

## DISCUSSION PAPER

### *Care and Support Reform Programme: Guidance note on social care information and technology*

#### **Purpose of this document**

In this document we set out initial guidance and a high level specification for the information and technology changes required for successful implementation of the **Care Bill**. However, we understand that this work needs to be positioned within the wider context of integration and personalisation, and so we have tried to identify the key interdependencies and draw the necessary strategic links.

This is a broad paper aimed at provoking discussion and supporting effective prioritisation at a national and local level over the coming months. Local areas will be best placed to know what they need to do, and where the focus of their efforts should lie, but we do in this document offer a view of what we think are the critical areas of immediate activity and how we should address the long-term transformation.

It is very much work in progress, but we wanted to provide Local Authorities and suppliers with some guidance as soon as possible to support effective early planning and implementation. We plan to continue to work with the sector over the next few months in order to flesh out the details further. We would particularly appreciate views on what is outlined in this paper, and if there are specific areas where you feel the sector needs greater support at a national level.

The **Association of Directors of Adult Social Services Information Management Group (ADASS IMG)**, alongside the Local Government Association (LGA), NHS England, the Health and Social Care Information Centre (HSCIC) and Department of Health (DH) will lead engagement with local authorities and the market. Our intention is to publish an update of this document in spring 2014.

In part 1 of this document, we provide the strategic context to this work, and make links with the wider vision for information management within the health and care system, including better integration of health and care. In part 2, we outline in more detail, the specific technical areas which will need to be addressed to ensure that local authorities are ready to implement the care and support reforms in 2015. Part 3 provides outlines next steps and key questions.

#### **Summary – Key Actions**

The information and technology agenda is large and complex. Responsibility is also often diffused across organisations. Given this, we summarise below what we think are the key priority actions for local authorities to start considering across their organisations.

##### **Roadmap:**

- **Local authorities need to have, if they don't already, plans in place with their suppliers to ensure the **current IT systems which hold client records are upgraded to meet requirements of the Care Bill** within prescribed timescales (see page 14 of the attached discussion paper). This includes updating back office systems but councils also need to**

## DISCUSSION PAPER

consider their arrangements for meeting their new responsibilities for providing information and advice as set out in the Bill.

- Local authorities should also be thinking about wider changes in information and systems that could support reforms, such as consideration of the case for **online assessment for self-funders**, and we would welcome further dialogue across Local Authorities to explore options in this space.
- In parallel, local authorities must also start considering the key requirements for the Better Care Fund – specifically around use of the NHS Number as the primary identifier and promotion of open APIs (see page 7 of the document). You may want to note that there is a requirement to comply with Integrated Digital Care Records Guidance in relation to the use of **open APIs and using the NHS Number as the primary identifier** in the NHS Contract. So where applicable, NHS providers when procuring, renewing or refreshing its IT systems should now schedule in APIs<sup>1</sup>. We would encourage local authorities to start also thinking about how to embrace APIs.

Our view is that given the pace of technological development and the scale of the challenges faced by health and care sector, we also need to start more blue skies and longer-term thinking about how technology can drive improved outcomes, citizen experience and efficiencies. We plan to work with the Pioneers, and national partners, to develop this thinking, but would also welcome the views of other interested local authorities who might want to become involved in this work.

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<sup>1</sup> See: 23.7 The Provider must, when procuring, renewing or refreshing its information technology systems, comply with Integrated Digital Care Records Guidance in relation to the use of open application programming interfaces and of the NHS Number as primary patient identifier in its information technology systems. <http://www.england.nhs.uk/nhs-standard-contract/13-14/>

# DISCUSSION PAPER

## Part 1: Context and Vision

### Context

The social care information and technology agenda will remain of critical importance over the next few years – potentially opening up a range of new opportunities to improve the care and support people receive, driving quality and improving outcomes. In a digital age, it is crucial that the health and care system is seeking to operate at the forefront of new technologies. NHS England’s objective is to drive a significant increase in the use of technology, as outlined in the Mandate, and it is important that social care also embraces this agenda and pushes forward.

Information and technology both have an important contribution to make in supporting the transformational change in the commissioning and delivery of care and support services that will be required by the care and support reform programme. Informatics can empower citizens, support better understanding about services and enable better decision-making and preventative activity through improved intelligence and analytics.

Informatics also has the potential to support new ways of working, **reducing burden, and drive efficiencies**. For health and care professionals themselves, technology can support work across multidisciplinary teams and facilitate mobile working – meaning less time needs to be spent on paperwork and more time can be devoted to supporting individuals and families. Given the scale of the changes brought about by the Bill, local authorities and providers should be seriously considering the role information and technology can play in supporting staff managing demand and workloads.

We know that planning and implementing change in this area is highly complex for local authorities, especially given all the priorities that need to be juggled in taking forward the reform programme. Implementing change is complicated by the operational and cultural changes that are involved, the complexities associated with the way data is recorded and shared (or not) in social care, the number of different agencies involved (including police, prisons, children’s services and housing services as well as health), the diversity of local approaches, the number of requests for data, constrained resources, and the challenges of changing the large scale information systems that social care operates.

It is also critical that the needs of providers are not forgotten. It is critical for those delivering services to be able to receive and share information in order to deliver better outcomes for those they support. Like local authorities, we understand that for providers – be these private organisations, social enterprises or the voluntary and community sector – there are also pressures that need to be taken into account. These include finding the resources to invest, delivering new data requirements stemming from regulation, and forging new relationships with commissioners. It is important that these needs are also factored into our thinking.

### Priorities

In terms of the immediate informatics priorities for adult social care, these include:

- Implementing the information system changes/ upgrades required by the Care Bill;

## DISCUSSION PAPER

- Seeking to share data and increase interoperability between health and care systems (and with other agencies) to join up services more proactively around the citizen. The **Better Care Fund** (BCF – formally the Integration Transformation Fund)<sup>2</sup> has a specific criterion on data sharing (use of the NHS Number) and the Government is also keen to use the opportunity of the BCF to encourage local areas to pursue the use of open APIs<sup>3</sup>. The Safer Hospitals, Safer Wards<sup>4</sup> capital fund also supports the development of integrated digital care records between health and social care;
- Supporting personalisation and addressing the new data requirements and flows which stem from this change;
- Improving information and advice to citizens – including developing the ADASS ‘web of support’, and embracing new technologies to drive greater use of digital services for local populations where appropriate;
- Ensuring that there is appropriate sharing of data, in the best interest of citizens, including taking forward the Caldicott2 recommendations<sup>5</sup>;
- Implementing the Zero Based Review (Adult Social Care data collections) and continuing to develop the adult social care outcomes framework (ASCOF)<sup>6</sup> and the new transparency tool; and
- Developing informatics solutions which support working with all providers including voluntary and community providers.

We acknowledge that these are all challenging area which is why we are looking to start on a common journey now, providing some support on the overall direction of travel, including the immediate priorities (for the Bill) and the longer term ambitions to support greater citizen involvement and interoperability.

Given the scale of change required, we were keen to provide early guidance on the specific changes required to implement the Care Bill, but for this to be presented within the wider context of change, joining up the different areas to provide a consistent and coherent set of messages about the vision and roadmap for the future.

### Children’s Services

In this document we are focusing on adult social care informatics, but do understand the challenges facing children’s services, especially around safeguarding and the development of multi-agency approaches and for services supporting those with complex needs.

The legal and regulatory framework for local authority children’s services is different. The Health and Social Care Act 2012 and Care Bill will impact on integration and connected information within the NHS for all ages and across to adult social care, but most of the provisions do not apply to children’s social care. The legislative requirements for professionals working with children can be found in *Working Together to Safeguard Children 2013*.

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<sup>2</sup> <http://www.england.nhs.uk/2013/08/09/hlth-soc-care/>

<sup>3</sup> APIs are in effect interfaces which are built to industry and publicly available standards aligned to common information content standards and which are reused between systems and organisations.

<sup>4</sup> <http://www.england.nhs.uk/wp-content/uploads/2013/07/safer-hosp-safer-wards.pdf>

<sup>5</sup> <https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

<sup>6</sup> <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

## DISCUSSION PAPER

However, the benefits of safe, secure and connected information systems to support integrated services around the needs of the individual child and their family are just as important. Local authorities may want to consider how innovative approaches to the development of connected information systems might support an integrated approach across the life course.

Local authorities are also encouraged, if they have not already done so, to express interest in the Child Protection – Information Sharing (CP-IS) project and to be ready to come on stream when it starts to roll out next year. More information can be found at <https://www.gov.uk/government/news/child-protection-information-sharing-project>.

### Strategic vision for health and care informatics

#### Vision

As we increasingly look to different organisations and professionals to work across organisational boundaries, we need systems to do the same. With this in mind, the Department of Health's Information Strategy<sup>7</sup> sets out a clear strategic vision for health and social care, which is fully aligned to the Government's IT strategy and 'digital by default' agenda.

#### **The ambitions of the Power of Information strategy**

To realise the enormous potential benefits of information to improve our care and our health outcomes, the Power of Information strategy set out the following ambitions:

- Information is used to drive integrated care across the entire health and social care sector, both within and between organisations;
- Information is regarded as a health and care service in its own right for us all – with appropriate support in using information available for those who need it, so that information benefits everyone and helps reduce inequalities;
- A change in culture and mindset, in which our health and care professionals, organisations and systems should recognise that information in our own care records is fundamentally about us – so that it becomes normal for us to access our own records easily;
- Information is recorded once, at our first contact with professional staff, and shared securely between those providing our care – supported by consistent use of information standards that enable data to flow (interoperability) between systems whilst keeping our confidential information safe and secure;
- Our electronic care records progressively become the source for core information used to improve our care, improve services and to inform research, etc. – reducing bureaucratic data collections and enabling us to measure quality;
- A culture of transparency, where access to high-quality, evidence-based information about services and the quality of care held by Government and health and care services is openly and easily available to us all;
- An information-led culture where all health and care professionals – and local bodies whose

<sup>7</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213689/dh\\_134205.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213689/dh_134205.pdf)

## DISCUSSION PAPER

policies influence our health, such as local councils – take responsibility for recording, sharing and using information to improve our care;

- The widespread use of modern technology to make health and care services more convenient, accessible and efficient; and
- An information system built on innovative and integrated solutions and local decision-making, within a framework of national standards that ensure information can move freely, safely, and securely around the system.

To support these ambitions, the Secretary of State has recently set out his main priorities for data and technology. These are:

- **Transparency** – driving better care through the release of data to the public about health and care service to enable them to make choices and hold organisations to account;
- **Transactions** – focusing on the modernisation of services to bring the system up to the standards people expect in today's online society;
- **Interoperability** – joining up the health and social care systems to put the patient first and ensure they do not have to negotiate their way through a minefield of unconnected services whilst they are ill and vulnerable. The safe and secure sharing of information between health and social care professionals across organisational boundaries is central to this; and
- **Patient participation and control** – enabling patients to access their own records and take control of their healthcare by using technology.
- **Reduced administrative burden** – reducing the time front line services spend on administering systems and complying with data requirements.

This approach was confirmed in the Department's digital strategy<sup>8</sup>, Digital First which set out a wider context for a range of digital services to support the priorities while recognising the importance of face-to-face and personal contacts necessary for the delivery of person-centred health and social care.

To support this work, the Government launched the Safer Hospitals, Safer Ward, capital fund and the Better Care Fund. **The capital fund is open to NHS providers applying for resources to support the development of Integrated Digital Care Records, including with adult social care. The second round will open shortly and local authorities are strongly encouraged to work with NHS providers to make a compelling proposal. This could complement programmes that might also then be supported through the Better Care Fund (BCF) which is also intended to promote data sharing.**

In terms of technical change, this has two main implications for social care informatics strategy. These are unpacked in more detail in part 2:

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<sup>8</sup> The overall Government's digital strategy can be found here: <http://publications.cabinetoffice.gov.uk/digital/strategy/>. The DH Digital Strategy – Digital First 0 can be accessed here <http://digitalhealth.dh.gov.uk/digital-strategy/>

## DISCUSSION PAPER

- Firstly, we are seeking to develop **national information standards** so data can be shared more easily. Under the Health and Social Care Act 2012, the Health and Social Care Information Centre can set national standards for the whole health and care system<sup>9</sup>. The first step in this process is for all systems – health and social care – to use the NHS number as the primary identifier. But we also need to accelerate work on other key standards to support the sharing of data (e.g. in terms of how personal and organisational data is captured and recorded); and
- Secondly, and dependent on the work on standards above, we also want to support the **development of more open and connective systems through the use of open APIs**. Open APIs should enable information to be more easily accessed and shared between systems, providing more choice and flexibility in how technology is deployed. In the future, all suppliers to the health and care system should make sure that APIs are both technically and commercially open to facilitate efficient integration of different systems<sup>10</sup>. The revised NHS Contract now includes a requirement for APIs in all new IT systems; and we want to encourage adult social care to also embrace this approach. As a result, local areas should be starting to consider how they can commission their IT differently, challenging their suppliers to change their products and considering new approaches.

However, implementing technology and implement standards alone is not enough. To be successful, we also need to be thinking about how best to design business processes and the recording of information to ensure that these are working as well as they can. Systems need to work for professionals and citizens, be designed with their needs in mind and support a common understanding of what is required and why.

### Levels of interventions

In terms of the role of Government, we have a clear view that everything must start with the citizen and be designed with their needs in mind, so we can improve outcomes and experiences. From this, we can then work through a framework to define who does what to ensure maximum effectiveness – as illustrated and summarised below.

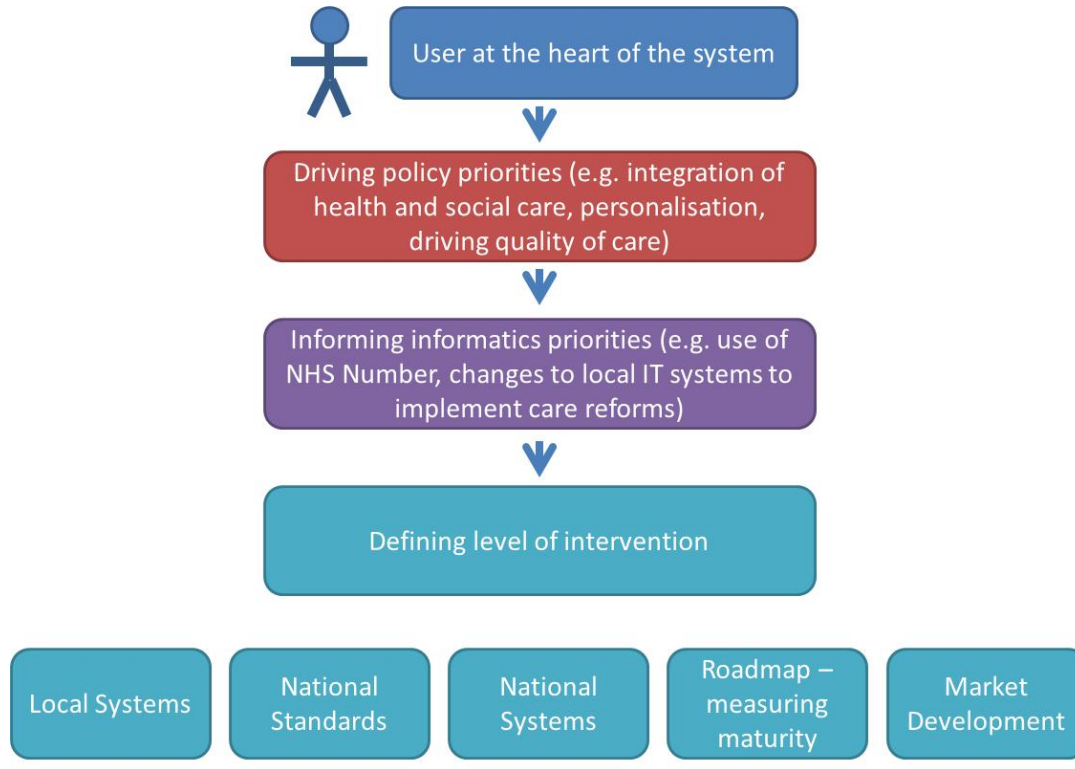
### **Framework for Informatics Decision Making**

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<sup>9</sup> The Health and Social Care Act 2012 (section 250) provided a statutory basis for information standards and collections (including extractions) for the whole health and care system. An information standards is a document containing standards in relation to the processing of information which must include guidance about the implementation of the standard. The Secretary of State, NHS England, Public bodies and providers of care must have regard to these standards.

<sup>10</sup> The policy on this is set out in greater detail within the *Safer Hospitals, Safer Wards*<sup>10</sup> guidance, with Chapter 4 – Architecture and Standards – of particular interest.

## DISCUSSION PAPER



### *Local Systems*

The majority of change in this area will be happening at the local level. Localities are best placed to make the right decisions based on their existing systems, contracts and priorities. However, it is critical that this agenda is embraced and taken forward with pace locally, so that the sector can keep pace with developments.

We are also seeking local commitments from health and care bodies to discuss their information strategies with each other so we can work towards operating joined-up and effective systems which deliver a better service for individuals and professionals. The work of the integration pioneers and the Centre for Excellent in Data Sharing should support this.

### *National Standards*

In order to encourage interoperability (and support the development of APIs) between local systems, DH, NHS England and HSCIC are starting to develop fit for purpose national information standards, which set out the specific data fields and technical specifications which must be in place across all systems to facilitate more effective sharing of data. For example, we ideally want to be recording critical information such as demographic data, contact information and organisational details in a common and consistent way across the system – and then consider how best to share this (e.g. with combined directories of services). The work is still at a relatively early stage but will be accelerating quickly and local authorities, and providers, will need to be responsive as the mandatory information standards start to emerge.

There are three areas which local authorities should be aware of now and be starting to consider:



## DISCUSSION PAPER

- Firstly, it is imperative that all local authorities move towards using the NHS Number as the primary identifier across all populations. This is in line with the criteria set out in the Better Care Fund and the *Safer Hospitals, Safer Wards* Fund. More detail is presented in part 2 of this document.
- Secondly, the Government is intending to issue a new standard for secure e-mail in 2014, which will support the safe and secure transfer of information between different systems. If implemented, local government and providers will need to have due regard to this standard.
- Finally, we also want to start engaging local government on information standards that should be built into all adult social care systems to encourage data sharing between different groups and, in time, portability of records between local authorities (see part 2).

### E-mail Standard

Work is currently underway (being led by the Health and Social Care Information Centre on behalf of the Department of Health, NHS England and other system partners) on a new e-mail standard which will facilitate secure email across health and social care – the current target is for this to be fully implemented by 2016. The new standard will establish the minimum requirements for e-mail systems in health and care; and the intention is that this will make the process and cost of connecting social care providers, local authorities and other care providers via secure electronic communication easier, cheaper and less bureaucratic. Critically, this work should open up a secure channel of electronic communication with social care providers and also in time citizens – supporting integrated working across teams and personalisation. The intention is not to impose significant requirements on organisations to establish the minimum acceptable level.

### *National Systems and activities*

As well as national standards, DH and NHS England are also seeking to support an appropriate **national health and care informatics infrastructure and framework** which facilitates the safe, appropriate and efficient sharing of data across the health and care system. The Secretary of State has set out key priorities around technology for the health and care system (as outlined above) and DH and NHS England are investing in the national infrastructure to ensure that it is fit for purpose. Work in this area includes the replacement of the N3 network, the development of Spine 2 and NHSmail 2 - all of which we want to be designed in such a way as to support integration as far as possible.

At a national level, we are also seeking to **join up more intelligently through the new Information Services Commissioning Group (ISCG)** – which covers the Department of Health and its Arm's Length Bodies – on how we can better share data, develop joint solutions and ensure that new systems are consistent and usable by all agencies within the system. Work is now underway to explore opportunities for better alignment to support adult social care, for example considering how to best use the data collected by the CQC on regulated providers.

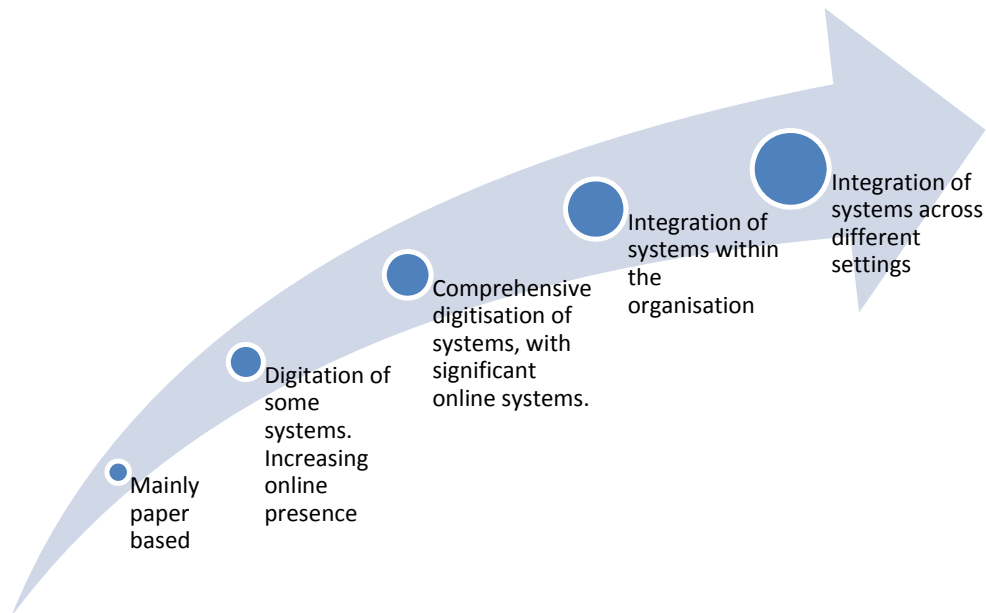
### *Roadmap*

We know that different areas will be in different places with regards to their systems, and we do not want to force change at a pace which is not sustainable. We understand that local authorities have developed their systems independently with different objectives in mind, so there is a significant undertaking to change these.

## DISCUSSION PAPER

However, what we do want is for the health and care system to start on the process with a clear end goal in sight. Given the interdependencies between different systems and our ambition to deliver more user-centric, digital, mobile, services, we believe it is necessary to set out a roadmap for localities. To support this, we are working with NHS England on the Clinical Digital Maturity Index to include a measure of integration of health and care services. This will be based on the work that NHS England is already undertaking with NHS providers, linked to the *Safer Hospitals Safer Wards* Fund (Chapter 3). The diagram below outlines the stages of the CDMI.

### The Clinical Digital Maturity Index – mapping the technology journey



As part of this engagement we would appreciate views on the development of a similar evaluative tool for local authorities. This would align/ or be integrated with the NHS CDMI, but would be tailored and appropriate for local government. We would work with our partners to develop such a tool.

### *Market Development*

The Government is actively encouraging a shift in the way that IT is traditionally carried out – moving away from an environment where IT is an inflexible fixed asset to a more agile, open environment where systems are more flexible and can be changed more quickly. The Government is clear that it wants to encourage innovation, and to encourage the development of a more diverse market place for technology.

Local government, through the ADASS IMG, has also identified as a key priority the need to support the development of a market of innovative suppliers seeking to develop technologies to support those with a care and support need, families and carers in a ‘web of support’.

## DISCUSSION PAPER

In taking this work on the Bill and on integration forward, we would encourage local authorities to consider how they can support a more open and diverse market for social care informatics and promote innovation through any new investments. For example, some local authorities may be considering outsourcing some elements of the care assessment and planning process, under the **new delegation powers** included within the Care Bill. This may prove an opportunity in terms of the sector developing new technologies and approaches, especially those which support citizen engagement.

We know that shifting the market is not without its challenges – with current bespoke legacy systems needing to be re-engineered or replaced. However, we want a clear signal to be given to the market place on the direction of travel.

### Care and Support Reform

Set against this wider context and vision, the care and support reform programme provides us with a set of immediate challenges, but also longer term opportunities. **It is absolutely imperative that all local authorities ensure that their local systems are ready to implement the changes required by the Care Bill, with all the necessary changes in place in time.** This includes implementing the new funding model (care cap), universal deferred payments and a comprehensive information and advice offer for local populations (where separate ADASS guidance has been published). In the second part of this document we identify key milestones and a more detailed specification for all the changes required from the Bill.

There are a number of cross-cutting strategic issues which we believe that local commissioners of ASC and NHS information services should consider when thinking about their information management strategies:

- **Scale** – with a large number of self-funders coming into the system, local authorities will have to deal with a much higher volume of data and information – which may need to be stored over long periods – and consider how to best manage demand. This can change the case for investment (benefits realisation) as there may now be a stronger case for replacing any manual systems with technology and investment in online assessment systems (to triage requests). Local authorities may also want to request that suppliers consider how the administrative burden could be managed better within current system (e.g. pre-population of data). Given the volume of work of social workers and care workers, suppliers should do they all they can to develop systems that are designed with the end user in mind – as this should help manage workloads and make training easier. Local areas may also want to consider reviewing their business processes and procedures to support the changes and gain the greatest value from investments in technology and information systems.
- **Skills** – any changes to existing systems, or new systems, will require staff to be trained. We understand that the scale of change required in key areas, such as assessment, will mean that across a range of areas staff will need to be trained on the overall approach – with any IT changes integral to this. There is a separate work stream on how to support the workforce which covers this. The Department for Health and Skills for Care are also leading some work to improve the skills of informatics professionals working within councils to look at how to support the

## DISCUSSION PAPER

development of professional practices and cultures to maximise the potential for information and technology as an enabler of transformational change.

- **Personalisation** – the thrust of the health and care reform programme is to give people a greater understanding and **control over their own care and support** and for those that they care for. We would therefore encourage commissioners to consider how technology (including mobile technology) can be used and developed to support the citizen (e.g. on-line information, online assessment, improved links to advice and accessible services and care records). Critically we want to support the development of a **market of innovative suppliers seeking to develop technologies to support people with a care need, families and carers**, and providers in a ‘web of support’.
- **National consistency** – in social care, the Care Bill will lead to some nationally set elements of the system, such as the national eligibility criteria and the deferred payments scheme. Information systems will need to support national consistency where it is required.
- **Cross boundary working** – working with NHS organisations, other local authorities and other external agencies (e.g. police or housing organisations) is central to all health and care reforms because it should deliver better outcomes for individuals. Technology can support this very significantly, and should be factored into decision making processes, alongside consideration of the cultural and human barriers that may prevent data sharing currently.
- **Information governance** – Dame Fiona Caldicott’s recent review and the Government’s response makes clear that data sharing should be taking place where it is in the best interests of the individual to do so, but that processes should be robust and appropriate. There is a pressing need to agree a common approach across local authorities and the NHS, if we are to align and integrate services. This has implications for data sharing, consent models, access to data and applications and services across networks. The Department is now taking forward work, in partnership with local authorities, to produce practical guidance on how best to make this happen. The Centre of Excellence on Data Sharing (as announced in the Budget 2013) and the Public Services Transformation Network will also be taking forward work on how to support data sharing for integration.
- **Transparency** – the final area which Local Authorities may wish to consider is how to promote transparency within their systems – being open and transparent about the rules and processes which are applied will ensure that citizens are better informed in the choices they make.

In the next section we outline the detailed requirements of the care and support reform programme in more detail, alongside key questions for engagement.

## DISCUSSION PAPER

### Part 2: Draft specification for Care and Support Reform

**We expect all local authorities to work with their supplier(s) to ensure that at a minimum all the essential changes are made in time for implementation of the Bill. We will continue to work with the sector, through the ADASS IMG, on making sure this is a reality.**

For the Care Bill, expected to come into force from April 2015, it is critical that all local authorities have a clear plan in place to deliver changes, with its suppliers, to the necessary timescales. Local authorities should be starting to engage in conversations with the market now, with the aim of working with their suppliers to agree the changes required to their systems.

To support this work, we provide some more detailed information about the areas where we expect there to be immediate changes as a result of the Care Bill and improved information and advice for individuals and carers. We also provide further technical information on other aspects, such as the NHS Number and other developing information standards.

Our intention is for ADASS IMG to lead engagement on this specification at the local level, with the Department and its key national partners (such as HSCIC, NHS E, CQC etc.) working together at the national level. The aim will be to produce a more detailed document on this area for local authorities for the Care Bill in early 2014.

### Funding

DH provides capital funding to local authorities through the **Community Capacity Grant** to meet capital costs associated with adult social care. This grant is worth £129 million in 2013/14 and £132 million in 2014/15. In 2015/16, the funding will be maintained in real terms (£134m) but included within the Better Care Fund. This funding is not ring-fenced, but it is allocated to support development in three key areas: **personalisation**, reform and efficiency. This includes developing information systems to support funding reform and closer integration – which is estimated to require around £50m in 2015/16. We are aware that some revenue expenditure may also be required.

As part of the implementation programme, the Joint Care Reform Implementation Board (ADASS, LGA and DH) is setting up a specific work stream looking at the costs associated with the reforms and funding requirements for informatics will be factored into this work.

### Milestones

Key milestones	Timeline
Engagement with the market and local authorities on the technology and information requirements of the Care Bill	November 2013 – March 2014
Local Authorities to plan and implement IT system changes for Care Bill	On-going
Local BCF plans to be agreed, with Health and Wellbeing Boards returns received	February 2014
Updated version of this document produced	Spring 2014
Consultation on Statutory Guidance on Information and Advice	Spring/ Summer 2014

## DISCUSSION PAPER

Services	
Publication of Regulations and Guidance, including publication of Statutory Guidance on Information and Advice Services	October 2014
Care Act takes effect	April 2015
Funding reform introduced	April 2016

### Changes required as a result of the Care Bill

#### Summary specification for the system changes required for the Care Bill

The following table summarises the key system changes – by each step in the care journey. **We will be updating this iteratively as greater clarity emerges.**

Area	New Informatics Requirements & Opportunities
<p><b><i>Universal Services:</i></b>                      Information and advice                      Preventative Services                      Directories of services for citizens                      Safeguarding</p>	<p><u>Information and Advice</u> (see section below)                      All LAs should have plans to develop their on-line information. DH is also looking at how to improve connectivity with national digital information services (NHS Choices). We know that for the majority of LAs, they are likely to be different systems from care record systems.</p> <p>Essential</p> <ul style="list-style-type: none"> <li>• Improved content – <b>focus on needs of self-funders and coverage and links with health/housing services</b></li> <li>• Increased use of nationally available information</li> <li>• Connectivity with sources of independent financial advice</li> <li>• Development of directories of services at local level (drawing on national level directories in time)</li> </ul> <p>Desirable</p> <ul style="list-style-type: none"> <li>• Personalised on-line advice to follow on-line assessment</li> <li>• Continued development of e-market places</li> <li>• Collection and use of data to support understanding of local needs and local market</li> <li>• Personal access to care (and health) records</li> <li>• IT systems ‘trigger’ personalised communications</li> <li>• Transfer of information into care records</li> </ul>
<p><b><i>Assessment and eligibility:</i></b>                      Needs assessment                      Establishing eligibility                      Carers’ assessments</p>	<p><u>Needs Assessment</u></p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• All LAs will need to consider their assessment systems and ensure that they are able to scale up to increased demand.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• Move to an on-line assessment system for triaging cases and gathering essential information, whilst still ensuring this is a joint process with LA.</li> <li>• Develop and better utilise citizens’ portals.</li> </ul> <p><u>Establishing eligibility</u>                      All LAs will need a clear system for recording eligible needs, as well as non-</p>

## DISCUSSION PAPER

	<p>eligible needs.</p> <p><u>Carer’s assessments</u> All LAs will need a system for recording carer’s assessments and plans. Ideally this should be linked to an individual’s assessment, to facilitate a whole family approach.</p> <p>LAs may also want to consider specific prompts (e.g. whether there are children at home, has a carer’s assessment been completed?) within the individual’s assessment. This might help ensure that a full and detailed carer’s assessment is undertaken – and all new duties in this area are fulfilled.</p> <p>LAs may also want to review the current carer’s assessment to ensure it is fit for purpose.</p>
<p><b><i>Financial assessment, charging and financial planning:</i></b></p>	<p><u>Charging</u> <b>A new charging regime will come into law in 2015.</b></p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• This may require some changes to value fields (parameterised) but we are not expecting any radical system changes.</li> </ul> <p><u>Financial Assessment</u> All LAs to have an IT system for financial assessments – for individuals (and if appropriate for carers). LAs should seek to replace any manual systems given the increased numbers of people requiring assessments</p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• LAs will need a financial assessment system compliant with the Bill for individuals and carers</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• Move to an on-line assessment system for triaging cases and gathering essential information</li> </ul> <p><u>Deferred Payments</u> All LAs will need to have a system for deferred payments in place by 2015.</p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• All LAs will now need a system for managing DPAs</li> <li>• Interest rate – set nationally. Government still need to specify whether this will be fixed to individual or variable.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• Potentially consider a module for storing property valuations?</li> <li>• General improved functionality and usability given the increased scale.</li> </ul>
<p><b><i>Care planning:</i></b></p>	<p><u>Cap</u></p>

## DISCUSSION PAPER

<p>Care and support plans (for people needing care &amp; support) and support plans (for carers)</p> <p>Calculating PBs and IPBs</p> <p>Administering direct payments</p> <p>Deferred payments</p>	<p>Local authorities will all need a system for calculating personal budgets (PBs) and independent personal budgets (IPBs), storing care plans, monitoring self-funders progress towards the cap (and ensuring that citizens are kept informed or progress) and administering direct payments.</p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• Functionality to calculate PBs and IPBs – some local authorities may still use a RAS (resource allocation) system and want this to be embedded within systems – for either or both PBs and IPBs. Others may be moving away from this approach. This will be a local decision.</li> <li>• The person's personal budget must include meeting all of their needs but only the cost of meeting eligible needs will count towards the person's cap on care costs. <b>Systems should therefore be able to capture this information.</b></li> <li>• New functionality to 'meter' (algorithm) including potential to 'stop the meter' (e.g. if individual moves into NHS funded care).</li> <li>• Ability to set different levels of cap for different demographic groups</li> <li>• Functionality to keep individuals updated on progress towards cap and inform individuals when they reach the cap (ahead of time). The Bill will require authorities to give people written confirmation of certain parts of the process, such as a copy of their assessment, written confirmation of the determination on their eligibility, and a copy of their care and support plan.</li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• Management information links to aid financial planning</li> <li>• Summary financial records on progress towards cap which can easily be extracted for portability</li> </ul> <p><u>Care and Support plans (support plans for carers)</u></p> <p>Essential:</p> <ul style="list-style-type: none"> <li>• <b>Individuals can have access to care plans in an appropriate format.</b></li> </ul> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• Development of online portals for sharing records with individuals</li> <li>• Ability to share care plans with other professionals within multidisciplinary teams, with 'key information' included (e.g. contact details of all those involved in supporting the citizen, health and social care out of hours numbers, and overall coordinator)</li> </ul> <p><u>Portability</u></p> <p>DH, working with ADASS IMG and HSCIC will engage on the case for developing national standards to support portability (see section below).</p>
<p><b>Review:</b> Review processes On-going</p>	<p>Essential:</p> <ul style="list-style-type: none"> <li>• All systems will need to have appropriate functionality to prompt reviews of care plans and to send out relevant information to</li> </ul>



## DISCUSSION PAPER

information to citizens (e.g. statement on cap)	<p>individuals on progress towards the cap.</p> <p>Desirable:</p> <ul style="list-style-type: none"> <li>• We would also encourage system designers to consider particular ‘triggers’ for providing personalised information and advice.</li> </ul>
<b>Portability:</b> Ensure information required by the Care Bill is transferred to LAs	<p>Depending on scale, local authorities may want to consider secure transfer of structured data between different LA systems – and this is part of this engagement exercises. However, this is likely to be a long-term solution.</p> <p>In the immediate term, we want to look at the following to support portability and this work:</p> <ul style="list-style-type: none"> <li>• Investment in secure e-mail between LAs</li> <li>• Summary care plans and records being generated by the system containing all key data requirements – easily extractable and transferable</li> <li>• Pilot sites looking at technical interoperability where appropriate.</li> </ul>
<b>Mobile working</b>	<p>Finally, as part of this work, local authorities may want to consider how to increase the use of mobile computing by social care workers. We know that social workers spend a lot of time inputting information into IT systems and there could be the potential to make significant savings and realise benefits in this area – e.g. reduced time travel, increased time spent with users, greater collaboration with users, enable better out of hours, reduced duplication and greater information to hand on the individual client.</p>

### System intelligence

The Government is considering what national level information needs to be collected to monitor progress, including the 5 year review of the funding model. We will review ASCOF measures and consider any new data collections which are required – in terms of both what is necessary and insightful. Local authorities should also give consideration to what management information is required to ensure effective management of budgets, monitor quality and ensure outcomes are being met.

### Engagement area 1: Care Bill

**We want to work with local authorities, through the ADASS IMG, to develop this draft specification for the changes required as a result of the Care Bill; and to engage with the market on how best to develop appropriate solutions. The specification will continue to become clearer once relevant regulations and guidance are published and this will be updated to take this into account.**

### **Better on-line information & advice services for individuals and carers**

The Care Bill includes a specific duty for local authorities to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. The quality of current online provision in local authorities is shown to be rather patchy (e.g. with too much use of jargon), as outlined in recent research work from SOCITM (Society

## DISCUSSION PAPER

of Information Technology Management) (*Better connected 2013, Feb 2013*), and the Government is keen to see improvement.

Each authority will have its own approaches and local priorities dependant on their own requirements, the needs of their local population, local information and advice services and will need to fit with broader Council strategy, but within this there will be many commonalities which we should seek to explore. We also know that the systems for information and advice will often be separate from case management and finance systems at this time.

The Think Local Act Personal (TLAP) partnership published two documents earlier this year, designed to support LAs in the development of their wider information and advice services, including coordination of their plans for online information services:

- *Advice and information needs in adult social care* - An interactive map that demonstrates a typical journey through the complicated care system and identifies the "pinch points".
- *Principles for the provision of information and advice* - a short practical framework that sets out the main issues that councils need to consider when developing a comprehensive and coherent local information and advice service.

Further, more detailed work with a number of local authorities is underway to develop additional supporting advice on the outcomes from improved information and advice services.

Building on these, the ADASS Information Management Group (IMG) has identified some of the major business changes driving advice and information requirements and published advice with the aim of supporting the direction of local authorities' thinking and planning for 2014/15<sup>11</sup>. This document is designed to highlight some of the factors that authorities will need to take into account, so that they can prioritise and begin to estimate what provision they need to make and plan for over the next few years, including:

- the wider choice available from the outsourcing of care and personalisation
- cost savings in local government
- channels for information and advice
- care capping proposals and the care bill
- the need for an integrated service user experience across social care, health and housing
- outcomes and quality factors
- evolving capabilities of the population and their carers and other proxies and
- how good design supports this
- rapidly evolving sources of information
- risks in developing online advice and information

To support this, the ADASS IMG will continue to work with authorities, and others with an interest, over the coming year to produce a detailed strategic view of the issues. This is expected to support

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<sup>11</sup> *Care and Support Advice and Information On-line: Building towards a business case*, ADASS, October 2013. Circulated by ADASS.

## DISCUSSION PAPER

development of local business cases that will fit within wider development of information and advice services.

Nationally, we are also seeking to improve NHS Choices, and looking at how information on the national platform can be drawn through to local authorities.

### **Engagement area 2: On-line Information & advice services**

**We would welcome views on the development of on-line information and advice within adult social care. Including: 1) personalised on-line advice to follow on-line assessment; 2) information and advice to help citizens exercise choice – including information about providers and the continued development of e-market places; 3) collection and use of data to support understanding of local needs and local market; 4) access to care (and health) records; and 5) tools to support any or all of the above.**

### **Technical changes to support better data sharing**

Integration of health and social care services is a key priority for the Government – and we outline below some key changes we think can help support this work. The BCF and *Safer Hospitals Safer Ward* fund are both designed to be a catalyst for this change, and NHS England continues to drive forward work on integrated digital care records.

We also expect that best practice and learning from existing programmes will be used to support individual area strategies. In particular, we want to draw on learning from the Pioneer sites, but also learning that can be derived from other projects – including, for example, the London Health and Social Care Integration Programme; Child Health Information Sharing and Health and Justice Information Sharing.

### **NHS Number**

The policy is that, in England and Wales, for all adults, health and care organisation (and other agencies where appropriate) should be using the **NHS number as the primary identifier** across all systems<sup>12</sup>. This will help tie records together around the individual, across the system. This is a criterion of the Better Care Fund and of the *Safer Hospitals Safer Ward* Fund and we also want this to be a core requirement of the care and support reform programme.

To support this, we would like to engage with the sector to explore the changes to business processes and technical approaches which would facilitate this to happen in a way which is not overly cumbersome. Options to be explored include:

- Manual entry – but this is time consuming and can lead to mistakes. With all records to include the NHS number it may also be inefficient and take up too much time.

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<sup>12</sup> It is also worth noting that the NHS number is already a key component of important informatics projects in children's services, including Multi Agency Sharing Hub (MASH) and Child Protection Information Sharing (CPIS).

## DISCUSSION PAPER

- Via Spine – integration with Spin enables a social care system user on N3 to match the citizen to the NHS Personal Demographics Service (PDS). Using mini Spine is faster, cheaper and simpler than full PDS integration.
- Batch process - where extracts of the name, date of birth and address of all ASC clients are submitted to the NHS Batch Tracing Service for matching purposes. This can happen on a periodic basis, so there may be some delays.

This is a complex area and we want to work with local government to consider how this can be achieved for specific systems.

### **Engagement area 3: NHS Number**

**To support this, we:**

- **Expect that correspondence between health and social care will use the NHS Number as primary identifier**
- **Expect all new systems and software upgrades to have the NHS number built in as primary identifier – preferably automated via links to PDS/ Spine mini-services or a batch process**
- **Expect all LAs who do not currently use the NHS number to have a strategy for implementing this across relevant systems**

**We want to explore through the engagement with local authorities, NHS England and the market how best to accomplish this. We will also look at sharing best practice from health organisations on retrieval of the NHS Number.**

### **E-Mail**

Work is underway nationally to explore how to more widely deploy tools to allow for secure e-mail exchange. In particular, the Department is supportive of efforts to develop an effective encryption tool to use with NHS Mail (and with any replacement system) to allow those using NHS mail to e-mail those on non-secure address, secure information. For example, this means that a hospital could e-mail any local authority or care provider with information about an individual on discharge, to smooth the transition and hopefully avoid unnecessary admissions.

### **Information standards and portability of information**

Under the Health and Social Care Act 2012, the Health and Social Care Information Centre (HSCIC) has the power to develop national information standards. These standards offer significant opportunities to standardise data to allow more efficient transfer but also more effective data sharing across organisations and intelligence/ insight gathering.

We intend to work with ADASS IMG, NHS England and HSCIC and other sector partners in developing these further for **social care and health**. Key areas we would like to explore include how we can use standards to:

## DISCUSSION PAPER

- Support better patient outcomes (e.g. out of hours critical information)
- For improved safeguarding
- Support portability of records between local authorities (see below)
- Transfer deferred payment records
- Share information securely with providers and the voluntary and community sector
- Facilitate better intelligence and information sharing at provider level, through requirements for an organisational identifier
- Share information with the public/ service user
- Share information with other agencies – such as the police or housing organisations

Specifically, work is currently underway looking at a new standard for secure e-mail. This will define how email systems used for sensitive data (e.g. patient identifiable data) should manage:

- The information security of the email service.
- Transfer of sensitive information over non-secure channels.
- Accessing information from the Internet or mobile devices.
- Exchange of information outside the controlled boundary of the secure email system: to other email systems compliant with this standard; and to other email systems not compliant with this standard.

It is critical we build on the learning of those already working in this area, in particular, the work of ADASS IMG and HSCIC in this area to explore how to **exchange data between councils**. This looks at options on how the necessary data can be transferred electronically - ideally through structured data so it can be easily imported into the receiving council's care management system. For example, as part of the London Health and Social Information Sharing Programme, the secure email project (unstructured data) and the Adapter project (structured data) are working with over 60 health and social care organisations. Workflows include Administration and Discharge Notifications, Continuing Care and GP Referrals.

### Example - Portability

Under the Care Act, as it currently stands, the first authority must provide the second authority with:

- a copy of any care and support plan prepared for the adult,
- a copy of any independent personal budget prepared for the adult,
- in a case within subsection (2) [which covers care accounts], a copy of the most recent needs assessment in the adult's case,
- if the first authority has been keeping a care account in the adult's case, a copy of that account,
- if the adult has a carer and that carer is to continue as the adult's carer after the move, a copy of any support plan prepared for the carer, and
- such other information relating to the adult and, if the adult has a carer (whether or not one with needs for support), such other information relating to the carer as the second authority may request.

Given these requirements, there may be a case for considering how information standards could support efficient transfer of records – firstly in terms of ensuring that all the relevant information is transferred in a clear, logically and commonly defined way, and secondly, by supporting the development of open APIs.

## DISCUSSION PAPER

### **Engagement area 4: Standards**

**As part of the engagement exercise over the next few months we would welcome views on the development of new information standards and their adoption.**

### **APIs**

As outlined previously, in line with overall government policy, we want to support the development of **more open and connective systems through the use of APIs** – based on the development of standards as above. Our view is that APIs will also stimulate the market and support the emergence of new more innovative and niche market entrants particularly from the small and medium enterprise sector. In the future, we therefore want to see all suppliers to the health and care system providing APIs that are both technically and commercially open.

This is why we have included a requirement to comply with Integrated Digital Care Records Guidance in relation to the use of APIs and using the NHS Number as the primary identifier in the NHS Contract. So where applicable, NHS providers when procuring, renewing or refreshing its IT systems should now schedule in APIs.

We know that this will take time and local authorities, and they will need to make their own decisions on the optimal strategic architecture to approach given their existing systems and resources. APIs can significantly help with integration, but we understand that this may be as part of a wider solution and will evolve over time.

As part of this consultation, we are keen to establish the current usage of APIs within adult social care and how this approach could be pursued more actively, in line with the Better Care Fund.

### **Use of APIs for Provider Profiles**

A practical example of the benefits of APIs can be found with the Provider Profiles – online provider profiles which are currently being developed on NHS Choices. Our intention in the future is that by developing APIs, the information contained within the profiles can be transferred from councils own websites to NHS Choices and vice-versa. This will mean that council systems would have the ability to draw down information (including user ratings/reviews made on profiles) to their own websites seamlessly.

### **Engagement area 5: APIs**

**We would welcome views on the development of open APIs within adult social care, including current adoption and strategies for how this could be pursued going forwards.**

## DISCUSSION PAPER

### Part 3: Next Steps

#### Specification

DH has asked the ADASS IMG and HSCIC to engage with local authorities and the market on the five key areas outlined in this document. We will work with these key partners to collate and analyse feedback, and in line with the Bill, develop a further iteration of this document in Spring 2014.

In parallel, the Department will continue to lead work at the national level to consider how best to align activities and investment to ensure the greatest value and lowest burden on the sector – both in terms of commissioners and providers. We will also seek to promote the opportunities in this space to the market.

#### Readiness for Reform

In addition to specific responses on the technical issues drawn out in this document, we would also welcome views on some broader questions regarding the general ‘state of readiness’ for the Care Bill in terms of technology and information.

In particular:

- Are there any specific areas where you require further help and assistance?
- Are there any activities you would expect to be happening nationally which are not summarised here?
- Are there any activities which could be led by LGA or ADASS to support local authorities better?
- Are there any major risks that we should be aware of?

#### Contact DH directly

If you have any specific comments or feedback on this paper, you can also e-mail the Department directly: [socialcareinformatics@dh.gsi.gov.uk](mailto:socialcareinformatics@dh.gsi.gov.uk)