

# The Care Bill: implications for the HSCIC

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## Purpose

1. This paper provides an update on the Health and Social Care Information Centre's (HSCIC) emerging plans for providing support to the Department of Health (DH) and local authorities as they prepare for the implementation of the Care Bill. The Care Bill itself is still in development, and many of the longer term requirements are not yet known. However, there is much that can be done during 2014/15 to progress the agenda, particularly in regard to integration across health and care services. The plans outlined in this paper therefore represent the start of a longer term engagement.
2. The Board is asked to note the contents of this report.

## Context

3. At its last meeting, the HSCIC Board received a paper which set out the scale of the challenge posed by the Care Bill, and set out the breadth of the work already in train across all Directorates in the HSCIC.
4. During the last month, further discussions have been taking place, led by the Department of Health, and involving a range of national and local stakeholders. These discussions have recognised that the strategic reform of adult care and support services set out in the Care Bill is being addressed at pace, and at the same time as other strategic objectives are being progressed, for example regarding integration of health and care services. We are not starting with a blank sheet of paper, and there are many interfaces and interdependencies which need to be explored.
5. The specific requirements of the Care Bill itself are still being scoped. They will include provisions which impact on citizens' access to care and support services, the application and management of the financial cap on individuals' access to services, online care accounts for individuals, more online transactional services, publication of more data and information under Transparency to inform Choice.
6. It is recognised that no single organisation can deliver the total package of work required to deliver the changes, which will take years to reach completion. Therefore, wherever possible, this work needs to build on what is currently available. Work is in hand with our national partners to explore how we can accelerate the work we will need to undertake by improving the alignment across current programmes across health and social care, and at national and local levels (such as the work to try to align the various information governance arrangements across health and local government, and more widely across public services, and the various programmes aimed at stimulating local initiatives, such as the Safer Wards, Safer Hospitals fund, the Better Care Fund and the Integration Pioneer sites).
7. It is timely that the establishment of the National Information Board (NIB) gives a boost to the collective effort on this agenda. The collective approach to these strategic issues will be shaped through the NIB and the governance and reporting arrangements to be put in place to support it.
8. The proposals outlined in this paper reflect the current thinking, informed by discussions with colleagues in DH, NHS England, the Association of Directors of Adult Social Services, the Care Quality Commission, and local authorities. Because of the

scale of the challenge involved in this agenda, these proposals represent “work in progress” and will be subject to further update.

## Addressing the challenges

9. The HSCIC recognises that the scale of the challenge posed by the provisions in the Care Bill are so significant as to warrant a step change in the way we work with the Department, national partners and the sector as a whole. It will impact on the HSCIC’s data, technology, standards and IG services. For example, we expect that all new work requirements will need to be reviewed to ensure that due regard is given to the system-wide implications of such investments, so that opportunities can be identified for improving the integration of services, and for supporting the preparatory work on the Care Bill.
10. The Department of Health has told us that the most useful area we could prioritise concerns the technology agenda. The HSCIC will ensure that the DH has access to the technical expertise it needs to inform its plans, and will work collaboratively with national and local stakeholders to help design and deliver solutions that meet the strategic objectives.
11. In order to ensure we are able to operate effectively, we will bring a more coherent “programme” structure to the various activities and workstreams involving adult social care. We will also strengthen our team of senior leaders by bringing in recognised experts in the field of adult social care who can advise our Board and executive team. We expect to make announcements about this in April 2014.

## Next Steps for the HSCIC

12. The list below summarises the new actions we will undertake to progress this work. It does not include details of the known commitments and projects (such as the routine data collections for the zero-based review, the Adult Social Care Outcomes Framework, etc, or the informatics skills and capabilities work which the DISC team have been commissioned to undertake).

### Technology and programmes

- Carry out a mini review of all the HSCIC’s technology services and programmes to identify areas for sharing solutions across health and social care settings, starting with Spine2, NHS Mail2 and e-referrals;
- Continue the engagement with DH, NHS England, the social care sector, independent sector providers and other partners on enabling access to Spine services, including access to PDS to enable increased use of NHS Numbers and piloting the set-up of non-NHS organisations as Registration Authorities
- Engage with the Department and NHS England, and with local authorities to explore the alignment of public service networks (N3/N4 and PSN(H)) – local authorities are concerned that the time taken to resolve these issues is a serious threat to their ability to make progress. Local authorities are keen to explore options for local arrangements to be used in the interim;
- Ask the Head of Innovation to prioritise this work, and identify additional expertise to provide dedicated technical support;

- Ensure that adult social care and support services are actively engaged in the National Information Board's Technical Design Authority;
- Explore ways of using the Interoperability Toolkit (ITK)<sup>1</sup> to support local authorities:
  - Publish a directory of accredited suppliers who offer products that are likely to be of use to local authorities;
  - Link with the work being planned by the Department and NHS England to engage with the supplier market on new developments, the use of open APIs, etc.

### **Data and Information**

- Further review to determine whether any additional gains can be made through the project to pilot the extraction of client level data;
- Work with the Department and national and local stakeholders to review the current landscape for information standards and assess the implications for new standards to be developed to support the Care Bill.

### **Information governance**

- Work with national and local partners on the review of information governance arrangements across the NHS and local government to ensure alignment of policies and compliance frameworks;
- Work with national and local partners to address the information governance issues regarding the use of personal confidential data to support local authorities in their commissioning and general health and wellbeing duties, arising from the visit to Southend and subsequent discussions with local authorities.

### **General**

- Establish a new programme management structure to this work, with a senior Programme lead to manage this in a customer-focussed and responsive way;
- Agree a new Memorandum of Understanding with the Department of Health covering all of these activities;
- Review our membership of the Outcomes and Improvement Development Board<sup>2</sup> to ensure we have the right representation covering all of our activities as necessary
- Review our membership of, and involvement in all the relevant programme and governance groups (eg regarding the Pioneer programme, IDCR and others);

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<sup>1</sup> The Interoperability Toolkit (ITK) is a set of national standards, specifications, frameworks and implementation guides to support interoperability within local organisations and across local health communities. It was developed to minimise the need for bespoke interfaces or variations of standard interfaces, and so make it easier and cheaper to integrate applications.

Through its accreditation scheme, the ITK is intended to bring a level of standardisation to the marketplace.

<sup>2</sup> The governance body for the sector which covers informatics. It has widespread representation from all national and local stakeholders, and is chaired jointly by the Department and ADASS

- Map the implications of this for our external stakeholder engagement activities, especially in the context of wider local authority leadership (for example through the Local CIO Council, the Local Government Association, and others).

## **Actions Required of the Board**

13. The Board is asked to note and comment on the actions set out in this paper.