



FrAmework for Multi-Agency Environments (FAME)

Final Report of the Learning & Evaluation Strand: Executive Summary

December 2004



University of Newcastle Upon Tyne

NE1 7RU, UK

Tel. +44(0)191 222 8016

Fax. +44 (0)191 232 9259

<http://www.campus.ncl.ac.uk/unbs/sbi/>

Key Findings

FrAmework for Multi-agency Environments (FAME) was one of the Local Government On-Line funded National Projects sponsored by the Office of the Deputy Prime Minister (ODPM). Within FAME there were six local projects led by English local authorities in partnership with service providers. Each partnership aimed to improve a particular set of services (for example, to vulnerable old people or disabled children) through effective and appropriate exchange of information. The local projects worked with IT suppliers (known as technology partners) to produce a technical system to facilitate the exchange and management of client / patient information across agency boundaries. The research team from Newcastle University found that:

- FAME provided clear evidence that local authorities and their partners can create multi-agency environments in which information is made accessible to practitioners across traditional service boundaries.
- There were demonstrable instances of reduced duplication in information collection processes.
- Forming and maintaining partnerships at a strategic level with local authorities and key agencies was one of the most difficult and time consuming challenges faced by the project teams.
- Factors that facilitated the initial progress of FAME were associated with the 'readiness' of local authorities and their partners. A history of joint working on the part of two or more partners meant that trust and confidence in accountability were already in place.
- Some practitioners reported that - through the new IT system - they were able to see the 'whole' patient/client in ways that had not previously been possible.
- There were serious limitations in some service providers' IT resources. The IT experience and skills of practitioners were extremely uneven.
- The level of usage of the IT systems by practitioners in the local projects that had 'gone live' by summer 2004 was disappointing. There were practitioners who reported that they were reluctant to become users because they saw no direct rewards for their own practice - although other agencies may benefit.
- Recruiting enthusiastic and committed practitioners as 'super users' to encourage the others is one tentative solution for low practitioner uptake.
- It was often re-iterated by participants - including the technology partners - that FAME was not about IT but about people, organisations and culture. Yet the technical challenges proved much more intractable than anticipated.
- One strand did not proceed with the build of a technical solution. It did, however, deliver a package of work on business processes and claimed to have improved these processes – and the service to citizens – as a result.
- It is too early to make definitive statements about benefits to service users although there is some anecdotal evidence of individual successes.
- Multi-agency environments need to be supported and sustained beyond the life of a project.

Background

FrAmework for Multi-agency Environments (FAME) was part of the national e-government strategy to reform and modernise local services. The remit of FAME was to develop a framework for sharing information between local authorities and other agencies in order to make the services they offer to citizens more efficient, responsive and joined-up. The FAME programme was managed by the London Borough of Lewisham and there were six work strands led by English local authorities in partnership with service providers. All the strands involved Social Services. Health, Education, the Police and a number of voluntary sector agencies also participated as partners. In some but not all strands there was more than one local authority partner.

The local strands, services and lead authorities were:

- Children with disabilities (Newcastle City Council)
- West Yorkshire Child Protection (City of Bradford Metropolitan District Council)
- Identification referral and tracking of children at risk (London Borough of Lewisham)
- Promoting the independence of vulnerable older people (PIVOP) (Wirral Metropolitan Borough Council, Surrey County Council and Woking Borough Council)
- Integrated mental health (Shropshire County Council)
- Housing benefits (London Borough of Bromley)

Newcastle University led two further strands: The Generic Framework and Learning & Evaluation. The Generic Framework identified and described nine building blocks that are essential to effective multi-agency working¹. The Learning & Evaluation strand worked with the six local strands, exploring factors that contributed to successful delivery, and reporting lessons learned. It is important to stress that learning is likely to be gained from what did not work as well as from what did. Problems and setbacks, as well as successes, are therefore documented and analysed in the report.

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

FAME recognised from the outset that sharing information across agencies and professions is difficult for organisational, legal, and cultural, as well as technical reasons. New ways of working, as well as new information systems, are needed in order to bring into being multi agency environments with timely and appropriate exchange of information. Working practices and processes in partner agencies were documented and examined using Business Process Re-engineering (BPR) techniques. A key set of FAME deliverables were 'process maps' (documents that express current 'as is' and future 'to be' practices and processes). In addition, each strand was charged with the task of creating an Information Sharing Protocol (ISP) to delineate

¹ <http://www.fame-uk.org>

the responsibilities for information, who should have access to it under what situations, and client consent to sharing.

The progress of the local FAME projects

The first technical solution went live in November 2003 in Bradford, one of the five local authority partners in the West Yorkshire Child Protection strand. Bradford - through a co-operative relationship with Liquidlogic - had been developing a new child protection system for more than a year at the inception of FAME. At the time of our first evaluation meeting in July 2003 work in Bradford was already moving into final system testing and user acceptance testing phases. By the end of October 2004 only two other strands (PIVOP in both Wirral and Woking and Shropshire Mental Health) had had a technical solution in place for long enough to contribute any insight into the implementation process. One strand (Bromley) did all the work on business process mapping and information sharing but chose not to proceed with the build of a technical solution. Two strands, Newcastle CWD and Lewisham ISA did not go live until October 2004. One of the West Yorkshire sub-projects has an expected date for going live in mid November. This report is therefore based on the experience so far, which is not yet complete.

Overall the Learning & Evaluation team was impressed by the achievements of the FAME local projects. Their work was innovative and often difficult. Project teams are rightly proud that FAME did indeed provide clear evidence that local authorities and their partners can create multi-agency environments in which information is made accessible to practitioners across traditional service boundaries. There were demonstrable instances of reduced duplication in information collection processes. Some practitioners reported that they were able to see the 'whole' patient /client in ways that had not previously been possible. The level of take up by practitioners trained to use the IT systems, however, was disappointing. It is too early make definitive statements about outcomes in the form of benefits to service users although there is already anecdotal evidence of individual successes.

The Learning & evaluation process and data collection

The overriding aim of the Learning & Evaluation strand was to draw upon the experiences of the local FAME strands in order to document, assess and report what worked, what did not work, and why. Subsidiary aims were to support the local strands in assessing their own achievements and to inform Newcastle University's other strand – the Generic Framework – which is about the wider picture. The Learning and Evaluation team worked closely with all the FAME local strands from July 2003 to October 2004. We consulted project managers, project chairs and a wide range of stakeholders including service managers, front-line practitioners, and service users and their representatives.

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

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

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

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

All these data were collated and analysed by the Learning and Evaluation team. Our interpretation was guided and refined by repeated feedback from the local project teams. We shared interim evaluation findings with them individually and together at various points as FAME progressed. From April to September 2004 monthly meetings for local strand project managers, the university team and representatives of the Programme Office were used to exchange concerns and achievements.

The Learning & Evaluation team worked hard with project leaders and stakeholders to determine baseline data and evidence for improvements that can be attributed to FAME. All the project teams identified practitioner commitment as the key to success or failure. The qualitative and quantitative data we – in collaboration with project teams - have collected from practitioners offers insight into some of the barriers to achieving buy-in.

Securing commitment at a strategic level

Forming and maintaining partnerships at a strategic level with local authorities and key agencies was one of the most difficult and time consuming challenges faced by the project teams. Most strands reported that there were ‘pockets of enthusiasm’ with different attitudes from different participants, some partners exhibiting more readiness/engagement than others. Identifying potential ‘quick wins’ was seen as a tactic to help raise strategic level commitment. Some strands managed to locate enthusiastic service directors who would nominate relevant personnel for involvement. ‘Ambassadors’ were sought to represent sectors such as GPs, the voluntary sector, and Special Educational Needs Co-ordinators (SENCOS).

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

Practitioner buy-in

Project managers saw practitioner involvement and buy in as a major challenge. They expressed concern that hard pressed health care/social workers would simply 'see it as more work'. In some instances practitioners were struggling with the implementation of other new processes and systems in parallel with the project. Project managers reflected to us in various words on the dangers of underestimating the magnitude and difficulty of change in the workplace. Local contexts can encourage or inhibit buy-in. In a few cases past IT projects that had promised much and delivered little led to a legacy of cynicism. Front-line managers and team leaders were often vital links between projects and practitioners.

Practitioners who were introduced to FAME have generally been supportive of its aims. In particular, they recognised that lack of co-ordination and exchanging information across agencies leads to less than optimal services to clients / patients. This was evident from our practitioner questionnaire prior to implementation – to which just over 100 responses were received. Results included:

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

Those practitioners who participated in workshops with the technology partners showed enthusiasm for the new system and commitment to making it function as well as possible. A few, however, expressed anxiety that the IT system would reduce personal contact and trust. The workshops also revealed serious limitations in some service providers' IT resources. Moreover, the IT experience and skills of practitioners were extremely uneven. This was confirmed by the pre-implementation evaluation questionnaire. Forty three per cent of respondents thought that they needed better general IT skills in order to benefit from FAME.

In the local strands that have gone live, some practitioners have been extremely positive about the system. One district nurse, for example, welcomed the fact that she can now 'see the story progressing'. A manager found the build up of assessments, and their visibility, fascinating and likened the process of accessing patient information electronically to 'putting flesh gradually onto the skeleton...I can *see* this old lady'.

There has, however, been a disappointing level of system use. One project team has worked hard to discover more about barriers to usage and ways of overcoming them.

At a 'review day' three months after implementation practitioners were asked to articulate their concerns. The main points they made were:

- This is just another project – it will not last;
- Uncertainty over NHS IT strategy discourages buy-in;
- It takes time to use the system and taking that time means giving a worse service and imposing burdens on colleagues;
- It is not easy to see direct benefits for clients/ patients from using an IT system when immediate concerns are about finite resources and expanding need. 'I worry that we will have a fantastic electronic system and no service to give people!'
- Some practitioner groups are expected to put in information – at the cost of their time and effort – but will not benefit from receiving it. It was claimed that using the system will 'punish' them.

One social worker observed in response to these arguments that the heart of the problem is that a new 'user perspective' is needed. When you put information in FAME it benefits someone else such as an NHS worker in the hospital. 'But we must see the **big** picture - we are all one team.' Recruiting such enthusiastic and committed practitioners as 'super users' to encourage the others is one solution with which the project is currently experimenting.

Improving outcomes for users

Each strand Project Initiation Document (PID) had a service / client group specific high level aim. e.g. Lewisham IRT/ISA declared that children should lead 'safe, happy and productive lives without risk or fear of harm or social exclusion'. The FAME projects were built upon the conviction that such desirable results will be promoted through information sharing in a multi agency environment. In our first round of evaluation meetings, key personnel from the local strands elaborated upon and explained their expectations around the objectives and desired outcomes stated in the PIDS. All articulated service sector / client group specific variations on the themes of better ability to meet needs and increased user satisfaction. All linked information sharing, and multi agency working to these outcomes – sometimes drawing upon their experiences to explain how this should work. Projects were driven by external demands (eg. the Laming recommendations) as well as service managers' reflection on their services and how they could be improved.

Some project teams explained in the first meetings that some of what would result from FAME was unknown. Some outcomes – particularly relating to service users' perceptions - will not be reached within the evaluation timescale – but there could be plans in place for ongoing work with users.

Not an IT project?

Project managers and others typically expressed the importance of strategic and practitioner buy-in with words to the effect that 'the technology will be easy – the real challenge will be changing the ways people work – changing culture'. Some claimed that others (mistakenly) think it is about technology. As time moved on however the magnitude of technical impediments to success became more and more obvious and

threatening. It was acknowledged with hindsight that work on integration with core Social Services systems and (where appropriate) with NHSNET should have begun much sooner. Very late in the project one project manager raised the issue that the technology partners, in her view, were not delivering 'live integration' as promised. The most damaging delays resulted from struggles with integration. It is our judgment (based on evidence from within and beyond the FAME strands) that the technology / practice dichotomy is misleading. Multi agency practice and ICT should be understood as two facets of the same whole.

Some Key lessons

- Local authorities and their partners start with different histories of joint working and shared values, as well as various levels of experience with IT implementation. 'Readiness' for multi-agency environments should be assessed by partners at the time of partnership formation. The FAME Readiness Assessment Toolkit (RAT) facilitates this process².
- Workers in the caring services and in IT companies have different assumptions and values. At best they can work together in a 'true partnership' sharing common goals – at worst there can be 'a web of misunderstanding' which threatens working relationships. The potential for conflict and misunderstanding should be acknowledged and confronted early.
- Local authorities and their partners increasingly have to work with IT suppliers, who are usually more accustomed to working with the private sector. There is a need for senior personnel to develop their knowledge and skills in this respect.
- There are situations in which the build of a technical solution will not represent best value.
- Nothing should be assumed about practitioners' IT skills and confidence, or about the availability of technology to them. Many need better access, more training, and a high level of ongoing support in order to become users of a new IT system.
- Costs (in terms of time and effort) and benefits (in terms of improved access to timely and accurate information) are unevenly distributed among practitioners. Incentives and rewards need to be examined. An individual trusted by practitioners can play the role of mediator or 'champion' for new IT.
- The 'review day' held for practitioners in one strand three months after implementation to evaluate factors influencing system use (and non use) can be recommended as a model.
- Evaluating multi-agency projects is challenging because available data tend to relate to the activities of single agencies. There is a pressing need to develop a robust framework for adopting and collecting hard and soft data for evaluating new, IT enabled multi-agency environments.
- There has been a loss of potential learning as a result of the short time between implementation and final reporting. Further work would be needed to refine and maximise learning from the achievements of all the FAME local strands.

² A copy of the RAT in Excel format can be downloaded from the FAME website.