# Strategic Improving Information Programme for Adult Social Care

## Programme Initiation Document

## 4th May 2009

# Document Control

## Change Control History

| Revision | Date | Author | Change Summary |
|---|---|---|---|
| 0.1 | 4/5/09 | L Whalley | |
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| Board Members | | To propose acceptance or amendments to the Terms of Reference |
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## Approvals

| Signatory | Name | Position | Date |
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# Contents

## 1. Purpose of the Document

The Department of Health (DH) has launched the Strategic Improving Information Programme for adult social care, to bring a more coherent strategic approach to the range of activities associated with the way in which information is used to support the planning, commissioning and delivery of adult care and support services in the light of the personalisation agenda.
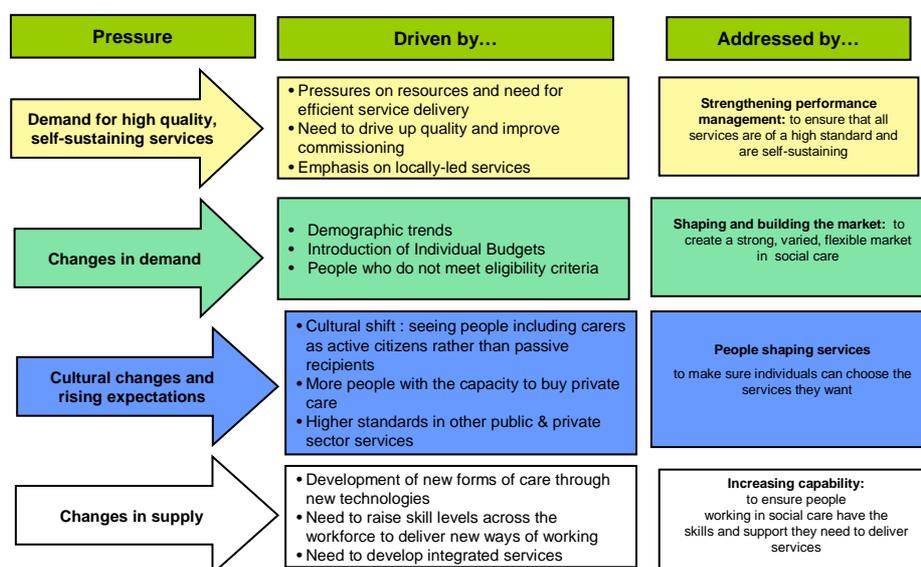
The purpose of this document is to set out the initial work plans for the Programme Board (the Board).

## 2. Document Status

This document is at draft status. .

## 3. Current position

### The strategic need

| Pressure | Driven by… | Addressed by… |
|---|---|---|
| **Demand for high quality, self-sustaining services** | • Pressures on resources and need for efficient service delivery<br>• Need to drive up quality and improve commissioning<br>• Emphasis on locally-led services | **Strengthening performance management:** to ensure that all services are of a high standard and are self-sustaining |
| **Changes in demand** | • Demographic trends<br>• Introduction of Individual Budgets<br>• People who do not meet eligibility criteria | **Shaping and building the market:** to create a strong, varied, flexible market in social care |
| **Cultural changes and rising expectations** | • Cultural shift : seeing people including carers as active citizens rather than passive recipients<br>• More people with the capacity to buy private care<br>• Higher standards in other public & private sector services | **People shaping services** to make sure individuals can choose the services they want |
| **Changes in supply** | • Development of new forms of care through new technologies<br>• Need to raise skill levels across the workforce to deliver new ways of working<br>• Need to develop integrated services | **Increasing capability:** to ensure people working in social care have the skills and support they need to deliver services |

The charter "Putting People First", issued in 2007, outlines a vision for the future delivery of adult care and support services which puts the needs of the individual citizen at the heart of the system. It gives more local flexibility, through local partnerships and Local Authority Agreements, to put in place a portfolio of services which reflect local needs and priorities.

This transformation agenda is characterised by:

- o A stronger focus on health and wellbeing, and prevention;
- o The personalisation of care, with the needs of the citizen put at the heart of the system, so they have maximum choice, control and power over the support services they receive;
- o Local devolution for target/priority setting, through Local Area Agreements, and culminating in the establishment in each locality of a community-based support system designed to meet the health and wellbeing needs of the population. This is a key principle for 'Putting people first' ;
- o A stronger focus on measuring the outcomes of the support services received;
- o Continued diversification of service provision, which brings implications for local authorities' ability to manage the market, and capabilities for world class commissioning;
- o Realignment of local services across Health and social care, and beyond, as encouraged by the emerging thinking around the Darzi review;
- o Changes to the performance management agenda, and to the inspection and regulation of services;
- o The strategic review of options for long term funding.

The interaction between and across sectors is also a priority for health and social care, in order to address the strategic aspirations outlined in the Next Stage Review led by Lord Darzi.

### *The Operational Need*

### Improving the use of information to support the transformation of adult social care

The Transformation Agenda being undertaken in social care requires development of the use of information. The DH paper 'Improving the use of information to support the transformation of adult social services' [1] sets out recommendations for action to "increase the potential for information to support and quicken the Transformation Agenda". The paper identified a number of information needs to meet the challenges of the Transformation and Personalisation Agendas.

### Common Assessment Framework for Adults

The overarching strategic objective of the CAF is to provide a generic framework within which improved multi-disciplinary and inter-agency working will be fostered. It will:

- Set out the principles which should inform assessment care planning and support based on a personalised and person-centred approach;

- Establish how best to fit information sharing into developing assessment and care/support planning arrangements and the introduction of self-directed support and personalisation;

- Establish the basis of a shared set of information;

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[1] Improving the use of information to support the transformation of adult social services. L Whalley and S Medcalf, Department of Health. July 2008

- Be supported by mechanisms to hold and share information between electronic care records across the NHS, social services and subsequently other organisations involved in care and support.

**Information Standards and governance**

Work is progressing on the development of an operational standard for the use of the NHS Number in adult social care. Thus is the first step in the adoption of a more standards –based approach to the way information is recorded and used in adult social care.

**National Adult Social Care Intelligence Service (NASCIS)**

The NASCIS is intended as a vehicle for gathering and disseminating nationally-available data, supported by analytical tools, and a library of useful resources. The real value of such a resource can only be delivered if there is confidence that data is collected locally in a way that is consistent across local authorities. The move towards a standards-based approach is therefore a prerequisite for the delivery of a shared information resource of this kind.


## 4. Project Definition

### *Project Objectives*

The programme will engage with all organisations involved in the planning, commissioning or delivery of adult care and support services, and with all activities led and managed at national level, and those being undertaken locally.

The programme will:

- Act as focal point for co-ordinating and giving direction to the range of activities which relate to information for adult social care;
- Provide strategic direction on information-related issues, and make key policy decisions required to meet the strategic objectives;
- Facilitate the alignment of the health and social care information agendas, and work with other services and organisations which have an interest, including Children's services, and other central government departments which interact with local government;
- Ensure that activities are coherent and mutually beneficial, minimising duplication and maximising benefits of individual activities.
- Raise awareness, sustain attention, purposeful activity and encourage culture change – so that  people and organisations recognise the importance of information as an asset which has an impact on care, money, reputation, resourcing and planning
- Receive updates from the workstreams, organisations and bodies also active in the information arena , flagging up Key issues requiring resolution
- Receive proposals for approving new projects needed to progress the information agenda, and assigning them to the relevant workstream
- Commission new projects, research, etc as required to progress the information agenda;

- Identify data gaps where developments are needed and bridge those by commissioning new work, or extending the scope of existing activities
- Address problems that have no clear owner. The Programme will identify resolution processes and maintain pressure, and visibility on these issues until they are resolved
- Identify requirements for long term, strategic improvements to infrastructure; and fix immediate tactical issues;
- Support continuous data quality improvement in Social Care.

The programme will not:

- supersede or replace existing projects, quality initiatives or similar
- duplicate existing governance or reporting structures
- increase the burden on organisations with unnecessary additional processes or reporting requirements.

### *Benefits*

A specific piece of work will be undertaken to identify the benefits which will accrue at national and local level.

### *Assumptions and constraints*

Key assumptions related to the social care work stream are:
   o The availability of adequate resources to support the establishment of a Social Care work stream and delivery of its work packages

Constraints:-:
   o The

### *Interfaces and dependencies*

The work outlined in the PID will need to interface with other programmes and projects.

- The DH Transforming Adult Social Care Programme
- The DH Improving local performance Programme.
- Common Assessment programme
- The Connecting for Health programme on health and social care integration.
- The workstreams of the Informatics Data Standards Programme, especially the Logical Record Architecture.
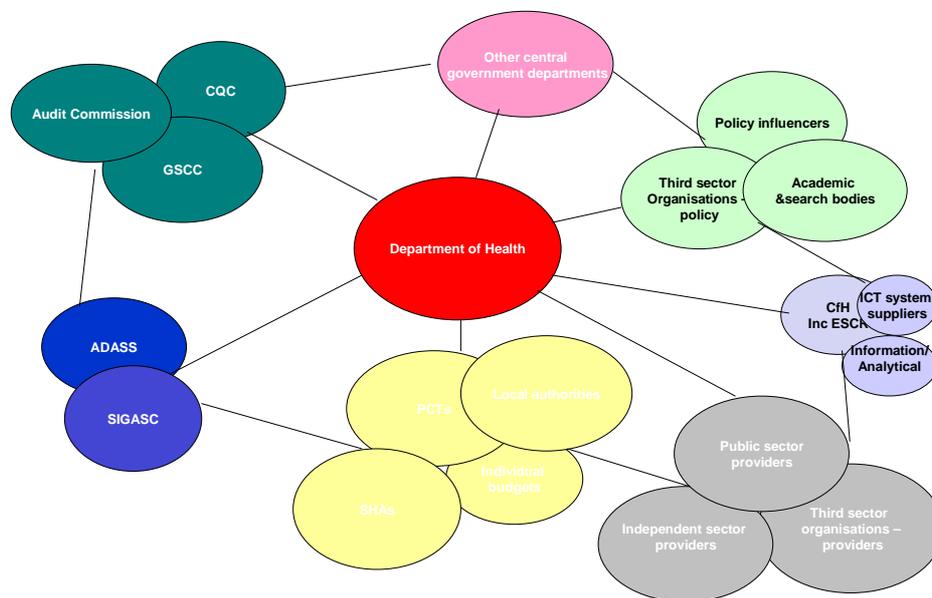- The NHS Number programme

## 5. Key stakeholders

Key stakeholders, both internal and external to the SIIP are illustrated here.

| Central government sponsor | Department of Health |
|---|---|
| Other government bodies | Primarily DWP, DfES, CLG,ONS. Others have interest in strategic work (eg Treasury) |
| "Regulatory" bodies | Primarily CQC. GSCC also. |
| "Representative" groups | Covering NHS & local government - ADASS, LGA. Also include Skills for care, support/benchmarking bodies, eg CSIP, IDeA |
| Commissioners, planners | Local authorities, PCTs. Need to take account of impact of self-directed care, personal budgets. |
| Providers | Local authorities, PCTs, third sector and voluntary organisations, independent sector. |
| Policy shapers | Research & academic institutions, policy groups; care- or service-related pressure groups |
| Information and ICT | ICT systems suppliers; Information/analytical market – Dr Foster, etc |

Note - this does not include service users.

This analysis will be developed in more detail and will inform the stakeholder communications plan which is to be developed.


## 6. Programme Board Governance

The Programme Board will oversee the work described here, and will approve any changes to this PID.

The Board's terms of reference are documented separately.

The work areas within this programme will report to the SIIP Board, who will assure the work being delivered by each work area and will maintain a strategic overview across all work areas to ensure effective delivery of the intended benefits.

The work areas have their own governance arrangements, and some additionally have separate reporting arrangements. Where this applies, the SIIP reporting will be 'light touch' and use scheduled reporting and updates. The Board will co-ordinate reporting arrangements across the range of programmes and activities currently being delivered across health and social care, as considered necessary.

The SRO for the programme is Glen Mason, Director for Leadership and Perfomance in the DH Directorate for Social Care, Local Government and Care Partnerships.

A key aspect of the work of the Board is to ensure that the appropriate linkages are made with other key groups and programmes which impact on the SIIP. A register of these groups is included in Appendix 2.

## 7. Project Plan

*THIS SECTION TO BE DEVELOPED FURTHER*

The SIIP will comprise four main workstreams. Conceptually, they are seen as four pillars, which act as a framework for capturing all relevant activities. They are:

- o The Record
- o Data Intelligence
- o Infrastructure
- o Workforce

The diagram which follows shows how it is intended to use this framework for structuring the programme. Some of the pieces of work are relevant to more than one of the pillars.
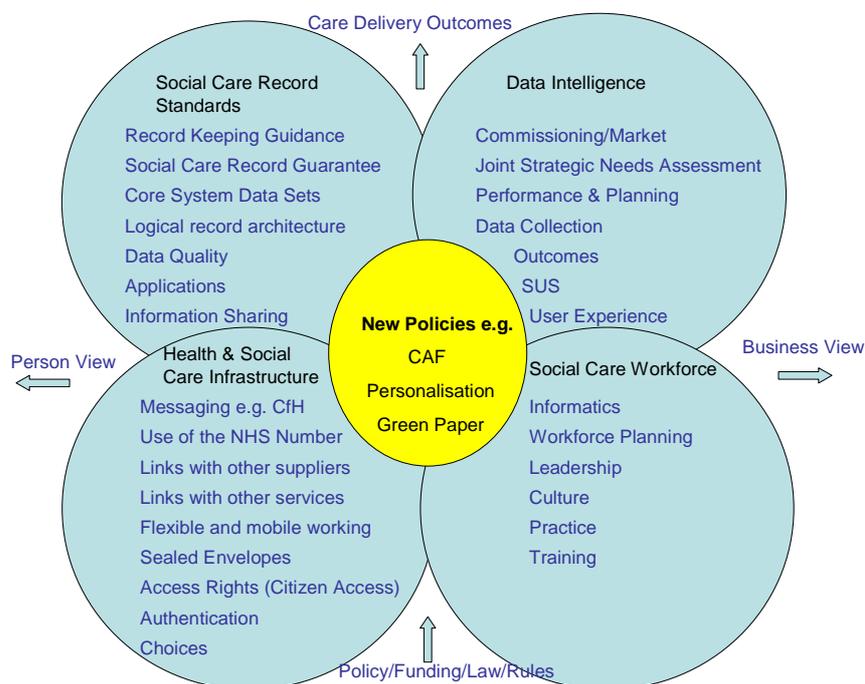
The detailed plans for the pillars and the work areas are still to be developed. The immediate priorities are summarised below:

- o Social Care Record
- o The social care record guarantee
- o Common Assessment Framework
- o Information for improving local performance
- o The development of an operational standard for the use of the NHS Number in adult social care
- o Data quality
- o Data standards (starting with the NHS Number) and integration with healthcare through the Informatics Data Standards Programme.

## 8. Communication Plan

Each work area will have its own requirements for communications and engagement, and they will be identified in the plan for each work area.

There is a need for a targeted communications plan for the workstream as a whole, with the social care community.

## 9. Project Quality Plan

A quality plan will be drafted for the SIIP

## 10. Project Controls

Regular progress reports for each work area, comparing achievement against the plan will be provided for each key work area or project.

Approvals and sign-off for work associated with this programme will be carried out by the Board.

Any amendments to this PID which affect the overall scope must be approved by the Board.

### *Change Control*

The SIIP board will oversee any change control requirements for any of the projects or workstreams. Each project or workstream will define the tolerances appropriate to its needs.

### *Risk and issues management*

This project will adopt the standard approach to the management of risks and issues. A log will be maintained and reviewed regularly by the SIIP.

### *Progress Monitoring & Reporting*

Regular progress reports comparing achievement against the plan will be provided to the SIIP.

### *Lessons Learned*

A Lessons Learned Log will be set up and lessons will be collected and reviewed as they arise.

## 11. Timescales

It is anticipated that all work areas described in this PID will be completed by July 2009. At that point, recommendations will be taken to the Social Care Strategic Information Board and the IDSP Board in regard to next steps.

## 12. Resourcing implications

The Department of Health has allocated a budget to the NHS Information Centre for the establishment and management of the programme. Most of this resource will be used to bring in dedicated expertise from the sector to work on the programme. Some of the funds will be used to commission research or events for specific areas (eg workforce, information for the public, etc)

A number of organisations are actively involved in this programme, and are deploying resources in one or more work areas. These are:

- Department of Health
- NHS Connecting for Health

- The NHS Information Centre for Health and Social Care
- The Association of Directors of Adult Social Services
- The Care Quality Commission
- Local authorities

Resources attached to the work areas will be managed within each organisation.

## Appendix 1 – Key messages from consultations during 2008

During 2008, a wide ranging discussion was held with a range of stakeholders. Feedback from these discussions has informed the work programme described in this PID. Comments made include:

- Whilst it was reasonable to target the approach on those organisations which are key in taking the agenda forward, it is nonetheless essential that the citizen/service user perspective is at the heart of how that is done.

- The needs of the research/academic community are important also – if the information is not recorded at local level, it will be impossible to access it in any way to support the research agenda. The need for quality research to support adult care and support services has been recognised by DH (and others) as a separate strategic objective.

- As time has moved on, and the projects have been making progress, it is no longer clear whether a separate workstream on the technical agenda is warranted. There is a need for some work to raise the profile, improve communications across local authorities, and to evaluate the synergies (actual and potential) for the National Programme for IT into adult care and support services.

- The need to progress the work on data standards is long overdue, and is now critical, to the extent that the absence of agreed standards runs the risk of diluting the desired benefits of the CAF programme.

- The review of national data collections has been helpful in streamlining the collections. There is a strong will to build on that review to ensure that momentum is not lost.

- There has been consistently strong agreement that there is a need to 'join up' currently separate programmes.

- It is important that the governance arrangements are robust enough to ensure appropriate engagement across the sector. The view was expressed that the original discussion paper did not deal adequately with this, in the light of the review of the health and social care structures (Review of Central Returns for health, Strategic Information Group for Adult Social Care ).

## Appendix 2 – Key groups and SIIP representation

This table informs the engagement plan for the programme. It will act as a register of the key meetings and groups which relate to the work of the SIIP.

| Group | Lead/key contact | SIIP representative |
|---|---|---|
| National Programme for IT Board | | David Johnstone |
| Information Standards Board for health and social care | | Stephen Sloss<br>Penny Hill (observer) |
| National Information Governance Board | Ian Johnstone | Penny Hill (personal) |
| Transforming Adult Social Care programme | John Bolton, Director of Strategic Finance, DH<br>John.bolton@dh.gsi.gov.uk | |
| CAF programme | Carl Evans, DH<br>carl.evans@dh.gsi.gov.uk | Alan Allman |
| Informatics Data Standards Programme Board | Gavin McIntosh, Connecting for Health and Social Care Information Centre<br>gavin.mcintosh@nhs.net<br>Monica Jones, Head of Architecture, Information Centre<br>monica.jones@ic.nhs.uk | Glen Mason<br>David Johnstone |
| NHS Number Programme | Stuart Blake, Programme Manager, Connecting for Health<br>stuart.blake@nhs.net | David Johnstone<br>Robert Lake |
| DCSF groups? | | |
| CfH groups? | | |
| DH Better Regulation | Chris Horsey<br>Chris.horsey@dh.gsi.gov.uk | Linda Whalley for the SIIP Individual organisations have their own representation. |
| Data Quality Programme | Andrew Frith, Director of Information Development, Information Centre<br>Andrew.frith@ic.nhs.uk | Linda Whalley<br>Penny Hill |
| Indicator development board | Andrew Frith, Director of Information Development, Information Centre<br>Andrew.frith@ic.nhs.uk | Linda Whalley<br>Simon Medcalf |
| Strategic Information Group for Adult Social Care | Claire Sanderson, Director for Information Governance, Information Centre<br>Claire.sanderson@ic.nhs.uk | Robert Lake<br>Simon Medcalf |