Local Government Association

Socitm advisory

Local government social care data standards and interoperability

Discovery report
July 2019

Acknowledgements

We would like to offer our personal thanks to all of the councils and social care IT and interoperability solution suppliers who invested their time in speaking with us as part of this discovery.

The views and practical examples they shared assisted in developing our understanding of the key issues and opportunities.

It also shaped our thinking on the resulting recommendations required to drive and deliver progress.

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Foreword

Adult social care helps people to live the lives they want to live. Social care has a fundamental role in enabling people to be independent for as long as possible and keeping communities connected.

Within this context information, data and technology have significant roles to play. Enabling people to understand their care options, make decisions for their loved ones or leave hospital knowing how they are being supported in the future depends on good quality and timely information.

Around the country many councils are working with people, providers of care, the voluntary and community sector and health partners to ensure that information is shared, and people's needs met. In this paper you will read examples of where councils and other partners are working together to make this happen.

However, there are further areas that need attention if we want a truly person-centred approach where people consistently get the care that is needed in the right place and at the right time. This means joining up relevant information from different organisations around the person so that professionals involved in the care and support can make decisions with the best information available.

In order to achieve this we would benefit from standard information (standard data models), systems that talk to each other (interoperability) and the flexibility to share, combine and consume information in different ways (application programme interfaces or APIs).

We asked Socitm to work with us on a discovery project to engage with councils and social care system suppliers to celebrate successes but also to understand the barriers to more effective sharing of information across health and care.

What we know from the discovery is that if we are going to make progress in this area and with the integration of health and care in the future, it must be done collaboratively with councils, with industry and with people who receive or support those receiving care.

We have developed this paper with councils (with support from social care system suppliers and national bodies) to share the findings from the discovery and set out our recommendations for supporting the sector in this area moving forward.

Councillor Ian Hudspeth
Chairman, LGA Community Wellbeing Board and Leader, Oxfordshire County Council

Executive summary

What is this discovery project?

The aim of this discovery project was to work with councils and social care system and interoperability suppliers to understand the barriers, highlight successes and identify opportunities to further support information sharing across social care.

The Local Government Association (LGA), in collaboration with several councils, commissioned Socitm to undertake this project. It seeks to inform wider work being undertaken as part of the LHCR Programme which, in eight areas of the country, is supporting improvements in the sharing of information across social care and health.

The 12-week discovery project included engagement with councils, national bodies and social care system suppliers and took place between January and May 2019. In total, engagement took place with 36 councils (either through 1:1 or group sessions), seven system vendors (covering the majority of system suppliers to social care and interoperability solution providers) and national/industry bodies.

It sought to answer the following principal questions:

1. **How might we better work with social care system vendors to support effective information sharing from and to social care?**
2. **How might we support the adoption of standards across local government in a way which is sector-led?**
3. **What key information is social care (in councils) seeking to share and receive from health?**

Given the focus of these questions, the following areas were deemed out-of-scope (but may warrant an extension to this work in the future):

- engagement with/ understanding the information requirements of social care providers (the focus of this project was engagement with councils and adult social care system suppliers)
- exploring the use of information sharing for population health / commissioning purposes (this project focuses on information sharing for the purpose of direct care)
- exploring the use of data and information sharing in other areas of social care such as technology enabled care (telecare) services.

Finally, please note that for reasons of time and resource there were a limited number of councils, system suppliers and national bodies that could participate in this discovery. Therefore not every council or supplier was approached as part of the work.

What have we learned?

Engagement with councils through this project has highlighted local areas where significant progress is being made to support the sharing of information across health and care (areas including Rotherham and Nottinghamshire).

However, the engagement has also highlighted several themes where councils and system vendors reported challenges. There are a range of barriers that have been highlighted through this discovery from being able to effectively articulate and demonstrate the benefits of interoperability across social care to issues around information governance and data quality.

On the whole, further support to councils in the area of information sharing and standards adoption across care and health is welcomed.

However, any approach will need to be multifaceted and start from practical use cases that speak to a social care audience for it to be successful.

Finally, although a standards-based approach was broadly supported by councils, this discovery has demonstrated a preference for information sharing initiatives and activity which is local and collaborative rather than national and/or mandated.

What are the recommendations?

This report gives 11 recommendations on how the sector can be supported in this area moving forward and proposes accountable and responsible parties for each of these. The recommendations are structured so that they respond to the challenges that were identified through the discovery.

These recommendations will need funding and support for them to be taken forward but if we are to achieve the ambitions from the technology vision then it is essential they are supported.

The recommendations in this report are as follows:

1. Start small and work collaboratively with prioritised use cases which are directly relevant to councils
It is recommended that councils collaborate on a small number of projects (three to four) to identify the information to be shared through development of use cases. These should speak to a council and social care audience and have defined benefits. These projects over time should support standards development, a modular data approach and associated API development by system providers.

2. Raise awareness to councils of interoperability commitments by suppliers
It is recommended that work be undertaken by NHSX and NHS Digital in collaboration with the LHCR Local Government Network and councils to raise awareness of the interoperability charter commitments with councils.

3. Ensure new procurements meet deliver to interoperability commitments It is recommended that NHSX in collaboration with NHS Digital work with councils to define specific data and interoperability requirements. This work should also connect with existing or new procurement frameworks (such as HSSF) to ensure that these interoperability requirements form part of these frameworks. Work will also be required to raise awareness of these frameworks with councils.

4. Increase awareness of existing interoperability interfaces
It is recommended that work be undertaken by NHSX and NHS Digital in collaboration with councils and system suppliers to develop a platform that enables councils to have visibility of all live interoperability solutions (including public and open APIs) within the area of adult social care. This platform should give councils the ability to highlight how solutions are being used in practice.

5. Address information governance concerns
It is recommended that NHSX lead on the production of clear information governance guidance and practice examples which is specific to a local authority and social care audience which are supported by NHS organisations including primary and secondary care. The Information Commissioner's Office (ICO) should also be involved in the publication of this guidance.

6. Support improvements in data quality to support interoperability
It is recommended that Government fund technical support to regions to assess recording practices and make recommendations on data quality both nationally and locally. This will be aimed at improving consistency and standardisation of data.

7. Ensure full adoption of the NHS number and exploring wider use
It is recommended that work be undertaken by NHS Digital on a council by council basis to address issues with NHS number tracing. This should include specific guidance to councils from NHS Digital on the options and costs for councils with NHS number tracing. In addition, it is recommended that NHSX, the Ministry of Housing, Communities and local Government (MHCLG) and the Department of Health and Social Care (DHSC) work with councils to develop specific use cases and guidance where use of the NHS number may be considered beyond health and adult social care.

8. Undertake greater engagement with frontline social care professionals
It is recommended that greater engagement and ownership of digital initiatives for social care by professional groups such as the British Association of Social Workers (BASW), the Principal Social Worker Network and the Association of Directors of Adult Social Services (ADASS) is undertaken to ensure projects are increasingly led by practitioners.

9. Communicate the benefits of interoperability and the LHCR Programme
It is recommended that NHSX lead on work with the sector to improve awareness of the LHCR programme and capture and share benefits for local authorities. This work should draw on existing local examples of information sharing.

10. Widen the definition of information to be shared
It is recommended that NHSX / DHSC facilitates discussions with the Department for Education (DfE) and MHCLG to explore how to support councils that are seeking to use local shared records or the LHCR programme as a means of sharing relevant information from children's, education and housing. This should explore practical opportunities to support councils including consideration of broadening restrictions on funding to support activity where it supports the wellbeing of individuals or families.

11. Facilitate improved collaboration between councils and all relevant suppliers
It is therefore recommended that a vendor strategy is developed with the sector for how best to take this area forward. As part of this the Local Government LHCR Network (and councils) in collaboration with InterOPEN should explore a cross-supplier forum with representatives from councils to identify and represent key standards and interoperability opportunities. This could be a sub-group of the existing InterOPEN community. This group should also have responsibility for ensuring progress of these recommendations.

2. Context: The case for information sharing

We are increasingly living in a world that is making greater use of information, data and technology. Day-to-day tasks are being made more convenient by the ability to use digital technologies that change how we live - whether it is from managing our finances, to booking holidays or ordering food and other household items.

Adult social care is rightly inherently person-focused. It is about enabling people to be able to live the lives they want to lead, helping them to be independent for as long as possible and providing the right help and support when they need it most.

But this does not mean that information, data and technology do not have a place within social care.

People and their carers want the ability to easily understand their care options, make decisions about care for their loved ones, understand who and what care is being delivered and know that when they do receive care and support that they are in safe hands. All of this relies on shared information of good quality.

Across the country there are excellent examples of where care is being provided in joined up and person-centred ways. However, we still hear stories of where health and care is not as joined up as it needs to be - where people providing care are spending too long chasing for information or not able to make decisions with the best available information to hand. Even simple things such as sending information about an individual who is leaving hospital or informing people and their families about the care agency that will be providing support is not happening as often as it should be.

Councils and their partners up and down the country are committed to working with people to make things better in ways which put people (whether they be professionals, people or their carers) first. This means listening to people and their experiences of care in order to make improvements.

It is in this context that information, digital and technology has an important role to play. We can only truly design approaches that are person-centred when we have information that can easily be shared, combined and consumed in different ways rather than being locked into monolithic systems. When we step outside of seeing data and information in silos we can see how, when brought together, it can truly help deliver person-centred care and support.

Imagine, for example, someone who is receiving short-term reablement support at home after a period in hospital. In many cases, such care is arranged by the council and provided by a care agency. The information that will provide reassurance and support to that individual receiving care and their family as well as the care agency needs to be gathered from multiple sources and locations. It might be knowledge about when and which care agency is arriving, about when and what care was delivered or about when and how much they will need to pay for ongoing care after the initial period of support ends. The same is true of the council and the care agency that need information at various points of this journey to provide a person-focused approach.

Increasingly there are opportunities from making this information accessible via digital devices such as apps on mobile phones, tablets or even through voice devices in the home. People want the ability to be able to consume information they need through the devices they choose. So too the design of these applications is essential; designed around the needs of individuals and those people who will use them.

While the interface between health and social care is important to ensure that people receive care in joined up ways, so too are councils seeking to share and receive information with other organisations both internally and externally.

This means that people need to tell their story once rather than multiple times and that professionals have access to the information they need thus helping to deliver joined up care. This could be about customer service centres in councils having information on hand when someone makes a call about their loved one; being able to share information with housing to assist with home adaptations, or linking up with telecare services that are increasingly playing an important role in providing support for people at home.

The way in which we use and share information is important. We need to understand first the problem to be tackled, then define the information that is needed, before considering where it needs to be drawn from.

However, our ability to make use of the information in different ways remains inhibited. Sometimes it is confusion about what can be shared and with whom. Sometimes it is about the systems themselves that do not always allow information to be shared and consumed in the easiest ways and sometimes by the way we use and interact with the systems we have purchased.

In many ways the ability of councils to take advantage of existing systems and technologies has been constrained. There are various reasons for this including access to resources, financial or otherwise. There is a need to have a higher level of engagement with IT suppliers to explore and encourage greater levels of information sharing in easily accessible ways and not to be locked into individual systems. Growing digital expertise in councils as well as the wider care sector is critical in making this work.

It is in this context that the LGA commissioned Socitm to undertake this discovery project: to understand what can be done to support councils in commissioning and delivering care which puts people first and makes best use of the technology and data we have available.

3. Context: The national picture

At a national level there is a commitment to make the best use of the technology that is available to support both health and social care.

Technology Vision for health and social care

The launch of the Technology Vision[1] by the Secretary of State for Health and Social Care in 2018 has been broadly welcomed with a distinct focus on ensuring that we have information systems that talk to each other and get the right data to the right place at the right time.

In practice the vision calls for a radically different approach to technology across both the NHS and social care underpinned by four principles of user need, privacy and security, interoperability and openness and inclusion. The creation of NHSX which has responsibility both for the NHS as well as social care is intended to be one of the vehicles to support and enable this change.

NHSX has been vocal in ensuring that social care is given greater focus and support. The social care programme has been identified as one of the 10 transformation programmes[2] and work is underway to consider further opportunities to support the sector.

Alongside this the NHS 10 Year Plan has committed the NHS to moving towards a whole system approach that moves care closer to the home and to the community. There is an important role for data, information and technology in providing people with personalised care solutions and technology designed to keep individuals safe, healthy and out of hospital wherever possible.

We similarly expect an important role for information, data and technology to be recognised as part of the Government's forthcoming Social Care Green Paper.

Interoperability and open standards

There is a strong commitment from Government to supporting interoperability and shared information across both health and adult social care. We should increasingly be taking advantage of our economies of scale to reduce costs, improve the flow of information from one system to another and adopt standards that we can all use to allow this information to flow in the best possible way.

> "Our technology infrastructure should allow systems to talk to each other safely and securely, using open standards for data and interoperability so people have confidence that their data is up to date and in the right place, and health and care professionals have access to the information they need to provide care. Interoperable, connected health information in other countries has shown cost-and time-saving benefits, including enhanced care co-ordination….we need to replace legacy architectural decisions to keep up with modern technology."
>
> **The future of healthcare: our vision for digital, data and technology in health and care. DHSC, 2018**

1 The future of healthcare: our vision for digital, data and technology in health and care, 2018: www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care

2 NHSX: giving patients and staff the technology they need, June 2019: https://healthtech.blog.gov.uk/2019/06/24/nhsx-giving-patients-and-staff-the-technology-they-need/

We want systems to be able to talk to each other with information made available at the point it is needed and transferred in ways which are easy and straightforward. This might be information which is available to other internal services, other organisations or indeed information shared with people, families and carers.

It is in part the opportunity presented by APIs that will help facilitate this exchange of information both within and between organisational silos. They provide a crucial part of the 'plumbing' for delivering integrated and person-centred care.

When we use applications on our phones, tablets or websites to access our bank details, check the weather or book a holiday these are all using APIs as a method of transferring information. In the same way there are opportunities in health and care from the better availability and exchange of information.

The paper 'APIs for the public good'[3] published in January 2019 found that 87 per cent of the public sector were exploring the potential of APIs. We know too from the work that the LGA has undertaken with councils as part of the Social Care Digital Innovation Programme[4] that councils are increasingly looking towards APIs to improve the sharing of information and help deliver more person focused care.

Through both the Social Care Digital Innovation Programme as well as this discovery project we have come across examples where several councils are making information more available and accessible, including through the use of APIs. Councils such as Nottinghamshire County Council (see case study) and Sunderland City Council[5] are increasingly recognising the benefits of using information in this way and there are approaches here that we can learn and build from.

Outside of social care too councils are developing and using APIs to improve the way services are delivered. Hackney Council, for example, has been using APIs in housing to give people the ability to log into their rental account via applications on their mobile to view and manage their rent accounts. This same information can at the same time be viewed too by other people; by the customer call centre or by housing officers out in the borough.

However, despite progress, there remain significant barriers to adoption. We know that the adoption of APIs depends on the use of data standards, standards which enable consistency of information. It is why the technology vision from DHSC places so much emphasis on developing open standards which are in line with the Government's Open Standards Principles[6]. As part of the technology vision Government has committed to working with councils and the wider social care system to consider how to develop and adopt effective standards. We hope this discovery will contribute towards that commitment.

> "And we will work with local government and the wider social care system to consider how we can develop appropriate and effective standards that support the sharing of information between providers and commissioners."
>
> **The future of healthcare: our vision for digital, data and technology in health and care, 2018**

3 APIs for the Public Good – Cognizant and supported by UK Authority, January 2019: www.ukauthority.com/articles/apis-for-the-public-good/

4 Social Care Digital Innovation Programme, LGA: www.local.gov.uk/scdip

5 Sunderland City Council Social Care Digital Innovation Programme, LGA: www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/informatics/local-investment-programme/2018-19

6 Open Standards Principles, Cabinet Office: www.gov.uk/government/publications/open-standards-principles/open-standards-principles

Councils tell us they are often held back from sharing information in this way, whether it be through the lack of data standards (or standards which are poorly defined), suppliers who are not perhaps as open as they could be, or the development and ongoing maintenance costs associated with developing APIs.

The implications for IT and system suppliers across health and social care are likely to be significant and this report highlights in its key messages that they are prepared for change in principle, and to a certain extent, there are already good experiences to build upon.

Amongst other things, the right levels of leadership and resources will be needed across the 'whole system of care' to achieve substantive change, including within council IT and social care functions as well as the supplier community. This is where we believe there are opportunities for councils to work together in moving towards commonly agreed standards and working with suppliers in a joined-up way to support interoperability and API adoption.

Of course, it is essential that such standards are 'useful, usable and used'. There is little point in organisations developing standards if they are of no or little relevance and unlikely to be adopted. In developing standards this needs to be supported and driven by frontline practice where there is clarity over what information is required and for what purpose.

The Professional Records Standards Body (PRSB)[7] has been playing an important role in the development of standards across both health and social care.

The assessment and discharge standard[8] which brings clarity over what information should be shared with social care when people arrive and leave hospital is one example of where open standards have been developed (in this case defined within the Care Act 2014) and offers the potential to improve the ability of systems to be able to talk to each other.

During the course of this discovery programme in 2019 the PRSB has been engaging the health and care system on what core information should form part of a shared care and health record[9] so that there is some commonality of information regardless of where in the country people access health and care services. At the time of publication the core information standard[10] has been published in draft by the PRSB and they are seeking endorsement to the standard from organisations. As well as supporting more joined up care across the system, a consistent set of information standards can also help people to have more control in managing their own health and care.

We are increasingly seeing collaborative efforts both in the NHS and in local government in working together to develop standards and support the development, adoption and use of APIs through a collaborative, locally led approach. The LHCR Programme is one initiative that is intending to improve information sharing across health and social care.

7 Professional Records Standards Body: https://theprsb.org/

8 Information Standard: ADW Notices between Hospitals and Social Services, NHS Digital

9 LHCR Programme, Professional Records Standards Body: https://theprsb.org/projects/lhcre/

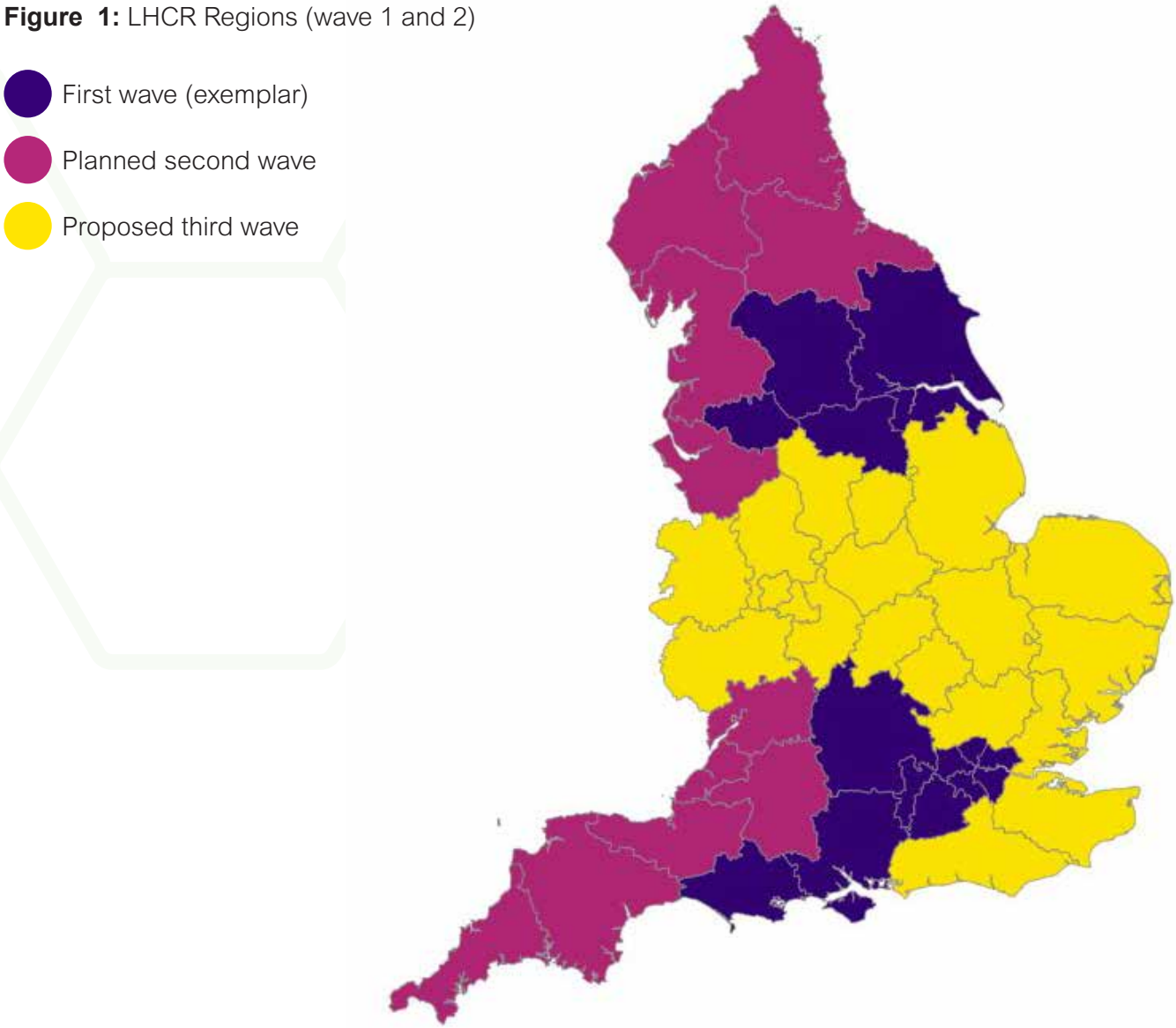
10 Draft core information standard, Professional Records Standards Body: https://theprsb.org/standards/coreinformationstandard/

4. Context: The Local Health and Care Record Programme

Over the last few years there has been a growth in local information sharing initiatives, through local shared care records. There are around 60 local shared records at various stages of development across the country with relevant adult social care information (and in some cases children's social care) accessible by health partners and relevant health information accessible by those working in social care. These are already starting to help join up care ensuring professionals have access to the relevant information they need.

The establishment of the Local Health and Care Record (LHCR) is in many ways the next step to local sharing initiatives. The LHCR programme is locally led but nationally coordinated and seeking to support improvements in information sharing across health and social care. Five regional areas were selected in wave one in 2018 and three regional areas selected as wave two in 2019.

Figure 1: LHCR Regions (wave 1 and 2)



The LHCR programme is not confined to sharing information between NHS organisations but it is seeking to support practitioners across health and social care (as well as the public) to have access to the relevant information they need. These areas are intending to bring together information from across the health and social care system and also open up that information so that it can be accessible through apps and other devices. An important aspect of the LHCR programme is the need to ensure that it speaks to an audience across the whole health and care system to support integrated and place-based care.

The LHCR regions all recognise the value of data sharing using more commonly agreed and open standards. To this end, a number are currently working on specific use cases that set out the circumstances in which data sharing is meaningful for people, such as where an individual has been admitted to urgent or emergency care outside their locality and access to the health and social care record is required.

The LGA in partnership with a number of national organisations has been working jointly with a group of councils around the country, particularly councils that are more actively involved in local information sharing initiatives. It is this group (Local Government LHCR Network) that has collectively commissioned this discovery project. The group has been used to support collaboration and joined up working in interoperability and information sharing in local government and social care and with funding from the LHCR Programme this discovery project was commissioned.

Local Government LHCR Network			
Councils / local organisations		**National organisations**	
Leeds City Council	Dorset Council	Local Government Association	Department of Health and Social Care
North Yorkshire County Council	Camden and Islington Councils	Professional Records Standards Body	Socitm (commissioned)
Blackburn with Darwen Council	Wigan Council	NHS England	NHS Digital
Gateshead Council	Trafford Council		NHSX
Newcastle City Council	South Central and West CSU		
	One South West Programme Team		

5. Context: The social care IT landscape

The social care digital landscape, at least within councils, has for the last few years been dominated by two social care case management system suppliers with these two suppliers providing the majority of solutions in adult social care. According to our information 75 per cent of councils have either one of these two systems in either children's or adult social care – and a number of these have the same system across both adult and children's social care. Many of the experiences in one area are therefore shared in other areas.

However, more recently, suppliers beyond these two have been winning business, potentially suggesting some market diversification.

The Crown Commercial Services (CCS) procurement framework has historically been the main framework councils have used for purchasing of social care systems alongside local OJEU procurement by councils. The previous CCS framework[11] expired in March 2019 but has been replaced with a new Data and Applications Framework[12] in April 2019. In any case less than 10 per cent of councils will be changing systems in any one year.

Of course, councils aren't only using case management systems in social care. The interface to financial systems are critical given the means tested arrangements for social care as are other systems including dynamic purchasing systems (allowing care providers to interact with care needed), e-marketplaces (that allow people to purchase their own care and manage personal budgets) and new information flows from systems that interact with data from technology enabled care in a home environment (such as remote monitoring, giving people reminders about their medication or flows of information to call monitoring centres).

Whilst suppliers recognise the importance of their user groups (where they exist) to influence development priorities, there is a high level of local system configuration possible with some of the social care system suppliers (less so with others). We are informed that suppliers do have 'data schemas' for case management systems but changes to care processes within councils mean that local system configuration changes are frequent.

In response, some social care case management suppliers have built systems that are highly configurable with systems set up differently by each local authority at a process and data level. This makes the adoption of standards complex and also requires sometimes significant local investment in change management.

At the same time, whilst health data is highly coded, by comparison social care case recording is by nature less coded and contains significantly more unstructured data in free form text which supports the person-centred approach to social care. This is unlikely to change – and indeed councils may well seek to adopt more narrative based approaches (or indeed visual or audio based approaches) that 'tell the story' for individuals with some councils already exploring tools that can analyse text-based data. Where standards are in place they are usually in relation to mandatory national statutory returns with mixed approaches to recording information beyond this.

Significant issues relating to social care systems have also arisen with the reduction in local authority funding. Firstly, the staff working on social care systems have either reduced in number or been centralised into corporate IT teams or outsourced teams. Digital teams often work on many systems across the council which has, at times, led to less knowledge of social care commissioning and delivery.

11 Local Authority Software Applications Framework RM1059, Crown Commercial Services: www.crowncommercial.gov.uk/agreements/RM1059

12 Data and Application Solutions Framework RM3821, Crown Commercial Services: www.crowncommercial.gov.uk/agreements/RM3821

The impact of this has been seen in how social care has been able (or less able in some areas) to drive social care system developments with suppliers.

Secondly, funding for interoperability, information sharing, or data initiatives are often identified as a particular challenge – including making the business case for investment which recognises the importance of sharing data. Whilst there are benefits, it is not always clear what these benefits are to councils and how projects which involve information sharing will help lessen the financial challenges which councils continue to face.

Despite these challenges, a number of councils continue to make progress in information sharing and interoperability initiatives – particularly where they are based on clear 'use-cases' which demonstrate benefits to people and their carers, to councils and to the wider system partners of information sharing.

The use of funding through the Better Care Fund has been one vehicle that has enabled local information sharing initiatives to progress and a number of councils also cited involvement in work relating to the Health Systems Led Investment Funding. Increasingly councils are telling us they want systems to be open in a way that enables information to be shared to multiple sources. The need therefore for collaboration with, and cooperation from social care system suppliers is critical.

6. How we approached the discovery

Socitm was commissioned by the LGA to undertake a 12-week discovery project and engage councils, system vendors and national organisations in identifying opportunities to address challenges to interoperability and information sharing across social care.

Specifically, the discovery was seeking to answer three key questions:

1. How might we better work with social care system vendors to support effective information sharing from and to social care?
2. How might we support the adoption of standards across local government in a way which is sector-led?
3. What key information is social care (in councils) seeking to share and receive from health?

The discovery timeline commenced in January 2019 with the final report completion in July 2019. The approach involved three phases of engagement.

Phase 1: Engagement with councils

The engagement with councils was undertaken primarily through the existing network developed as part of the LHCR Local Government Network. This network facilitated engagement with a wider range of councils both locally and regionally. In some cases (such as in the North East) this was through existing networks such as ADASS. In other areas it was more bespoke, recognising the different stages at which each local area and region is at.

The sessions held with councils were either held on a 1:1 basis or through group workshops. A small number of discussions were held over the phone.

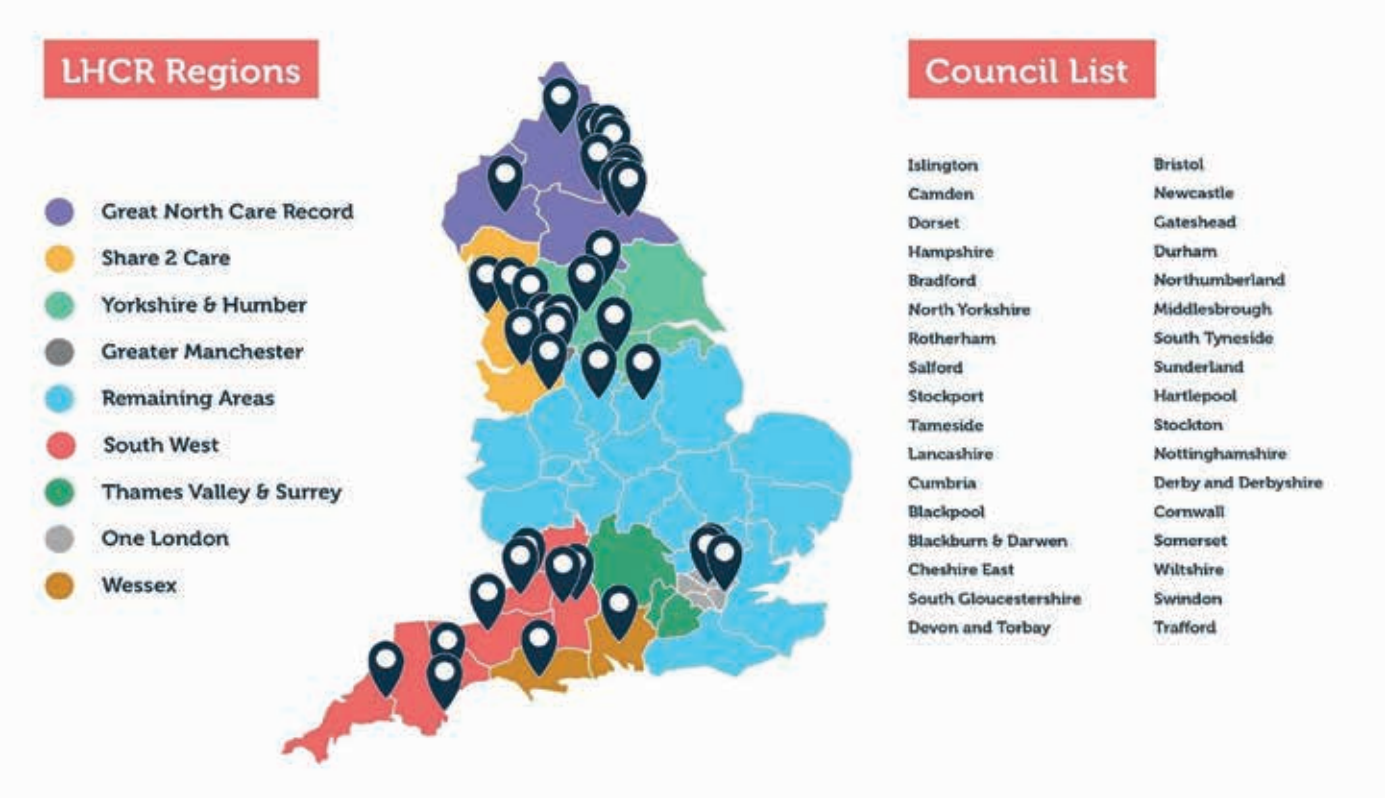
In total, there were 13 sessions with 36 councils in total. Thirty-two of these councils were from wave one and wave two LHCR regions. This represents just over 30 per cent of councils from the eight LHCR regions and 20 per cent of all councils (151) across the country. Across these 36 councils there was full coverage of all adult social care systems (except in-house suppliers). A full list of councils involved in the discovery can be found in the appendix.

Phase 2: Engagement with system vendors

Alongside council engagement, the intention was to involve system suppliers in the discovery. Interoperability and information sharing needs to be delivered in partnership and it was critical to understand from suppliers what works, where they perceive the challenges lie and their proposals for change.

In total there were seven sessions with vendors – all held individually. Six of the vendors involved in the discovery are currently supplying systems to social care within councils and in addition there was one interoperability platform provider. The full list of suppliers is included in the appendix with a summary of the services they provide.

Figure 2: Councils involved in the discovery



Phase 3: Engagement with national organisations and professional bodies

Finally, the initial findings and recommendations were shared with a group of national organisations and industry experts in early April 2019. This was both held through a single workshop as well as individual discussions with people from those areas. There are many professional and national bodies with an inherent interest in this work and who can provide informed views from a wide range of perspectives.

In total this involved nine organisations including central government and their arms-length bodies (DHSC, MHCLG and NHS England) as well as professional bodies such as the PRSB and LocalGov Digital.

Discovery project scope restrictions

Given the focus of the three questions and the short discovery period several parameters had to be placed on the discovery. These are outlined below but may warrant an extension to this work in the future.

It is worth highlighting that this discovery was not intended to be an approach which sought to quantify the exact scale of challenges across the sector (for example by surveying councils). Rather the discovery involved more in-depth user research. This does mean however that certain issues highlighted may require further quantification of the scale of the challenge before they are taken forward.

Coverage of social care

The discovery was fully aware that information sharing with social care needs to be across the whole system including adult social care providers. The social care sector is diverse with more than 25,000 independent organisations in England, ranging from big corporate chains to small family-run businesses, charities and social enterprises and as well as provision from some local authority social services departments. These organisations provided residential services (eg care homes with or without nursing), homecare as well as services which aren't regulated by the Care Quality Commission such as day services and community support.

The system suppliers providing services to these organisations are different from those suppliers providing services to councils.

Work is currently underway across NHS Digital and the Care Provider Alliance (one of the trade bodies for the care provider sector) aimed at supporting information sharing in this area and working with the relevant supplier community. Whilst councils in their commissioning role have an interest in this area (for example Bradford has been working with local care providers to support digital care planning which it is hoped in the long-term will interact with the shared record) and indeed providers should be more actively involved in the LHCR Programme it was decided to take this out of scope of the discovery.

There may however be learning from this discovery for the care provider sector.

Secondly, there was not an extensive coverage of children's social care within the discovery. This did form some of the conversations with councils and indeed several of the information sharing projects highlighted by councils involved children's social care, although it was not a primary focus of this work. That said many of the adult social care system suppliers deliver systems to children's social care so it is likely there will be commonality of messages.

Finally, the focus was restricted at this stage to adult social care. Increasingly councils are exploring new ways of using information such as through technology enabled care and internet of things technology. Over one million people in England currently receive support through telecare / technology enabled care solutions and many more people have access to consumer devices in the home. This should be an area of exploration in the future.

Purposes of data use

The discovery project was aware that there are benefits from sharing information both for the direct care of an individual as well as for secondary use (such as service planning and commissioning). Councils across the country are making use of data for a range of purposes – to understand the local care market, to understand what types of people are at high risk of an increasing need or to understand how people are accessing different types of services across health and social care.

Indeed, many of the LHCR projects are exploring the use of information for population health with public health a key stakeholder.

Whilst this discovery project has primarily focused on how we can support data sharing for the delivery of care to an individual, it is important to recognise that establishing data standards does not solely apply to direct care as the underpinning data gathered for direct care is often the same data that when anonymised becomes the intelligence that drives performance, financial decisions and commissioning plans.

Statutory returns are one (but not the only) way in which data has become more standardised. A separate project led by the DHSC is currently exploring client level adult social care data returns. This is building on early work undertaken with a number of councils in the North West of England. Data standards are required to enable this to be successful.

Coverage of councils, system suppliers and national bodies

Finally, for reasons of time and resource it was necessary to limit the coverage of councils, system suppliers and national bodies involved in the discovery. The intention was to harness a representative view from different types of organisations rather than seeking coverage across every organisation.

7. Discovery themes: Progress in interoperability and information sharing

Whilst our discovery highlighted barriers to information sharing and interoperability it was evident that some councils were already making significant progress in this area. Levels of interoperability did vary across councils within LHCR regions. However, there has been significant progress in a few areas with councils having various means of sharing.

For the most part this fell into two types of sharing initiatives – either exchange of information relating to events (such as sending of hospital admission and discharge information to social care) or making information available which is viewable on demand such as accessing medication information or other information about an individual. There was also a differentiation between interoperability initiatives which were more locally led compared to those which adopted a national coordination effort.

Locally led projects

As part of the discovery project most councils demonstrated some form of interoperability and information sharing projects or plans for this in the future. These were mixed in practice varying from those who were already sharing information (into separate platforms or viewing information in the native system) to those who were finding other means to share information with partners such as giving access to adult social care providers, health partners or children's centres to the social care systems directly. All councils recognised the importance and the challenges associated with interoperability.

Sharing health and social care information – Rotherham Council

Rotherham Metropolitan Borough Council is a Metropolitan Council, one of four in South Yorkshire and a member of the Yorkshire and Humber LHCR Programme.

Rotherham is already sharing social care information through the Rotherham Health Record including demographics of individuals in receipt of funded social care, allocated social care worker case details and information about the social care services the individual is in receipt of. This is shortly to be expanded to include information about the specific adult social care providers delivering care.

Currently a daily data extract is the method used of sharing data into the Rotherham Health Record. Whilst the aspiration is for this to be exchanged through APIs the associated costs currently make this prohibitive.

In the future the plan is for social workers using Liquidlogic to be able to see the information they need (such as what medications a person is on) directly within the system rather than dual system access which is the current local arrangement. Rotherham are also exploring the ability to share relevant housing information and for children key information such as special educational needs and disabilities (SEND).

As part of the Yorkshire and Humber LHCR Programme the plan is for North Yorkshire County Council (using Liquidlogic) to connect to the Yorkshire Care Record initially with Rotherham as a fast follower. This will be a smaller dataset than being shared within the local Rotherham Health Record.

Sharing health and social care information – Nottinghamshire County Council

Nottinghamshire County Council has been progressing with interoperability initiatives across health and social care for the last few years. The council was one of the first wave of the Social Care Digital Innovation Programme (funded by NHS Digital and supported by the Local Government Association), has been involved in the NHS Digital Social Care Demonstrator and Pathfinder Programmes, and has benefitted from funding and support via the Better Care Fund. Nottinghamshire has progressed information sharing work in a range of areas.

1. Automating hospital and discharge notifications from hospital (direct transaction events)

Nottinghamshire has developed a locator service that enables hospital systems to query whether the person is a Nottinghamshire County Council resident before information is sent to the council. The hospital system queries the locator service and if it is a Nottinghamshire resident will send a message (FHIR structure) which automatically creates a workflow in the Serverlec Mosaic system. Non-Nottinghamshire residents generate a document which is emailed directly to the relevant council such as Nottingham City Council.

The council has worked hard at identifying benefits and have demonstrated that the introduction of this technology has led to improved data completion of notifications, has eliminated delays before the case enters the social care workflow (around 4.5 hours per case) and has increased capacity in the health administration team.

2. Exchanging information between health and social care (on-demand information)

Nottinghamshire has also been working closely with local hospitals and adult social care teams to ensure that individuals have access to relevant information on demand.

The council has developed and deployed FHIR-based RESTful APIs enabling two hospital trusts to access social care data including packages of care, safeguarding concerns and demographics data in real time. The council is now working with Graphnet (Platform for the Nottinghamshire health portal) to allow the platform to consume the Open Standards and display real-time social care data in the health portal. The ultimate goal is for these emerging standards to be adopted by the social care case management supplier as RESTful APIs.

Similarly, Nottinghamshire County Council staff in adult social care are now accessing the Nottinghamshire Health Portal giving them access to key information such as details relating to long-term health conditions, recent health interventions, referrals made and workers involved.

An essential part of the Nottinghamshire work has been working with practitioners in developing specific use cases which detail information requirements as well as ensuring capturing and tracking benefits to demonstrate the effectiveness to frontline professionals (for example time saved not having to waste time chasing to find out which wards patients have been moved to).

It was clear that those councils who had made progress had strong support at a leadership level with directors of social care, chief information officers and elected members all recognising the opportunities from digital ways of working and delivering joined up care. In many of these cases (such as Rotherham, South Gloucestershire and Bradford) there was strong oversight from Health and Wellbeing Boards with a number of initiatives funded through the Better Care Fund, being used to support information sharing at a local level. That said, many councils highlighted that often information sharing initiatives were health dominated and there was not always attention given to the benefits to councils or social care making ongoing engagement challenging.

Where information sharing was taking place there was often some sharing of adult social care information sharing (and to a lesser extent children's social care). In many cases this was sharing of basic, core information such as demographics, allocated case worker and information regarding the services that people were in receipt of. There was interest from several councils in the work Cumbria County Council had undertaken to share social care information from Liquidlogic into the Medical Interoperability Gateway (MIG). However, there was recognition that there were often recording differences between the information standard Cumbria had defined and what was being captured in different systems. The need therefore for some standardisation of data would be important.

One local area was exploring community-based notifications to make relevant organisations aware where they were in contact with people that may be experiencing domestic and/or child abuse, have autism or more severe forms of dementia. This was being explored by multiple agencies beyond the NHS such as the police but it was recognised that there were some challenges around information governance in what could be shared and with whom.

Most councils that highlighted examples of where information sharing was happening were doing so through workarounds (eg weekly manual extracts using data extraction tools) in the absence of useful and usable APIs for sharing. A number of councils were making use of contracts with system suppliers to facilitate information sharing but all councils highlighted that more activity was needed in this area. Nottinghamshire County Council was one council that has developed more structured forms of information sharing based on clear and specific use cases and where benefits for information sharing were being captured.

Similarly, South Gloucestershire Council highlighted the work it had been undertaking as part of the Connecting Care Programme. The council, working with partners across Bristol and North Somerset, has been involved in interoperability projects for over five years in adult social care and three years in children's social care. The council has worked closely with partners in understanding what information should be shared both across adult's and children's social care and has developed standards within the Connecting Care platform (Orion-Rhapsody) for sharing. The solution currently uses standards based HL7/FHIR solutions alongside an agreed 'lexicon' which manages and maps differences in definitions and terminology across different councils.

Nationally coordinated projects

As part of the discovery both councils and system vendors highlighted projects that were more nationally coordinated. In particular, the Child Protection Information Sharing (CP-IS) and Assessment, Discharge and Withdrawal (ADW) Programme were the two most commonly highlighted given the involvement of councils.

Both programmes have approached engagement with system vendors nationally and started with a small and often specific information standard (in the case of the ADW programme this was defined within the Care Act 2014).

On the whole the approaches were broadly welcomed by both councils and system providers given they were based on specific use cases, started with a small dataset and importantly provided some degree of funding for both system and business change. However, both projects have not been without their challenges and councils highlighted that often interoperability and information sharing projects with health required more complex levels of interoperability with two-way information sharing and viewing of data embedded in social care systems.

8. Discovery themes: Barriers to interoperability and information sharing

Whilst the discovery project highlighted progress that was being made there were several themes where councils and system vendors highlighted challenges. Our recommendations have been structured to respond to these key challenges and barriers recognising that we need a multifaceted approach to supporting interoperability across social care.

Starting small and working collaboratively with prioritised use cases which speak to councils

Throughout the discovery councils and system suppliers highlighted the need to learn from interoperability and information sharing projects that had experienced previous challenges.

Almost all local areas recommended starting with small practical use cases which spoke to councils including adult social care. Numerous examples were provided by councils of the benefits of starting small. Some concern was raised by councils of use cases which were being developed within the LHCR programme given that they were often based around medical episodes of care and did not always easily translate to a local authority audience. There were some exceptions to this such as work in Yorkshire and Humber who had been undertaking specific use case work with councils and across social care. In many cases however approaches in councils and social care are relational and based around families, carers and individuals and less medically driven.

In a few cases it was therefore proving difficult to gain meaningful engagement from councils on initiatives which felt driven predominantly by NHS requirements. At the same time some councils felt that there was an opportunity for wider local ambition by considering use cases which stretched beyond purely health and social care and incorporated areas such as housing and education and therefore encourage more of a place-based approach.

Both councils and suppliers were also skeptical about approaches that were too nationally driven, particularly regarding standards adoption. There was recognition across the board that data standards are often complex to implement, not only from a systems perspective but also the business change and associated costs of implementation and therefore it made more practical sense to start small and grow. However, a standards approach was welcomed but both suppliers and councils were concerned about approaches that were too nationally driven.

It was clear that there is learning and work to build from. Through our work we collated a number of data specifications of information being (or intended to be shared) across children's and adult social care. These varied in size and complexity and whilst there was some commonality it was evident there were differences in recording locally. Some further work in this area to explore information already being shared would benefit the sector.

There was a strong endorsement to approaches which were collaborative, practitioner led (with a strong role for bodies such as ADASS and Principal Social Work Network endorsed) and were either sub-regionally or regionally led with some light national coordination to encourage learning across areas. This would support wider engagement with system suppliers rather than council engagement on a 1:1 basis. This would hopefully help move towards fewer bespoke developments in time intended to reduce separate negotiation and costs for councils. Suppliers also welcomed an approach which would be collaborative in nature at either a sub-regional or regional level. There was also a recognition of the role of PRSB in working alongside local areas as part of this work.

It is recommended that a small number (three to four) of actionable projects are facilitated through councils collaborating together. This should be led by councils with support from the Local Government LHCR Network and in collaboration with partners such as LGA, ADASS, NHSX and NHS Digital. These projects should focus on identifying the information to be shared through use cases which speak to a council and social care audience and have defined benefits. These projects over time should support standards development, a modular approach to data and associated API development by system providers.

Practical adoption by suppliers of interoperability commitments

Overall, councils and suppliers were broadly supportive of the principles of the TechUK Interoperability Charter. Councils highlighted that there was a need to consider how these could be better adopted in practice across local government although recognising that the charter was about registering a commitment rather than itself being a framework from which to monitor compliance.

Originally launched in March 2015 with an addendum providing clarification of terminology published in November 2017[13] the Charter sets out the statement of intent that suppliers will adopt to support interoperability. The purpose of the Charter is to show a commitment to creating standard interfaces across local systems rather than bespoke one-off interfaces.

In return for local organisations supporting the adoption of internationally recognised standards, standards being identified that are driven by business need and any accreditation of suppliers being kept light touch, suppliers would themselves make a series of commitments. These include making available technical specifications of interfaces without charge; cooperating with other suppliers where there is customer demand on developing interfaces; only charging reasonable and proportionate fees, and where new interfaces or enhancements are needed, not charging twice for the same software development.

Some suppliers emphasised that the Charter is not about producing APIs at no cost (development takes time and resource to deliver) and that a lack of interoperability is not solely about the lack of open APIs but is rather a multifaceted challenge. Some caution was therefore raised by some suppliers around the Charter.

Whilst there was an appetite from councils to specify how these commitments could work in practice across local government and social care there were some practical challenges highlighted around the charter and implementation of this.

It was felt that further work was needed in relation to the TechUK Interoperability Charter which may include encouraging adoption of commitments within council contracts with suppliers.

It is recommended that work be undertaken by NHSX and NHS Digital in collaboration with the LHCR Local Government Network and councils to raise awareness of the interoperability charter commitments with councils.

13 TechUK Interoperability Charter and Addendum, 2017 www.techuk.org/insights/news/item/11699-techuk-launches-addendum-to-interoperability-charter-for-comment

Ensuring new procurements deliver to interoperability commitments

Councils typically procure social care IT solutions via OJEU based procurement processes or by the use of frameworks, especially the Crown Commercial Services LASA framework which has recently been superseded in April 2019 with an equivalent framework. Typically, there are 10 to 15 councils coming to market to re-procure systems every year. Current frameworks have standard commercials that require suppliers to adhere to before they become framework providers.

In the discovery councils highlighted that these frameworks are silent on data and interoperability standards (for example, the ability to trace, store and hold the NHS number) as the framework providers rely on councils to include them in their council specific requirements specifications. However, none of the council system specifications issued in the last 12 months have contained specific data and interoperability standards requirements.

Councils were broadly supportive of a framework-based approach and making interoperability requirements a part of this acceptance onto the framework. Several councils in the Yorkshire and Humber region highlighted the benefit of the YPO framework as well as collaborative procurement approaches that have been taken across multiple organisations which provider better value and on the whole make vendor relationships easier for councils.

In recent months the NHS has launched the Health Systems Support Framework (HSSF)[14] (which is also open for local authorities to procure from). Going forward suppliers will be required to demonstrate that they meet specific interoperability requirements to be included in the framework. We understand that Crown Commercial Services are not intending to include a similar approach.

There was some caution against establishing new frameworks. A number of organisations highlighted that it was early days with the HSSF framework and that there will only be benefits of frameworks if local organisations purchase systems through those frameworks. There was more appetite towards providing guidance on interoperability requirements that councils can use to include within procurements they take forward.

Whilst the HSSF approach was encouraged councils highlighted that they want to ensure this doesn't become a mechanism for suppliers to pass on implementation costs or for national government to mandate standards adoption where they aren't supported by councils. It will need to remain a local decision as to whether councils utilise these frameworks.

It is recommended that NHSX in collaboration with NHS Digital work with councils to define specific data and interoperability requirements. This work should also connect with existing or new procurement frameworks (such as HSSF) to ensure that these interoperability requirements form part of these frameworks. Work will also be required to raise awareness of these frameworks with councils.

Increasing awareness of existing interoperability interfaces

Throughout the project suppliers highlighted the provision of APIs that they provide allowing information to be accessed and shared. Many suppliers highlighted standard APIs which were in some cases free for customers to access or how data could be accessed through other channels.

14 NHS Health System Support Framework - www.england.nhs.uk/hssf/

However, this was balanced by councils in the discovery telling us that they were not always clear about what suppliers offered by way of existing interfaces and where these existed, they were not always meeting what councils required. Just because an API is available does not mean it is a good API. At times they were being told to do more than they could and in many cases, it was proving challenging to meaningfully make progress with a lack of workable APIs. For example, APIs would only include a proportion of required data, there would only be one API or only provide the ability to query data. All suppliers did however specify that they provide interfaces (but often weren't asked about them) including HL7/FHIR, RESTful APIs and approaches that support Message Exchange for Social Care and Health (MESH).

Councils highlighted the costs associated with API development by vendors and in many cases highlighted that this was the biggest barrier to adoption. However, suppliers did also consistently raise concern that local organisations did not always appreciate the upfront and ongoing costs associated with interoperability projects particularly where bespoke developments were continuing to be requested. They also raised concerns that where developments had been undertaken and the cost reduced for councils it remained a challenge in getting sign-up from councils (eg Assessment and Discharge project where development had been undertaken at scale and costs significantly reduced).

There were multiple councils that highlighted the use of 'dirty' methods to share data such as extraction tools rather than real time calls on data. This was backed up by councils involved in projects on the Social Care Digital Innovation Programme where they had engaged suppliers to develop APIs to support data extraction (eg to pull information into client facing apps) but lifetime costs had meant it was not economically possible for them to progress with this activity.

Equally, councils highlighted the importance of users being able to view data in their native system with single sign-on otherwise use of multiple systems will reduce use. Overall the cost of APIs was seen as prohibitive and on occasions described as 'able to do more than they delivered'. That said, councils recognised opportunities from working more collaboratively and where possible moving towards a position where standard rather than bespoke interfaces were increasingly being adopted.

Councils highlighted that further work was needed by suppliers to help raise awareness of existing (publicly accessible) interfaces in the area of social care and for some degree of user testing / recognition by customers of the functionality of these. There may well be parallels here with the work of the Government Digital Service (who it is understood) are beginning to develop a library of publicly accessible APIs in key government service areas.

It is recommended that work be undertaken with councils and system suppliers to a). identify and share information about the APIs already available for social care organisations and b). develop a platform that enables councils to have visibility of all live interoperability solutions (including public and open APIs) within the area of adult social care. This platform should give councils the ability to highlight how solutions are being used in practice.

Addressing information governance concerns

The nature of interoperability requires strong and productive working relationships within and across regions, sub-regions and localities. A consistent theme throughout the discovery were concerns raised by health partners about sharing information with councils and with social care more broadly.

Whilst the discovery has highlighted that local areas are already sharing social care data and have robust arrangements in place there were many others who were unsure of the legal basis, don't have data sharing agreements in place and a surprisingly high number of areas who highlighted GPs and other specific health practitioners as being unwilling to share relevant information either with councils or social care more broadly. Part of this was a misunderstanding of what people working in the area of social care undertake but also a concern about sharing information with people who aren't registered social workers (most people working in social care).

Many organisations felt that local government / social care and health were starting from different positions with regards to information sharing with confusion regarding consent in some areas. Councils in some cases also highlighted challenges in adopting meaningful consent arrangements which are easily understood by staff so that they can have informative discussions with people. For example, one council highlighted that there may not be a full understanding by people of the implications of opting out of data sharing.

It is recommended that NHSX lead in the production of clear information governance guidance and practical examples which are specific to a local authority and social care audience be developed which are supported by NHS organisations including primary and secondary care. The ICO should also be involved in the publication of this guidance.

Supporting improvements in data quality to support interoperability

There was a consistent message from councils about the need to support digital ways of working across the workforce. However, the key message from most councils was a bigger challenge around the importance of good quality data and information through improved recording practices.

The nature of social work practice is that much case recording is understandably narrative and not coded. The impact leads to a lack of mandated coded fields and at times can cause lower levels of data quality in social care systems. However, equally an over mandating of fields in social care systems can lead to poor data quality. One area which was considered was using the work relating to client level social care data to explore opportunities to strengthen areas where coding may be beneficial.

Both of these points together suggest there is a need to support the workforce in understanding data quality related to case recording practice and its relevance to interoperability-based projects. This is not about changing IT systems but about supporting improved recording practices. This would not only benefit practitioners across the system involved in the delivery of care as well as the person in receipt of care but also benefit commissioners who will use anonymised information for commissioning and market shaping activity.

It is recommended that Government funds technical support to local authority regions to assess recording practices and make recommendations on data quality both locally and nationally. This should be used to support greater consistency and standardisation of data.

Ensuring full adoption of the NHS number and exploring wider use

As part of the discovery several councils highlighted the continued need to support more effective NHS number tracing and usage within social care systems. Information about an individual can be stored on multiple health and social care systems and have various IDs making data matching difficult.

The NHS number is a national indicator for matching records across health and social care. The Health and Social Care (Safety and Quality Act) 2015[15] has made the use of the NHS number a legal requirement unless organisations are not able to reasonably comply.

Some councils highlighted the continued difficulties in tracing and validating the NHS number including moving to undertaking this in a more real-time way. In both adult and children's social care there were identified opportunities to improve NHS number tracing. This was also highlighted by suppliers as one of the key areas to fix to support interoperability. Most councils felt this could be relatively swiftly resolved including through more practical support and guidance including improving guidance for councils in understanding options and associated cost as well as streamlining processes at NHS Digital insofar as possible.

Equally, both system suppliers and councils highlighted the confusion regarding limitations around use of the NHS number. For example, the Child Protection Information Sharing Programme (CP-IS) requires use of the NHS number but wider use of the NHS number across children's services is unclear.

Similarly, councils highlighted the benefits of use in areas such as housing (for example where people are making applications for DFG), but restrictions were in place. Indeed, the recent DFG review commissioned by the Ministry of Housing and Local Government[16] has made recommendations regarding use of NHS number use in a housing context.

It is recommended that NHS Digital work on a council by council basis to help address issues with NHS number tracing. This should include specific guidance to councils from NHS Digital on the options and costs for councils with NHS number tracing. In addition, it is recommended that NHSX, DHSC and MHCLG work with councils to develop specific use cases and guidance where use of the NHS number may be considered beyond health and adult social care.

Undertake greater engagement with frontline social care professionals

Consistently throughout the discovery councils highlighted the importance of ownership from and engagement with frontline practitioners. Whether it be in defining information requirements or supporting improvements in practice there was consistency in the need for engagement with frontline staff.

In some councils this had been undertaken by frontline staff working alongside digital teams for a specified period of time a week and in others it was about engaging them in workshops and other consultative activities. A number of councils suggested there may be a need for local areas to consider an equivalent Chief Clinical Information Officer for Social Care, essentially a lead social

15 Health and Social Care (Safety and Quality Act) 2015 – Use of Consistent Identifiers, 2015: www.legislation.gov.uk/ukpga/2015/28/section/2/enacted

16 DFG and Other Adaptations: External Review, Ministry of Housing and Local Government 2018: www.gov.uk/government/publications/disabled-facilities-grant-and-other-adaptations-external-review

work practitioner who is able to influence the direction and shape of local digital programmes.

For both the Local Health and Care Record Exemplars (LHCRE) programme and similar digital initiatives it was suggested that there is a need for greater involvement of professional bodies such as the British Association of Social Workers (BASW), Principal Social Worker Network and ADASS.

It is recommended that greater engagement and ownership of digital initiatives for social care by professional groups such as British Association of Social Workers (BASW), Principal Social Worker Network and ADASS is undertaken to ensure projects are increasingly led by practitioners.

Communicating the benefits of interoperability and the LHCR Programme

There was evidence of local areas identifying benefits associated with interoperability and information sharing. Areas such as Nottinghamshire have put time and resource not only into determining practical use cases which highlight benefits but also monitoring benefits in delivery.

However, given the stretched financial position that councils experience, many told us that it can be difficult to make a strong business case for initiatives where financial benefits may be small in comparison with wider adult social care or council cost pressures. In part this may need a widening of benefits associated with not sharing.

Very few of the councils we spoke to were aware of, or indeed understood the benefits of the LHCR Programme. This included councils who were in both wave 1 and wave 2 of the programme.

Further work is needed to engage councils (and indeed social care more broadly) but ensuring that there is clarity on the benefits back to councils of this work.

It is recommended that NHSX lead on work with the sector to improve awareness of the LHCR programme, capturing and sharing benefits and the value of information sharing for Local Authorities. This work should draw upon existing local examples of information sharing.

Supporting a wider definition of information to be shared

Throughout the course of this discovery we came across examples where councils were seeking to join up the delivery and coordination of care around individuals and their families. There are already examples around the country of where information relating to children is already being shared through local care records to support both safeguarding and the wellbeing of children. This is not just restricted to child health information but key information about vulnerable children.

A number of councils were intending to explore the sharing of this information whilst ensuring there were clear security controls in systems.

One example were councils seeking to draw in in Education, Health and Care (EHC) plans for children given responsibilities under the Children's and Families Act 2014. This Act makes it a requirement for these organisations to develop single joint plans. EHC plans are for children and young people aged up to 25 years who have special educational needs.

Other councils highlighted the links to be made with housing – both in terms of enabling joined up support for individuals (such as in relation to home adaptations through Disabled Facilities Grants (DFGs) – see recommendations from the DFG Review) as well as for population health purposes (such as understanding aspects such as house condition on the health of households – using Unique Property Reference Numbers as a means of supporting such analysis).

However, councils highlighted that often funding made available to support local interoperability projects related only to health and/or adult social care and did not enable information beyond these areas to be shared.

We believe that this is in part due to funding for the LHCR (or similar initiatives such as Health Systems Led Investment) coming to DHSC rather than to support cross-Government collaborative activity. Councils highlighted however that this was causing challenges in progressing interoperability projects which were focused on joining up care around individuals and supporting individual wellbeing.

It is recommended that NHSX / DHSC facilitates discussions with the Department for Education and MHCLG to explore how to support councils that are seeking to use local shared records or the LHCR programme as a means of sharing relevant information from children's, education and housing. This should explore practical opportunities to support councils including consideration of broadening restrictions on funding to support activity where it supports the wellbeing of individuals or families.

Facilitating improved collaboration between councils and with all relevant suppliers

As part of the discovery councils highlighted the benefits of working collaboratively with other councils. System suppliers highlighted the importance of user groups in developing system requirements and roadmaps. However, many councils highlighted that whilst this provided a vertical view of activity within a supplier community there were very few arrangements in place to take a horizontal view across suppliers and to work collaboratively. The work that NHS Digital had commenced on this previously was welcomed and stated that further activity was needed in this area.

In addition, points were raised by councils about how the recommendations made within the discovery would be taken forward practically. The benefits of bringing a number of councils (with coverage across all social care system suppliers) and both incumbent and potentially new system suppliers together with NHS Digital was felt to be an approach that could benefit the sector and help to ensure that interoperability projects being progressed reflect the needs of the sector.

It is therefore recommended that a vendor strategy is developed with the sector for how best to take this area forward. As part of this the Local Government LHCR Network (and councils) in collaboration with InterOPEN should explore a cross-supplier forum with representatives from councils to identify and represent key standards and interoperability opportunities. This could be a sub-group of the existing InterOPEN community. This group should also have responsibility for ensuring progress of these recommendations.

9. Recommendations to progress adoption across the sector

To re-cap, the recommendations seek to address the three fundamental questions posed at the outset of the discovery project:

1. How might we better work with social care system vendors to support effective information sharing from and to social care?
2. How might we support the adoption of standards across local government in a way which is sector-led?
3. What key information is social care (in councils) seeking to share and receive from health?

There are 11 recommendations that together provide answers to each of the questions. In taking recommendations forward it will be crucial to clearly define the roles and responsibilities of the various organisations. Taking these recommendations forward will require resource, commitment and funding.

Consideration at this stage has not been given to the cost required of delivering these recommendations but this will be critical if these recommendations are to be taken forward.

Through our Discovery work, we believe that there will be council, supplier and professional body support for the recommendations outlined below. Some items such as NHS number adoption can be actioned quickly with no-set up costs as existing solutions are already established and these might underpin the fastest improvements. Others necessitate more substantive business change and have organisational impact. These require business case development, funding applications or other approaches to be undertaken.

Recommendations

1. Starting small and working collaboratively with prioritised use cases which speak to councils

It is recommended that councils collaborate on a small number of projects (three to four) to identify the information to be shared through development of use cases. These should speak to a council and social care audience and have defined benefits. These projects over time should support standards development, a modular data approach and associated API development by system providers.

Context: Councils have told us that it can be costly and inefficient to ask for bespoke development of systems in social care that enable information to be shared. There has been good progress by councils individually in sharing information but there are opportunities from working more collaboratively based around specific use cases. These use cases should also inform the development of new standards such as the Professional Record Standards Body work on defining core information to be shared as part of a shared care record.

2. Awareness raising to councils of interoperability commitments by suppliers

It is recommended that work be undertaken by NHSX and NHS Digital in collaboration with the LHCR Local Government Network and councils to raise awareness of the interoperability charter commitments with councils.

Context: The discovery highlighted that whilst some councils were aware of the TechUK Interoperability Charter this was not extensive and not all understood its applicability to Local Government or social care. Whilst TechUK are not intending on undertaking further work around the Charter, there is a need to raise awareness of the Charter with councils.

3. Ensuring new procurements meet deliver to interoperability commitments

It is recommended that NHSX in collaboration with NHS Digital work with councils to define specific data and interoperability requirements. This work should also connect ith existing or new procurement frameworks (such as HSSF) to ensure that these interoperability requirements form part of these frameworks. Work will also be required to raise awareness of these frameworks with councils.

Context: Although very few councils each year will re-procure social care systems councils highlighted the benefits associated with procurement frameworks and indicated that consideration should be given as to how data and interoperability requirements could be incorporated within these.

4. Increasing awareness of existing interoperability interfaces

It is recommended that work be undertaken by NHSX and NHS Digital in collaboration with councils and system suppliers to develop a platform that enables councils to have visibility of all live interoperability solutions (including public and open APIs) within the area of adult social care. This platform should give councils the ability to highlight how solutions are being used in practice.

Context: In our discovery we heard from councils that they were not always clear on what solutions were available (including whether and what system suppliers were making available by way of public open APIs), which councils were using them and existing effectiveness. This recommendation is aimed at giving more transparency over existing interoperability solutions available in the area of adult social care.

5. Addressing information governance concerns

It is recommended that NHSX lead on the production of clear information governance guidance and practice examples which is specific to a local authority and social care audience and are supported by NHS organisations including primary and secondary care. The ICO should also be involved in the publication of this guidance.

Context: There were a number of concerns raised by councils regarding challenges with information sharing – either differing approaches between health and social care, confusion about consent models and a misunderstanding of the role of people working in the field of social care.

6. Supporting improvements in data quality to support interoperability

It is recommended that Government fund technical support to regions to assess recording practices and make recommendations on data quality both nationally and locally. This will be aimed at improving consistency and standardisation of data.

Context: Throughout the programme councils highlighted the importance of good quality data being captured within social care systems and the challenge to interoperability (and wider) projects where good quality data was not in place. These impact both on delivery of care but also the wider commissioning and management of local care markets.

7. Ensuring full adoption of the NHS number and exploring wider use

It is recommended that work be undertaken by NHS Digital on a council by council basis to address issues with NHS number tracing. This should include specific guidance to councils from NHS Digital on the options and costs for councils with NHS number tracing. In addition, it is recommended that NHSX, MHCLG, DHSC work with councils to develop specific use cases and guidance where use of the NHS number may be considered beyond health and adult social care.

Context: Whilst significant progress has been made in supporting tracing, use and adoption of the NHS number in councils a number of areas highlighted that barriers still remain. Equally councils highlighted cases where consideration should be given to wider use of the NHS number where there are defined benefits for individuals.

8. Undertake greater engagement with frontline social care professionals

It is recommended that greater engagement and ownership of digital initiatives for social care by professional groups such as British Association of Social Workers (BASW), Principal Social Worker Network and ADASS is undertaken to ensure projects are increasingly led by practitioners.

Context: Consistently we heard from the discovery the need for digital solutions to be owned, led and shaped by frontline practitioners. A number of councils raised whether an equivalent to a Chief Clinical Information Officer is needed for social care or at the very least increased engagement of professionals in shaping digital priorities. The need for this is equally important in the context of the LHCRE programme.

9. Communicating the benefits of interoperability and the LHCR Programme

It is recommended that NHSX lead on work with the sector to improve awareness of the LHCR programme and capture and share benefits for local authorities. This work should draw on existing local examples of information sharing.

Context: Councils indicated as part of the discovery that there was very little awareness of the LHCR programme amongst councils and benefits to them. Further work is needed locally, regionally and nationally on highlighting the value to councils of the programme.

10. Supporting a wider definition of information to be shared

It is recommended that NHSX / DHSC facilitates discussions with the DfE and MHCLG to explore how to support councils that are seeking to use local shared records or the LHCR programme as a means of sharing relevant information from children's, education and housing. This should explore practical opportunities to support councils including consideration of broadening restrictions on funding to support activity where it supports the wellbeing of individuals or families.

Context: Children's social care needs were outside the scope of this discovery project. However, a number of councils cited benefits of sharing information from children's and education including the requirement under the Children's Act 2014 for local areas to develop joint EHCs. An approach that encourages cross-organisational collaboration in this area was encouraged.

11. Facilitating improved collaboration between councils and with all relevant suppliers

It is therefore recommended that a vendor strategy is developed with the sector for how best to take this area forward. As part of this the Local Government LHCR Network (and councils) in collaboration with InterOPEN should explore a cross-supplier forum with representatives from councils to identify and represent key standards and interoperability opportunities. This could be a sub-group of the existing InterOPEN community. This group should also have responsibility for ensuring progress of these recommendations.

Context : A number of suppliers operate user forums with customers. However, there is no avenue to bring suppliers (to Local Authorities) and councils together. This social care IT supplier forum could be a new forum within the LHCRE programme or the development of an existing forum eg InterOPEN or TechUK's Social Care working group. The purpose would be to advance and support interoperability within adult social care.

10. Delivery of the recommendations

We have sought to assign appropriate parties to own the delivery of the recommendations. We have also sought to identify key stakeholders that need to be engaged in delivery of the recommendations.

We believe that the organisations identified are appropriate candidates for the roles we've assigned.

Recommendation	Who is responsible for taking forward the action	What key stakeholders do they need to engage with?
1. Use case development	Councils locally / regionally (with support)	Local Government (LHCR Network), LGA, ADASS, NHSX, PRSB
2. Interop. charter	Local Government LHCR Network in collaboration with NHSX and NHS Digital	Councils, LGA and ADASS
3. Procurement framework and interop. requirements	NHSX, NHS Digital	Local Government (LHCR Network) and councils, LGA, ADASS, PRSB
4. Interop. interfaces	NHSX, NHS Digital with technology suppliers	Local Government (LHCR Network) and councils, LGA, ADASS, PRSB
5. Information Governance	NHSX	Councils, LGA, ADASS, NHS Digital and ICO
6. Data quality	NHSX / DHSC	ADASS, LGA and councils
7. NHS number	a). NHS Digital b). NHSX, MHCLG, DHSC	NHSX, councils, LGA and ADASS
8. Frontline engagement	ADASS and LGA	BASW, Principal Social Workers Network, Skills for Care
9. LHCR awareness	NHSX	ADASS, LGA, councils
10. Children's social care engagement	NHSX and DHSC	DfE and Association of Directors of Children's Services
11. Vendor strategy and council/supplier forum	InterOPEN alongside Local Government (LHCR Network)	NHS Digital, NHSX, councils and supplier community

11. Appendices

1. Key Information for sharing between health and social care

The third part of this discovery project was to explore what social care information councils were seeking to share with health.

This was also closely aligned with the current work by the PRSB in this area.

The initial information captured below is not intended to be exhaustive and neither is it intended to be a minimum (or maximum) dataset.

We have collated a variety of specifications from councils and suppliers. These vary in size and complexity and there is value in further work being undertaken in this area. In discussions we also identified that there was scope for further work around the following areas as councils were increasingly seeking to share this information:

- education healthcare plans
- information about children transitioning to adult social care
- Deprivation of Liberty Safeguards.

Consideration is also needed to align this with the work being undertaken by DHSC towards client level social care data. Whilst this information is being considered for secondary uses, it draws on the same information from the primary record.

Insofar as possible we have sought to align with the emerging work from PRSB on a common information standard.

It should be treated as draft with further development required – not least since there will, in many cases be recording differences between councils.

Adults Services (EXAMPLE)

Demographics	First name / second name / third name	
	Family name	
	Gender code and description	Male / Female / Unknown
	Date of birth	
	Date of death (if applicable)	
	Ethnicity	Based on pre-defined list
	NHS Number and NHS number status	
	Address Line 1-5 and Postcode	
	Contact number (primary)	
	Primary email address	
	Client ID (local identifier)	
Associated Carer (if applicable)	First name	
	Surname	
	Carer date of birth	
	Carer relationship	Spouse / Daughter / Son
	Primary carer	Yes / No
	Address Line 1-5 and Postcode	
	Contact number (primary)	
	Primary email address	
	Carer NHS Number and status	
	Carer ID (local identifier)	
Primary Team Involved (Current Allocated Case Worker)	Name	
	Department Description	
	Job Title	
	Contact number (primary)	
	Contact number	

Primary Support Reason	Primary Support Reason Description	Using pre-defined list Learning Disability Support / Mental Health Support / Physical Support / Sensory Support / Support with Memory and Cognition / Social support
Contact / Request for Support	Date of most recent contact	
	Conclusion of most recent contact	
Assessment	Most recent date of assessment / review	
	Conclusion of assessment / review	
Service	Service Setting	
	Service Name	
	Provider name	
	Provider contact number	
	Start date of service	
	End date of service	
	Equipment provision	Yes / No
	Type of equipment provided	
Review	Date of next review	
	Conclusion of review	
Safeguarding	Category of safeguarding enquiry	
	Start date	
	End date	
	Source of alert	
	Reason for end	

Children's Services (EXAMPLE)

Case Details	Case Number	
	NHS Number	
	Allocated Case Worker Name	
	Referral End Date	
Episode Details	Episode Coordinator Name	
	Episode End Date	
Indicators	Disability present	Yes / No
	Learning difficulty present	Yes / No
	Risk present	
	Hazard present	
Allocated Case Worker	Name	
	Job Title	
	Contact Number (Primary)	
	Contact Number	
Episode Coordinator	Name	
	Job Title	
	Contact Number (Primary)	
	Contact Number	
Parental Responsibility	Name	
	Relationship	
	Contact Number (Primary)	
	Primary Contact	Yes / No
Flags	Child in Need – Indicator	Yes / Not recorded
	Child in Need – Start date	
	Child in Need – Review date	
	Child Looked After – Indicator	Yes / Not recorded
	Child in Need – Start date	
	Child Looked After – Review date	
	Child Protection Plan – Indicator	Yes / Not recorded

	Child Protection Plan – Start date	
	Child Protection Plan – Review date	
	Unborn Child Protection Plan Indicator	Yes / Not recorded
	Unborn Child Protection Plan – Start date	

2. Councils involved in the discovery

LHCR region / programme	Local authority
One London	Islington
	Camden
Wessex	Dorset
	Hampshire
Yorkshire and Humber	Bradford
	North Yorkshire
	Rotherham
Greater Manchester	Salford
	Stockport
	Trafford
	Tameside
Share2Care	Lancashire
	Cumbria
	Blackpool
	Blackburn in Darwen
	Cheshire East
One South West	South Gloucestershire
	Devon
	Torbay
	Cornwall
	Somerset
	Wiltshire
	Swindon
	Bath and North East Somerset
North East - Great North Record	Newcastle
	Gateshead
	Durham
	Northumberland
	Middlesbrough
	South Tyneside
	Sunderland
	Hartlepool
	Stockton

Not existing LHCR region	Local authority
Nottinghamshire	Nottinghamshire County
Derby/Derbyshire	Derby
	Derbyshire

3. System suppliers involved in the discovery (listed alphabetically)

System supplier	Key information and services provided
AzeusCare	AzeusUK was founded in 2010 and provides an integrated case management and finance system to adult social care and children's services (AzeusCare). AzeusCare supports recording, provisioning, service delivery management and financial management to children's social care and adult social care as well as non-clinical health and community health settings. Features include: • an integrated children, adult and family case management system • integral financial management module • customer self-assessment via public facing portals • controlled partner access via public facing portal. https://azeuscare.co.uk
CareWorks	CareWorks is based in Dublin and has been providing social care systems since 2007. The main product serving social care is CareDirector which provides: • a case management solution allowing self-assessment and interaction with their record and support plan • an integrated finance system allowing for billing and financial management • associated software supporting mobile working • external portals providing service user access including self-assessment, view and interact with record and support plan • CareWorks also provide Youth Justice with separate systems and have a small number of NHS Continuing Health customers using CareDirector. www.careworks.co.uk/social-care

System supplier	Key information and services provided
Civica	PARIS is the main care management system for Civica with client facing portals and financial solutions available in the Civica portfolio. The solution is provided for community health, child health, mental health as well as adult and children's social care. It can be implemented as an integrated system or on a per-service basis. CITO is a new browser-based system solution including workflow and connectivity which will extend the capabilities of PARIS but isn't scheduled for adult social care. www.civica.com/en-gb/product-pages/paris/
Graphnet	Formed over 20 years ago, Graphnet supplies integrated care record software to the NHS, social and care services. Graphnet is part of the System C and Graphnet Care Alliance. Its software combines a shared record with community-wide assessment workflow, care planning and apps for long-term conditions. www.graphnethealth.com/
Liquidlogic	Liquidlogic is part of the System C parent company. The main products are the Liquidlogic Adults System (LAS) which is highly configurable allowing customisable arrangements. Liquidlogic has an integrated finance module (ContrOCC) provided in collaboration with Oxford Computer Consultants (OCC). The system is also supported by a mobile application and series of customer portals (called 'Autonomy') enabling citizen access. This includes an information and marketplace portal (to determine eligibility for care), citizen portal (to interact with the record) and provider portal (enabling interaction with adult social care providers). Through its relationship with System C there are also links with the Graphnet CareCentric system. www.liquidlogic.co.uk

System supplier	Key information and services provided
OLM	OLM has supported the social care industry for more than 28 years. Having made their name with CareFirst, they invested in a new cloud solution called ECLIPSE. CareFirst (now Eclipse) is the main case management, finance and commissioning system for OLM. It has 30,000+ users signed up and is live across children's and adult's social care, health and charities as soon to be education. The Eclipse platform is made up of nine components across care, health and education. These are: • Eclipse Case Management • Eclipse Bed Management allowing for the search and booking of care home beds • Eclipse Financial Management • Eclipse Citizen Engagement allowing for citizens to self-refer, self-assess and access their record • Eclipse Commissioning Management bringing together providers, contracts and payments in one place • Eclipse Data Services • other modules include Eclipse Multi-Agency Safeguarding, Eclipse Security and Governance and Eclipse Transformation and Change Management. www.olmsystems.com
Servelec	Servelec provides solutions across adults and children's social care as well as health, education and criminal justice. Servelec acquired Corelogic in 2014. Its main product is Mosaic (some councils may be on the previous Frameworki product) which provides a case management system and integrated finance system (Abacus which was acquired in 2016). Mosaic is also supported by mobile and citizen, service provider and associated professional facing portal solutions. Conexes is the product provided by Serverlec to support system (cloud-based) interoperability through providing system interfaces with solutions external to Serverlec systems. This is based on a subscription model with a tiered approach to Conexes allowing for a number of interfaces grouped into packs. www.servelec.co.uk/product-range/mosaic

4. National organisations / professional bodies involved in the discovery

Organisation	Role
Association of Directors of Adult Social Services	ADASS is a charity that represents Directors of Adult Social Services.
Crown Commercial Services	The Crown Commercial Services (CCS) provides commercial and procurement services to the public sector. The purpose is to support the purchasing of goods and services quickly and cost effectively.
DHSC / NHSX	The Department for Health and Social Care is the ministerial department with responsibility for health and social care. Involvement at the workshop came from the social care team involved in work on client level social care returns. NHSX is the new unit that has been established to oversee the approach to technology and data across health and social care.
LocalGov Digital	LocalGov Digital is an organisation for digital practitioners working in and around local government.
Local Government Association	The Local Government Association is the national voice of local government and the overall sponsor for this discovery project.
MHCLG – Local Digital Team	MHCLG Digital aims to help local authorities to solve common problems once, stimulating the move towards common standards and design patterns for local public services.
NHS England	NHS England is leading on the LHCR Programme and supporting interoperability initiatives across health and care.
OpenEHR	'openEHR' is a technology for e-health, open specifications, clinical models and software used to create standards, and build information and interoperability solutions.
Professional Records Standards Body	PRSB develops national standards for the structure and content of health and social care records and are currently consulting on a core health and care data standard.
techUK	techUK represents the technology supplier industry.

5. Glossary

ADASS	Association of Director of Adults Social Care
ADSC	Association of Directors of Children's Services
ADW	Assessment, Withdrawal and Discharge. An information standard to support assessment discharge and withdrawal notices between hospitals and adult social care.
API	Application Programmming Interface. A RESTful API is an example of the technology that supports the exchange of information.
CP-IS	Child Protection: Information Sharing. A project helping health and care staff to share information securely to better protect vulnerable or looked after children.
DFE	Department for Education
DHSC	Department for Health & Social Care
FHIR	Fast Healthcare Interoperability Resources. A FHIR profile is an example of the message content of an interface.
HSSF	Health Systems Support Framework. HSSF is a procurement framework that can be used by health and care organisations and other public sector bodies where they are supporting STPs or ICSs.
IDCR	Integrated Digital Care Record. A secure electronic record that brings together a person's health and social care information.
IG	Information Governance. IG is the management of information within or across organisations.
LHCR	Local Health and Care Record. An LHCR is an electronic shared local health and care record that makes the relevant information about people instantly available to everyone involved in their care and support.
MESH	Message Exchange for Social Care and Health. The MESH is the main messaging service used across health and care, allowing health and care organisations to communicate securely.
MIG	Medical Interoperability Gateway. The MIG is a secure middleware technology which enables the two-way exchange of patient information between local health and care settings.
NHSD	NHS Digital. NHSD is the national information and technology partner to the health and social care system.
NHSX	New joint organisation for digital, data and technology. NHSX is responsible for overseeing national directions on technology across health and care organisations.

YPO	A UK public sector tendering portal (owned by 13 councils) that supplies products and services to public services including schools, councils, emergency services, nurseries and care homes.

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