

MEETING: CABINET MEMBER - HEALTH AND SOCIAL CARE
DATE: Wednesday 19 January 2011
TIME: 12.00 noon
VENUE: Town Hall, Bootle (This meeting will be video conferenced to the
Town Hall, Southport)

Councillor

DECISION MAKER: Porter
SUBSTITUTE: Parry

SPOKESPERSONS: Brennan D Rimmer

SUBSTITUTES: Friel Preston

COMMITTEE OFFICER: Paul Fraser
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The Cabinet is responsible for making what are known as Key Decisions, which will be notified on the Forward Plan. Items marked with an * on the agenda involve Key Decisions

A key decision, as defined in the Council's Constitution, is: -

- any Executive decision that is not in the Annual Revenue Budget and Capital Programme approved by the Council and which requires a gross budget expenditure, saving or virement of more than £100,000 or more than 2% of a Departmental budget, whichever is the greater
- any Executive decision where the outcome will have a significant impact on a significant number of people living or working in two or more Wards

If you have any special needs that may require arrangements to facilitate your attendance at this meeting, please contact the Committee Officer named above, who will endeavour to assist.

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AGENDA

Items marked with an * involve key decisions

<u>Item No.</u>	<u>Subject/Author(s)</u>	<u>Wards Affected</u>
1.	Apologies for Absence	
2.	Declarations of Interest Members and Officers are requested to give notice of any personal or prejudicial interest and the nature of that interest, relating to any item on the agenda in accordance with the relevant Code of Conduct.	
3.	Minutes of Previous Meeting Minutes of the meeting held on 22 December 2010	(Pages 5 - 6)
4.	Learning Disability Healthcare In Sefton Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 7 - 12)
* 5.	Adult Social Care Department I.T. Capital Programme Report of the Strategic Director - Social Care and Well-Being	All Wards; (Pages 13 - 20)

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THE "CALL IN" PERIOD FOR THIS SET OF MINUTES ENDS AT 12 NOON ON TUESDAY, 4 JANUARY, 2011.

CABINET MEMBER - HEALTH AND SOCIAL CARE

MEETING HELD AT THE TOWN HALL, BOOTLE ON WEDNESDAY 22 DECEMBER 2010

PRESENT: Councillor Porter

ALSO PRESENT: Councillors Brennan and D Rimmer

42. APOLOGIES FOR ABSENCE

No apologies for absence were received.

43. DECLARATIONS OF INTEREST

No declarations of interest were received.

44. MINUTES OF PREVIOUS MEETING - 10 NOVEMBER 2010

RESOLVED:

That the Minutes of the meeting held on 10 November 2010 be confirmed as a correct record.

45. ANCHOR STAYING PUT SEFTON

The Cabinet Member considered the joint report of the Adult Social Care Director and the Neighbourhoods and Investment Programmes Director advising of the notification of Anchor Housing Association to discontinue the "Staying Put Service" from 31 March 2011 and advising of the proposed interim arrangements.

The report indicated that the Staying Put Service helped people remain independent in their own homes for as long as reasonably possible; that since Anchor's notification to discontinue the service, Anchor had been in discussion with a range of providers about possible transfer of services to other not for profit organisations; but that due to the economic climate, there had been few expressions of interest except from the Mears Group who were a profit making organisation.

The report concluded that Council officers had met with the Regional Manager from the Mears Group and that from 1 December 2010, Mears had committed to take over the majority of Anchor Home Improvement Agency Services (including Sefton's); and that in accordance with the Council's Contract Procedure Rules, the service would be the subject of a tender exercise in preparation of the expiry of the current contract, even though this would likely (due to the uncertain economic climate) be for an initial period of one year with the potential for a further two twelve month roll over contracts.

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CABINET MEMBER - HEALTH AND SOCIAL CARE- WEDNESDAY 22
DECEMBER 2010

Mears had been advised of the above situation; and a further update report would be submitted to the Cabinet Member early in the new year.

RESOLVED: That

- (1) the report updating on the discontinuation of the Anchor Staying Put Service and the proposed interim arrangements be noted; and
- (2) further reports be submitted as appropriate to keep the Cabinet Member updated on the arrangements.

46. HEALTHY LIVES, HEALTHY PEOPLE : OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND WHITE PAPER

The Cabinet Member considered the joint report of the Acting Director of Public Health (NHS Sefton and Sefton Council) and the Thematic Chair - Healthier Communities and Older People Partnership that provided a summary of the recently published White Paper on Public Health - Healthy Lives, Healthy People (the White Paper); and providing the Cabinet Member with the opportunity to respond to the consultation questions set out in this White Paper by 8 March 2011.

The report advised that the White Paper outlined the Government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest; and that the White Paper responded to Professor Sir Michael Marmot's Fair Society, Healthy Lives report and adopted its life course framework for tackling the wider determinants of health.

Councillor Brennan indicated that in his opinion the purpose of the White Paper was to reduce costs rather than improve service delivery.

The Cabinet Member responded that both Members and Officers were here to offer their support in the best interests of our service users and in particular our most vulnerable.

RESOLVED: That

- (1) the report on the White Paper - Healthy People, Healthy Lives: Our Strategy for Public Health in England, be noted; and
- (2) the dissent of Councillor Brennan to the decision referred to in (1) above be recorded.

Agenda Item 4

REPORT TO: Cabinet Member Health and Social Care

DATE: 19th January 2011

SUBJECT: Learning Disability Healthcare in Sefton

**WARDS
AFFECTED:** All

REPORT OF: Charlie Barker, Strategic Director Social Care and Wellbeing

**CONTACT
OFFICER:** Robina Critchley, Adult Social Care Director

**EXEMPT/
CONFIDENTIAL:** No

PURPOSE/SUMMARY:

To make Members aware of progress in the implementation of national requirements to address the issue of health inequalities for adults with Learning Disabilities as outlined in “*Valuing People Now*” 2009 and “*Six Lives*” 2009. Furthermore to outline the NHS Northwest’s response to the Learning Disabilities Health Self –Assessment undertaken by NHS Sefton and the Health Sub Group of Sefton’s Learning Disabilities Partnership Board.

REASON WHY DECISION REQUIRED:

The Department is accountable for the quality of delivered services for adults with a Learning Disability via the Sefton Learning Disability Partnership Board and for health care issues via NHS Sefton.

RECOMMENDATION(S):

The Cabinet Member is asked to:-

1. Note the content of this report
2. Support the work of Sefton’s Learning Disabilities Partnership Board Health Sub Group and NHS Sefton on progress made to promote improved health outcomes for people with Learning Disabilities in Sefton.

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FORWARD PLAN: N/A

IMPLEMENTATION DATE:

ALTERNATIVE OPTIONS:

IMPLICATIONS:

Budget/Policy Framework:

Financial:

<u>CAPITAL EXPENDITURE</u>	2009 2010 £	2010/ 2011 £	2011/ 2012 £	2012/ 2013 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal:

Risk Assessment:

Asset Management:

CONSULTATION UNDERTAKEN/VIEWS

‘BIG HEALTH DAY’ EVENT HELD 7TH SEPTEMBER 2010 AT CROSBY LAKESIDE CENTRE

The Interim Head of Corporate Finance and Information Services has been consulted and has no comments on this report. FD611/10

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CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities		√	
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability		√	
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People	√		

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

'Valuing People Now – A New 3 Year Strategy for people with Learning Disabilities' – Department of Health 2009

'Health Care For All' – Report of the Independent Enquiry into Access to Healthcare for People with Learning Disabilities – Sir Jonathon Michael 2008

'Six Lives' – Parliamentary and Health Service Ombudsman and Local Government Ombudsman 2009

Background

Introduction

1. Members received a report on 17 February 2010 outlining the detail of *'Valuing People Now – A New 3 Year Strategy for people with Learning Disabilities – Making it Happen for Everyone'* published by the Department of Health in 2009 and supported Sefton's Learning Disabilities Partnership Board in it's work to implement the strategy locally.
2. This new national strategy had been triggered by enquiries elsewhere in the country, which evidenced poor quality services and abuses of human rights in some NHS commissioned services. Furthermore clear evidence following the publication of *'Health Care for All'* emerged that people with learning disabilities have poorer physical health than the rest of the population and die at a younger age. The *'Valuing People Now'* document lays down an expectation that the NHS will achieve full inclusion of adults in mainstream NHS services to address health inequalities. Each Primary Care Trust has been expected to develop an action plan in response to the recommendations of *'Health Care for All'*, which has been completed by NHS Sefton.
3. The Health Self –Assessment, and associated Performance Framework, has been implemented nationally as part of the response to *'Valuing People Now'* and is designed as an initiative to enable PCT's to gain greater understanding of the health needs and experiences of people with a learning disability within their locality. This significantly supports increased opportunity for improving health outcomes. All PCT's across the Northwest have been involved in the self-assessment process.
4. Locally from June to September 2010; NHS Sefton embarked upon a process of evidence gathering and consultation with people with learning disabilities and their families, which included a 'Big Health Day' Event on 7th September 2010, attended by a range of stakeholder groups and 49 adults with learning disabilities and family carers. This enabled the completion of the local Health Self-Assessment; which was then validated at a panel meeting (with representation from NHS Northwest, Northwest Health Equalities Group, Northwest Valuing People Now Team, Regional Forum for people with learning disabilities and Regional Carers forum) on 1st November 2010.
5. The Health Self-Assessment process covered four "Top Targets" as follows:
 - **Target 1:** Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital (Campus Closure)
 - **Target 2:** PCT's are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities.
 - **Target 3:** People with learning disabilities, who are in services that the NHS commissions or provides, are safe.
 - **Target 4:** Progress is being made in implementing the service reforms and developments described in " Valuing People"

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6. Progress on the 4 Top Targets was investigated by the validation Panel and found to be as follows:-

Target 1 – NHS Sefton no longer has any campus provision so this target has been met and was rated as green.

Target 2 – NHS Sefton was identified as having “excellent” data collection and demonstrated “impressive equity of access to a range of health services” – in particular in increasing uptake of cancer screening programmes (using drama sessions to increase awareness of cervical, breast, bowel, testicular cancers and self –examination) and health promoting activities(healthy lifestyles courses for people with learning disabilities). Work is ongoing with local acute hospital trusts to develop robust policies/ care pathways/ and use of hospital passports to “flag” support needs within the hospital patient administration system to deliver a positive care experience. NHS Sefton is committed to addressing the health inequalities experienced by people with learning disabilities and has commissioned a programme of annual health checks. At October 2010 uptake was 61%.

Further improvement was required to address the needs of people with learning disabilities within end of life strategies and the development of a strategy to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and those individuals from ethnic minority groups. However this target was rated as green overall.

Target 3 – NHS Sefton has responded extensively to recent Healthcare Commission investigations and Government guidance including “ Healthcare for All” and “ Six Lives” and has commissioned general healthcare services including both primary and secondary care that make reasonable adjustments for people with learning disabilities. However the panel noted that some further work was required to make the complaints process accessible to people with learning disabilities and to ensure that NHS Sefton has 100% compliance with safeguarding training. This target was rated as green overall.

Target 4 – The panel highlighted that NHS Sefton had demonstrated effective partnership working with local authority colleagues, Mersey Care (learning disability services) and third sector organisations in implementing service reforms as outlined within “Valuing People Now”. Areas for development included the need to develop plans to address the needs of people with learning disabilities within the autistic spectrum and those who offend. This target was rated as green overall.

7 Conclusion

From the validation meeting held on 1st November to discuss NHS Sefton’s submission; the panel concluded that overall there was:

- wide consultation and involvement from people with learning disabilities and family carers within the process.
- excellent data/evidence gathering (in particular for the Directed Enhanced Service Specification – Health checks within primary care).
- effective partnerships and joint working between health, local authority and third sector organisations which had been demonstrated.
- Areas of good practice in particular, to increase uptake of cancer screening and health promoting activities.

Agenda Item 5

REPORT TO: Cabinet Member for Health & Social Care - 19th January 2011
Overview and Scrutiny Committee (Health and Social Care) – 25 January 2011
Cabinet - 27th January 2011

SUBJECT: Adult Social Care Department I.T Capital Programme

WARDS AFFECTED: Non Directly

REPORT OF: Charlie Barker
Strategic Director

CONTACT OFFICER: Robina Critchley
Adult Social Care Director

EXEMPT/CONFIDENTIAL: No

PURPOSE/SUMMARY:

To present the Cabinet Member with information pertaining to the I.T Capital Programme for the Adult Social Care Department. This report proposes to use the ICT Strategy Capital in conjunction with the Adult Social Care infrastructure grant to support the implementation of a new Client Management Database.

REASON WHY DECISION REQUIRED:

The Cabinet Member has delegated powers to approve the proposed schemes and refer them to Cabinet for release.

RECOMMENDATION(S):

The Cabinet Member is recommended to

- i) approve the proposed schemes detailed in this report
- ii) refer the schemes to Cabinet for release following their deferment after Cabinet and Council on 2nd September 2010.

KEY DECISION: Yes

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FORWARD PLAN: No. – Rule 15 authorised by the Chair of the Overview and Scrutiny Committee (Health and Social Care).

IMPLEMENTATION DATE: Following the expiry of the “call-in” period for the Minutes of the Cabinet Member meeting.

ALTERNATIVE OPTIONS:

None. If the schemes contained in this report are not approved the Adult Social Care Department will not be able to implement a solution for producing electronic assessments /self directed support plans and data quality will not improve. Furthermore, the Department will not achieve safe and accurate information sharing with NHS and this will not enable the development of IT literacy and informatics skills and good practise in recording and use of information on electronic care record systems across the social care workforce.

IMPLICATIONS:

Budget/Policy Framework: As contained in the report

Financial: As contained in the report

<u>CAPITAL EXPENDITURE</u>	2010 2011 £	2011/ 2012 £	2012/ 2013 £	2013/ 2014 £
Gross Increase in Capital Expenditure				
Funded by:				
Sefton Capital Resources				
Specific Capital Resources				
<u>REVENUE IMPLICATIONS</u>				
Gross Increase in Revenue Expenditure				
Funded by:				
Sefton funded Resources				
Funded from External Resources				
Does the External Funding have an expiry date? Y/N	When?			
How will the service be funded post expiry?				

Legal: None

Risk Assessment: None

Asset Management: n/a

CONSULTATION UNDERTAKEN/VIEWS

The Head of Corporate Finance and Information Services has been consulted and has no comments on this report FD580

CORPORATE OBJECTIVE MONITORING:

<u>Corporate Objective</u>		<u>Positive Impact</u>	<u>Neutral Impact</u>	<u>Negative Impact</u>
1	Creating a Learning Community		√	
2	Creating Safe Communities	√		
3	Jobs and Prosperity		√	
4	Improving Health and Well-Being	√		
5	Environmental Sustainability	√		
6	Creating Inclusive Communities	√		
7	Improving the Quality of Council Services and Strengthening local Democracy	√		
8	Children and Young People		√	

LIST OF BACKGROUND PAPERS RELIED UPON IN THE PREPARATION OF THIS REPORT

Capital Programme Review (Agenda Item 8) September 2010

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Adult Social Care Department IT Capital Programme.

1.

Background

- 1.1 The report to Cabinet and Council on the 2nd September 2010 (Agenda Item.8 – Capital Programme Review) was to provide Members with details of the uncommitted Capital programme to allow Cabinet to determine which uncommitted capital schemes should be approved or abandoned.
- 1.2 Three of the schemes were deferred pending a further report with no contractual commitment to be entered into. The three schemes were:
 - Adult Social Care ICT Strategy. (£194,600)
 - Adult Social Care IT Infrastructure Grant 2008/2011. (£317,052)
 - Capital Investment for Transformation of Adult Social Care. (£197,000)
- 1.3 The Adult Social Care Department require capital funding to develop an adult social care IT infrastructure. This is required for:
 - Improving information sharing between health and social services.
 - Improving the management records of vulnerable adults and streamlining the financial systems.
 - Improving the statutory obligation to safeguard vulnerable adults throughout the borough.
 - Supporting mobile and flexible working to reduce costs and improve service delivery.
 - Improving and streamlining management information to assist service planning and budget management.
- 1.4 The Local Authority in its statutory obligation to safeguard vulnerable adults across the borough requires modern and up to date IT systems to operate in an efficient and effective way and to minimise risk. Current systems do not meet these requirements and this increases risk in this area of service, particularly in relation to safeguarding.
- 1.5 The capital investment in ICT is considered an “invest to save” programme that will allow the Local Authority to comply with the requirements of the White Paper “Our Health, Our Care, Our Say.” Investment in the Adult Social Care IT infrastructure and workforce reform will enable better integration between Health and Adult Social Care, supporting an improvement to the quality and effectiveness of social care

services provided by the Local Authority and enhancing its ability to record, retrieve and share information.

- 1.6 The Adult Social Care Department ICT capital programme is directly related to the Children, Schools & Families IT (Single Child Record) Capital Programme. The costs associated with improving the ICT infrastructure will be shared across the two directorates, given the mutual dependency on systems.
- 1.7 Sefton had an unannounced inspection of contact, referral and assessment arrangements within Sefton Metropolitan Borough Council Children, Schools and Families Services on 19th and 20th October 2010. Two of the areas for development were identified as follows:
- Some caseloads within assessment teams are excessively high. This impacts on the worker's ability to complete work and delays some children receiving services in a timely way.
 - The council has a number of non-integrated electronic and paper recording systems which continue to be a barrier to management oversight and to efficient case management by staff at all levels.

The projects under consideration the Children, Schools & Families IT (Single Child Record) Capital Programme will help address both of these areas by enabling staff to work more efficiently and effectively, but this will not be accomplished without the matched investment from the proposed Adult Social Care Department ICT capital programme.

2 Project Breakdown and Benefits

- 2.1 The Adult Social Care ICT Strategy and the IT Infrastructure Grant 2008/2011 include funding for:
- Upgrade or replacement of Adult Social Care Case Management System (CMS) including associated infrastructure and services (£291k)
 - Upgrade of Business Object reporting platforms across the departments' management information systems (£20k)
 - Implementation of the Department of Health's proposal for an "Electronic Social Care Record" (£145k)
 - Implementation of a secure "N3" network connection between the Local Authority and PCT (£15k)
 - Technology to support mobile and flexible working (£40k)
- 2.2 The Local Authority currently uses the Northgate "Swift" product as a social care database. Operational user's record information on service users with supporting information on carers, and involvement from other healthcare practitioners to identify service user needs, identify risk review/reassess continued care. The functionality of the "Swift" system is limited. Feedback from operational users suggests that "Swift" is cumbersome, difficult to navigate through screens and does not retain key information within data fields, which results in frequent duplication of work. The DoH expectation is for Local Authorities to have a social care case management system (CMS) that is easily used by partnering agencies involved in the provision of health

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and social care services. The required system should enable electronic assessments and the sharing of information between health and social care practitioners. The anticipated cost of upgrading or replacing the Adult Social Care Case Management System (CMS), including associated infrastructure and services is £291,000.

If the Local Authority does not commit to the upgrade of the existing social care case management system it will not be able to achieve efficiencies in administering its statutory processes in relation to safeguarding vulnerable adults.

- 2.3 Directly associated with the proposed upgrade of the existing social care case management system, the Local Authority must upgrade its IT based “Business Objects” reporting platform at a cost of £20’000. The SAP “Business Objects” toolsets enable the Local Authority to access, search, query, format and analyze data recorded in the Capita ONE product. The toolsets also enable the authoring of reports which deliver the data as information, which is stored centrally and made selectively available to communities of password-protected users.

If the Local Authority does not commit to the upgrade of the SAP “Business Objects” toolsets it will not be able to turn massive data volumes into information that increases insight, performance and empowers individuals at every level of the organisation to make informed decisions about services for vulnerable adults.

- 2.4 The Electronic Social Care Record (ESCR) brings together all relevant information for a social care user in one place, which typically includes forms, letters, emails, records of phone calls, meetings notes etc. ESCR was successfully piloted pilot in 2008/9 and the capital cost of implementing ESCR for Adult Social Care is £145,000, with a further contribution of £145,000 from Children’s Schools & Families.

Having a record in electronic format enhances the efficiency and responsiveness of the service, making managing the volume of material to be recorded easier, more secure and enabling records to be retrieved simply.

This system will help manage and reduce safeguarding risks.

This links directly to the areas for development highlighted in the unannounced inspection of contact, referral and assessment arrangements within Sefton Metropolitan Borough Council Children, Schools and Families Services, in terms of robust and efficient working. This system will help manage and reduce safeguarding risks for children in need and vulnerable adults.

- 2.5 The proposed upgrade or replacement of the Adult Social Care Case Management System (including associated infrastructure and services) will support a single assessment process, enabling NHS staff from Sefton PCT to directly input/retrieve data or alternatively facilitate the integration of adult social care and NHS case management systems to support information sharing. This sharing of information requires a secured, broadband network connection between the Local Authority and NHS Sefton. The proposed “N3” connection is essential if staffs from both organizations are to use a common system or if data is to be exchanged securely between the organizations separate IT systems. The anticipated cost of implementing the secure “N3” network is £15,000.

If the Local Authority does not commit to installing the secured “N3” network connection it will not be able to achieve efficiencies resulting from a single assessment process and information sharing.

2.6 As part of the Personalisation Agenda, there is a requirement for the joint assessment of the needs of vulnerable people (children and adults), using mobile and remote technology to support workers in the field. To deliver this outcome the Local Authority intends to:

- Provide social service practitioners with secure access to electronic case files, delivered via secure web pages, using dedicated remote devices such as tablets/PDA's or by mediated access over the telephone.
- Ensure that remote access to electronic case files is available whenever officers are working in the community, especially if this is out of normal hours.
- Ensure that electronic case files include full details of contact assessment, referrals and care management, which should include detail of payments, request and delivery dates and the nature of the care being provided.
- Ensure that the integrity and security of information is maintained.
- Work with local partners to implement IT solutions that will enable field workers to perform joint assessments.
- Adopt on or offline connections to back office systems that enable care or health workers to perform a single assessment of the needs of a vulnerable adult or child and trigger the servicing of those needs by multiple agencies.

The anticipated cost of implementing the technology to support mobile and flexible working is £40,000.

2.7 The Capital Investment for Transformation of Adult Social Care includes funding for:

- Business process remodelling/re-engineering
- Raising the skills and remodelling of the of the Adult Social Care workforce

This funding is predominately aimed at transformation and is specifically aligned to changing the way we work as an organisation and building capacity for the future.

3 Summary

3.1 The project broadly comprises three main elements as detailed above: upgrading existing systems, implementing essential new systems and workforce reform, which should result in improved efficiency and reduced risk for vulnerable adults.

3.2 In future of the local authority will be much smaller and systems such as these are the only way of improving efficiency and effectiveness and to continue to provide high quality services.

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- 3.3 The Local Authority will be able to realise efficiencies through increased productivity and reduced administration from implementing an improved ICT system. The benefits realised will allow the Local Authority to transform its workforce and reduce staffing, resulting in financial savings. This will be based on an existing business case developed by the Business Transformation Team which has identified potential savings of some £200,000 from 2012/13 through implementation of a more robust case management system and the re-organisation and streamlining this will support.
- 3.4 The anticipated outcomes and potential benefits to be realised from the capital investment in ICT from the schemes are:
- Enhance the effectiveness and efficiency of the services provided to vulnerable adults.
 - Reduce the time spent tracking down relevant background information about a vulnerable adult, supporting early and potentially less costly interventions.
 - Improved information sharing in respect of a person in receipt of services from the Local Authority and Health services, giving a complete, holistic picture of interactions and interventions, and to help ensure that people receive the services they need.
 - Support informed decisions by making accurate information accessible to the right people at the right time.
 - Increased productivity and reduced administration by improving workforce practice.
 - Workforce transformation and restructuring, resulting in financial savings.

4 Recommendation(s)

- 4.1 The Cabinet Member is recommended to
- iii) approve the proposed schemes detailed in this report
 - iv) refer the schemes to Cabinet for release following their deferment after Cabinet and Council on 2nd September 2010.