

- ▶ Sharing health data to improve outcomes for families and children:

Staffordshire executive summary



Introduction

Information sharing has been at the heart of the Troubled Families programme from the start, providing the intelligence local programmes need to identify families, understand their needs and demonstrate their progress. Local authorities depend on local public services providing access to their data and intelligence on families and family members. Without this, there is a risk that families with the highest need will not be identified and do not receive the coordinated support they need.

To assist local delivery of the Troubled Families Programme, the national Troubled Families team (based in the Department for Communities and Local Government – DCLG) have joined up with the Department of Health (DoH) and the Centre of Excellence for Information Sharing (the Centre) to look at how sharing health data can further help improve outcomes for families and children.

The approach of the Centre, was to work with several local Troubled Families teams, including Staffordshire County Council (SCC), to identify the cultural barriers and enablers to sharing health data. The Centre also looked to capture best practice in order to help and support other local places to overcome similar barriers they may face and to develop local solutions.

To understand this further, Engagement Managers from the Centre carried out a series of semi-structured interviews with key professionals involved in both the management and the delivery of the Staffordshire programme.

The Troubled Families programme in Staffordshire is known locally as 'Building Resilient Families and Communities' (BRFC). Key health and council services work to a shared local vision - enabling families to be 'safe, healthy, self-reliant, educated, responsible and informed'¹ by coordinating support across local services – delivered through a partnership approach to workforce development, joint commissioning, and improved information sharing.

Phase one of the programme demonstrated local priorities around 'Hidden Harm' (domestic violence, mental health, and substance abuse), which strengthened the case for sharing information between the health-care sector and the BRFC programme.

The BRFC programme is managed through a commissioning framework, by the Community Safety and Families department of SCC. Troubled Families funding from DCLG is split between SCC and the district teams, with upfront 'attachment fees' funding the central programme costs (within SCC), whilst 'Payment by Results' funding goes to district teams, who use this to commission additional local activity. This strategic decision was taken to enable buy-in and information sharing between the district councils and the county council.

Approaches to developing information sharing have included:

- ▶ building information sharing into commissioning for public health services;
- ▶ building relationships with mental health services.

These individual arrangements have been supported by the BRFC programme operating under the county's overarching One Staffordshire Information Sharing Protocol. This is supported by individual Information Sharing Agreement (ISA) appendices for each specific project. These ISA's cover specific details governing information sharing including the legal gateways and who information is shared with. ISAs are in place between the BRFC programme and two health trusts (Staffordshire and Stoke on Trent Partnership Trust, and South Staffordshire and Shropshire Mental Health Trust). These ISAs are limited to the scope of the current information sharing arrangement that involves the sharing of profiling data for families who already meet two or more eligibility criteria to check if they also meet the health criteria. The aims are for health information sharing to occur at the same point as other partners information so that identification considers health criteria alongside other eligibility criteria. Progress towards this is through BRFC's stepped approach to the development of information sharing and at points this will require the supporting ISA to be revised and reissued.

¹ <https://www.staffordshire.gov.uk/community/community/Building-Resilient-Families-and-Communities.aspx>

Cultural barriers to information sharing

Discussions with the BRFC programme team and their partners in Staffordshire highlighted a range of issues which are perceived to be challenges to information sharing. The overarching themes are outlined below:

- ▶ Information sharing maturity
- ▶ Risk and fear
- ▶ Information governance
- ▶ Building trust
- ▶ Engagement
- ▶ Organisational complexity
- ▶ Joint working
- ▶ 'Think Family'

More detailed explanations of how the successes were achieved and the challenges overcome are available in the full case study available online by visiting: www.informationsharing.org.uk/debate

The development of information sharing with mental health to identify eligible families

A key holder of mental health data in Staffordshire is the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). The SSSFT are the primary provider of both adult, child and adolescent mental health services in the county. The data sharing discussions between the BRFC programme and SSSFT are one of the most mature partnerships regarding health data sharing, so provide an insight into the challenges, and steps taken. An Information Sharing Agreement (ISA) between the BRFC programme and SSSFT came into effect in March 2016.

Lessons learnt:

- ▶ Make use of government guidance on information sharing to support confidence and commitment of mental health providers to share at both strategic and operational level.
- ▶ Develop understanding of where mental health providers are regarding information sharing and work from this position. This considers their current experience, confidence, capability and capacity to share information.
- ▶ Don't assume that with the strategic level sign-off of formal ISA that information will automatically start to flow from mental health providers.
- ▶ Developing information sharing takes time and work needs to be done collaboratively to progress in a stepped approach that recognises and works within mental health providers limitations, including available resources.
- ▶ Identify, secure introductions and take time to develop relationships with the key individuals within the mental health provider organisations who are involved in handling information. Support them in developing their understanding of the reasons for sharing information, what information is required and the level of commitment required.
- ▶ Develop your understanding of and relationships with mental health through various approaches e.g. staff training, targeted engagement of individual mental health service providers and development of joint and co-located working arrangements.

Commissioning as an enabler of information sharing

SCC made an active choice to take a commissioned based approach to delivering the Troubled Families programme and have embedded requirements for information sharing (to support the BRFC programme) into their commissioning specifications for relevant commissions, including health services.

This creates levers to move forward data sharing discussions with partners, and is an approach which they plan to use in future contracts.

Lessons learnt:

- ▶ Take proactive steps to find out what data local organisations have - the BRFC coordinator seeks knowledge about the data which local agencies have and/or collect - not necessarily by asking them directly, but through involvement in other activities e.g. Children's Centres at district level.
- ▶ The BRFC team look at opportunities for joining up not just around data sharing but also front line worker co-ordination. For example, in addition to a data sharing requirement, the school nursing contract also contains a Key Performance Indicator (KPI) for the number of Troubled Families they are supporting (but not the lead agency). The BRFC programme plan aims to look at a similar approach to linking health visitor KPIs to data sharing requirements.
- ▶ Be very specific about the type of data to be shared, especially when it is patient identifiable data, and what level of granularity is required i.e. information at individual and family level. This is both to improve the ease in which the data is transferred into the BRFC system; but also to ensure both parties know what the commitment is before signing and ensure that systems are in place to collect data at the level required.
- ▶ Be very clear on the purpose for having the data requested (the BRFC co-ordinator has worked closely with the data analyst team to help do this).

Next steps

The BRFC team in Staffordshire have identified two priorities areas for the development of health information sharing:

1. Securing strategic engagement and support from health partners at the county level. In particular, this would include: health partners from the six CCGs and another key physical and mental health provider, Staffordshire and Stoke on Trent Partnership NHS Trust.
2. Developing an operational district level GP and mental health information sharing 'good practice' pilot which is geographically targeted. They will ensure it is targeted through an analysis of the families with mental health criteria identified through the information sharing between BRFC and the SSSFT.

BRFC have identified further areas which they feel will help them to (a) engage and secure commitment from health partners for their pilot work and (b) embed information sharing and broader learning into wider operational practice and local service transformation.

These further areas include:

- ▶ Building BRFC's own understanding of the health landscape.
- ▶ Highlighting the health outcomes that are being realised through the BRFC programme.
- ▶ Developing language that will all resonate with health partners.

Find out more

To find out more about our work in Staffordshire and read our full case study visit

www.informationsharing.org.uk/debate