

SECTION 4: CASE MANAGEMENT

4.1 Caseload Management

4.1.1 Caseload management will be required as the key tool for allocating cases or activities, monitoring progress and analysing social worker time across all services areas in Social Services. The System **must** provide but not be limited to the following functionality:

- i. Record activity;
- ii. Target activity;
- iii. Set deadlines;
- iv. Monitor performance;
- v. Pending allocations
- vi. Meet targets for the provision of a service after an assessment has been made;
- vii. Prompting in advance of a deadline being breached.

4.1.2 The System **must** be able to cope with changes in workers, teams and services.

4.1.3 The system **must** be able to move cases, workers, and teams from one designation to another with simple processes that should work for blocks of information where necessary. For example, if a Social Worker / Care Manager is moved from one team to another then it **must** be a simple process to reallocate all of their cases.

4.2. Workflow Support and Automation

4.2.1 The System **must** provide prompts for System Users to carry out sequential steps in business processes where such processes have been predefined by system administrators (whether Service User or Service Provider) as mandatory components of workflow.

4.2.2 The system **must** allow flexibility within the workflow to allow case managers to repeat workflow steps and to bypass workflow steps where appropriate, subject to suitable user permissions.

4.2.3 System Users **must** have access to a specific, personalised case summary, in-tray or similar functionality. Such a case summary should appear as the first screen which the System User sees after logging into the System. Information to be included in this case summary would be

- i. a list of all allocated cases, together with their status;
- ii. a list of all new, current and outstanding tasks; a
- iii. a list of any new System-generated messages and communications from other System Users.

4.2.3 Managers and first-line supervisors **must** also be able to access the case summary screens for all relevant supervised staff.

4.2.4 The System **must** provide a team in-tray or view to display current and outstanding tasks, as well as all new team referrals.

4.2.5 Managers **must** be able to access a directory of relevant staff when allocating cases.

4.2.6 The System **should** provide a diary function for individual System Users and teams to facilitate the scheduling of assessment and care management activity.

- 4.2.7 The System **must** have a facility to provide suggested target start and end dates for assessment, service provision and reviews based on levels of prioritisation to be provided by the council.
- 4.2.8 These levels of prioritisation **must** be able to be modified by the council without the need for Service Provider involvement.
- 4.2.9 The System **must** be able to generate waiting lists for allocation and service provisions internally and without the need for the use of a third-party reporting tool.
- 4.2.10 The System **must** have the capacity to automatically generate exception notices and reminders to managers and staff where certain System User-defined parameters have been met or exceeded; for example when orders raised and sent to the external contractors for community equipment have not been filled within the timescales required for compliance with PAF indicators.
- 4.2.11 The System **must** automatically generate review events for allocated cases according to workflow parameters to be provided.
- 4.2.12 The System **must** automatically populate the standard review forms with any relevant information already recorded on the System, and **must** provide reminders to System Users of upcoming reviews.
- 4.2.13 The System **must** automatically generate service reviews on an annual or otherwise defined basis for Occupational Therapy Service Users who have received items of equipment or are classified as a defined risk level. The System **must** generate reminders to System Users that such reviews are due or overdue.
- 4.2.14 The System **must** be able to provide audit trails and configuration management (i.e. full version and revision history) facilities for all standard documents and processes.
- 4.2.15 Managers and staff **must** be able to check on the status of any task or process (e.g. "Sent to Duty") on an ad hoc basis.
- 4.2.16 The System **must** be able to maintain a record of individuals who have been given a copy of a care plan.
- 4.2.17 When care plans have been updated, the System **must** either
- i. automatically distribute the new care plan (for internal System Users),
 - ii. provide a prominent flag to indicate the care plan has been modified,
 - iii. or provide a prompt or automatic email function (for external parties, Service Users, carers etc.).
- 4.2.18 The System **must** have the ability to generate automatic referrals to Service Providers as selected within the care plan. Information to be included in such referrals **should** include relevant personal details and requirements, schedule of care provision and a record of budgetary authorisation.
- 4.2.19 The System **must** provide prominent warning messages when a System User attempts to close a case which has current or planned service provision or care management activity. This should apply particularly in the case of Service Users who have been allocated across more than one care management team.

- 4.2.20 When a case is closed to a particular team, the System **must** not close allocations to all other teams without prompting. When such a case is closed (for example in the case of Service User death), prominent notifications **should** be provided to all involved System Users.
- 4.2.21 The System **must** provide functionality for out-of-hours access, for services such as the Emergency Duty Team (EDT), the Carelink Service and the Crisis Teams. The system **must** be accessible from remote locations, to record details of events or incidents which have required their intervention, together with details of actions taken.
- 4.2.22 Such information **must** be automatically flagged or notified to the allocated care management worker or team for each involved Service User immediately on their next log-on to the System
- 4.2.23 The System **must** manage cases not currently on a caseload. For example where a case is awaiting allocation to a named care manager, assessment complete and service provided and in a review process, and cases being dealt with by the duty care manager.
- 4.2.24 The System **must** record decisions made through a panel process on the provision of a service and be able to report on trends regarding these decisions.
- 4.2.25 The system **must** be able to differentiate between different registration categories e.g. EMI or PF.
- 4.2.26 The system **must** be able to share information / integrate / interface with other IT systems used by our partners agencies.

4.3 Identifying Unmet Need

- 4.4.1 Unmet need is one of the most difficult areas that the Council would like to cover with the new Social care information system. The definition of unmet need is most likely to be the difference between demand and supply. However, assessing the demand is something not easily done unless you consistently record it.
- 4.4.2 The System **must** provide facilities for documenting requests. Needs of the Service User will be expressed in a manner that keeps data input to a minimum but which renders meaningful information. The measurement of met and unmet need is vital for performance measurement and service planning.
- 4.4.3 The motive behind trying to assess unmet need is to provide long term planning for new facilities that may be needed. Conversely, there may be over-provision if resources are not being used effectively. For example, the Council needs to be asking itself whether the number of homes it uses is right for the demand it faces. Information about waiting and holding lists may provide a partial answer as to how to deal with this issue. This is an important concern under the Community Care. The System **must** have facilities for recording and reporting on unmet need.
- 4.4.4 The department is unsure of what model they will adopt for considering unmet need. Any ideas or structures that Suppliers have concerning this issue will be of interest to the department. There are two possible types of unmet need which are demand-led and need identified by eligibility thresholds. Any unmet need definition is likely to be a compromise between the specific measures that will be required.

Section 5 : Specific Requirements for Children and Family Services

5.1 Core Requirements

- 5.1.1 The Children & Families Division is divided into specialist teams each providing specialist services. The diversity of the teams means that each has particular requirements that they would like to see addressed within a new information system.
- 5.1.2 As a baseline , the information collected and standard reports provided by the Social care information system must comply with the Children Act 1989, Children Act 2004 and Every Child matters national initiative, Leaving Care Act 2000 and the Adoption and Children Act 2002 which are accessible via the following links:

<http://www.dfes.gov.uk/publications/childrenactreport/>
<http://www.everychildmatters.gov.uk/>
<http://www.dfes.gov.uk/adoption/index.shtml>
<http://www.opsi.gov.uk/acts/acts2000/20000035.htm>

- 5.1.3 The system **must** provide a single consistent information resource for enquiries, assessment and delivery of service by the Children and Families Division to children and young people.
- 5.1.4 The system **must** log the progress of all children and young people referred to Social Services from the point of initial contact with the department to cessation of services.
- 5.1.5 The system **must** include the common set of "core" information defined by the DfES, which is considered essential for inclusion in any system or systems supporting the delivery of Children's Services. This common set includes not only the key information required for effective management of a child's case by social services but also the management information necessary to meet both local and central needs. This is available from the DfES website:

<http://www.dfes.gov.uk/qualityprotects/info/coreinformationreq.shtml>

- 5.1.6 The system **must** meet the requirements of the ICS agenda (Integrated Children's Services) and be sufficiently responsive and flexible to cope with all requirements. This is available from the DfES website:

<http://www.dfes.gov.uk/integratedchildrenssystem/>

- 5.1.7 The system **must** be sufficiently responsive and flexible to cope with new and emerging demands on social care agencies.
- 5.1.8 The supplier **must** comment on how it maintains ongoing links with the Department of Health (DH), Department for Education and Skills (DfES) and other relevant government departments to ensure that the system is regularly updated to take account of new and amended information and reporting requirements. The Information Outputs Report for Children's Services

<http://www.lboro.ac.uk/research/ccfr/publications/vulnerableChildrenDownload/OutputsreportFinal.pdf>

sets out a description of different types of outputs, identifies some of the obstacles which prevent them from being obtained and used and proposes a framework for identifying and classifying them. The report identifies a number of the key outputs that are required by staff at each level in social service departments, and suggests that in a 'virtuous'

information system, operational and management information outputs can complement and reinforce one another, with those available to team managers being particularly important. The report suggests ways of improving common outputs for effective day-to-day case and team management. These include alerts built into the Social care information system to give

- i. advanced warning of actions required,
- ii. shortcomings or failures in service delivery;
- iii. notifications to improve communication between teams, departments and agencies;
- iv. and exception reports to identify, flag and follow-up the cases of individual children who have specific needs which are not being met.

The social care information system procured **must** be compatible with the recommendations contained within the Information Outputs report.

5.2. Underpinning Principles

5.2.1 The following principles underpin the functional requirements of the system for Children services:

- i. The system **must** be child-centred;
- ii. The system **must** facilitate and support a paper-light environment;
- iii. There **must** be a single 'client' record shared by authorised social work practitioners and other staff;
- iv. Data **must** be collected once and used many times by authorised social work practitioners and other staff;
- v. The system **must** be an operational system, with management information as a by-product;
- vi. The system **must** be useable by practitioners (user-friendly screen displays, data input and access, good system response speed);
- vii. There **must** be electronic access to child/family information at the 'point of action' (referral, judgement, decision, service delivery, review, etc), irrespective of the location of the user;
- viii. Data **must** be entered directly into the electronic system by authorised social work practitioners and other staff at the point of action (as above) irrespective of the location of the user;
- ix. Public access **should** be supported to the extent that the system should provide interfaces to public access channels on a controlled basis;
- x. The system **must** be able to restrict access to certain information (e.g. adoption);
- xi. The system **must** be secure and be able to provide audit trails of unauthorised access to information;
- xii. The system **must** be able to identify CP or LAC children placed out of area;
- xiii. The system **must** be able to identify CP or LAC children placed in Bromley from other boroughs.

5.3 Interoperability

5.3.1 No single agency can be responsible for meeting the needs of all children and families. The Government has introduced a number of initiatives such as Connexions, Children's Fund, CAMHS teams, Children's Centres, Education, Sure Start and Youth Offending Teams, which cut across the boundaries of traditional service-based departments, thus enabling them to be more responsive to the needs of children and young people.

5.3.2 The recent government Green Paper, Every Child Matters at

<http://www.everychildmatters.gov.uk/> , emphasises the importance of bringing together services for children and the government's intention to sweep away legal, technical and cultural barriers to information sharing so that there can be effective communication between everyone with a responsibility for children. Initiatives such as the Department of Health Integrated Children's System (ICS) and 'identification, referral and tracking of children at risk' (IRT/ ISA) anticipated such developments.

- 5.3.3 The system **must** hold generic key data fields such as UPRN, NHS number , ISA index key (when defined by the DfES) and any other child reference number to allow linking to other IT systems and applications across a range of agencies.
- 5.3.4 The system **must** have the ability to accommodate other generic keys as required, e.g. ISA index key.
- 5.3.5 The system **must** be capable of producing a download file for the biennial Children in Need Census.

5.4. Decision Supported Working Environment and Workflow System

- 5.4.1 A knowledge-based culture is based not on recording and storing information, but on using it. The system **must** incorporate a workflow function, whereby social work and other practitioners will enter data directly into the system.
- 5.4.2 The system **must** be sufficiently flexible to provide appropriate outputs for staff at all levels of the organisation. Outputs may take the form of printed reports, reports exported to Excel spreadsheets, on-screen and/or email alerts, or merely screen layouts.
- 5.4.3 The system **must** produce timely and well-designed outputs, geared to the work processes in which users are engaged.
- 5.4.4 All system users **must** be able to obtain the outputs they require to make their work more effective, without the need to refer continually to experts.
- 5.4.5 The purpose of workflow is to ensure that all work received is managed in a timely and effective manner. Workflow **must** be user-definable and be developed according to a set of rules and protocols.
- 5.4.6 The system **must** include a set of escalation processes to ensure that work is progressed under all circumstances, with appropriate management reporting.
- 5.4.7 The system **must** calculate next due dates and provide alerts to the social worker of pending Reviews and Medicals and produce information about Performance Indicators on Reviews and Medicals.
- 5.4.8 The system **must** produce alerts on all national indicators as well as local indicators, informing managers of any cases delays , using as red, amber green traffic light system as a means of monitoring progress.
- 5.4.9 The system **must** incorporate the principles set out in '*Information Outputs for Children's Social Services*'

<http://www.dfes.gov.uk/qualityprotects/>

5.5 Financial Management

General financial requirements of the system in respect of Children services e.g. foster care payments are described in Section 8.

5.6 Registers / Child Protection/ Initial and Core Assessment

5.6.1 An introduction to the use of Registers has been described in **Section 2**. Specifically for Children and Families these are for:

- i. Child protection;
- ii. Children abused through Sexual Exploitation;
- iii. Looked After Children;
- iv. Children who have left care;
- v. Children with Disabilities;
- vi. Foster carers;
- vii. Adoptive parents;
- viii. Private Fostering ;
- ix. Placement resources including inspection data;
- x. Schedule 1 Offenders;
- xi. Missing Persons;
- xii. Children Placed in Bromley by other Authorities;
- xiii. Bromley out of area placements;
- xiv. Residence order allowances;
- xv. User defined;

5.6.2 Within the area of Child Protection the System **must**:

- i. Deliver the All London Child Protection Procedures;
(<http://www.londoncpc.gov.uk/proceedures.htm>)
- ii. Maintain a register of Schedule One Offenders who are notified to the Department;
- iii. Maintain a Child Protection register;
- iv. Provide statistics to the Area Child Protection Committee (ACPC) which is soon to be replaced with the Safeguarding Children Board;
- v. Monitor specific aspects relating to children or their families such as substance misuse, domestic violence, child adolescent mental health or disability;
- vi. Monitor the attendance at conferences of children, families and agencies.

5.6.3 To meet the requirements of the ICS, the system **must** be able to provide facilities to generate and hold information in the following categories:

- i. Information. The system **must** have:
 - a. Contact Record;
 - b. Referral and Information record
 - c. Placement Information record
 - d. Chronology
 - e. Closure Record
- ii. Assessment. The system **must** have
 - a. Initial assessment;
 - b. Core Assessment by the defined age ranges of pre-birth to 12 months, 1 to 2 years, 3 to 4 years, 5-10 years ,11 to 15 years and 16 plus;
 - c. Record of Strategy Discussion;
 - d. Record of S47 Outcomes;

- e. Assessment and progress record by the defined age ranges of 1 to 2 years, 3 to 4 years, 5-10 years and 11 to 15 years;
- f. Record of Strategy discussion;
- g. Record of outcome of S47 enquiries
- h. Initial child protection conference report

iii Planning. The system **must** have:

- a. Initial plan for the Child and outline Child protection plan. Point (ii)a, (ii)g and (ii)h require a plan to be completed at the end of each record;
- b. Child Plan. Completed at the end of (ii)b;
- c. Care Plan;
- d. Adoption Plan;
- e. Pathway Plan (16+ / leaving care);

iv Review. The system **must** have:

- a. Review record which is used to review the Child Plan, Child protection Plan, Care Plan and the Pathway Plan.

5.6.4 For Family Court Work the System **should** be able to record all assessments requested by the court and in remain in step with the new Protocol for Court Cases at the following link:

<http://www.hmcourts-service.gov.uk/docs/protocol-complete.pdf>

The system **must** record, but not be limited to:

- i. Record type of assessment;
- ii. Monitor the deadline of 90 days for a court hearing;
- iii. Record court requesting assessment;
- iv. Record date of assessment request and final hearing;
- v. When the report / care plan is due to be filed, produce an automatic reminder.

5.6.5 The System **must** record Care Plans for Children Looked After and Children Leaving Care and **must**:

- i. Produce blank Looking After Children forms;
- ii. Transfer information from one screen/part of the System to another;
- iii. Ensure single entry and maintenance of family members;
- iv. Support enquiry by child and family members;
- v. Record all information received by the DfES for looked after children;
- vi. Support "Looking after Children" and be aligned with all the needs of that system;
- vii. Produce PEPS and pathway plans;
- viii. Produce health plans;
- ix. Produce pathway plans.

5.6.6 The system **must** record reviews and associated information which will include, but is not limited to:

- i. Length of the review
- ii. If over 2 hours – why?
- iii. Was the participation information collected in respect of the review?
- iv. Was the Review held within Statutory timescales? If not the Group Manager's explanation as to why not.
- v. Was the Review form available for the chair before the Review (Enter date and time)
- vi. Was the Care Plan available before the Review?
- vii. Date of the last Care Plan

- viii. If this was a 1st LAC and the child is newly accommodated, has a Core Assessment been completed?
- ix. Has an Assessment and Action record been completed for this child and appropriately updated (3rd and subsequent reviews)
- x. Was the Assessment and Action record available at review (3rd and subsequent reviews)
- xi. In the case of a young person over 16 years was a pathway plan available for review.
- xii. Was the Care Plan signed by the parents, the child or both
- xiii. Date PEP completed
- xiv. PEP reviewed
- xv. Has foster carer been given a copy of the PEP?
- xvi. Date of last Health assessment
- xvii. Was the date of the last Health review within statutory timescales. If not, why not?
- xxiii. If a second or subsequent review were the decisions from the previous review completed? If not Group Manager to respond.
- xix. Date of last dental check
- xx. Does the child have access where they are living to a) computer b) internet
- xxi. Date of the next review
- xxii. In what way were the child or YP's views communicated to the review
- xxiii. Consultation papers completed by Child/YP, Foster carer, Parent;
- xxiv. How many days authorised of un-authorised has the child or YP person been absent from school this academic year
- xxv. Has there been any significant changes in the care plan since the last review?
- xxvi. Was the unit consulted
- xxvii. Is life story work being undertaken with this child?
- xxviii. Was the plan for permanence agreed at the 1st or 2nd review?, If not , why not?
- xxix. If this is an adoptive placement was agreement to proceed with a court application reached by the 1st or 2nd review?

5.6.7 The review outturn **must** be applicable to the reviews of foster carers and adopters.

5.7 Residential Establishment Resource directory

5.7.1 The resource directory is a list of residential establishments. The following **should** be recorded and maintained:

- i. Details of inspections
- ii. Compliance with agreed standards
- iii. Capacities and special facilities
- iv. Needs catered for
- v. Establishment details (numbers of staff, staff ethnicity, structure etc.)
- vi. Education facilities
- vii. Complaints
- viii. Inspection details
- ix. Approval status
- x. Payments details
- xi. Comments
- xii. The list should support placement matching facilities using criteria including gender, race, age and special needs

5.8 Assessments of prospective foster carers and adopters

5.8.1 The Fostering and Adoption teams receive enquiries from prospective adoptive and foster carers. The system **must** on receipt of an enquiry be able to hold each enquirer's details, address and type of application.

- 5.8.2 The system **must** allow for the case to be updated as it is assessed, and if approved their details are transferred to the appropriate section of the register.
- 5.8.3 The Register **must** include Foster Carers, Adoptive Carers, Regulation 38 Carers, Family Link Carers, and carers with residence or Special Guardianship Order of formerly looked after children and/or such carers in receipt of financial support through the payment of allowances.
- 5.8.4 Details of all current and prospective carers' application, assessment, approval status and reviews **must** be recorded with placement terms.
- 5.8.5 A fostering/adoption link worker **must** be recorded against the case. The dates that references and police checks were requested and then received **must** be entered.
- 5.8.6 Any application presented to the Adoption or Fostering Panels **must** have recorded the Panel recommendation and approval status and the Agency decision and approval status.
- 5.8.7 Carers could be approved as both Short Term Carers and Long Term Carers. Additionally, these approvals could be given at different times and therefore the system **must** record them individually on the same record.
- 5.8.8 All dates of police checks, medicals, LA checks and reviews **must** be recorded and the system should calculate the next due date.
- 5.8.9 The system **must** provide warnings of pending and overdue carer reviews, references and medicals.
- 5.8.10 The system **must** produce a register that can be printed as well as reports on reviews, medicals, LA checks and placement profiles.
- 5.8.11 The Register **must** display a placement history for each carer.
- 5.8.12 The Register **must** include a Permanency Tracking System for both adoption and long term fostering which includes accommodation decision date, permanency decision and date, matching date, Schedule 2 information etc.
- 5.8.13 Home-finding details of referral, referral meetings, allocations, progress panel dates and responsible social worker **must** be included in the register.
- 5.8.14 The system **must** generate alerts for defined stages of the process such as panel reviews, assessment etc.
- 5.9 Adoption and Fostering Counselling**
- 5.9.1 The Service provides counselling to expectant mothers considering offering their children for adoption (pre-birth counselling) and to those brought up by adoptive parents who wish to find out about their natural parents (S.51 counselling), and to birth family members of a child placed for adoption/adopted. The system **must** be able to record these interactions.
- 5.10 Schedule 1 Offenders, Cause for Concern, Special Investigations**
- 5.10.1 The system **must** have provision for recording information received on the Schedule 1 Offenders, Cause for Concern and Special Investigations against strategy can case reviews.

- 5.10.2 Where appropriate the system **should** automatically link to existing clients when a check is completed on a person that is already known to the system.

5.11 Missing Persons

- 5.11.1 All notifications of Bromley and 'Other Local Authority' missing persons (from home or placement) **must** be recorded on the system. Information on Other Local Authority, Contact Details and Concerns should be recorded.
- 5.11.2 The system **must** highlight when a missing person is already known to the system.

5.12. Closed File Archive

- 5.12.1 Adoption and Looked After Children files must be retained for a period of 75 years, and clients have a right of access to these files. The system **must** be able to track the location and movement of these files.
- 5.12.2 The system **must** calculate proposed destruction dates for closed files in accordance with the Service's destruction policy and associated data protection legislation.

5.13 Legal Actions.

- 5.13.1 Unfortunately it is sometimes necessary to take legal action against certain clients. The system **should** provide an assisted process to prepare and administer these legal transactions such as providing a list of children who are seeking compensation claims.
- 5.13.2 The system **must** provide the capability for senior managers to authorise reports and finance claims where appropriate.

SECTION 6: Specific Requirements for Adults and Older People

6.1 Service Background

- 6.1.1 The system will be required to support the core functions of social care provision to adult and older people service users in Bromley, specifically initial contacts and referrals, assessment and care planning, and details of service provision including financial monitoring, commitments and processing of payments
- 6.1.2 Older People and Adult services are managed by several teams:
- i. Adult Mental health;
 - ii. Adult Physical Disability;
 - iii. Adult Learning Disability;
 - iv. Older People Services.
- 6.1.3 The teams provide services and purchase them from internal and external Service Providers. All are managed as single services except Older People Services, which is divided into separate purchase and Service Provider units.
- 6.1.4 The system **must** comply with the statutory and associated guidance derived from the NHS Community Care Act (1990) and the Mental Health Act (1983) which governs the services provided by Adults and Older people's services.

http://www.dh.gov.uk/PublicationsAndStatistics/Legislation/ActsAndBills/ActsAndBillsArticle/fs/en?CONTENT_ID=4002034&chk=lmZd%2Bu
http://www.opsi.gov.uk/acts/acts1990/Ukpga_19900019_en_1.htm

- 6.1.5 While Bromley Primary Care Trust (PCT) is a relatively young organisation, joint and integrated working arrangements have been in place across PCT services for some time, and will be developed further. The system **must** support both existing and planned integrated services, and where possible integrated teams (such as the Community Learning Disabilities Team, the CARTS team (Community Assessment rehabilitation team) and the Special Physical Disabilities Team)
- 6.1.6 Oxleas Mental Health and Social Care Trust (MHSCT) has now been in existence for sometime. Clinical information requirements for the MHSCT are already met by the patient administration system, and the MHSCT has committed to this system as its core information system. However the current PIMS system will be replaced by the Interim Solution within the London Cluster (RIO) in 2006.
- 6.1.7 The current information system is very "health-focussed" system, and basic social care information and reporting requirements are currently not being met, and are therefore recorded on existing social care information systems. This involves significant levels of manual dual entry across systems. The Social care information system **should** bridge these information gaps which are related to:
- i. the need to share information about involvement across social care service groupings (for example clients who are in receipt of ongoing care management from both Community Mental Health and specialist Physical Disabilities teams and Older People);
 - ii. the need to manage and account for the commissioning of social care activities from private & voluntary sector partners; and
 - iii. the collation and provision of social care statutory reporting requirements (as detailed below).

6.1.8 It should be noted that the system will be required to integrate with the ICRS Spine in the future, and it is the national aim for the ICRS to be the main information system used by both health and social care professionals by 2010. This agenda is continually developing and it is anticipated that there will need to be ongoing discussion, consultation and partnership working between the council, the integrated health & social care providers and the suppliers of the new system to ensure that the benefits and risks presented by this National Programme are fully understood and where necessary acted upon.

6.1.9 With these factors in mind, it is anticipated that there will need to be the potential for considerable flexibility in how the new system is deployed across Adults and Older People Services.

6.2 National Context

6.2.1 Connecting for Health (the National Programme for IT) in the NHS will necessarily impact on the scope and future development of any system solution. Details of this programme, and specifically the proposed national Integrated Care Records Service (ICRS) are available at <http://www.connectingforhealth.nhs.uk/>

6.2.2 The Department of Health has, in August 2001, published a draft document setting out Social Care Information Requirements for Adults Services. This document has not yet been revised, and must be considered to be still in draft form. However it is expected that any proposed system to support social care provision to adults should supply the majority of the requirements identified by this document. Further details can be found at

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008962&chk=tt%2Bo/Y

6.2.3 In addition to these requirements, Councils with Social Services Responsibilities (CSSRs) have a statutory requirement to provide a number of regular statistical returns to the Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM). The content of these returns is continually evolving in response to national and local priorities for performance management and service development, and it is expected that the supplier of any information system to support social care provision should proactively keep themselves apprised of these changing requirements and develop their system to ensure that they can be met. A full list of the returns which CSSRs are required to submit to the DH can be found at <http://www.ic.nhs.uk/>

6.2.4 As indicated above, it is expected that the new system must be able to support integrated working across health & social care sectors, as well as between council departments, and therefore the system must be compliant with the requirements of the e-Government Interoperability Frameworks as they currently exist across the six main areas as listed below :

The Gateway

The e-Government Interoperability Framework

XML Schemas

The e-Government Metadata Standard

The Integrated Public Sector Vocabulary and The Government Category List

Data Standards

6.2.5 The supplier – Vision for the Future

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/AboutSocialCare/AboutSocialCareArticle/fs/en?CONTENT_ID=4106483&chk=QpboYy

- 6.2.6 The new system **should** be able to provide operational support for the Single Assessment Process (SAP) for older people.
- 6.2.7 The new system **should** be able to provide operational support for the Electronic Social Care Record (ESCR).

http://www.dh.gov.uk/PolicyAndGuidance/InformationPolicy/InformationForSocialCare/FrameworkDocument/FrameworkDocumentArticle/fs/en?CONTENT_ID=4073669&chk=4CBol2

- 6.2.8 The new system **should** provide data collection and analysis in support of other government initiatives such as National Care Standards, Supporting People (contracts and performance monitoring), Best Value, Clinical Governance and Valuing People.

6.3 Underpinning Principles

- 6.3.1 The principles which should underpin the implementation and usage of the new system are driven by the requirements for integrated working detailed above as well as the need to embrace the e-Government agenda. The system **must** therefore support:

- i. improved levels of customer access, service and choice
- ii. access to detailed information about client needs and service provision for social care professionals, management and support services staff for the purposes of service delivery and evidence-based planning
- iii. increased efficiency and reduction of duplication, particularly dependence on paper-based systems; information must be entered once and used many times
- iv. automation and flexibility with regard to business processes and workflow
- v. information entered and accessible on a real-time basis
- vi. system integration within technical and information governance protocols as relevant.

- 6.3.2 The system **must** provide beneficial outputs for practitioners and service users. Too often existing systems exist merely to provide management information and statutory returns. The need to record such information in addition to standard business processes both reduces the time available for client contact and fosters staff resentment of such systems as an unnecessary administrative burden.

- 6.3.3 The system **must** provide operational support as a first principle, and the provision of management information should be an invisible by-product.

6.4 Case Management – Client Details

- 6.4.1 The system **must** be able to provide an on-screen chronological case summary for individual clients, including brief summaries of all care management and service provision activities and documents that have been recorded on the system.
- 6.4.2 The system **must** facilitate the transfer of care management responsibility between services and teams (i.e. from Children & Families Physical and Learning Disabilities Teams to the relevant services within Adults Services, or from hospital to locality social work teams).
- 6.4.3 The system **must** reflect the fact that clients often have involvement with more than one care management team or worker at any one time. This will require a flexible allocation system, as well as the ability to display prominently the involvement of more than one team on the client case summary.

- 6.4.4 The client case summary **must** indicate who the lead worker or team assigned to each client is, and **must** provide full contact details for this lead worker or team. All other allocated workers or teams should be listed as contributory on the client case summary, with contact details easily accessible (for example by clicking on the worker's name).
- 6.4.5 The system **must** have the capacity to store information about clients' legal status, such as Court of Protection or Appointeeship, and to display such information on the client case summary, or within one access level of this.
- 6.4.6 The system **must** also be able to record and monitor financial assessments of clients for whom the Council is the Appointee.
- 6.4.7 The system **must** have the capacity to display information about assessed client's known disabilities and dependencies on the client case summary. The system **should** also have a facility for recording all languages spoken by clients, as well as the preferred language and the degree of written and spoken fluency for each language. The system **must** display clients' previous addresses on the client case summary or within one access level from this.
- 6.4.8 The system **must** have a facility for attaching audio-visual material such as photographs to client files and documentation and displaying them on the client case summary. Such visual material may be used at front desk and reception areas to identify more easily potentially violent or challenging clients, as well as being used when clients go missing. This functionality has been identified as a particular priority for the Emergency Duty Team, who work out-of-hours from remote locations and do not have access to paper case files. It is also used as a means of improving communication (e.g. for clients with learning disabilities). The system **should** display on the client case summary following information, or be accessible within one access level:
- i. Registrations (e.g. Visual Impairment register, Hearing Impairment register, Physical Disabilities register)
 - ii. Warning indicators for potentially violent clients
 - iii. Clients transport requirements
- 6.4.9 The system **should** have the capacity to store picture files with sign language translations of standard letters and other documents for clients with hearing impairments and learning disabilities.
- 6.4.10 The system **should** have the capacity to store, or to provide networked links to, video files to be used with clients and carers to demonstrate correct positioning and manual lifting and handling techniques, and to record risk assessments in respect of Adult Protection
- 6.4.11 The system **must** be able to maintain a record of clients' preferences for communication formats, media, language etc.
- 6.4.12 The system **should** provide the capacity to record information about the tenure and/or housing benefit status of clients, either internally within the system or by means of a networked interface (to be defined) to either the council's Land & Property Gazetteer (LPG) or Customer Relationship Management (CRM) software. Such information is frequently required by the Occupational Therapy and Emergency Duty Teams, and manual collation (as at present) is time-consuming.

6.5. Case Management – Care Planning

- 6.5.1 The system **must** include electronic forms for all standard social services business processes. Specifically, the system **must** be able to record and store detailed content of:
- i. Assessment forms
 - ii. Care plans, specifically clients' needs and how they will be met; with a facility to schedule planned activities where required
 - iii. Reviews of clients' needs and services
 - iv. Chronological case notes.
- 6.5.2 The system **should** have a facility for attaching digital signatures to relevant documents and records, such as assessment forms, care plans and budgetary authorisations.
- 6.5.3 The system **should** have the facility to attach scanned-in documents to clients' case files. Such documents should be marked with 'metatags' describing the documents' contents, author and revision history, and should be accessible through standard search facilities.
- 6.5.4 The system **must** be able to record the physical location of paper files relating to clients.
- 6.5.5 The system **must** be able to store records of confidentiality agreements with clients as indicated within information governance protocols to be provided. Where a client has indicated that a certain piece of information or document should be kept confidential within these information governance protocols, the system **must** restrict access to such information by system users accordingly.
- 6.5.6 The system **must** have the capacity to store archived information about care management allocations (worker and team) and care packages, including detailed scheduling information.
- 6.5.7 The system **should** include the facility to define client care contracts (such as for residential and rehabilitation placements) linked to client files, and generate contract documents and associated provider communication.
- 6.5.8 The system **must** be able to indicate whether a client in receipt of services has been given a copy of their care plan as required for PAF indicator D39.
- 6.5.9 The system **must** also be able to record whether a client has agreed the care plan with the care manager.
- 6.5.10 The system **must** be able to monitor variable services such as placements in single rooms, shopping, laundry.

6.6 Case Management – Service Provision

- 6.6.1 In addition to the address information generated by the mandatory Land & Property Gazetteer, the system **should** allow addresses to be marked-up with locally defined geographically specific information. Examples would include localities for Primary Care provision, and "patches" for home care and community meals provision.
- 6.6.2 The system **must** support the work of specialist "Brokerage" (Older People Services) teams across all adult client groups. Such teams have responsibility for arranging, monitoring service provision as determined through care management processes. These teams will need access to detailed information about potential service providers under block- or spot-contracted arrangements.

- 6.6.3 The system **must** retain information about such contracted arrangements, including standard, out-of-hours and weekend rates.
- 6.6.4 The system **must** be able to record details about specialist care and culturally appropriate services provided by each contractor, and it would be desirable for the system to allow searching against these fields, in order to better match identified client need to specific providers.
- 6.6.5 The system **must** be able to record uptake against capacity.
- 6.6.6 The system **must** allow minor modifications to existing care packages, for example increases or decreases to home care packages or changes to scheduled visits.
- 6.6.7 The system **must** allow these modifications to be made on a permanent or temporary basis, and, where temporary, should provide prompts to users at the end of the planned period to review the existing care package.
- 6.6.8 The system **must** allow the recording of suspensions and breaks to packages of care, for example when a client is admitted to hospital or goes on holiday.
- 6.6.9 The system **must** have the capacity to record non-compliance in service provision activities. Examples would include "no entries" for home care and community meals provision. This information should be accessible in real-time for care management staff, with pre-defined triggers (such as a specified number of consecutive no entries, or changes to delivery schedules) automatically generating warning messages to allocated workers or managers.
- 6.6.10 The system **must** be flexible enough to be able to record complex and non-standard packages of care. For example, where two carers are required to carry out a visit simultaneously ("double-up") the system should reflect this information.
- 6.6.11 The system **must** have a facility to provide care managers with detailed attendance, occupancy and vacancy rates for in-house and external service providers (residential care, day care, home care and community meals) based on information about capacity, admissions and discharges recorded in the system. Such information should be updated on a real-time basis to facilitate fast track access by care management staff to services provided in-house, and maximise uptake of such services.
- 6.6.12 The system **should** be able to record details of statutory Inspection Reports for in-house residential homes.
- 6.6.13 The system **should** be able to record details of other reviews and inspections of premises which provide social care services such as day centres, residential and nursing homes, and drug & alcohol rehabilitation establishments, and should be able to monitor levels of compliance with National Care Standards.
- 6.6.14 The system **must** have the capacity to store information about the assessment for and provision of Direct Payments to clients for the purchase of care package elements. At assessment level, the system should have the capacity to record whether clients meet eligibility criteria under either statutory guidance or local policy; whether the client was offered Direct Payments and what the outcome of the offer was; and details of their assessment for Direct Payments.
- 6.6.15 The system **must** be able to record details of assessed levels of support, payments made to clients and details of service providers engaged.

- 6.6.16 The system **must** facilitate the creation of an audit trail for such transactions, and provide prompts or reminders for the standard financial monitoring processes for Direct Payments.
- 6.6.17 The system **should** also generate standard individualised "statements" for users as well as aggregated performance and financial monitoring reports.
- 6.6.18 The system **should** be able to record whether the client has been referred to the Direct Payments support service, and should be able to record details and outcomes with regard to reviews of the provision of Direct Payments.
- 6.6.19 The system **should** have the capacity to record scheduled care provisions or other interventions which have not been commissioned by the council as part of a care package but are provided instead by the voluntary or charitable sectors, Education or by landlords / agents under the Supporting People initiative.
- 6.6.20 The system **should** also have the capacity to record details of care funded by the Independent Living Fund and CPA. Such information should be updateable by means of batch- processed transactions (for example spreadsheet import) in addition to manual data entry. It would be desirable if such events could be included in the chronological history on the client case summary.
- 6.6.21 The system **should** support the recording of details of service user participation in non-assessed services either provided directly by in-house services or indirectly through grant-based funding. Such services would include Drop-In Services and Resource Centre provisions.

6.7. Case Management - General

- 6.7.1 The system **must** provide authorised care management staff to access details of personal financial accounts with respect to clients for whom the Council has financial responsibility. Such authorised staff should be able to see details of payments made and collected, and should have the ability to authorise exceptional payments to Appointeeship clients. This is particularly applicable to clients who have Appointeeship status but are not in receipt of any community care services.
- 6.7.2 The system **must** provide the facility to code client ethnicity using the nationally prescribed 2001 Census ethnicity categories.
- 6.7.3 However in addition to this the system **should** allow the recording of more detailed ethnicity categories and sub-groups (e.g. "Nigerian", "Somali" instead of just "Black African") depending on local information requirements.
- 6.7.4 The system **should** provide the ability to record details of complaints (whether formal or informal) received from or on behalf of service users. The system should be able to record brief details of such complaints, as well as coded tables to record the type and outcome of such complaints that can be used for aggregated reporting purposes.
- 6.7.5 The system **must** ensure that care managers and social workers are notified of financial events related to allocated clients. Such events might include the production and distribution of contracts for residential or rehab placements.
- 6.7.6 Many teams collect satisfaction information from their clients (Quality Assurance reviews for home care users, satisfaction surveys for Occupational Therapists etc...) but these

are organised and managed by each team with little reference to other similar exercises conducted elsewhere within the organisation.

6.7.7 The system **should** record for each client the dates and types of satisfaction surveys and for the system to include a field for each client to indicate whether they are willing to be contacted for surveys in this way.

6.7.8 The system **should** hold the contents of such quality assurance or customer satisfaction surveys in association with the client record.

6.8 Case Management - Carers

6.8.1 The system **must** be able to record details of informal carers, whether the people they care for are social services clients or not. Where carers are providing care to social services clients, the relationship between carer and cared-for person **should** be indicated within the system.

6.8.2 The system **should** hold in addition to basic demographic information, the capacity to record the following details with respect to carers:

- i. Number of people cared for
- ii. Whether the carer is in employment (full time or part time), education or training
- iii. Whether the carer has been offered a formal Carers Assessment under the Carers Act 1995, and whether that offer was taken up
- iv. If the carer refuses a Carers Act assessment, the system should have both coded and free text fields to indicate the reasons why the assessment was refused.

6.8.3 If carers receive a formal Carers Assessment and go on to receive services as a result of that assessment, the system **must** have the capacity to record details of those services, and indicate that the carer is receiving services as a carer and not as a social services client.

6.8.4 Where details about either a carer or a cared for person change, and the changes to those details will have an impact on the other party (for example in a case where carer and cared-for are cohabiting and one party moves house) the system **should** flag such changes at the point of entry and allow the user the option to cascade update the details of the related party.

6.8.5 The system **must** have the capacity to record information about Adult Protection activity, and to incorporate an Incident Monitoring Form, to include details of investigations and outcomes in terms of age, disability, gender, ethnicity, language/communication needs, types of abuse, type of perpetrator, alerter/referrer, investigating team, location of abuse, abuse found/unfound, action taken.

6.8.6 The system **must** following the guidance provided by the Department of health, accessed by the following link:

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4085855&chk=p0kQeS

6.8.7 The System **must** be able to provide quarterly statistics for the Council's Adult Protection Committee, providing information including but not limited to:

- i. Details of Service Users;
- ii. Categories of Service Users;
- iii. Types of abuse alleged;

- iv. Details of referrer;
- v. Details of alleged abuse;
- vi. Category of abuse;
- vii. Context of abuse;
- viii. Details of abuser;
- ix. Details of investigation including agencies involved;
- x. Details of the outcome;
- xi. Follow up actions.

6.8.8 The System **must** provide the facility to mark prominently on Service Users records where there are active adult protection concerns and input relevant details.

6.8.9 The System **must** also allow the System User to mark adult protection issues, quality issues and complaints against a Service Provider or service.

6.8.10 The system **must** be able to record information about the assessment of individual adult clients which can generate information about the impact and effectiveness of the national Fair Access to Care Services (FACS) eligibility criteria initiative. <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairAccessToCare/fs/en> Outcomes of assessments should be coded in such a way as to indicate which, if any, band of need clients fall into.

6.8.11 The system or a third-party reporting tool **must** be able to provide the following reports:

- i. Which user groups are referred for assessment (ethnicity, gender, age)
- ii. Which groups receive an assessment (ethnicity, gender, age)
- iii. Which groups go on to receive services (ethnicity, gender, age)
- iv. The quality of assessment and eligibility decisions (needs banding by user group, age, gender, ethnicity, assessment team etc)
- v. Which presenting needs are assessed as eligible and which not (based on types of need in DH guidance assessment domains and bands)
- vi. Linking type of need/which band falls into/eligibility decision/cost and then generating cumulative costs of bands. Recording costs of care package so as to generate costs of particular types of service, costs of meeting needs for different user groups etc.
- vii. Appeals and complaints – numbers, type and outcome broken down across user group, ethnicity, age, and gender.

6.8.12 The system **must** be able to store details of:

- i. reviews of clients needs under Fair Access to Care Services
- ii. number of reviews per individual user per year,
- iii. how much worker time taken,
- iv. whether done on schedule,
- v. outcome which broken down by user group, age, gender, ethnicity.

6.9 Physical Disability & Sensory Impairment Team

6.9.1 The system **should** have the capacity to record assessments and service provisions under the Chronically Sick and Disabled Persons Act 1970. Such allocations would include the provision of telephone installation and rental, television licenses and holiday payments. The system should be able, either internally or by means of an interface (to be defined) to the Council's on-line accounting system, to generate scheduled payments to suppliers of such provisions, with the capacity to suspend or disallow such payments on an ad hoc basis pending resolution of queries.

6.10 Occupational Therapy Section

- 6.10.1 The Council provides equipment and adaptations for daily living, which is requisitioned by the OT service and supplied via ICES service.
- 6.10.2 The system **must** have the capacity to record assessments and services provided through the Occupational Therapy team. These services include the provision of minor and major items of equipment, as well as minor and major adaptations to clients' homes.
- 6.10.3 Equipment is ordered for supply and fitting by the ICES service which is based within the Council. The System **must** provide an electronic link / interface / integration with the Council's system supporting equipment ordering(MeSaLs).
- 6.10.4 The system **must** be able to produce reports of users awaiting a major adaptation.
- 6.10.5 Budgeting the cost of OT items is not straight forward as the equipment varies in price. Additionally, the supplier buys back equipment at a depreciated rate, refits and services, and then sells it back to The Council, also at a depreciated rate. The System **should** be able to record sale and buy back price for each item against each Service User and calculate the actual cost (retrospectively), and be able to calculate average costs across all Service Users for each equipment type, for each (say) month of purchase. This will greatly facilitate budget aggregate management for OT equipment items.
- 6.10.6 The system **should** provide the capacity to attach multimedia specific to clients' home circumstances, such as photographs or videos.
- 6.10.7 The system **should** also have the capacity to store CAD files relating to clients' home for communication to architects.
- 6.10.8 The system **should** have the capacity to store photographs of standard equipment catalogue items, such as stair lifts, and to allow these to be retrieved (remotely if possible) in order to facilitate client awareness of the size and appearance of such items.
- 6.10.9 The system **should** be able to store detailed information about specific items of equipment provided to clients, preferably through a product code which can be used to perform a look-up to the main equipment catalogue, whether internal or external to the system.

6.11 Sensory Needs Team

- 6.11.1 The system **must** have the capacity to record registers of borough residents who have visual or hearing impairments, with further indications of whether residents are blind or visually impaired; and deaf or hard of hearing. Such residents may or may not be users of social services. Where such residents are social services users, the registration should be indicated on the client case summary.
- 6.11.2 The system **should** have the capacity to generate lists of borough residents who have Dual Sensory Loss, where residents are included in both the Visual Impairment and Hearing Impairment registers.

6.12 Joint Community Mental Health Teams

- 6.12.1 The system **should** have the capacity to record activity carried out with regard to the Care Programme Approach (CPA).

6.12.2 Specifically, the system **should** be able to record the contents of CPA assessments and reviews, risk assessments, care co-ordinator lists and non-attendance lists (also required for Community Learning Disabilities Service).

6.12.3 Information about Care Programme Approach (CPA) activities such as the following episodes **should** be available within the system:

- i. reviews and care co-ordinator schedules
- ii. Referrals to health professionals,
- iii. generation of waiting lists for allocation,
- iv. records of allocation to health professionals,
- v. outcomes and work schedules
- vi. Speech and Language Therapy hearing and appliance records
- vii. Register of persons resident in the borough with learning disabilities, to include: health / disability issues; preferences; carer details; primary care details; records of tests and interventions
- viii. Dysphagia demonstrations and images, to include multimedia files (e.g. video files of x-rays demonstrating clients swallowing movements).

6.12.3 The system **should** also be able to flag reminders for CPA reviews.

6.12.4 The system **should** have the capacity to record information about assessments under the Mental Health Act 1983.

6.12.5 The system **should** be possible to record the outcomes of such assessments as set out in this Act.

6.12.6 The system **should** be able to provide standard management information reports about the volumes and outcomes of such assessments, cross-tabulated by a variety of demographic variables.

6.13 Community Learning Disabilities Service (CLDS)

6.13.1 In addition to that service/data holding provided by existing corporate Information Systems, the following information is available to CLDS, and there will be a continuing requirement for this.

The system **should** be able to record the following additional details for clients:

- i. Employment details;
- ii. Details of landlords;
- iii. Details of disabilities including risks and alerts;
- iv. Financial details, specifically: Income details, charge details, funding liability, appointees, Transition status, Supporting People cross-references, etc

6.13.2 The system **should** support the work of the Community Support Outreach Team specifically referrals to the service, support worker assignments, work plans for support workers and service outcomes.

6.13.3 The system **should** support the functions and processes (many of which are joint) of health professionals working side-by-side with social care professionals in integrated teams.

6.13.4 The system **should** support the scoring of client dependency as determined through assessment, together with service outcome / quality scoring.

- 6.13.5 The system **should** support automatic flagging of clients' conditions / treatments / assessments including those to be included in Health Action Plans.

6.14 Finance Functions

General financial requirements of the system in respect of Children services e.g. foster care payments are described in Section 8.

6.15 Workflow Support and Automation

- 6.15.1 The supplier should note that many of the requirements or wishes presented here apply across all client groups. The supplier **must** describe how the system supports the user through these concepts of workflow, knowledge management and decision support.
- 6.15.2 The system **must** provide prompts for users to carry out sequential steps in business processes where such processes have been predefined by system administrators (whether client or supplier) as mandatory components of workflow.
- 6.15.3 System users **must** have access to a specific, personalised case summary, in-tray or similar functionality. Such a case summary should appear as the first screen which the user sees after logging into the system. Information to be included in this case summary would be a list of all allocated cases, together with their status; a list of all new, current and outstanding tasks; and a list of any new system-generated messages and communications from other system users.
- 6.15.4 Managers and first-line supervisors **must** also be able to access the case summary screens for all relevant supervised staff.
- 6.15.5 The system **should** provide a team in-tray or view to display current and outstanding tasks, as well as all new team referrals.
- 6.15.6 Managers **must** be able to access a directory of relevant staff when allocating cases.
- 6.15.7 The system **should** provide a diary function for individual users and teams to facilitate the scheduling of assessment and care management activity. Where possible, this **should** be linked to detailed home care and community meals visit scheduling to improve co-ordination of visits to clients' homes.
- 6.15.8 The system **should** have a facility to provide suggested target start and end dates for assessment, service provision and reviews based on levels of prioritisation to be provided by the council. These levels of prioritisation should be able to be modified by the council without the need for supplier involvement.
- 6.15.9 The systems **must** be able to generate waiting lists for allocation and service provisions internally and without the need for the use of a third-party reporting tool.
- 6.15.10 The system **must** have the capacity to automatically generate exception notices and reminders to managers and staff where certain user-defined parameters have been met or exceeded; for example when orders raised and sent to the external contractors for community equipment have not been filled within the timescales required for compliance with PAF indicators.
- 6.15.11 The system **must** automatically generate review events for allocated cases according to workflow parameters to be provided.

- 6.15.12 The system **must** automatically populate the standard review forms with any relevant information already recorded on the system.
- 6.15.13 The system **must** provide reminders to users of upcoming reviews.
- 6.15.14 The system **must** automatically generate service reviews on an annual or otherwise defined basis for Occupational Therapy clients who have received items of equipment totalling over £1,000 (or other threshold to be defined) or are classified as a defined risk level. The system should generate reminders to users that such reviews are due or overdue.
- 6.15.15 The system **must** provide audit trails and configuration management (i.e. full version and revision history) facilities for all standard documents and processes.
- 6.15.16 Managers and staff **must** be able to check on the status of any task or process (e.g. "Sent to Duty") on an ad hoc basis.
- 6.15.17 The system **must** maintain a record of individuals who have been given a copy of a care plan.
- 6.15.18 When care plans have been updated, the system **must** either automatically distribute the new care plan (for internal system users), provide a prominent flag to indicate the care plan has been modified, or provide a prompt or automatic email function (for external parties, clients, carers etc.).
- 6.15.19 The system **must** have the ability to generate automatic referrals to care providers as selected within the care plan.
- 6.15.20 Information to be included in such referrals **must** include relevant personal details and requirements, schedule of care provision and a record of budgetary authorisation.
- 6.15.21 The system **must** provide prominent warning messages when a user attempts to close a case which has current or planned service provision or care management activity. This should apply particularly in the case of clients who have been allocated across more than one care management team.
- 6.15.22 When a case is closed to a particular team, the system **should** not close allocations to all other teams without prompting.
- 6.15.23 When such a case is closed (for example in the case of client death), prominent notifications **must** be provided to all involved system users.
- 6.15.24 The system **must** provide functionality for the out-of-hours Emergency Duty Team (EDT), who access the system from remote locations, to record details of events or incidents which have required their intervention, together with details of actions taken.
- 6.15.25 Such information **must** be automatically flagged or notified to the allocated care management worker or team for each involved client immediately on their next log-on to the system.