

Strengthening the HSCIC's offer to adult social care

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The purpose of this paper

1. This paper updates the Board on how the HSCIC intends to take forward the work to develop and strengthen our offer to local authorities with responsibility for adult social care services. It is informed by the work that Andrew Cozens has been doing, which was discussed at the Board's strategy workshop in October 2014.
2. The Board is asked to comment on the proposed approach set out here, under the themes used by Andrew Cozens, namely:
 - Internal commitment, capacity and resourcing;
 - Developing relationships;
 - Developing and adapting products, activities and services;
 - Priorities.
3. The Board is also asked to thank Andrew for his input and advice to date, and for the continued support he will be providing to the HSCIC

Context

4. The work set out in this paper is set in the context of the development of a system-wide approach to address:
 - The need for local authorities to implement the provisions of the Care Act;
 - The future vision for personalised care as described in the National Information Board's publication "Personalised Care 2020 " which is a framework for using data and technology to transform outcomes for patients and citizens.
 - The need to support local health and care systems integrate more effectively through the Better Care Fund and as described in the NIB framework. This requires a whole systems view of the underpinning infrastructure, systems and data. The Integration Pioneer Programme is leading the way in this area – with 15 local projects where health bodies and local authorities are working together to design and deliver new integrated care models (which is linked to the vision for new service models set out in the "Five year forward view");
 - The need for system-wide information governance arrangements to support the system to operate effectively both now and in the future (especially in a more integrated operating environment);
 - The drive for more, higher quality data and increased transparency across adult social care;
 - The need to be continuously improving the quality of care across the state, private and voluntary sector.

5. These proposals are also shaped by the key messages that emerged from Andrew Cozens's work, namely:
 - There is an expectation that the HSCIC could and should be doing more to support local authorities - our mandate is not questioned;
 - There are many teams in the HSCIC involved with local authorities, but our work is not joined up and so our impact is lessened as a result;
 - Our profile is patchy amongst local authorities and with the wider care sector. Many organisations are simply unaware of our existence and our role;
 - The sector generally, and local authorities specifically, would welcome more support and engagement from the HSCIC.
6. The conclusion from this work is that we have an opportunity to raise our game, and this will be an important strategic objective for us in 2015/16. In order to be recognised as a "leader" with the sector, we must build our profile carefully, working with the sector to improve our understanding of the issues they are tackling, to ensure that our efforts are effective and responsive.
7. The proposals set out in this paper are intended as the start of this process, and will be developed and updated to reflect progress on our strategy and our business planning.

Proposed actions

8. We have a comprehensive schedule of actions to be undertaken in the next three months. More detail is provided in this report, and the actions are summarised here:

Action	Lead	Timescale
Each Directorate to include a section in their Business Plan which sets out their plans for extending their contribution to the social care agenda	All Directors	December 2014
Draw up a prospectus of services that are available to local authorities, which describes how they add value to social care services	Assistant Director for Strategy and Policy	March 2014
Introduce an internal "community of interest/practice" group to improve our internal co-ordination and information-sharing	Director for National Programmes (cross-government team)	December 2014
Appoint a professional lead and caldicott guardian for social care, to work with our Lead Clinician.	Lead clinician	Interim appointment by January 2015

Action	Lead	Timescale
Produce a stakeholder map and engagement plan reflecting our work on social care, to help our internal co-ordination and inform the account management function	Director of Customer Relations	February 2015
Improve the range and quality of information and training material on social care and local government which is available for our staff	National Provider Support Director	February 2015
Ensure that our “Connecting” programme includes provision for engagement with local authorities	Director for Workforce and Transformation	December 2014
Widen our engagement with local authorities by building on the work of the DISC team with local authority staff to run workshops and webexes to share information about key issues, projects, etc.	Director for Workforce and Transformation	March 2015
Ensure our arrangements for engaging with the national integration agenda, and especially the 14 Pioneer sites, are clear and effective, pending the appointment of the account management function	Assistant Director for Strategy and Policy	Ongoing
Introduce quarterly “team-to-team” meetings with the Department of Health’s key staff	Director of Customer Relations/ Assistant Director for Strategy and Policy	February 2015
Draw up an external engagement plan to improve our engagement with our ALB partners on the social care and integration agenda	Director of Customer Relations	March 2015
Draw up a “roadmap” that sets out the requirements for information standards in social care to support the implementation of the Care Act and accelerate progress on integration	Director for National Programmes	March 2015
Develop a “digital maturity” framework for local authorities that supports local innovation and integration, and includes guidance on transitioning and implementing the NHS Number, secure exchange of information, cross-government networks and information governance	Director for National Programmes	March 2015
Introduce an account management function for adult social care	Director of Customer Relations	April 2015

Internal commitment, capacity and resources

Internal co-ordination

9. Many of our services and programmes have staff who are in regular contact with local authorities whose work is relevant to social care. All Directorates in the HSCIC are contributing to this in some way – see the appendix to this paper for details.
10. However, there is little awareness externally, or among our own teams, of the amount of work happening across in the HSCIC, and in view of this, we need to continue on the basis that our social care activities are “embedded” throughout the HSCIC, and must be managed and co-ordinated accordingly.
11. Given the scale of this work, the preferred approach is to improve our internal co-ordination. It is currently not intended to recruit a Director-level appointment to the HSCIC. We will do this by:
 - Asking that each Directorate's business plan for 2015/16 sets out explicitly the contribution it will make to the collective support to local authorities;
 - Using this to draw up a prospectus of services that are available to local authorities, which describes how they add value to social care services;
 - Asking the Social Care Informatics Project to manage our internal co-ordination in advance of the introduction of our account management function.
12. We will also appoint a professional lead and caldicott guardian for social care, to work with our Lead Clinician.

Improving our knowledge and expertise

13. Although the profile of our workforce is changing slowly, it is still the case that very few of our staff have direct experience of working in local government or social care. Similarly, few will have experience of accessing or using social care services (whereas many will have used NHS services in some form or another).
14. We have a variety of ways of accessing expertise to inform our work. Some teams have their own stakeholder groups or communications networks. Others use more ad hoc arrangements – with local authorities themselves, through our national partners such as Skills for Care, or through existing networks, the most obvious one being the national and regional groups involved in the Informatics Network run by the Association of Directors for Adult Social Services (ADASS).
15. The Social Care Team in the Data and Analytics directorate has funded secondments for local authority staff to work in the HSCIC, and these are considered to have been very effective.
16. We also have staff involved in key bodies or groups which work across health and care services – for example on information standards, the Professional Record Standards Board, and others. A senior member of our staff is currently on a part time secondment as an adviser to ADASS and the Department of Health.
17. We will seek to augment these arrangements by:

- Undertaking more focussed research and insight to inform our work;
- Consolidating our understanding of the arrangements in place across our teams, and with external groups, into an organisation-wide stakeholder map and engagement plan;
- Build on the work of the DISC team in engaging with local authority staff to run workshops and webexes to share information about key issues, projects, etc;
- Seeking opportunities through the Department of Health’s “Connecting” programme to link in with social care services, and other tactical opportunities for shadowing or placements with local authorities (which could be reciprocal);
- Where appropriate, arranging for our EMT to have team-to-team meetings with social care directorates in local authorities.

18. To inform our account management function for social care, we will also assess our current arrangements, and consider whether we might benefit from using more secondments or an “associate” advisory model, whereby we could have a pool of experts we can call on when needed.

Developing relationships

External engagement and account management

19. We are introducing a new “account management” function to improve the way we manage our key relationships, and we intend to prioritise the needs of social care when establishing this function.

20. Andrew Cozens will provide important advice and guidance on this – he will be meeting with our key partners in the coming weeks to start this process.

21. Based on our current activities, our key relationships on social care are currently:

- The Department of Health – the policy team and its new informatics governance groups;
- ADASS and its Informatics Network;
- A number of local authorities currently using our services, or planning to do so,
- Those social care system suppliers involved in the Adapter project, and some of the case management system suppliers;
- The Integration pioneer programme;
- The Care Quality Commission.

22. In addition, we need to do more work with our national partners (NHS England, Public Health England and Monitor) to agree those areas which would benefit from greater collaboration.

23. We must also strengthen, and in some cases form new relationships with groups and networks, such as SOCITM and the local CIO network, the Local Government Association and others.

24. Our relationship with the DH is key. We will introduce quarterly team-to-team meetings, that cover all of our data and technology programmes and services, with the intention of bringing greater cohesion to our work.
25. We do not have the capacity to launch an extensive engagement programme with individual local authorities, so we will target our efforts through the Pioneer Programme, which involves 14 local authority-led partnerships to develop new models for integrated care, and in which we already have a base to work from. We will review this once our social care account management function is in place.
26. Our teams currently manage their own communications activities separately. We will explore options for how we can consolidate this, and how we might provide better communications for local authorities and the sector as a whole – for example to include care homes and other service providers. This could include a quarterly social care bulletin to use with our stakeholders, to increase our visibility and or profile, and so raise awareness about all aspects of the work we do with the sector.

The role of the HSCIC's Board

27. Greater involvement of our Board will send a strong signal to the social care sector that the HSCIC is committed to this agenda. We will draw up a programme of engagement activity, to include round table sessions with key stakeholders, etc.
28. Andrew Cozens has agreed to support us in this, for example by acting either as advisor or as facilitator at events.

Developing and adapting products and services to support social care

29. Most of our services were not commissioned or designed with social care in mind. As a result, we are going through a process of understanding whether and how our services might support social care, based on our understanding of the sector and its needs.
30. As noted above in paragraph 10, we will use the outputs from our teams' business plans to draw up a prospectus which sets out our "offer", to include all of the services and programmes listed in the appendix, and to identify where we can make additional contribution to the achievement of the commitments made in the National Information Board's Framework for Action.

Our priorities

31. There are several areas where we know that our partners require urgent help or support:
 - Information Standards – roadmap for developing and implementing those that are required to support integration and interoperability;
 - Information Governance, especially in the light of the changed position regarding access to and use of data that could potentially be used to identify individuals;
 - The infrastructure needed to support the secure exchange of information between health and care organisations;
 - A more structured programme of support to the Integration Pioneers;
 - Better use of data and information to support comparative data and transparency.

32. We have not yet got a complete picture of the work required to support the future requirements for integration, interoperability and personalised care. In advance of the establishment of our account management function, our Social Care Informatics Project will help with the collation of any new requirements which may require new funding and support from the DH, to be addressed in the planning round.
33. We must widen the scope - so far, this work has been focussing specifically on local authorities' role on adult social care. Similarly, we have staff working on a wider range of projects and services, such as children's social care services, the wider local authority agenda, for example including public health, health and wellbeing scrutiny, and this will help consolidate our position further with local authorities.
34. We will also extend our approach to incorporate other organisations working with the sector – care providers, district councils who do not have responsibility for adult social care, other agencies such as housing, benefits and other services.

Actions Required of the Board

35. The Board is asked to note and comment on the contents of this paper.

Appendix – HSCIC current engagement with social care

- Programme delivery
 - The new Social Care Informatics Project, which includes the Health and Social Care Information Sharing Programme and its Adapter and secure email projects
 - NHSMail and NHSMail2
 - N3/PSN
 - NHS Choices
 - Child Protection – Information Sharing
- Operations and Assurance Services
 - Spine and demographics, including NHS Number
 - Information governance
 - Solutions Assurance
 - Burden Advisory and Assessment Service
 - Information security
- Data and Analytics
 - Social Care team
 - Data collections team (omnibus)
 - Statistical governance
- HR and Transformation
 - Developing Informatics Skills and Capabilities team and especially the project commissioned by the DH - 'Social Care Informatics Development (Workforce Capability and Professionalism) - *Improving care for service users: The informatics contribution*'
- Architecture, standards and innovation
 - Information standards
 - Innovation
- Provider support
 - Busting bureaucracy audits
 - Provision of Community and child health systems
 - Integrated Digital Care Fund provision (13 of those shortlisted are led by Local Authorities)
 - Local system delivery expertise and transformation
- Customer relations
 - Account management (being established)
 - Corporate and programme communications
- Lead clinician
 - Deputy Caldicott Guardian and professional lead for social care.