

Information Governance Toolkit V12 – New Local Authority View – Background and Guidance

Introduction

1. The following materials have been co-produced as part of the Local Public Services Information Governance Toolkit (IG Toolkit) project. A full presentation and LA-specific guidance and resources are available from the IG Toolkit Local Authority help page (listed in the “Help” section at <https://www.igt.hscic.gov.uk/help.aspx>).



Key Stakeholders

2. The project has enjoyed national and local support with the following organisations and bodies taking an active role in the development of the IG Toolkit Local Authority view and endorsing the product:
 - a. The Association of Directors of Adult Social Services (ADASS).
 - b. The Cabinet Office.
 - c. Department of Health.
 - d. Health and Social Care Information Centre (HSCIC).
 - e. Local Chief Information Officers Council (LCIOC).
 - f. NHS England.
3. Contributions and input have also been provided from a range of other sources including the Cabinet Offices, PSN Programme team; a wide range of local authorities groups including the Association of Greater Manchester Authorities, The West Midlands IG Forum, Yorkshire and Humber Authorities, representation from District Councils and the Information Commissioner’s Office.

Background to the Project

4. This paper explains the background to IG Toolkit version 12 with specific focus on the creation of a dedicated Local Authority requirement set to replace the Social Care Delivery view used in previous versions of the IG Toolkit.
5. The intention is that the new Local Authority view can be contributed to by Public Health teams rather than (as some teams did in version 11) separately completing the Hosted Secondary Use Team/Project view. This offers significant advantages as it streamlines the approach for those Local Authorities that completed two separate assessments.
6. It also means that Public Health can benefit from the full range of technical interconnectivity options which are in development between the Public Service Network (PSN) and the NHS Network (N3 and Spine) - as well as local interconnectivity on regional PSN infrastructure.

NOTE: During this first year of the new LA view, the External IG Delivery Team will offer dedicated IG SME support to Local Authorities wishing to migrate from version 11 Social Care Delivery/Local Authority view (Hosted Secondary Use Team/Project view) to the new version 12 Local Authority view. Organisations wishing to migrate should contact the External IG Delivery Team via the Exeter Helpdesk at: (exeter.helpdesk@hscic.gov.uk)

Project Approach

7. The primary focus of the project has been to bring together the respective Information Governance (IG) and Information Assurance (IA) requirements for the mutual benefit of both health and local government.
8. The project is being delivered together with a technical infrastructure solution, which will enable local government and health to interact in a more efficient streamlined and effective way. This also supports the current situation regarding connecting to the NHS N3 and Local Authorities PSN equivalent.
9. Future development and refinement will follow, but this phase has concentrated on making the requirements more understandable to a local government audience (and each requirement has been authored by Local Authority representatives).
10. The opportunity has also been taken to rationalise the number of requirements and to establish equivalence with the PSN Code of Connection Information Assurance and Service Management requirements.
11. The emphasis within the new requirements is focused around using them to support operational staff and their managers and other key stakeholders to not just take responsibility for the information within their organisations but to manage it legally, effectively and efficiently.
12. Detailed guidance on the specific changes to the requirements is available in the Change Control spreadsheet (see paragraph 26).

Change to Local Authority Organisation Codes and Logging In

13. To ensure LA codes (identifiers) are compatible for use in the newly developed health systems, the codes for LAs have had to be changed. Active user account details have been copied from the previous Social Care view to the new LA view which allows authorised users to log into the LA account using their:
 - a. Existing user ID and password.
 - b. New LA organisation code (in the format “nnn” rather than “Vnnn”).
14. The previous Social Care view account will be archived and accessible as “Read only”.
15. More information is available on the “*Local Authority User Guide: Change to Local Authority Organisation Codes - And How to Still Log Into Your Account.*” which is available from the IG Toolkit Local Authority help page (listed in the “Help” section at <https://www.igt.hscic.gov.uk/help.aspx>).



Using the New Requirements

16. Individual local authorities are encouraged to take a practical and pragmatic „best fit“ approach to embedding the IG Toolkit within their own organisations. They are best placed to take a view upon and decide the extent across their respective functions to fully implement the IG Toolkit approach.
17. The focus for this release is based on health and social care information flows with the main contributors being Adults, ICT, the Information Management function and IG Toolkit V12 – New Local Authority View – Background and Guidance (Vers 2)

Public Health with increasing interest typically from Children's Services (in light of a number of major initiatives including Child Protection/Information Sharing).

18. Within the context of the way in which different authorities function however this may not be a complete set and therefore the guidance has not been written from a point of view of „one size fits all“ and therefore supports organisations in developing an appropriate approach for their particular circumstances.

Key Drivers for The New Approach

19. There are a range of reasons why the opportunity has been taken to create a dedicated local government view in IG Toolkit version 12. These include:
 - a. Current and pending legislation (Health and Social Care Act 2012, The Care Bill).
 - b. The report of the Caldicott 2 Review (formally titled, „Information: to share or not to share?).
 - c. The need to support the accelerated delivery of service integration between health and local government including initiatives such as the pioneer key building block for integrated health and social care projects (the x14 Pioneer projects).
<https://www.gov.uk/government/news/integration-pioneers-leading-the-way-for-health-and-care-reform--2>
 - d. Requirements of the Child Protection/Information Sharing project being delivered by the HSCIC, which need to be embedded and supported by Local Authority Children's Services.
 - e. A variety of local initiatives and national strategies requiring a radically different approach, such as the co-location of health and Local Authority staff in service centres.
 - f. The combined challenges of austerity measures, the rapidly rising demand for care services and other pressures caused by changing national demographics.

Advantages of The New Approach

20. The following section lists some of the key advantages to be realised by Local Authorities in the adoption of this version of the IG Toolkit.

Functional Improvements

21. As the requirements have been authored by Local Authority representatives:
 - a. The assessment is simpler to use and complete, with fewer requirements overall and built in equivalence with other IA requirements regimes (e.g. PSN IA and Service Management).
 - b. Compliance is no longer the direct responsibility of component parts of a Local Authority, such as Adult Social Care or Public Health. Instead, the requirements are written to reflect where lead responsibility lies, e.g. requirements that need to be met by the ICT service or by the Corporate Information Management function are clearly articulated.
 - c. They are reflective of Local Authority configuration and how information moves around Local Authorities in terms of business service delivery.
 - d. Additionally, PSN related requirements are subject to external audit, therefore improving quality and confidence.

Strategic Advantages

22. Satisfactory annual assessments using this view together with a current PSN Code of Connection:
 - a. Enables easier connectivity with both government and health networks, as all IA/IG requirements are met.
 - b. Enables use of PSN infrastructure to connect into health networks, rather than purchase of separate N3 circuits and completion of full NHS information governance requirements (IG SoC, IG Toolkit and supporting investment).
 - c. Positions the organisation well to derive benefit from further IG and IA changes as local public services and government continue to streamline and simplify requirements.
 - d. Puts the organisation in a better position for more rapid development of integrated forms of working particularly with health, for example, integrated teams" co-location and other resource sharing.
 - e. Enhances the ability to share scarce expertise, experience and resource across partners as they will operate to a common standard in critical business support areas such as FOI/Records Management, Information Governance, Assurance and Security.

Tactical Advantages

23. Development of a single Local Authority view:
 - a. Supports rapid adoption and enables participation with projects now being introduced by the HSCIC such as the Child Protection/ Information Sharing initiative enabling Children"s Services to contribute to the new corporate approach.
 - b. Enables organisations to streamline current internal processes e.g. where more than one IG Toolkit return is currently being produced, reducing time, effort and duplication.
 - c. Avoids the risks and costs associated with Local Authorities developing multiple tactical solutions to connect to health networks.
24. The detailed guidance maps version 11 to version 12 to show where the specific overlaps are and to smooth the journey in creating a single response. NB: there is not always a complete match and this will mean that wider evidence from Public Health may be required.

Disadvantages if the New Approach Is Not Adopted

25. There are a number of drawbacks should organisations continue to complete the IG Toolkit in a service function specific manner, or indeed opt not to complete an IG Toolkit return at all e.g.:
 - a. Reduces the likelihood of being able to realise all the advantages above.
 - b. Increases cost and effort including the potential commissioning of N3 solutions which will be subsequently retired within the next two to three years.
 - c. May mean that organisation which either do not participate or only complete a reduced view such as the Hosted Secondary Use Team/Project view, have restricted access or cannot readily connect with health counterpart organisations, or take advantage of the streamlined processes being offered.

Content of The New IG Toolkit Version

26. Details of the specific changes and a description of each requirements is shown in the *Change Control spreadsheet* available from the IG Toolkit Local Authority help page (listed in the “Help” section at <https://www.igt.hscic.gov.uk/help.aspx>).



- a. IG Toolkit version 12 sequence number: a new numbering scheme has been established- for version 12.
- b. IG Toolkit version 11 sequence number: the number used in last year’s Social Care Delivery/Local Authority IG Toolkit.
- c. Version 12 requirement statement: this sets out what is to be achieved on satisfactory completion of the requirement.
- d. Guidance changes: This column sets out matches to the PSN /IA standard along with matches to the Hosted Secondary Use Team/Project view. Please note: that it was not possible to match the new version to all the Hosted view requirements.
- e. Knowledge base changes: There is a section containing knowledge base materials for each requirement. This column highlights the main changes to this section.
- f. Service area/areas responsible for supporting evidence:
 - (1) For items identified „PSN/IA“ (requirement numbers highlighted in green) a current PSN Code of Connection Certificate will be deemed full evidence. This will be completed by the Local Authority’s ICT department.
 - (2) For items identified as „Contributors“ (requirement numbers highlighted in yellow): these are items where the PSN Code of Connection Certificate is not deemed to be full evidence and additional “Top Up” evidence is required.

27. The main “Contributors” will be Adults, ICT and Public Health with increasing contributions from Children’s Services. However with the increase in interagency working, the Local Authority will be best to judge where contributory evidence should be sought (additional spare columns have been added for this). This is likely to be a job for the lead service area on the Toolkit, supported by local decision making, e.g. Information Governance Board and the Senior Information Risk Owner (SIRO) etc.

28. As an example, within Leeds City Council (to date) the following service areas have been identified as operationally having information flows which are health and social care related:

- a. Community Safety – this sits with Environments and Housing Department.
- b. Licensing – this sits within Citizens and Communities Directorate.
- c. Business Continuity – this sits within the Strategy and Resources Directorate.

District Councils - Uptake/Adoption

29. Although District Councils do not deliver social care, many are beginning to engage more closely with health by:

- a. Offering fitness services (via GP referrals).
- b. Co-locating or sharing premises.

30. Such activities may be bringing them in stages into the mandatory Information Assurance/ Governance arenas. Whilst District councils don't have a Caldicott Guardian, nearly all have a complete PSN/IA certificate, and the new Local Authority view potentially offers a structure that District Councils could find useful to improve their own IG maturity levels.