

Informatics Specification for Care Act Part 2 Implementation

Department of Health/ ADASS Informatics Network (IN) February 2015 Update

Introduction

Throughout 2014, the Department of Health, working with ADASS IN, has issued several updates to provide advice to Local Authorities and Adult Social Care IT Suppliers on Care Act requirements and the wider information and technology agenda for health and social care. This document provides an update to the July 2014 guidance, outlining developments and the next steps required to ensure local areas are ready to implement the necessary changes for April 2016.

April 2016 will see the proposed introduction of a cap on care costs and a significant increase in the capital threshold for those receiving care in a care home. This means more people will become eligible for local authority support towards the cost of their care and support needs. This represents a significant change to how care and support is paid for and as a result, will require local authorities to plan and prepare to ensure a smooth transition. The new system will bring many self-funders into contact with their local authority for the first time and for some local authorities this will be a significant number. The Department estimates that across England there will be around 500,000 eligible self-funders that will need to be assessed in order to begin progress towards the cap. Planning and preparing for dealing with the increased numbers that will be approaching their local authority will therefore be vital and the use of IT will be able to help considerably in managing the requirements.

We know that every local authority has a different configuration of information systems, supporting different business processes for case management, interactions with citizens and finance. It is for each local authority to review these systems against the requirements of the Act and consider how best to meet these needs and negotiate with individual suppliers. However, feedback from the regional consultation events and the updated stocktake survey, highlighted that local authorities would find further overarching guidance helpful.

We have divided this guidance note into four main parts:

- Part 1 - Update on the Care Act for 2015 and 2016
- Part 2 - Update on the data collection requirements for the Care Act
- Part 3 – Wider update on the health and social care technology and information programme
- Part 4 – Key national and local contacts

Part 1: Changes to IT systems for Care Act Implementation

Changes for 2015

It is encouraging to see from various events since 2014 summer, that suppliers and local authorities are planning towards their system requirements to ensure their systems can help implement the Care Act 2015 requirements. Although issued previously, in light of the published final regulations and statutory guidance (October 2014) for the first stage of the Care Act being implemented from April 2015, we are reissuing certain sections of this guidance to provide final clarity. We would particularly draw people’s attention to the updates on Deferred Payments and Safeguarding (including updates to the SAR return). There are also considerations for Prison IT and some further general information which may be of interest.

A high level specification is included in the tables below:

Area	Changes required
<p>Deferred Payment Agreements</p>	<p>Under the Care Act, local authorities will be required to offer Deferred Payment Agreements (DPAs) to all individuals who meet the eligibility criteria. The Care Act also allows local authorities to charge interest on the fees deferred and pass on administration charges (which can also be added to the deferred amount).</p> <p>Every six months (or on request from the DPA-holder), local authorities will be required to produce statements showing the amount deferred to date, the amount of interest that has been charged, any administrative charge levied and the equity remaining in their chosen form of security.</p> <p>Local authorities are also required to revalue the chosen form of security for the DPA at various times to assess the equity remaining and identify any changes in value, so a mechanism for recording valuations is likely to be requested by LAs.</p> <p>The final regulations and guidance provide the detail on how the interest rate will operate:</p> <ul style="list-style-type: none"> • Interest will accrue on a compound basis. The compound period can be decided at the local authority’s discretion (though local authorities are likely to find it easiest to adopt daily compounding, given the

	<p>practicalities of potentially being required to conclude the DPA at short notice).</p> <ul style="list-style-type: none">• There will be a nationally-set maximum interest rate, but local authorities can set their own interest rate below the nationally-set maximum (or not charge interest at all).• The nationally-set maximum rate will change every six months (on 1 January and 1 June), and will track changes in the market gilts rate as specified in the most recently published report by the Office of Budget Responsibility, with a small 0.15% addition to cover the risk of default. The gilt rate is currently published in the Economic and Fiscal Outlook, which is published twice-yearly alongside the Budget and Autumn Statement. The nationally-set maximum rate that applies from 1 January will be the gilt rate published alongside the preceding Autumn Statement, and the rate from 1 June will be the gilt rate published alongside the preceding Budget. Rates within DPAs will need to change accordingly (unless the rate the local authority has chosen is already below the national maximum).• The interest rate for the first period (from the scheme's inception on 1 April 2015 to 30 June 2015) will be 2.65%. This is derived by adding the market gilt rate for 2014-15 set out in Table 4.1 of the OBR's Economic and Fiscal Outlook published alongside the Autumn Statement 2014 (available via this link - 2.5%) with the default component (0.15%).• The rate for the second period (1 July 2015 to 31 December 2015) will be derived from the same report accompanying the 2015 Budget, the third period (1 January 2016 – 30 June 2016) from the 2015 Autumn Statement and so on.• All DPAs within a local authority should be charged at the same interest rate. (Note that this is different from the position consulted-on, which would have seen local authorities charging different rates for discretionary and mandatory DPAs.)• It would be sensible to include a facility to make one-off changes to the interest rate at other points in time, as the regulations could be changed or amended in future years.• Interest will continue to accrue after an individual has died, when the person reaches their 'equity limit', and if the local authority exercises its powers to stop deferring additional care fees.• If the local authority moves to recover debt via the County Court process, it can charge the higher interest rate accordingly (currently set at 8%).
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Area	Changes required and desirable
<p>Safeguarding Adults</p>	<p>The following section should be read in conjunction with Chapter 14 of the statutory guidance and the proposed changes to the national Safeguarding Adults Return- the latter currently subject to consultation – see http://www.hscic.gov.uk/article/5276/Consultation-on-the-data-requirements-for-the-Safeguarding-Adults-Return-and-Adult-Social-Care-User-and-Carer-Surveys-in-response-to-the-Care-Act.</p> <p>It is recognised that the suppliers of core software will not be able to develop and release changes to meet these requirements by April 2015 but councils should engage with their suppliers regarding interim “workaround” solutions as well as agreeing the timetable and details of core software changes. The target for publication of the response to the HSCIC SAR consultation is the end of March 2015. Formal announcement of changes to statutory returns will, as always, be announced in the September letter and new items will only become mandatory for the 2015-16 return if the consultation shows that all responding councils can record them. This specification section does not go into the detail of the proposed SAR return changes but highlights the changing policy context and raises areas beyond the statutory return to enable councils to better manage Safeguarding Adults within the new Care Act approach.</p> <p>The final statutory guidance for Safeguarding Adults under the Care Act reflects a move away from standard processes and investigations towards “Making Safeguarding Personal”. There are changes to terminology, which should be reflected in systems as part of this cultural change. Systems should no longer be prescriptive as regards investigating allegations but instead focus on the personal outcomes desired by the person at risk.</p> <p>Safeguarding “concerns” should be recorded against individuals about whom they have been raised. Some concerns must proceed to an “enquiry” under S42 of the Care Act, that is, those where the criteria in S42 of the Care Act are met. A key aspect of the personalisation approach to safeguarding is to capture the outcome desired by the person at risk (or their representative where capacity is lacking). This will normally be qualitative information in the person’s own words. Safeguarding managers and Safeguarding Adults Boards may wish to analyse, on an aggregated basis, the types of outcomes that individuals wish to achieve. This is made easier if there is also some categorisation of desired outcomes, but this risks the loss of the adult’s own words. The key issue is whether they have defined the outcomes they want rather than what those outcomes are specifically. It will also be helpful for councils and their partners to be able to identify if there are particular types of outcomes</p>

Area	Changes required and desirable
	<p>that are more difficult for them to enable the person to realise. Software suppliers may, in addition, be able to offer tools that analyse aggregated free text based on frequency of key words or phrases.</p> <p>At the conclusion of an enquiry, it must be possible to record what action has been taken as a result and whether the outcomes that the person identified have been realised (fully or partly) or not. HSCIC propose a set of “Risk Assessment Outcomes” and “Risk Outcomes” for national reporting. Systems should enable a more detailed level of recording for local monitoring purposes. For example, if a Risk Assessment Outcome is “Risk identified and no action taken”, then councils may wish to monitor locally <u>why</u> no action was taken. This may be at the request of the person at risk of abuse or for a variety of other reasons.</p> <p>In some cases, the council may require that the enquiry is conducted by another agency, such as the private care provider or an NHS body. It is essential that systems can monitor where this is the case, so that the council can follow up and check that these enquiries have been completed by the third parties.</p> <p>Systems must no longer force the following of existing formal steps (strategy meeting, information gathering, case conference) in all cases. Enquiries should be proportional and possible to be fast-tracked. However, in some cases, for example where there is evidence of abuse by an individual organisation or employee, formal procedures will still need to be followed to gather and record evidence that may be required for contractual or disciplinary purposes.</p> <p>It must be possible to record the source of risk, e.g. care provider. Where this is a regulated provider, it should be possible to record their CQC Location Identifier. Where a system holds an index of care providers, this should include the CQC Identifiers, so that operational staff do not need to look them up each time. This may in future facilitate better information sharing across councils regarding the risks of institutional abuse.</p>

ICT Requirements for Prison Social Work

On request we have also enclosed some practical advice around ICT requirements for Prison Social work. Councils will need to make arrangements for electronic management of their new caseload for prisoners if they are one of the 59 Councils with one or more prisons in their area. In the short term, this is unlikely to affect processes within existing case management software but there may be longer-term implications for system suppliers. The key

considerations are outlined below. It should be noted that the 93 councils who do not have a local prison will be responsible under the Continuity of Care provisions for maintaining the care & support of any prisoners who are released into their area.

Area	Changes required and desirable
<p>Prisoners</p>	<p><u>Background</u></p> <p>There are 120 prisons in England spread across 59 local authorities. Total prison and approved premises populations vary across those councils from about 350 to approximately 5,000. Prisoners have a higher level of eligible needs than the average population, in particular issues with mental health, substance abuse and learning difficulties. Also, the prison population is ageing steadily with a consequential impact on social care & support needs. The National Offender Management Service (NOMS) estimates that there will initially be approximately 5,000 Assessments across England and 1,000 prisoners eligible for care and support from councils. NOMS also covers Wales, where arrangements comparable to the English Care Act are being made with effect from April 2016.</p> <p><u>Current position</u></p> <p>Currently, care and support needs of prisoners are being met in an inconsistent fashion – usually through the local provider of prison health services. HSCIC operates a single system for prison health across England. The contract for this comes to an end in summer 2016 and has just gone out to tender. NOMS operate an Offender Management Information System (“NOMIS”) across England and Wales. This is currently being enhanced to record the prison information requirement of noting where a prisoner has been referred to the local social care department. It can also hold documents that are useful for prison staff to see, such as a council Care and Support Plan.</p> <p><u>Information requirements for councils</u></p> <p>It is expected that many councils with prisons will have a particular team to handle the assessment and support planning functions for prisoners on behalf of the council. This team can be expected to put in place a process for accepting referrals directly from prison officers, prison health providers and self-referrals from prisoners. The adult social care processes to be followed by the council for prisoners are not substantially different to those for others in need of care and support. Therefore information systems for recording and management purposes</p>

Area	Changes required and desirable
	<p>should not need immediate enhancement except possibly for highlighting that the subject is in a place of detention and maybe subject to restrictions regarding possessions and activities. (Some processes, such as direct payments, carers’ assessments and choice of accommodation do not apply to prisoners.) It is expected that any national statutory returns for prison social work will be subsets of existing returns and therefore extractable under current arrangements as long as clients can be flagged as prisoners.</p> <p>However, special consideration must be given as to how social care professionals record and access information as part of their prison work. There are very strict rules that prevent most electronic equipment from being taken into prisons. It may be possible for specific members of staff to be given approval by the local prison to bring their secure council laptop onto the premises, but no access to wifi or the internet will be possible.</p> <p>All of the normal Information Governance and Data Protection Act considerations apply as regards information sharing - with an additional level of security around information regarding offences, victims and security risks. This may include using pseudonyms for particular high profile prisoners whose identity and location need to be kept secret for security purposes.</p> <p><u>Longer-term objective</u> It is highly desirable that in the longer term there will be secure electronic transfer of data between the three systems for NOMS, Prison Health and local ASC. It may well be possible to build on work done for <u>Continuity of Care</u> between councils and this is also an issue for prisoners who quite frequently move between prisons and therefore councils – sometimes at very short notice for security reasons. ADASS IN published a report “Supporting Continuity of Care electronically” in July 2014 and HSCIC has plans to progress this work.</p> <p>The longer-term objective also sits well with the NHS England work around interoperability and ADASS IN’s initiative to encourage ASC system suppliers to publish their interfaces as “Open API’s” with full documentation and on a test platform. Phase 3 of the new Prison Health system implementation project will include partnership working and integration to other systems.</p> <p><u>Medium term proposal</u></p>

Area	Changes required and desirable
	<p>In the medium term, some further work may be carried out by NOMS, ADASS and HSCIC to look at the feasibility of secure email as a mechanism for information exchange. Councils can already have free of charge accounts under the criminal justice email system, CJSM.net. NOMS use a single secure email system across the service, which can exchange emails securely with NHSmail.</p> <p><u>In the interim short term</u></p> <p>For requirements from 1 April 2015, it is likely that referrals for prisoners will be by phone, paper or fax and that social workers will record assessments and support plans with prisoners on paper while in the custodial setting. These can then be transferred to existing council electronic case management systems in the office. (Few, if any, social work staff are likely to be permanently based within prisons.</p> <p>For councils with substantial prisoner populations it may also be possible to investigate access to the national prison health system for a small number of staff over the N3 network. However, this is unlikely to be feasible for a variety of contractual and security reasons.</p>

Further areas where social care informatics staff should work locally with Care Act leads and system suppliers in the light of the final guidance for April 2015 are:

Understanding, managing and shaping the market for care & support services

- Aggregation and analysis of recorded contracted services can assist with this. If an e-marketplace is Implemented, then this may also help establish services that self-funders are searching for and commissioning.

Transition from children’s services

- If different databases are used for adults and children’s case management, then the feasibility of electronic transfer of relevant parts of the record should be assessed to assist with a smooth transition.

- Special processes for transition assessments and transition plans may be required, eg recording requests / refusals / “significant benefit” timing decisions. (See sections 16.24 to 16.39 in the statutory guidance.)
- In readiness for 2016, an indicator would be helpful that can ensure that the cap on care costs will be set to zero for people transitioning from children’s services.

Closure of Independent Living Fund (ILF) and transfer to councils

- This will take effect on 30 June 2015. 94% of ILF users are already known to their council. As part of the transfer of responsibilities, councils will need to assess ILF recipients. There may be local requirements on information systems to assist in managing the transfer process.

Hospital discharges

- Annex G of the statutory guidance sets out the process for managing transfers of care from hospital. An alerting process is desirable to ensure that assessments are carried out within the specified time period for hospital discharges. Development of a national standard has started for ‘Care Act compliant’ Assessment, Withdrawal and Discharge Notices between Hospitals and Social Care Departments, to encourage use of electronic communication e.g. secure email and structured messages based on this standard.

Guidance to support Information and Advice duty in the Care Act

Over the year, a substantial range of practice guidance to support the wider implementation of the Care Act duty on the establishment and maintenance of an information and advice service has been made available. While much of this practice guidance has a more strategic focus, the delivery of information and advice through digital approaches is an important strand running through all aspects of delivery. Below we outline some useful resources:

- Principles for the provision of information and advice: <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9554>
- An interactive map that demonstrates people's typical journeys through the complicated care system and identifies the "pinch points" where councils and other organisations need to improve the information and advice on offer to people and families. <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9553>
- Care and Support Jargon Buster - a plain English guide to the most commonly used social care words and phrase. Increasing coverage over the year with a widget to allow use on LA and other websites. <http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>
- 31 brief case studies from LAs to help develop services <http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Informationandadvicecasestudies/>
- Six detailed case studies from the original sample of 31 describing common challenges to meeting information provision in social care and ways to overcome them <http://www.thinklocalactpersonal.org.uk/BCC/Latest/resourceOverview/?cid=10285>
A web-based tool to support Strategy Development with its use will continue to be supported through a number of regional workshops across England over the first three months of 2015
<http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/Information-and-Advice-Strategy-Toolkit/>
- National web content and tools developing through NHS Choices for syndication to LAs: http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6559922/ARTICLE. This development links/connects to wider awareness campaign on the Care Act
- Developing on-line information services http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6516198/ARTICLE
- Lasa Connecting Care. A DH funded project to help charitable providers of adult social care make the most of information communication & technologies. This provides access to Lasa's technology consultancy, expert advice and resources. This does not provide IT support or IT training, but does provide independent technology advice, to help smaller charitable providers work through a technology plan and give you access to learning events and signpost you to quality providers of technology help. <http://www.ictknowledgebase.org.uk/connectingcare>

Changes to IT systems for 2016 Implementation

In order to support local authorities in preparing for April 2016, we are committed to publishing the guidance 6 months before, to allow new assessments to be conducted prior to the implementation date. The draft guidance has now been published and we welcome feedback and comments.

As updated in the July 2014 document, given the likelihood that the final regulations will not be available until October 2015, we are advising local authorities and suppliers to consider how implementation of system changes may practically be achieved. For example, local authorities may need to start assessments before IT systems are upgraded to include the care cap elements.

IT suppliers and councils may agree, on a shared risk basis, to develop processes based on the primary legislation and draft guidance. Our view is that we expect all systems to require an upgrade to process care accounts from April 2016. Consultation with the IT suppliers in late summer 2014 indicated that existing systems could probably be configured to accept applications and carry out assessments prior to April 2016 without necessitating a software upgrade. This will need to be reviewed by councils in the light of their local processes.

We recognise that with current systems there is usually a time lapse between design and implementation, and that introducing a major upgrade to a council can take a number of months, especially given the need to train staff on the changes. Councils will therefore need to work collectively with their IT suppliers to plan the best upgrade path and software release roadmap given the timetable outlined below and guidance on specification.

The table below showing the provisional timetable of activities for 2016/17 reforms up to April 2016:

February 2015	Launch consultation on draft regulations and guidance for the introduction of: <ul style="list-style-type: none">• The cap on care costs• Extension to the means tests• Care accounts
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Feb/March 2015	Care Act 2016 regional consultation events
30 March 2015	Consultation closes
March 2015-Ongoing	Suppliers working with customers to develop solutions for 2016 requirements
May 2015	General election
Summer 2015	Post election communication
October 2015	Final regulations and guidance that will come into force in April 2016 published. LAs start early assessments for the cap.
April 2016	2016 Regulations & guidance come into force

2016 REFORMS REGIONAL CONSULTATION EVENTS

As part of the Care Act reforms consultation events for 2016 changes, the LGA and DH PMO office will be holding regional awareness events at the following dates and venues throughout February and March. This is an opportunity to ask questions on the draft consultation and understand the implementation timetable.

Region	Date	Venue
North West	12/02/15 Thurs	Bury
West Midlands	13/02/15 Fri	Birmingham

London	24/02/15 Tues	tbc
East Midlands	26/02/15 Thurs	East Midlands Parkway Hilton
North East	27/02/15 Fri	Durham
East of England	06/03/15 Fri	Newmarket racecourse
South East	16/03/15 Mon	London (Royal Institute of British Architects)
South West	17/03/15 Tues 18/03/15 Wed	Bristol pm 17/03/15 Exeter am 18/03/15
Yorkshire and Humber	tbc	

The table below summarises the key areas where DH and ADASS IN believe most local authorities will need to implement changes to prepare for 2016:

Area	Likely changes required
Care Accounts information to record	<p>Care accounts will provide the record of a person’s progress towards the cap on care costs. It is vital that they are kept up to date so that the local authority takes responsibility for meeting a person’s needs as soon as the cap is reached.</p> <p>The care account must record:</p> <ul style="list-style-type: none"> the person’s current rate of progress towards the cap;

	<ul style="list-style-type: none"> • the costs the person has accrued to date; • any amount attributable to daily living costs; and • any adjustments to the accrued costs in line with adjustments to the level of the cap. <p>The person’s current rate of progress towards the cap is taken from their personal budget or independent personal budget which sets out the cost to the local authority of care to meet their eligible needs for care and support. Where a person has a personal budget it is the total cost of care to meet their eligible needs which counts towards the cap, regardless what proportion is paid by the local authority or the individual.</p> <p>The Care Act makes provisions for the level of the cap to be adjusted and for accrued costs to be adjusted accordingly. Local authorities may also adjust accrued costs in other circumstances as set out in the draft guidance. Systems will therefore need to allow for these adjustments to be made.</p>
<p>Care Accounts: statements</p>	<p>Local authorities will be required by regulations to provide people with eligible needs for care and support with regular statements so that they are kept informed of their progress. In most cases local authorities will be required to provide statements annually. It is likely that local authorities will expect systems to generate these statements automatically to reduce the administrative burden.</p> <p>There may be circumstances in which it may be appropriate to stop regular statements. These are set out in the draft regulations. Systems will need to accommodate this.</p> <p>As a minimum, statements should be provided in hard copy by post but they may be provided in any format appropriate for the person, including electronic formats by secure email or a citizen online account, where the person has agreed to receive their statement in that way (see section below on online care accounts).</p> <p>The regulations and guidance set out the minimum information that must be included in a care account</p>

	<p>statement but local authorities should consider what opportunities there may be to provide wider information and advice relevant to the person’s care and support in the statement.</p> <p>The statement must set out:</p> <ul style="list-style-type: none"> • the current level of the cap; • the person’s current rate of progress towards the cap, i.e. the costs specified in the personal budget or independent personal budget that count towards the cap • the total amount the person has accrued towards the cap to date; • any adjustment in the accrued costs since the last statement; and • any amount attributable to daily living costs excluded from the rate above. <p>Systems will also need to be able to project when a person is likely to reach the cap. Local authorities will be required to include this information in a care account statement wherever a person is likely to reach the cap within 18 months of the statement being prepared. Local authorities may also choose to provide this information in other circumstances.</p>
<p>Care Accounts: retention</p>	<p>Once a person has reached the cap the care account provides a record that the person has reached the cap and therefore qualifies for local authority support. Under the Care Act the local authority must retain the care account either for 99 years from the last day the account was updated or until the local authority becomes aware that the person has passed away.</p> <p>It is still possible that disputes could arise after the person’s death relating to the costs recorded in the care account. Local authorities may therefore choose to retain care accounts for a period of time after they become aware that a person has passed away. Systems will therefore need to enable local authorities to implement local retention policies.</p>
<p>Care Accounts: portability</p>	<p>Where a person with eligible needs moves across local authority boundaries the details of their care account should be passed to their new local authority so that they do not lose the costs they have already accrued. Systems will therefore need to enable these details to be passed between local authorities, ideally electronically.</p>

<p>Changes to charging rules</p>	<p>Key changes are to include:</p> <ul style="list-style-type: none"> • Increases to upper capital limits for financial support: <ul style="list-style-type: none"> ○ if a person is in care home the upper limit would be £118,000 ○ if a person is in a care home but their property is not taken into account in the financial assessment or they are receiving care in any other setting the upper limit would be £27,000. • An increase in the lower capital limit to around £17,000. • Allowing individuals to pay their own affordable top-ups fees where they have chosen more expensive residential accommodation.
<p>Care Accounts online access</p>	<p>People may want to access their care accounts online and local authorities are encouraged to consider a secure online method to allow this, for example such as through a citizen portal. Doing so would allow people to make full use of the information contained within their care account at a time that suits them to inform their financial planning and it may also reduce the administrative burden on local authorities by reducing the number of requests for statements. Providing online access does not, however, exempt the local authority from providing annual statements.</p> <p>Developing citizen access to their care account may also be an opportunity for local areas to consider offering online access to care plans and assessments, and for looking at how wider support offers (such as information and advice on additional services) could be more effectively targeted. Councils may also wish to enable some parts of the process to be completed online by people in need of support, their carers or advocates. This may include recording their needs and financial means.</p>

Engagement with local areas

DH, LGA, ADASS and ADASS IN are working closely together on implementation support for the Care Act programme – and a core part of that is engagement and networking events across the country with local areas and suppliers.

Over the past year there have been many national, regional and local events to raise awareness of the Care Act requirements, as well as the importance of having the right IT, technology and data to support successful implementation. We plan to continue this programme of work in 2015 and will publish updates on events on the LGA website and communicate through ADASS and SOCITM. Over the course of the year we expect to hold:

- Meetings with all the existing ASC application providers on a 1:1 basis to discuss 2016 Care Act requirements. The Department of Health and ADASS IN will be in touch with suppliers to arrange a meeting during February/March 2016.
- Regional Care Act events for 2016 requirements (see table above)
- ADASS IN regional events
- HSCIC webinars on various informatics themed events to support the workforce

Useful Resources

1. Regulations and Guidance

- The regulations and guidance for the Care Act changes required for April 2015 were published in October 2014 and are available here: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- The wider consultation on the draft regulations and guidance for the part 2 Care Act changes required for April 2016 opened in February 2015. Information on the consultation can be found here: www.careandsupportregs.dh.gov.uk

2. Presentations from the **ADASS IN National Conference can be found here:**

http://www.techuk.org/component/techuksecurity/security/download/2293?file=Terry_Dafer_Presentation_-

[_ADASS_2014.pdf&Itemid=182&return=aHR0cDovL3d3dy50ZWNoYWsub3JnL2luc2lnaHRzL21lZXRpbmctbm90ZXMvaXRlbS8yMjkzLWFkYXNzLWltZy1uYXRpb25hbC1jb25mZXJlbnNILXByZXNlbnRhdGlvbnM](#)

Terry Dafter Chair of ADASS Informatics Network gave his own personal views at the ADASS IN annual conference in persuading Directors to consider social care IT through the following 10 top tips:

- Will you take an Interest?
 - Do you have a local IT strategy?
 - Is the user at the heart of that strategy?
 - Is it fully integrated with other strategies?
 - Have you made best use of BCF?
 - Have you been seduced by the lure of gadgetry?
 - Have you fought off corporate hordes?
 - How relaxed about IG are you?
 - Have you considered information and advice?
 - Can you be a digital champion too?
3. To make best use of resources to help each other, ADASS IN would like LAs to **share their good practice to support the implementation of the Care Act** experiences via the ADASS Informatics Network online forums (please contact Andrew Babicz, Andrew.Babicz@scimg.org.uk)
4. **Community Care Inspiring Excellence in Social Care** - with the October publication of the 2015 final guidance for the Care Act, Community Care have published a quick guide to resources from the government and several social care organisations to support local authorities and social workers get to grips with the changes from the Care Act. Information here: <http://www.communitycare.co.uk/2014/11/12/care-act-2014-quick-guide-resources-support-implementation/>

Part 2: Update on Data Collections for the Care Act

The Health and Social Care Information Centre has launched three consultations on the impact of the Care Act on the national data collections. These are on safeguarding and surveys (closes 4 Feb), deferred payments, and on short/long term support (SALT). The last two close on 16 February 2015. The HSCIC consultations are available here and they would welcome input from local authorities and any other stakeholders:

<http://www.hscic.gov.uk/consultations>

Part 3: Wider update on the health and social care technology and information programme

In this section, we provide an update on the wider programme of work to support the better use of technology and data across the health and social care system. In each section we briefly summarise the latest developments and signpost to where further information can be found.

1. The National Information Board (NIB) Personalised Health and Care 2020 framework

The NIB published a framework in November 2014 for action that will support frontline staff, patients, citizens and carers to take better advantage of the digital opportunity.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376886/NHS_England_NIB_report.pdf

This framework has been developed based on evidence from many sources, including civil society and patient organisations, as well as directly from service users. This is not a strategy in the conventional sense. It is not a national plan, but a framework for action that will support frontline staff, patients and citizens to take better advantage of the digital opportunity.

There are various workstreams resulting from this framework and Adult Social Care Informatics will be contributing to these. NIB has a dedicated webpage to find out about progress of the framework and NIB work in general available here:

<https://www.gov.uk/government/organisations/national-information-board>

Nine priority workstreams and six enabling workstreams have been established to progress this work. One of these enabling workstreams relates to “implementing the framework in local communities”. Led by Dylan Roberts, CIO at Leeds City Council and member of the NIB it’s role will be both to ensure that local priorities and requirements are reflected in all of the NIB workstreams and look at how the NIB Framework can be implemented locally across health and care systems. Anyone interested in being part of this work should contact Dylan Roberts –

dylan.roberts@leeds.gov.uk

2. Information Governance

The Department of Health published the “Confidentiality and Information Sharing for Direct Care Guidance for health and care professionals” in November 2014. This is a short guidance document with ‘5 simple rules’ for IG in direct care. These are clear that there is a duty to share if the patient’s best interest is at stake.

The guidance is available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/371932/OE_010079_IGA_Staff_Leaflet_A4_Lanv7_A-W_Final_Single_pg-Web.pdf

The Information Governance Alliance (IGA) hosted by HSCIC is a group of national health and care organisations that are working together to provide a joined up and consistent approach to information governance. This is an opportunity to seek advice for both health and social care IG matters. Further information is available here: <http://systems.hscic.gov.uk/infogov/iga>

HSCIC have also published their Code of practice on confidential information

The [code of practice on confidential information \(PDF, 1.3MB\)](#) aims to complete the picture by providing good practice guidance to those responsible for setting and meeting organisational policy on the handling of confidential health and care information (e.g. board members).

The code applies to any organisation that collects, analyses, publishes or disseminates confidential information, ranging from GP practices and hospital trusts to commissioners and local authorities. The code will help organisations ensure that the right structures and procedures are in place to help front-line staff follow the confidentiality rules.

3. Social Care Informatics Project (SCIP)

HSCIC is currently undertaking a scoping project on social care informatics standards. The scoping work will be primarily looking at developing standards through the following work packages:

- Information Standards: ‘Care Act compliant’ Assessment and Discharge Notifications between Hospital’s and Social Care
- Information Standards: GP Referral to Social Care

- Information Standards: Health and Social Care Integration ITK documentation
- Information Standards: Care and Support Planning
- Information Standards: Electronic Continuity of Care for citizens across Local Authorities (Care Act)
- Information Standards: ASC National data Collections
- Digital Maturity Model for Local Government
- Metadata Strategy for unstructured and qualitative information resources
- Terminology and Classification Strategy for Social Care Informatics

SCIP is due to report to the Department of Health and ADASS by the end of March 2014. This will help aid discussions for further developments in 2015/16 from the feedback on the workstreams.

4. Pioneers

Informatics is a key enabler to health and social care integration and Pioneer sites have undertaken excellent work in this area. The Pioneer Informatics Network is made up of local informatics leads from Pioneer and non-Pioneer sites, academics and representatives of Government Departments keen to work together to improve integration between services and patient-centred care.

In December around 50 people from across the Pioneers, Government Departments, and other organisations came together to scope out and define deliverables across the following eight work-streams. These are critical informatics priorities highlighted as key to delivering on the integration agenda. The eight areas are as follows:

- 1) N3 Replacement and Inter-relationship with Public Service Network
- 2) IG Assurance Framework 2 – Next Phase
- 3) Access to NHS number
- 4) Secure Email
- 5) Information Sharing for Commissioning Purposes
- 6) Integrated Digital Care Records
- 7) Whole Place Analytics

8) People-Driven Citizen Services

This was the latest of a number of Pioneer Informatics Network events that have been held, usefully offering further opportunities to collaborate, to share experiences, to celebrate successes and to address common challenges including sharing helpful examples of effective and emerging practice.

With nominated national and Pioneer site leads for each stream, the work will now be taken forward through virtual groups. We want to emphasise that whilst this is Pioneer-led, it is by no means exclusive to Pioneers. If non-Pioneer sites would like to participate or to contribute to these streams, then we want to hear from you.

For further information about the Pioneers Informatics Network, please email: PioneerInformaticsProgramme@local.gov.uk

5. NHS number guidance

HSCIC have published a piece of joint guidance with NHS England and ADASS IN on accessing the NHS number:

- There are numerous fact sheets under the heading '**Guidance for all Health and Social Care organisations**'
- A key fact sheet is the '**Fact Sheet on access methods to trace and use the NHS number on local records**' <http://systems.hscic.gov.uk/nhsnumber/staff/factsheet.pdf>. Its aim is to serve as a single reference point to introduce and explain the options for health and social care organisations in accessing the NHS Number
- The NHS Number FAQs have also been published <http://systems.hscic.gov.uk/nhsnumber/staff/frequently-asked-questions-for-staff>

Feedback is welcome via this mailbox - nhsnumber@hscic.gov.uk

6. Secure email- options available

With the scope of NHSmail promoting information sharing across health, public health and social care there is a need to support the different methods of secure communication. The '*secure email into social care project*' is designed to highlight the options available to social care organisations to achieve secure communication of sensitive and personal identifiable data. The ability to quickly and easily

exchange meaningful information via secure email across health and care communities will enhance integrated working and will also provide the enablers to help support the principles and key areas of the Care Act 2014 relating to information sharing.

The options to enable secure communication are:

- Adopt NHS mail accounts (Care Home pilot is taking place)
- Accredit local email system to ISB 1596 Secure Email Standard
- Procure an email system from the Managed Email Framework (<http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1085>)
- Use an encryption tool

Currently there is a combination of different email systems being used across the social care sector with many organisations operating multiple systems. There is also a heavy reliance on fax and other paper based methods for sending and receiving sensitive data. Adopting and using a secure email system will help to combat this problem and promote integrated working across all areas. New ways of collaborative working can also be explored such as desktop video conferencing and instant messaging.

7. NHS Choices Syndication Guidance

NHS Choices are developing their national information and advice material (articles providing a guide to social care, access to the CQC directories of home and residential care), which is all planned to be available via syndication. The team has developed a widget (for embedding in other websites) around commenting on registered care resources, and are thinking about developing one for access to the registered care suppliers directory. The following guidance is available to explain the opportunities to syndicate information from NHS Choices:

<http://www.local.gov.uk/documents/10180/5756320/Content+Syndication+Opportunities+for+local+authorities/30ceb578-dad3-4e18-974d-e5dc7286d017>

NHS Choices has also recently updated its contents page on Care and Support here:

<http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/what-is-social-care.aspx>

8. The 'Social Care Informatics Development (Workforce Capability and Professionalism) - Improving care for service users: The informatics contribution' project

This project has been commissioned by the Department of Health and is being delivered jointly by Skills for Care and the HSCIC. You can access background information, presentations, further webinars and join Communities of Interest at <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Informatics/Informatics.aspx>

The project conference will be taking place on **26th February 2015** at the Business Innovation and Skills Centre at 1 Victoria Street, London.

The new Care Act implementation leaflet sets out all the ways in which employers can prepare themselves on the effective use of data and information.

<http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Informatics/Informatics-contribution-to-Care-Act-implementation.pdf>

9. National Procurement Strategy for Local Government in England 2014

LGA published a strategy that sets out a vision for local government procurement and encourages all councils in England to engage with the delivery of outcomes. Further information available here:

http://www.local.gov.uk/documents/10180/5878079/L14-304+National+Procurement+Strategy+for+Local+Government+in+England_07.pdf/0c66ccef-9ad8-416c-8e5a-2419b033fbbe

10. Local Authority Software Applications (LASA) framework

The Local Authority Software Applications framework (LASA) is now live and available for customers to access, the Crown Commercial Service (CCS) has announced. This agreement has been developed in conjunction with local authorities, the Local Government Association and Pro5 to establish a route to market for the acquisition of software and related services to enable local authorities within the UK to deliver services to their citizens, such as revenue and benefits collection and payments and delivery of statutory functions such as social care, planning, environmental and building control, and provision of social housing. The four-year framework will replace the current Local Government Software Application Solutions (LGSAS) framework. Further information is available here: <https://ccs.cabinetoffice.gov.uk/contracts/rm1059>

11. National strategy for local government IT aims to harness benefits of collaborative procurements

Published in June 2014 The Local Government Association's (LGA's) [national IT strategy](#) has outlined plans to help local authorities identify opportunities to pool their expertise and buying power when engaging with suppliers. Information here:

<http://ccs.cabinetoffice.gov.uk/sites/default/files/images/LGA%20National%20ICT%20Strategy.pdf>

12. Open APIs and Open Source update

NHS England has developed the Code4Health platform for suppliers to offer a test platform for their API's. The Department of Health, ADASS IN and NHS E have started discussion with interested ASC application providers on how they can make their API's "Open" and publicly available for third parties to use. With support from many stakeholders we have adopted the NHS England guidance on open API for use in Adult Social Care informatics.

<http://www.england.nhs.uk/wp-content/uploads/2014/05/open-api-policy.pdf>

The Open Source movement is gaining increasing momentum across the public sector and within the NHS. NHS England, The Department of Health and ADASS IN are keen to promote a move towards Open Source within ASC. If you are an ASC Application Provider interested in a discussion as to how you can make greater use of Open Source, please email socialcareinformatics@dh.gsi.gov.uk

13. Launch of the NHS Commissioning Assembly Technology Enabled Resource for Commissioners

NHS Commissioning Assembly's *Technology Enabled Care Services (TECS) Online Resource for Commissioners*, has been developed by NHS commissioners to help maximise the value of technology enabled care services for patients, carers, commissioners and the whole health economy. This resource raises awareness of how the wide range of TECS can support commissioning intentions and benefit patients, commissioners, families, health and social care professionals and provider managers. It also addresses the demand from commissioners for information on how to commission, procure, implement and evaluate these types of solutions effectively. Information here

http://www.commissioningassembly.nhs.uk/dl/cv_content/157329

NHS England would welcome feedback from the tool from local authorities, please contact: anniethompson@nhs.net

Part 4: Useful Local and National Contacts

ADASS Informatics network administration email adassimg@govx.socitm.net and website:

<https://govx.socitm.net/spaces/adassimg/> (requires registering to access the website)

Below are contact details of ADASS IN regional leads to help connect local areas:

- NW: Valda Williams Cheshire East Valda.Williams@cheshireeast.gov.uk
- NE: Keith Forster keith.forster@durham.gov.uk
- Y&H: Neil Bartram Neil.Bartram@northyorks.gov.uk
- East Midlands: Michele Chew michele.chew@derbyshire.gov.uk
- West Midlands – Jenny Wood jennywood@warwickshire.gov.uk
- Eastern - Tracy Lindeman tracy.lindeman@suffolk.gov.uk , and natasha.burberry@adasseast.org.uk
- London: Elisa Lakhan-Hector (Enfield) elisa.lakhan-hector@enfield.gov.uk
- South East: Sandie Slater sandie.slater@bracknell-forest.gov.uk
- South West: Marisa Smyth marisa.smyth@devon.gov.uk

If you would like to contact the Department of Health directly to discuss any element of this guidance note, please contact:

socialcareinformatics@dh.gsi.gov.uk

Pioneers Informatics Network email: PioneerInformaticsProgramme@local.gov.uk