

Project Mandate

Proposed Project Title:	The development and provision of a Local Public Services Information Governance (IG) toolkit.
Directorate/Service:	Health and Local Public Services
Responsible Officer:	Dylan Roberts (Local CIO Council), Alex Abbott (NHS England), Phil Walker (DH)
Proposed Parent Programme: (if appropriate)	Public Network Service (PNS for the National Health Service (NHS))
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Purpose

The Mandate is used to trigger a project's 'start-up' and should contain sufficient information to allow a decision to be made about the validity of the proposed project. If approved, the Mandate provides the basis for preparing the Project Brief.

1. Background and Objectives

Explain why the project is necessary and what it is intended to achieve, by defining its objectives. This section should highlight how the proposal contributes to achieving strategic, business or service outcomes and whether it forms part of a wider work programme or is a stand-alone activity.

The seamless integration of Health and Local Public Services Information is imperative if the organisations involved are to deliver on the requirements of patients and clients contained within the Health and Social Care Act (2012). Currently, there are a number of different assurance regimes across government and the cost and complexity of adherence to all of these is high for Local Public Services. Furthermore, the maturity of Local Public Services as it relates to Information Governance (IG) is considered lower than that of the health sector.

The primary requirement for integration for Local Public Services (as per Local CIO Council priorities), is with Health. Many conurbations across the UK are progressing with holistic digital agendas that cut across all agencies and private sector partners, aspiring for a step change in the way services are provided to people in future. By virtue of the sociological and economic drivers facing these conurbations and the UK:- Health is a significant priority area for joined up innovation. This cannot happen seamlessly with the current Information Governance arrangements across government. As a group, Health and Local Public Services together make up by far the biggest contingent of users across Government.

Currently any Local Authority wishing to share data with the NHS and to provide and or share secure access to NHS applications, is required to demonstrate a robust approach to IG/Information Assurance (IA) utilising mandated NHS assurance processes, including an assessment of performance using the NHS Information Governance Toolkit (IGT) and completion of an IG Statement of Compliance (IGSoC).

The current IA regime falls down in the following areas:

1. It takes no account of the separate (and in a number of instances highly comparable) IA regime that Local Authorities are already obliged to follow to ensure connectivity to the current or planned secure Government Infrastructure. Until recently that was achieved under the Government Connect Code of Connection (CoCo), which has now been replaced by accreditation via compliance with the Public Services Network equivalent; PSN IA.
2. The current IG toolkit requirements having been created by the NHS are written in a language which is not always relevant or necessarily readily understandable in a Local Authority context. The current toolkit's emphasis in terms of its allocation of responsibility and accountability, is also not aligned with the reality of that within a modern Local Public Services organisation.
3. The approach and attitude of Local Authorities to the toolkit itself is currently very different, in that:
 - Some have ignored it altogether, preferring to rely on Local Governance arrangements;
 - Others have submitted toolkit entries in previous years and then subsequently failed to keep the work up to date;
 - Whilst some Local Authorities have completed the process, their approach, consistency and standards are unknown, as the process is wholly based upon self-assessment and interpretation.

This mandate recommends a project is set up to deliver the following:

Phase 1

- a) Develop a core set of IG Toolkit requirements which meet the assurance needs of both Health and Local Public Services (9-12 months);
- b) Establish the editorial function and approach;
- c) Communicate and publicise the project, outputs and associated benefits;
- d) Implement, test, document and share common interim solutions, to be used by all, for "connecting with health" through a PSN to N3 gateway. This will include pragmatic guides and approaches for Local Authorities to meet IG Toolkit requirements.
- e) Understand and capture the wider local public services and "other" partners requirements for joining up and associated IG as it relates to Digital Conurbation agendas. This can be tested in Leeds who are developing a Health Informatics and Innovation Hub underpinned by information and technology.
- f) Determine the full requirements for Phase 2.

Phase 2 (depending on a review in terms of the success of Phase 1)

- a) Further enhance the Health and Local Public Services Toolkit to include the wider health and social care stakeholders.
- b) Establish common approaches between the partners in the way information governance arrangements are managed and monitored;
- c) Progress with the development of a standard core toolkit for government with any required "top ups" based on specific and justified requirements of individual departments. E.g. MOJ, Blue Light, HMRC, DWP.
- d) Communicate and publicise the project and associated benefits

The costs of this project can be justified by what will be a multi-million pound saving in avoiding the administration, compliance and disparate solutions required to comply with the current myriad of IG arrangements. Further it will raise the bar in terms of the IG maturity level of Local Public Services

and therefore enable public services to provide greater assurance around the information and data they handle.

2. Scope

Describe what the project would deliver. The deliverables may concern new or revised resources (staff, systems or buildings), affect particular geographical areas (e.g. the whole district or particular wards), provide for specific types of service user or customer, apply only within defined time-periods, and so forth.

This proposal is a two year project with the capacity to fast-track the development of Local Public Services Information Governance toolkit requirements to replace the current requirement set nationally at the earliest opportunity. This will be co-funded by the Department of Health through the Health & Social Care Information Centre, Local Public Services via the Association of Directors of Adult Social Care and Local CIO Council, the Cabinet Office (PSN Programme), Leeds City Council and Partners who will test and trail blaze the solutions across the City of Leeds so that they may be replicated nationally.

- The toolkit will provide full equivalence for Local Public Services which complies with existing NHS Information Assurance Requirements to enable in the first instance bi-directional access to NHS Infrastructure and Information systems from Local Public Services beginning with Local Authorities.
- It will accelerate the convergence of currently separate Information Governance and Assurance regimes around (and where it is appropriate), directly into the PSN CoCo requirements set across Local Public Services.
- It will re-use and not seek to replace existing IG Best Practice;
- It will build upon the successful work, recently completed on a best endeavours basis which has linked 13 elements of the Health Toolkit back to the PSN standards which will cut a good level of duplication.
- It will be built around the PSN IA Conditions;
- The toolkit will contain a range of requirements that are relevant and understandable to all forms of Local Government, i.e. District Councils who do not deliver Health and Social Care Services.
- This project will replace the LCIOC IG coalescence workstream and will work in parallel with the PSN to N3 Gateway workstream, to ensure consistent and agreed tactical approaches to integration with health in the intervening period.
- This project is scoped to provide a new approach and wider framework to the convergence of the Information Assurance regimes across Government which currently make the landscape extremely difficult to navigate from an Information exchange/service delivery perspective
- Whilst the first phase of the Project will focus on producing an IG toolkit for Local Government with full compatibility against NHS counterparts, it will also reflect wider and general Information Management/Governance and Assurance practice which logically apply across all wider Governmental, Local Public Service and civil society organisations as a Phase 2 deliverable.
- The project will seek to establish a framework to determine and agree where and how additional Information Governance and Assurance “top ups” will be identified and implemented and the implications for the core PSN CoCo requirements between organisations.

The Phases for the project have been noted above.

3. Outline Benefits

Define the business justification for the project in terms of outline benefits it is expected to deliver.

- Enables each participating Local Public Service organisation to demonstrate that it has an appropriate information governance framework (led by an appointed Senior Information Risk Owner [SIRO]) that also provides assurance to Health, other partners, in terms of access and

use of their information and ultimately the Information Commissioner as the way information and data is handled.

- Avoids the risks and costs associated with Local Public Service organisations developing multiple of tactical solutions¹ to connect to Health.
- Avoids the multi-million pound costs associated with Local Public Service organisations going through and complying with multiple IG regimes and doing so without Local Public Service specific guides and templates.
- Provides methods, guides and templates which are developed for the Local Public Service context.
- Enhances the ability to share scarce expertise, experience and resource across partners ensuring they operate to a common standard in critical business support areas such as FOI/Records Management, Information Government, Assurance and Security.

4. Stakeholders

Identify any known or potential stakeholders.

This project will be delivered in partnership between a nominated lead for Local Public Services Information and Technology Integration (funded by Local Public Services as noted above), based at Leeds City Council and the Information Governance Delivery and Infrastructure Security teams in the HSCIC.

The principal sponsors for this project will be Dylan Roberts (CIO Leeds City Council and Local CIO Council Lead for Local Public Services Infrastructure and IG), Alex Abbott (Chief Technology Officer – NHS England, Chair of the Public Service Network for Health Program) and Phil Walker, head of Information Governance & Standards Policy in DH.

This project will be a workstream of the PSNH programme and report into the board and Local Public Services (LCIOC) will be represented on that board by Dylan Roberts. Further it will provide updates to the ADASS IMG Group and Local CIO Council who will have the opportunity to feedback and influence direction and decisions. Cabinet Office will be represented on the Local CIO Council, sit on PSNH board and are part of the Local Public Services Infrastructure and IG team led by Dylan Roberts. The project will also report in to the Information Governance Group of the Information Services Commissioning Group which advises on the commissioning of IG work from the HSCIC.

Other stakeholders:

- Local Government - LGA
- HSCIC N3/N4 Programme
- Office of the Information Commissioner
- PSNA (The PSN Authority)
- Local Government Delivery Council

5. Constraints

Describe any constraints within which the project must operate. For example, have any funding sources been identified? Are existing resources and skills adequate? Does the project have to be achieved by a fixed deadline or in a fixed form to comply with a statutory requirement? Does the project have to be delivered in partnership with other organisations?

This project will require all key stakeholders Cabinet Office, LCIOC, DH, NHSE, HSCIC, ADASS and Leeds and Partners to note and understand the contents of this mandate and provide proactive support to this initiative. This will be achieved by:

- Providing co-funding to enable the continuity of to be developed on a formally agreed basis to support the next critical development of the Local Public Services IG toolkit requirements.
- Agreeing to accept the IG toolkit as the appropriate common standard for Information Governance and assurance, and support in the mandating/formal adoption across the Local Authority Community.

- Enabling close working with the HSCIC to promote the adoption of the toolkit as the new national standard toolkit for use by the Local Public Service Community.
- Helping to communicate the importance and necessity of IG compliance to wider sets of partners including Digital/ICT providers, Civil Society and private sector partners (e.g. Health providers).
- To further develop and take the above as a proposal/response to the ICO and the Permanent Secretary for Communities and Local Government (Sir Robert Kerlake) to garner their support to provide a future home for the Toolkit as an integral part of the PSN Assurance framework

6. Interfaces

Describe any interfaces between the project and other organisations both internal and external including any links to other project(s) or programme(s).

The project will:

- Be closely aligned and complementary to existing convergence projects and programmes, i.e. PSN, PSNH and PSN to N3 Gateway;
- Be both shaped by and reflect the new and currently emerging IG requirements stemming from the Health and Social Care Act 2012 (e.g. including the Development of the Code of Practice for the Management of Confidential Information and Accredited Safe Havens requirements, currently being defined).

For the organisations involved see Section 4. Stakeholders.

7. Outline Risks

What known high-level risks to the project's potential achievement will need to be addressed?

The major risks to this project are that of departmentalism in that this project may challenge possible institutionally cemented behaviours around ownership, control and mandate and the “professional power” of IG professionals who can have more of a focus on Information Assurance and mitigation of risk as opposed to the understanding of risks and proportionality in terms of achieving successful outcomes for patients and client.

These risks can be mitigated with leadership and direction from all key stakeholders and a focus on the best overall outcomes for public services and the people we serve.

8. Project Impact Assessment and Recommended Governance Requirements

Describe the project's initial impact assessment as derived from the DSC Project Impact Assessment Scorecard and the appropriate level of governance necessary. (Attach completed Project Impact Assessment Scorecard).

9. Funding and Resources

Indicative costs and resources have been identified for Year 1.

Item	Cost (1 years)	Sponsor (Year 1)
Head of Local Public Services Information and Technology Integration (with on cost)	£85,000 (including on cost)	ADASS - £30,000 LCIOC - £30,000 Cabinet Office - £20,000
HSCIC led Project Team with DH & NHSE support	£100,000 indicative from existing teams	DH/NHSE
Project Admin	£20,000 (Resource)	Leeds City Council
Communications and Marketing	£15,000	Leeds and Partners (Health Hub) - £15,000
Accommodation / ICT / etc	Overhead	Leeds City Council & HSCIC

10. Decision

The Project Mandate has been reviewed leading to the following decision:	
The Mandate is approved for development and a Project Brief can be prepared	<input type="checkbox"/>
The Mandate is deferred for further work (see actions below)	<input type="checkbox"/>
The Mandate is NOT APPROVED and no further work may be undertaken	<input type="checkbox"/>
Comments/Actions	
Name and Designation of Authorised Officer	
Date	

ⁱ e.g. LCIOC surveyed Local Authorities around how they provisioned access to Health systems to support the Public Health Agenda. 95% of respondents had developed different tactical “back door” solutions at cost because of the IG Toolkit challenges.