

Health and Social Care information Centre (ENDPB)

Board Meeting

Public Session

Title of Paper:	Briefing note on the Care Bill
Board meeting date:	January 2014
Agenda Item No:	HSCIC 13 12 07 (a)
Paper presented by:	Dr Mark Davies, Executive Director for Clinical and Public Assurance
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Paper approved by (Sponsor Director)	Alan Perkins, CEO
Purpose of the paper:	To provide an update on the Care Bill
Patient/Public Interest:	The document explains the importance of the Care Bill and its implications for the HSCIC
Actions required by the Board:	This paper is for information.

Introduction and background

1. The Care Bill was introduced into Parliament on 9 May 2013, and published on 10 May 2013. It is progressing through Parliament, and will enter the Committee stage in the House of Commons in January 2014.
2. The Care Bill will bring about significant changes in the way care is given to those who need it most. It will be the most comprehensive reform of social care legislation in 60 years. Given its scope, it is expected that there will be 20-30 distinct pieces of secondary legislation to be developed and consulted upon over the next 18 months.
3. As well as provisions on social care there are also some changes for the NHS. This includes provisions around a single failure regime, following on from the Francis Enquiry.
4. The Department of Health has published 18 factsheets to accompany the Bill, which are available from <https://www.gov.uk/government/publications/the-care-bill-factsheets>.

5. Alongside the preparatory work on the implementation of the provisions of the Care Bill, there is also a wider programme of reform underway across the care and support system. In particular, there is a strong focus on improving the integration of health and care services (via the Pioneer sites and £3.8bn Better Care Fund) and changes to the regulatory regime through the Care Quality Commission and the Chief Inspector of Social Care.
6. This paper provides a high level summary of the key provisions, and the informatics implications of the care and support reform programme that are relevant to the HSCIC's role and functions.
7. Board members are advised to contact Linda Whalley if there are specific issues that members may wish to discuss in more detail.

The Care Bill

8. The major provisions involve:
 - **Personalisation** – everybody will be entitled to receive a budget to manage their own care and support services, informed by the assessment of need;
 - There will be a **cap for personal spending** on care costs, and a higher upper means test threshold for residential care. The changes to the funding arrangements will require local authorities to track costs incurred by each individual with care needs above the eligibility thresholds, including those who currently fund their own care;
 - Local authorities will be expected to ensure there are better and co-ordinated **prevention** services available to the population – recognising the importance of preventing and minimising people's need for care. This brings an explicit requirement to manage demand better;
 - People have a right to access more meaningful and comprehensive information about services available to them, and the providers of those services – there is a strong emphasis on the **provision of information and advice** to inform choice and decision-making;
 - There will be a stronger focus on **information about the quality of care** – including provisions to request the CQC to develop performance rating measures for the health and care sector (for which the Nuffield Trust carried out some research in 2013). Social care providers will be asked by DH to develop and publish their own Provider Quality Profiles on NHS Choices;
 - The Bill will strengthen the **regulatory functions** associated with health and social care. It references the role of the Care Quality Commission's Chief Inspector for social care, and includes provisions for the CQC to oversee the social care market and monitor 'high risk providers' (in the light of the Southern Cross case in 2012);

- There are provisions which respond to the events of Mid Staffordshire and Winterbourne View, involving a new **single failure regime for Trusts** and provisions for legal action in the event of providers deliberately submitting false or misleading information.
 - There is a strong focus on the need for **professional standards** for the workforce, especially in response to the growth in the use of healthcare assistants and social care support workers.
9. The Department of Health recognises the need for extensive partnerships to implement the provisions of the Care Bill, involving national bodies including the DH, regulators, the HSCIC, the Local Government Association, the Association of Director for Adult Social Care, and others. The DH champions this work as an exercise in co-production with local authorities as well as the national organisations which have an interest in the Bill.

Preparing for implementation – the informatics issues

10. The DH is already doing some scoping and planning to identify the work that they will require to progress the informatics issues involved in the Care Bill and broader care and reform programme.
11. The key areas include:
- Data requirements. It is expected that there will be a need for new content, some of which may need to be sourced directly from providers rather than through local authorities. There is also an expectation that data will be made available more frequently than annually, and that it will include client-level data in some form or another. For example, the performance payment component of the Better Care Fund would ideally be based on the most up to date data;
 - Delivering the vision for integrated care will require action from across the whole informatics agenda. There will be a stronger focus on sharing information across providers, which will require more extensive use of information standards, including the NHS Number. Technology has a key role to play, including making greater use of open APIs and making better use of the existing infrastructure - what is available, how it might support social care, what barriers might need to be overcome, for example to access the Spine, or to enable local authorities to use NHSMail, or to align the network infrastructure;
 - Citizens will expect to be able to share their own information more freely with local authorities and care providers;
 - New data flows across the system, involving organisations which currently do not provide data to the national bodies. This will require a systematic approach to the new architecture, and must address the needs of independent and private sector providers, social enterprises and voluntary and community services;

- The design and use of local operational/transactional systems. It is expected that local authorities will need to invest in enhancements or even replacements of case management and finance systems, which may encourage them to accelerate the introduction of more widespread digital technologies especially given the increased workflow demands. This work will address staff access to technology, as well as citizen access to transactional services;
 - The stronger focus on integrated care will require robust information governance arrangements, supporting the sharing of information and the portability of records across organisational boundaries. It should be noted that local authorities are already reporting concerns about implementing the recommendations from Caldicott 2 (for example to support risk stratification work). The HSCIC is are leading some work with the Pioneer sites to diagnose the issues and suggest concrete solutions;
 - The provision of information to the public, and their ability to access and use information and transactional services;
 - Workforce issues - skills and capabilities, culture and business practices;
 - Market development – closer liaison with the IT industry to help ensure that new developments can support the requirements of the Care Bill;
 - Wider communications and engagement with all stakeholders.
12. The Department of Health is seeking the HSCIC's support in the early stages of the scoping work and design of the solutions – this is welcomed, as it reflects the role of the HSCIC as described in our own strategy.
13. Teams of staff in all of the HSCIC's Directorates are already involved in supporting the DH in this work, and the Executive Management Team are considering options for strengthening and coordinating the HSCIC's activities.

Recommendation

14. The Board is asked to note the contents of this update.

Linda Whalley
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 6th January 2014