (2), p. 125–42.

role. The expertise, commitment and personal energy demanded of a project manager should never be underestimated.

- Workers in the caring services and in IT companies have different assumptions and values. More awareness is needed of the working ethos between public and private sector partners. The potential for conflict and misunderstanding should be acknowledged and confronted early.
- Nothing should be assumed about practitioners' IT skills and confidence, or about the availability of technology to them. Many need better access, more training, and a high level of ongoing support in order to become users of a new IT system. An audit of skills and attitudes before implementation could help to forestall the effects of some individuals' low levels of skill and limited inclination to learn.
- Costs (in terms of time and effort) and benefits (in terms of improved access to timely and accurate information) are unevenly distributed among practitioners. In other words a high level of altruism is demanded of some practitioners in order to create a truly multi agency environment. 'Seeing the big picture' is essential but not easy. The enthusiasm of a few practitioners who have become committed FAME users could be harnessed as a resource to convince others. This solution is being attempted in some of the pilot sites and the results need to be monitored and shared.
- It is extremely important to engage and enthuse practitioners and to keep up their interest in using the system after it goes live. A 'change champion' can animate interest and help to avoid people drifting back to their old practices.
- It must be clear what data are going to be shared and by whom. Information Sharing Protocols (ISPs) need to include all participating agencies. It should be anticipated that developing an ISP is not a once-off activity but an ongoing process involving partners and stakeholders.
- Local authorities and their partners increasingly have to identify and manage IT suppliers, who are usually more accustomed to working with the private sector. Some of the experiences from FAME suggest that there is a need for senior local authority personnel to develop their knowledge and skills in this respect. They need to be aware of changes in the systems marketplace to ensure choosing the most appropriate and cost-effective technology solution.
- Communications are vital, i.e. updating all agencies regularly to improve understanding of each others' working practices to effect further improvements. Some FAME strands made imaginative use of events, newsletters and videos which could be noted and adapted by future projects.
- The 'review day' for practitioners in Wirral three months after implementation to evaluate factors influencing system use (and non use) can be recommended as a model to other FAME strands – and other projects – if they find similarly poor uptake of IT systems.
- FAME was an 18 month project that suffered delays in implementation. Post-implementation evaluation was possible only in two strands. This is regrettable because local conditions, and the strategies adopted by the project teams, varied across the strands. A longer period between implementation and final

reporting would have been needed in order to refine and maximise learning from the achievements of all the FAME local strands.

- Evaluating multi-agency projects is challenging because available data tend to relate to the activities of single agencies. Indicators that make sense to one agency are often distrusted by another. Some high quality work already exists on the evaluation of partnerships but there is still a pressing need to develop a robust framework for adopting and collecting hard and soft data for evaluating new, IT enabled multi-agency environments.

## References

Audit Commission (1998) *A Fruitful Partnership: Effective Partnership Working*, London: Audit Commission

Audit Commission (2002) *Housing Benefit: The National Perspective*. London: Audit Commission  
[www.audit-commission.gov.uk/reports](http://www.audit-commission.gov.uk/reports) [accessed October 2004]

Banks, P. (2002) *Partnerships Under Pressure*, London: King's Fund

Carley, M. et al, (2000) *Urban regeneration through partnership*. Bristol: Policy Press

Cleaver, H. et al (2004) *Developing identification, referral and tracking systems: an evaluation of the processes undertaken by trailblazer authorities. Interim report*. DfES research report 521. London: University of London.

Cornford, J, Wessels, B, Richardson, R., Gillespie, A, McLoughlin, I, Kohannejad, J, Belt, V and Martin, M (2003), *Local -eGovernment: Process Evaluation of the Implementaion of Electronic Local Government in England*, London, ODPM.  
<http://www.local.odpm.gov.uk/research/egovrprt.pdf> [accessed November 2004]

Dennett, B. (2004) *Beacon Council Scheme Round : Benefits Administration Theme Report* <http://www.idea-knowledge.gov.uk/idk/core/page.do?pageId=71803> [accessed October 2004]

Department of Health. (1999) *National Service Framework for Mental Health: modern standards and service models*.  
<http://www.dh.gov.uk/assetRoot/04/07/72/09/04077209.pdf>

DfES Press Notice, Issued 04 March 2004  
[http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn\\_id=2004\\_0034](http://www.dfes.gov.uk/pns/DisplayPN.cgi?pn_id=2004_0034) [accessed October 2004]

Greig R. and Poxton R. (2000) *Partnership Readiness Framework*. London: King's College Institute for Applied Health and Social Policy

Hardy, B., Hudson, B. and Waddington, E. (2000) *What makes a good partnership? A partnership assessment tool*, Leeds: Nuffield Institute for Health.

Laming Inquiry  
<http://www.victoria-climbie-inquiry.org.uk/finreport/finreport.htm> [accessed October 2004]

Local Government Association and Association of Directors of Social Services (2003) *All Our Tomorrows: Inverting the triangle of care. A joint discussion document on the future of services for older people*. London: ADSS  
<http://www.adss.org.uk/publications/other/alltomtext.pdf> [accessed October 2004]

Maxwell, R. (1984) Quality assessment in health care *British Medical Journal*, 288 p. 166–203

National Statistics (2003) *Census 2001 - Population of England and Wales grows 2.5 per cent*

<http://www.statistics.gov.uk/census2001/profiles/commentaries/people.asp> [accessed October 2004]

Office of the Deputy Prime Minister (2001). *Quality and Choice for Older People's Housing - A Strategic Framework*

<http://www.housing.odpm.gov.uk/information/hsc/olderpeople/index.htm> [accessed October 2004]

Robinson, R. and Le Grand, J. (1994) *Evaluating the NHS reforms* London: Kings Fund

Thomas, P. and Palfrey, C. (1996) Evaluation: stakeholder-focused criteria, *Social Policy and Administration*, 30 (2), p. 125–42.

## ***Appendix 1: Pre-implementation questionnaires: results***

108 questionnaires were received

### **Demographics**

#### ***Gender***

Many more responses from females than males – 86% former, 14% latter.

#### ***Ages***

24-29	8
30-39	21
40-49	38
50-59	27
60+	2

#### ***Length of time practising***

1-5 years	32
6-10 years	18
11-15 years	15
16-20 years	11
21-25 years	13
26-30 years	7
>30 years	11

#### ***Employer/ occupation***

50% of the overall respondents were from the Health Services, with 37% from Social Services and 6% from Education.

#### ***Teams***

64% of respondents from all strands agreed that they worked in integrated teams. However, 28% of respondents overall disagreed with the statement.

#### **FAME (advance) information**

69.5% of respondents said they had attended a FAME information/launch event.

45% of respondents said they had participated in IT workshops with suppliers.

47.5% of respondents said they felt sufficiently informed about FAME.

54% of respondents said they were consulted about FAME.

#### **IT skills and IT training**

### ***Usage***

74.5% of respondents said they were regular computer users.

### ***Access***

In FAME overall 57.5% of respondents had PC access on their desktop. 8.5% shared with one other person; 20% shared with between 2 and 5 others; 10% shared with more than five others; and 4% reported no access to a PC.

38% of overall respondents felt that they needed better access to computers to benefit from FAME.

### ***Training needs***

43% of respondents agreed that they needed more general IT training in order to benefit from FAME. 42% disagreed

With respect to *more specific* IT training for FAME, 72% of respondents agreed they would need this to benefit from FAME.

34.6% of respondents believed the general IT skill level in the workplace was appropriate for FAME. 37.5% were uncertain and 28% believed the level to be inappropriate.

Overall strand responses indicated that about half the respondents from Health and Social Services sectors felt that general workplace IT skills levels were appropriate for FAME and half from both sectors felt that they were not.

### ***Information sharing***

#### ***Information sharing (contextual)***

58% of respondents agreed (but only 11% strongly) that there was a lack of information sharing.

82.5% of respondents agreed that lack of information sharing caused poor outcomes

#### ***Information about other agencies/services***

51% of respondents agreed there was a lack of information about other agencies/services. 24.5% disagreed and 24.5% were neutral.

70% of respondents agreed that they relied on users for information about other agencies/services.

54% of respondents agreed it was difficult to know about other services. Only 19% disagreed with this statement, the rest being neutral.

#### ***Improved ability to help service users***

84% of respondents agreed that increased knowledge of the work of other agencies/services would benefit their users.

Similarly 86% of respondents agreed that working more closely with other agencies/services would benefit their users.

### ***Information sharing (constraints & concerns)***

37% of respondents agreed they were unsure what information they were allowed to share with other agencies/services.

76% of respondents agreed that clearer guidelines on sharing information would be helpful to them.

In respect of potential deterrents to sharing information, 45% of respondents said that Data Protection issues deterred them, while 56% were deterred by issues around client consent and confidentiality.

47.5% of respondents agreed that they currently shared information with individual representatives of other agencies/services on an informal basis.

### ***Barriers to information sharing***

Respondents were asked to respond, in free text, to a question asking ‘What, in your view, are the main barriers to sharing information with other agencies/services?’

Answers were as follows:

- Data Protection issues, lack of knowledge re legality, fear of litigation, disciplinary action (14)
- Lack of contact with known (knowledgeable) individuals, access to appropriate people at the right time (10)
- Lines of communication – different systems, delays(8)
- Lack of time (7)
- Confidentiality issues, protocols, how much should you say? – especially constraining in health (5)
- Lack of info/knowledge about other agencies, services involved 5)
- Preciousness on part of some professionals (3)
- Lack of formal meetings/reviews (2)
- Lack of knowledge on the part of other agencies (2)
- Consent issues (2)
- Lack of agreement, consistency, often other agencies have different workers (2)
- Lack of info/knowledge about working practices of other agencies (2)
- Lack of mutuality, multi-agency working practices (2)
- IT, different systems don’t talk to each other (2)
- Access, lack of single point of contact (2)
- Information sharing on a need to know basis – don’t get whole picture, may get inaccurate/incomplete information (2)
- Lack of clear guidelines
- New systems in place – everyone expresses concerns about client confidentiality
- Uncertainty about what can be shared with whom

### ***Information sharing protocols***

71% of respondents said they worked within a policy or protocol for the sharing of information. 62% - of respondents overall said they worked within an information sharing policy or protocol *specific to their profession or service*.

### **Expectations of FAME**

#### ***Service users' benefits***

61.5% of respondents agreed that service users would find services easier to access (for example need to make fewer requests for help) once FAME was introduced.

76% of respondents agreed that service users would have to tell their stories less often once FAME was introduced.

46.5% of respondents agreed that service users and/or their carers would be able to access information with the introduction of FAME.

#### ***Inter-agency information sharing***

64.5% of respondents agreed that agencies would have a better understanding of what other agencies did once FAME was established.

74.5% of respondents agreed that instant referral to other agencies would be possible with FAME.

Only 51% of the overall responses indicated agreement with this statement. 44% were neutral which may indicate lack of clarity in respect of 'real-time' or uncertainty about the implications of FAME to deliver this capability.

#### ***Stress reduction***

Only 18% of respondents had expectations that their work would be less stressful with the introduction of FAME. 55% were neutral about this while the remainder disagreed.

### **Improving respondents' abilities to help service users**

Respondents were afforded an opportunity to state, in free text, what one thing FAME could achieve to most improve their ability to help their service users.

Respondents' comments were as follows:

- Appropriate information sharing (5)
- Coordination and communication between services (5)
- Reduction of duplication (3)
- Development of working relationships, trust (2)
- Reduction of time spent on paperwork & tracking people down (2)
- Deliver consistency of information across agencies (2)
- Needs-led rather resources-led response (2)
- Easier access to other agencies/personnel (2)
- Easier access to up to date, in-depth info (2)
- Efficiency, time-saving (2)
- Give access to information relevant to their care
- Ensure up to date information (e.g. about medication)
- Inform professionals of issues that need addressing

- Reducing chasing up by telephone
- Less restriction by policies, procedures

Respondents were further asked to think more generally about their day to day work and to identify ONE change which would most improve their ability to help their service users. They were prompted that their answer might or might not relate to information sharing, multi-agency working or IT.

Respondents' commented as follows:

- Improved, equitable resources, financial and IT (11)
- Reduced paperwork (10)
- Improved, integrated communications (6)
- Better organisation & accountability (4)
- Knowing who else involved with client, their inputs & assessments (4)
- Less bureaucracy (3)
- Faster, more efficient, consistent service (3)
- Less repetition/duplication of information (3)
- Improved person-centred care (3)
- Integration/shared vision between agencies (2)
- Access to information held by other agencies
- More time
- More responsibility, gained from obtaining a relevant qualification
- Improved transport
- Holistic assessment
- Access to information not otherwise available

## ***Appendix 2: Post-implementation questionnaires: results***

28 of the second FAME questionnaires were received from the Wirral strand... In addition, data from 43 PIVOP questionnaires, developed by the strand, were received. 14 of these were from Woking and 29 from Wirral.

This section constitutes an examination of data from the first and second FAME surveys in respect of Wirral, with some comparison of the former with the overall data from the strands. It incorporates data from the PIVOP strand's own questionnaire to complement the Evaluation and Learning Strand's data where appropriate.

### **Demographics**

#### ***Gender***

As in the case of the first FAME questionnaire, many more responses on the second survey were from females rather than males – 78% former, 22% latter.

#### ***Length of time practising***

1-5 years	9
6-10 years	8
11-15 years	3
16-20 years	5
21-25 years	---
26-30 years	1
>30 years	---

#### ***Occupation***

Of those who indicated their occupation, nine respondents were ward managers or nurses; six respondents were care managers or social workers; six respondents were occupational therapists or OT assistants; and three respondents were access workers for the CADT

### **The introduction of FAME**

From an analysis of the PIVOP strand questionnaire, it appeared there was a good understanding of the FAME project's aims and how it fitted into the National Programme. Certainly, in response to the first FAME questionnaire, 56% of PIVOP respondents had said they felt sufficiently informed about FAME. This was higher than the overall percentage for the strands which was 47.5%.

The PIVOP strand questionnaire found that respondents generally felt their views had been taken into account during the workshop sessions, but the sheer numbers involved in Wirral meant that some felt excluded from that process. In response to the first FAME questionnaire 48% of PIVOP respondents said they were consulted about FAME. This was a rather /lower proportion than the overall for strands which was 54%.

With the benefit of hindsight, it was felt that the pilot areas could have been more clearly defined for many respondents and feedback from steering group members could have been improved.

### **FAME (advance) information**

In response to the first FAME questionnaire 86% of PIVOP respondents said they had attended a FAME information/launch event. This was a higher percentage than that for the overall sample in which 69.5% of respondents had attended such an event. However, with the PIVOP strand questionnaire, when asked if they attended awareness raising sessions, 69% of Wirral respondents and 71% of Woking respondents affirmed their attendance. This figure more closely mirrors that overall. It may be that those who completed the first FAME questionnaire were the more enthusiastic participants and therefore self-selecting.

In the first FAME questionnaire 67% of PIVOP respondents said they had participated in IT workshops with suppliers. Again this percentage was higher than that for the overall sample in which 45% of respondents had participated in such workshops. With the PIVOP strand questionnaire, 100% of Woking respondents and 71% of Wirral respondents had participated in workshops which was to be expected given that the project was further down the line and, presumably, more workshops had been held.

### **IT and FAME training**

Respondents to the second FAME questionnaire were asked if they felt they needed further general IT training in order to benefit from FAME. The percentages who did and did not feel in need of such training were almost half and half, with 52% believing they did and 48% stating they did not. There was no discernible difference between occupational groups. During the first FAME survey, 50% of PIVOP respondents agreed that they needed more general IT training in order to benefit from FAME while 40% disagreed. The overall percentages for the strands were 43% in agreement and 42% disagreeing.

When asked if they felt they needed further *specific* IT training to benefit from FAME, the percentage of respondents who thought they were in need of such training rose to 71.5% (20/28) with 28.5% believing they did not need specific IT training to benefit from FAME. Again there was no discernible difference between respondents from different occupational groups. In the first FAME survey, 74% of PIVOP respondents had agreed they needed more specific training to benefit from FAME. This percentage was reflected in the overall percentage for the strands which was 72%.

The PIVOP strand questionnaire sought respondents' opinions on the training and support they received during the FAME pilot. The consensus was that training on the electronic system had been adequate although technical and other forms of support could have been better. The need for general SAP awareness training was not sufficiently appreciated and, although it was addressed to some extent, it was properly speaking outside the scope of the project.

Respondents to the second FAME questionnaire were asked if they felt they had received the right amount of training to benefit from FAME. 75% (21/28) of those who responded said they had not. When asked whether there was too little or too much training those who said they had not received the right amount were in total agreement that there had been too little training.

Respondents were also asked if the FAME training had been delivered at the right time. 61% (14/23) of respondents said they had not received the training at the right time. When probed further, all but one of the respondents who said the training had not been delivered at the right time said that it had been too early.

The PIVOP strand questionnaire contained a series of questions about the performance of the electronic system. While both the contact and overview assessments met the needs of the majority of assessment practitioners and there was general agreement that the electronic versions of the SAP forms reflected the hard copy well and the terminology was easy to understand, there was less agreement on the ease of use of the electronic systems. From this it may be concluded that some users needed more training.

## **Information sharing**

### ***Information sharing protocols***

Respondents to the first FAME questionnaire were asked if they worked within a policy or protocol for the sharing of information. 71% of PIVOP respondents said they did work within such a policy. Of the remaining respondents, 25% were unsure; only one respondent said s/he did not. There was no discernible difference between responses from the Health and Social Services sectors. The overall percentage for all strands was identical to that of the PIVOP respondents, i.e. 71%

47% of PIVOP respondents said they worked within an information sharing policy or protocol specific to their profession/service. Again 25% of respondents were unsure but, on this occasion, 18% of respondents said the ISP was not specific to their profession or service. Again there was little difference in responses from the different sectors. 62% - of respondents overall said they worked within an information sharing policy or protocol *specific to their profession or service* so there was more awareness overall than in PIVOP. This was corroborated by the PIVOP strand questionnaire results which indicated that, while the Information Sharing Protocol had in general been well received, some participants in Wirral had insufficient awareness of it.

## **How far FAME met expectations**

In the second FAME questionnaire a series of statements made by practitioners about their expectations of what FAME would achieve were presented to respondents to comment on in respect of how far they agreed or disagreed with the statements.

The first statement suggested that clients found services easier to access (e.g. needed to make fewer requests for help) since the introduction of FAME. 72% (18/25) of respondents expressed neutrality in relation to this statement. Only 12% (3/25) agreed

and 16% (4/25) disagreed, in neither case strongly. When their expectations were examined during the first FAME questionnaire, 78% of PIVOP respondents anticipated that service users would find the services easier to access. None of the respondents to the first survey disagreed that service users would find the services easier to access. PIVOP respondents appeared to have higher expectations in respect of this than the overall percentage for the strands which was 61.5%.

The second statement suggested there were fewer separate assessments since the introduction of FAME. Again a large percentage – 44% (11/25) of respondents expressed neutrality. An equal percentage – 44% - disagreed (8% or 2/25 respondents strongly) that there were fewer assessments since FAME's introduction. Only 12% (3/25) agreed there were fewer assessments but all these respondents were in strong agreement.

[NB. Those who agreed strongly were social workers; those who disagreed strongly were nurses. Is this of any significance?]

Thirdly it was posited that agencies had a better understanding of what other agencies did since the introduction of FAME. Again there was a strong degree of neutrality among respondents, with 46% (11/24) holding this status. 33% (8/24) agreed that agencies had a better understanding, one respondent agreeing strongly. The remaining 21% (5/24) respondents disagreed that agencies had improved understanding of what other agencies did. During the first FAME survey, 61% of PIVOP respondents anticipated that agencies would have a better understanding of what other agencies did once FAME was established. One respondent strongly disagreed with 10 (36%) being neutral. In this instance the PIVOP percentages bore similarity to those overall which were 64.5% in agreement that agencies would have a better understanding of what other agencies did once FAME was established.

The fourth statement suggested that instant referral to other agencies was possible for clients since the introduction of FAME. The responses to this statement were slightly more positive with 48% (12/25) of respondents agreeing that instant referral to other agencies was now possible for clients. 12% (3/25) of these respondents agreed strongly. 32% (8/25) of respondents were neutral while 20% (5/25) disagreed, one respondent strongly. However, during the first survey 82% of PIVOP respondents anticipated that instant referral to other agencies would be possible with FAME. The remaining 18% were neutral. The expectation overall was slightly lower in that 74.5% of respondents anticipated that instant referral to other agencies would be possible with FAME.

The final statement asserted that respondents were more likely to see a full picture of a client since the introduction of FAME. Again there were more positive responses with 58% (14/24) of respondents in agreement with this assertion, five of them strongly. 33% (8/24) were neutral and only 8% (2/24) disagreed, neither of them strongly.

### **Experiences of FAME**

The respondents to the second FAME survey were divided between those who agreed there had been more information sharing between agencies involved with their client

groups since the introduction of FAME and those who disagreed, with 37% (7/19) agreeing and 37% disagreeing. 26% (5/19) of respondents were neutral.

33% (8/24) of respondents agreed that they knew more about which other agencies were involved with their clients since the introduction of FAME. 25% (6/24) disagreed with this statement while the remaining 42% were neutral.

35% (9/26) of respondents agreed their ability to help their clients had benefited from the introduction of FAME. 27% (7/26) disagreed while the remaining 38% were neutral.

### ***Usage statistics***

39% (11/28) of respondents had logged onto the FAME IT system more than ten times since its introduction to their workplace. A further 21% (6/28) had logged on between six and ten times. The same percentage had logged on once or twice. Only 7% (2/26) had never logged on.

36% (10/28) of respondents had input client or patient information onto the FAME system more than ten times. 18% (5/28) had input such information between one and two times and the same percentage, 18%, had input information between three and five times. 21% (6/28) had never input information.

36% (20/28) of respondents had searched for client or patient information on the FAME system more than ten times. 21.5% (6/28) had made such a search one or two times and the same percentage had made one between three and five times. 10.5% (3/28) had never undertaken such a search.

32% (9/28) of respondents had accessed client or patient information on the FAME system more than ten times. 28.5% (8/28) had accessed such information three to five times. 18% (5/28) had accessed such information once or twice while the same percentage, 18%, had never accessed client or patient information via the system.

The PIVOP strand questionnaire sought opinions about improvements in working practices since the introduction of FAME. The fact that the systems were at an early stage of implementation meant that participants had largely been creating service user records, which was substantiated by the responses to the second FAME questionnaire. Accordingly, not all respondents had experienced the benefit of accessing existing assessments which, inevitably, affected the responses to statements about improved working practices. Some of this is reflected in the comments below about barriers to using FAME

### ***Barriers to use of FAME***

The following barriers to FAME use were identified by respondents to the second FAME questionnaire.

Lack of access to a computer was the greatest barrier, according to respondents. Since, in many cases, they were sharing PCs with colleagues they were unable to use

it whenever they wished to do so. (6 respondents) It was to be expected that this barrier would be identified, especially by respondents from Wirral. PIVOP respondents' replies to the first FAME questionnaire indicated that they were more likely to have no PC access or to share a PC with more than five other people than were any respondents from other strands. During the first survey, 61% of PIVOP respondents agreed they needed better access to computers to benefit from FAME whereas the overall figure for all the strands was only 38%.

The other major barrier highlighted by respondents involved time constraints (6 respondents). Two respondents coupled this with lack of staff.

Another issue was the need for more agencies to be involved. One respondent commented that they could access only the Social Work department and that they needed access to Physio and OT too. (2 respondents)

Training issues were raised. One respondent felt that further ongoing training would enhance use of single assessment while another respondent said regular training was not available to new employees. (2 respondents)

A related issue was that the Swift system had only recently been introduced and staff had taken some time to gain confidence with that package.

The fact that Swift and FAME did not share information or cross reference it resulting in duplication of paperwork was another barrier (3 respondents)

One respondent commented that, in their experience and in discussion with colleagues, it had been difficult to break current custom and practice with regards to existing assessment tools.

Responses to the PIVOP strand questionnaire statements on improvements in working practices reflected some of these barriers. In some instances double entry of data had been necessary and together with inexperience on the new systems it had at times slowed things down. In consequence, time savings were neither as effected nor as apparent as had been anticipated. Whilst most practitioners indicated that FAME was helping to develop new ways of working, there was less certainty about its improving speed of access to services. These differences may be attributable to participants' particular settings (e.g. the number of persons sharing one PC as indicated in the FAME survey results) as well as the project's limited scale and other factors outside of its control.

However, on a positive note, it was felt that responses to the PIVOP strand questionnaire also demonstrated that trust between partner organisations had improved, and a common language was developing, although this was more evident in Wirral than in Woking.

### ***Success stories***

From the PIVOP strand survey respondents, asked for their views about whether FAME had enabled the service user to be more involved in decisions and the service provider to be better informed, were able to see practical benefits for the service user. Decisions were becoming better informed and formal notification that they were

consenting to the sharing of their personal data was in place. The benefits of shared up to date information and the collection of information in a structured way were becoming apparent.

As mentioned above most practitioners indicated that FAME was helping to develop new ways of working and appreciated the fact that they had a more holistic and more up to date picture of the service user and that FAME made them feel more secure about sharing information.

Respondents to the second FAME questionnaire were asked to recollect any success stories or incidents involving their use of FAME. 21.5% (6/28) of respondents were able to provide anecdotal evidence of successful use of FAME.

Four respondents recounted cases:

‘able to access meeting between CPN and patient that happened prior to admission to ward, so had a clear picture of previous problem’

‘on one occasion, as duty officer, was asked to respond to a situation in an emergency...HV had done an assessment 3 days earlier and I was able to make use of this information from the computer to make a decision...’

‘Readmission...FAME highlighted this had coincided with recent changes in medication...’

‘able to print out overview assessment which was completed by HV...completed by myself for client review...Information shared led to agreed joint planning and care services...’

Other respondents commented on the quality of the information:

‘Unsure about FAME to start with but as I began to use it more I could see an increased benefit for both patient and carer’

‘When I have logged onto FAME as a duty enquiry to our department I found the information available really useful and comprehensive.’