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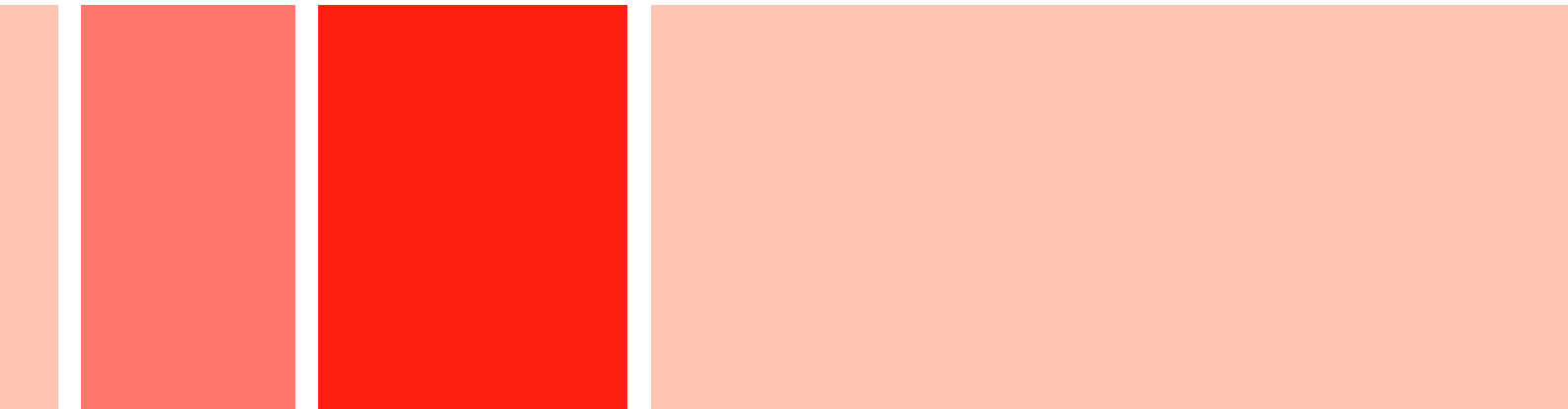
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# Formative Evaluation of the Sharing Personal Information Programme and WASPI - Case Studies



# **Formative Evaluation of the Sharing Personal Information Programme and WASPI**

## **Case Studies**

## **SQW Limited**

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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## Introduction

This Annex to the main report of the Formative Evaluation of the Sharing Personal Information Programme and WASPI contains concise reports on information sharing practice in six case studies across Wales, namely:

- Flying Start in Torfaen
- Gwent Frailty project
- Hafan Lles Integrated Health and Social Care Service
- Multi-Agency Risk Assessment Conference (MARAC) in Cardiff
- Protection of Vulnerable Adults in Powys
- Public Protection and Mental Health in Caerphilly

Each summary report has been approved by the case study participants.

The SQW evaluation team and the Welsh Government wish to thank local partners engaged in each case study for their involvement with the evaluation.

# Flying Start – Torfaen

## Background to the Information Sharing Protocol (ISP)

Flying Start is the Welsh Government's flagship early year's programme, which aims to improve outcomes for children and families in deprived areas. In June 2011, an Information Sharing Protocol (ISP) was finalised by partners engaged in Flying Start in Torfaen to improve information sharing and ensure more effective joint working amongst the different organisations. The ISP covers the exchange of information between the agencies set out in the table below.

### Agencies involved in the Flying Start – Torfaen ISP

- |                                       |  |
|---------------------------------------|--|
| • Aneurin Bevan Health Board          | • General Practices                    |
| • Torfaen County Borough Council      | • Schools and Nurseries                |
| • South Wales Fire and Rescue Service | • Independent Registered Child Minders |
| • Bron Afon Community Housing         | • Independent Registered Play Groups   |
| • Benefits Agency                     |  |

The information covered by the ISP is personal information about the children, families and carers using the Flying Start: Torfaen service. This information includes health, social and environmental risks, information about the child's development and demographic information. Information is shared to identify service user needs, and to design an appropriate care plan for the child and family/carer.

## How personal information is now shared amongst partners

The main situation in which information is now shared amongst partners is at multi-agency panel meetings. In advance of the meetings, a list is compiled of children where concerns have been raised by practitioners (e.g. non-attendance at childcare). Sharing information on individual children allows practitioners to discuss the issue, possible reasons behind it, and to identify the support needs of the child, and their family. A multi-agency support plan for the child/family is then developed to ensure that the relevant support services are put in place. Following the support plan development, a review meeting of the case may also be held to assess progress against the plan. Under the ISP, individual cases can only be discussed upon signed consent being received from the parents/carers of the child. Consent for sharing information is obtained when families join Flying Start, using a formal Registration Form.

Outside of the multi-agency panel meetings, the ISP also enables personal information to be shared electronically between partners to improve service provision e.g. if they are making a service referral. That said, although the level of information

sharing has increased in recent years Information Technology (IT) and the storage of information continues to be a challenge. The different technology systems used by each agency mean that if practitioners want to share/access information outside of the multi-agency meetings they have to specifically ask for it from the individual agency concerned, rather than being able to access it directly. This creates some delays in the information being received which can impact on the efficiency of service delivery.

## The development of the Information Sharing Protocol (ISP)

The partners worked closely with the WASPI team to develop the Flying Start: Torfaen ISP. As part of this, the WASPI Facilitator attended several Flying Start Information Exchange Sessions to explain the Accord and work with the partners to map how services interacted with each other. This exercise clarified *what* information different agencies required, and *when* the information needed to be shared. Following the Information Exchange Sessions, the WASPI Facilitator worked with staff of the partner agencies to draft the ISP before circulating it to the wider partner agency group for comment. Once finalised, the ISP was signed off by senior staff in each of the partner agencies.

Actively involving the partners in the development of the ISP was seen as being particularly important by those involved. Specifically:

- it helped to ensure that staff were supportive of the ISP, there was buy-in from the outset, rather than if there had been a process 'imposed' on practitioners staff from above
- it ensured that the information sharing flows were easily implemented, since the ISP was designed around operational activities
- it helped to build partners' knowledge and insight of personal information sharing good practice.

The role of the WASPI Facilitator was also a useful one, constructively challenging partners to think about their working processes and providing information and support in relation to adopting good practice in the sharing of personal information. This advice and support helps inform wider service delivery by the agencies involved, including but not limited to the Flying Start programme.

In developing the ISP, partners also reviewed the methods that they used to collect information. This led to the previous Flying Start family consent form being improved to capture a more comprehensive set of information, providing partner agencies with a greater insight into the beneficiary population and helping the targeting and delivery of services.

Following the approval of the ISP, the WASPI Facilitator attended several multi-agency panel meetings to monitor how well it was working in practice, and to check for compliance. Partners saw this as useful: it encouraged practitioners to question further whether the information they were sharing at the multi-agency meetings was relevant, helping to focus the discussions and maximise the potential of the sharing now in place. Since the initial implementation, the ISP has continued to be refined and developed: partners are currently revising the registration form for referral into Flying Start, and have recently introduced an annual review of parent/carers consent to the sharing of personal information at the multi-agency panel meetings.

## Benefits of WASPI and the Information Sharing Protocol (ISP)

The development process itself was valuable, bringing together practitioners from different agencies, increasing the level of understanding they had about the role of each agency, and why different information is required at different stages of the Flying Start programme. One consultee commented, *“It is one of the most worthwhile things I have been involved with in my role”*. Practitioners engaged in the delivery of Flying Start in Torfaen feel a real sense of achievement in having developed the ISP. They drove the process and so they took ownership of the ISP, and they were quick to put it in to use in their own working practices. As a result, good practice in information sharing has now become embedded in Flying Start in Torfaen.

The multi-agency panel was set up before the ISP was developed, however it was constrained in its effectiveness: partners did not know what information they could safely share, and did not feel confident in sharing in an open fora. Instead, sharing where it did happen, was through partners approaching other individual agencies on a bilateral basis when they had a specific information request – it would often take a long time for clearance to be granted to allow the information to be shared. The ISP has increased staff confidence in relation to sharing information. They are now clearer about what they can and cannot share with partner agencies. One partner noted that, *“WASPI and the ISP has had a huge impact. It was very difficult before, when lots of agencies were working in partnership and didn’t know what information could be shared.”*

Furthermore, the processes are now in place to allow information to be shared more easily amongst practitioners. Enabling the discussion of individual cases at the multi-agency meetings has been particularly helpful in complex cases where there are many different factors affecting the child’s development requiring a multi-agency response. The ISP has enabled more information to be shared so that a better picture of the family’s situation can be gathered by all relevant professionals working with them. For example, where a childcare provider has had concerns about non-attendance, health visitors have been able to provide information that has shown that

the family had a valid reason for non-attendance but had forgotten to let the childcare provider know. In such instances, the timely sharing of information can prevent the child losing their place at childcare.

By improving the way in which information is shared, the ISP enables support to be designed more effectively. A structured and co-ordinated approach can now be taken to developing support packages, focusing on the needs of the child and prioritising the order in which different services are offered. This ensures that appropriate, timely interventions are put in place to improve the outcomes for the child and family/carer.

The ISP also plays a part in encouraging uptake of services and making services more accessible. Rather than relying solely on publicity, partners can proactively approach families that they think might benefit from Flying Start services. For example, health is now able to send a list of families to childcare providers, letting them know when local families become eligible for the free childcare provided by the Flying Start programme (families become eligible when their child turns two years old). This timely sharing of information enables childcare providers to approach families as soon as they become eligible for the childcare service, thus ensuring support is provided as early as possible.

### **Key messages**

The actual process of developing the ISP was seen to be as valuable, since it helped to improve knowledge and understanding of information sharing good practice amongst practitioners and encouraged them to make improvements to their own working practices.

The ISP has increased practitioner confidence in sharing information: they are now clear what they can share, and sharing is quicker and more inclusive than before.

Improving information sharing has helped to make the multi-agency panel meetings more effective and to allow more holistic packages of support to be put in place for children and families.

# Gwent Frailty

## Background to the ISP

Gwent Frailty was set up as a three year programme, launched in 2011 to deliver integrated health and social care services across the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The focus of the programme is on providing preventative care, with the aim of reducing the time that service users spend in hospital and maximising client's independence so that their need to move into formal services (either a package of care or long term care) is greatly reduced. In order to deliver integrated services, the need to improve sharing of personal information between different agencies was identified at the outset.

As a key element of the development of the Gwent Frailty programme, a formal Information Sharing Protocol (ISP) was developed, to supplement the Wales Accord on the Sharing of Personal Information (WASPI). The ISP was approved in June 2011 and covers the exchange of information between the agencies set out in the table below.

### Agencies involved in Gwent Frailty: Single Point of Access (SPA) and Community Resource Teams (CRT) ISP

- |  |  |
|--|--|
| • Aneurin Bevan Local Health Board     | • Newport City Council                                   |
| • Blaenau Gwent County Borough Council | • Torfaen County Borough Council                         |
| • Caerphilly County Borough Council    | • General Medical Practices within the Health Board area |
| • Monmouthshire County Council         |  |

The information that is exchanged between the agencies includes demographic information, details about physical and mental health and well-being, identified risks and information about personal care. This information is used to assess the service user's needs and to develop a detailed care plan.

## How personal information is now shared amongst partners

Information sharing is integral to the delivery model of the Gwent Frailty programme. Referrals in to the Gwent Frailty programme can be made by professionals from either health or social care using the Single Point of Access (SPA). The SPA provides a single telephone number for referring service users in to the programme. Referrals are then recorded on a central IT system so that they can be allocated efficiently to a relevant Community Resource Team (CRT) staff member. The CRTs are integrated teams, comprising both health and social care professionals, who deliver the Gwent Frailty support to service users.



When a referral case first comes in to the Single Point of Access (SPA), it is added to the Gwent Frailty 'workflow' screen of the central system. This contains a list of all case referrals made to the Gwent Frailty programme. Having the ISP in place means that, at this stage, the CRT Coordinator is able to view the referral information and check both electronic health and social care systems to establish whether the service user is already known to health and/or social care teams. If the service user is already recorded in the health and/or social care systems, the CRT Coordinator will obtain case history information and be able to identify any recorded lone worker risks. Any relevant information is then also entered on the CRT system to create an integrated record of the CRT's involvement with service users. Following this pre-allocation assessment, the case is allocated to the most appropriate CRT member, with a case request sent electronically to the relevant CRT member. The additional case information is also available to the CRT member on their mobile device.

Upon accepting the request electronically, this acceptance is logged in the system so that other CRT team members can view which professionals are working with the service user. The allocated CRT team member then visits the service user, recording electronically via the central CRT system when they arrive and when the visit is completed. This allows the case to be tracked in 'real-time' to ensure that all service users receive a visit within the recommended timescales (4hrs for a rapid response case, and 24hrs for a re-ablement case). Any delays in the process are flagged up on the system to allow these to be addressed by the CRT Coordinator.

During the visit, consent to share their personal information is sought from the service user. Service users are then identified on the system through a unique reference number, along with a Local Authority Identifier and an NHS number. CRT staff use digital pens to complete patient forms which contain referral information and show the associated care plan that has been put in place. This data is then uploaded directly to the central system. Some initial challenges have been experienced with the technology. For example, if a staff member is attending a visit outside a mobile network signal range, the data will not be uploaded until the staff member returns to an area receiving a signal.

The team is continuing to iron out the initial 'teething problems' commonly associated with the introduction of new IT systems. The paper copy of the form is kept by the patient so that they can choose to share the information with other individuals, such as family and carers, if they wish to do so.

## How the Information Sharing Protocol was developed

The Health Board area covers five different local authorities. Prior to the Gwent Frailty programme, social service information was entered on to five different local authority systems, with health records being entered on to a further, separate, Health Board system. There were no formal processes in place that enabled other agencies

to view clinical records. This lack of an integrated system created a number of challenges, including the risk of referrals 'slipping through the net', and the inability to track cases from referral through to assessment.

Therefore, at an early stage in the Gwent Frailty programme a work-stream (which included representation from health and social care) was set up specifically to look at information sharing issues. Early on, the project partners contacted the WASPI support team to discuss information governance further, and subsequently decided to develop and establish a formal Information Sharing Protocol (ISP).

An ISP Facilitator was identified and worked with the local group to develop the ISP, facilitating group sessions which looked at information flow processes and questioning governance aspects associated with information sharing. As part of these sessions, the work-stream team developed an information flow diagram, mapping out what information was needed by different partners and when. They also visited another group that their ISP Facilitator was working with to share ideas. This was seen to be a valuable way to exchange information sharing good practice.

Following the discussions, the ISP Facilitator used the information that the work-stream had developed to draft the ISP document. This was then sent to the Gwent Frailty team for review. Once it was finalised, the ISP was sent to both Local Authority and Health Board relevant committees for sign off.

It is worth noting that the ISP was developed at a very early stage, before the processes and procedures for working within the Gwent Frailty programme were fully in place and embedded. However, a review was undertaken after 6 months to check compliance of information sharing with the ISP and this found that the partners had adopted the protocols set out in the ISP.

## Benefits of WASPI and the Information Sharing Protocol

The ISP development process delivered important benefits. Notably, it played a crucial role in clarifying for the Gwent Frailty team what they could and could not do in terms of sharing information, and this impacted on the design of the programme activity itself. That is, developing the ISP at an early stage allowed the Gwent Frailty team to 'design in' information sharing processes and infrastructure from the outset. Systems and processes are therefore in place that support and facilitate joint working, for example, setting up a system to allow referrals to be made electronically.

As part of the development of the Gwent Frailty programme, a central system for sharing information across health and social care was introduced. Some challenges remain where statutory or mandatory legislation is in place meaning that individual agencies are obliged to store the information on their own system as well as the

unified system. The Gwent Frailty team is currently looking at ways to reduce this duplication of data entry.

Overall, however, the ISP was seen to have aided the move towards integrated teams, with one local consultee noting that:

*“Frailty would not have worked without the ISP. It would have taken twice as long to get the local authority and health working closely together ... It definitely broke down barriers between clinicians’ teams – we lost the health versus local authority approach that had been in place beforehand”.*

Using the WASPI ISP development process to design systems that allow for increased information sharing has also helped to improve the experience for service users, as perceived by practitioners, with referrals being allocated to the relevant professional faster than was previously the case. One practitioner engaged delivering the programme noted that:

*“Almost every client benefits as a result of the ISP. Before, they could see a nurse, who would then refer them to a social worker and this might mean waiting a couple of weeks, then they would be referred to a physio and have to wait another few weeks. Now, they are seen much quicker (the same day as the referral is made) and there is better continuity of care”.*

The electronic referral system also saves staff time as they do not have to return to their work base to collect information about allocated cases. In addition, sharing information between health and social care also means that any lone worker risks are now flagged on the unified system so that appropriate mitigation measures can be put in place before a visit is conducted. Increased information sharing is therefore helping to improve response times to referrals, and improving safety for practitioners.

Effective sharing of information has also encouraged professionals to undertake more joint visits with other staff which allows a more holistic approach to be taken towards the service user’s care. Being able to view information from both the social care and health assessments also means staff can see what needs have previously been identified and avoids duplication around assessment.

Finally, the ISP and the wider WASPI framework are seen to have played an important role in developing the confidence of staff around sharing information and developing trust between different professionals. Having the WASPI in place also gave staff the comfort and knowledge that they have ‘permission’ to share information. As one practitioner engaged delivering the programme noted:

*“The key facilitator for sharing information has been getting the okay from ‘on-high”.*

**Key messages**

Having the appropriate IT infrastructure and systems in place is essential for staff to be able to share information effectively in their daily working practice.

Developing the ISP at a very early stage meant that the learning could be used to inform the design of the programme infrastructure and systems.

Improving information sharing has led to faster allocation of referrals and encouraged a more holistic approach to the care of service users.

# Hafan Lles Integrated Health and Social Care Service

## Background to the Information Sharing Protocol (ISP)

The Hafan Lles Integrated Health and Social Care Service (the 'Service') was introduced in February 2010; integrating primary health, secondary health, and community care services in Prestatyn and surrounding areas. A system for effective information sharing between partners is fundamental to the Service; leads from partner authorities specified a quality assured WASPI ISP for this purpose.

The ISP was developed during 2010/11 and Quality Assured in July 2011. In the period between the Service going live and the Quality Assurance of the ISP, information sharing was guided by the principles of WASPI. Coordinated by Betsi Cadwaladr University Local Health Board, the ISP was developed in partnership between thirty-one organisations.

### Information Sharing Partner Organisations

Betsi Cadwaladr University Local Health Board	Care and Repair
Denbighshire County Council	British Red Cross (Wales)
Flintshire County Council	Age Concern - North Wales Central
GP Practices (x8)	Vale of Clwyd MIND
Care, Nursing and Residential Homes (x11)	Crossroads
Wales and West Housing Association	Marie Curie – North Wales
Clwyd Alyn Housing Association	North East Wales Carers Information Services (NEWCIS)

Source: Hafan Lles Integrated Health and Social Care Service Information Sharing Protocol (July 2011)

The ISP facilitates the sharing of information to inform the production of an individual care-plan detailing: how services will be provided, how needs will be met, who will be involved, whether any needs will remain unmet, and how the Service User's on-going care will be managed and reviewed. When sharing, emphasis is placed on the minimum necessary personal information required for the purposes of designing and delivering the integrated health and social care Service.

The information covered by the ISP includes: demographic information, service user's perspective, carer's perspective/assessment, clinical background, activities of daily living, immediate environmental and resources risk assessment, financial information, relationships, and personal care/physical wellbeing.<sup>1</sup>

<sup>1</sup> For a full list, refer to: Hafan Lles Integrated Health and Social Care Service Information Sharing Protocol (July 2011)

## How personal information is now shared amongst partners

Information sharing primarily serves the production of individual care-plans. Information exchanges coincide with referral into the Hafan Lles Service by designated community partners, allocation for assessment by the Hafan Lles Multi-Disciplinary Team (MDT), intervention by the MDT, and discharge from the Hafan Lles Service.

In this format, information sharing principally takes the form of requests for information issued to partner organisations as and when required by the referred case in question. Weekly MDT meetings between partners provide an additional platform for information sharing, again on a case-by-case basis.

Methods of information specified in the ISP are varied, including; face-to-face and telephone-based discussions between trusted contacts, the transfer of information by secure fax and email, and the transfer of information by controlled hardcopy. A set of named database fields and assessment forms are specified for the recording and transfer of information; detailed in the Information Flow Reference Table that underpins the ISP.

Information sharing is focussed on 'manual' means of information exchange due to the lack of interoperability between core databases; namely the Social Care 'PARIS' system and the 'MYRDDIN' patient administration system. Whilst, information sharing is effective under current arrangements, the isolation of the two databases presents a key barrier to efficiency as records from each database must be 'manually' accessed, tallied, and transferred.

The incompatibility is derived from the ICT security policies operated by Social Care and Health respectively, which are not expected to be revised for the purposes of the Hafan Lles Service. The co-location of Health and Social Services continues to be crucial for effective information sharing due to the dependence on 'manual' means of exchange.

## How the ISP was developed

Strategically, the ISP was driven by partner leads; each signing up to WASPI and engaging their respective organisations in the ISP development process. An internal drive behind WASPI from the Caldicott Guardian appears to have been significant in aligning efforts across stakeholders.

The ISP development process benefitted from a strong level of buy-in at the outset, particularly from core members including the Local Authorities and Health Board, providing a weight of influence when corralling the broader partner group. In addition, a robust baseline familiarity with information 'confidentiality' issues appears to have helped introduction of the ISP. In addition, collective buy-in to the Hafan Lles

integrated service proposition has driven buy-in to an information sharing agreement by extension.

Practically, partner organisations supported a number of WASPI briefings and study days in preparation for the ISP. The ISP development process was then led by the Betsi Cadwaladr University Local Health Board serving as ISP Coordinator, supported by the central WASPI team. The WASPI team provided support in the form of an initial briefing and steer, together with advice in structuring the ISP development programme. Given the level of buy-in to the process generated from the outset, and the skills and knowledge of the partnership related to information sharing, on-going support from the WASPI team was not required beyond the initial planning process, with the exception of Quality Assurance.

Development of the ISP was performed collaboratively under the guidance of the Coordinator through a series of partner workshops performed over a 6 month period (the associated workload was considered significant but not onerous). The ISP Coordinator convening workshops and distributing the necessary information throughout; including the packaging of final documents for sign-off, quality assurance, and assent.

A significant proportion of the time was spent on technical discussions and production of the Information Flow Reference Table; a process requiring the production of schematics detailing the mechanics of specific information flows. The Information Flow Reference Table template was seen as somewhat 'over-engineered' for its ultimate purpose by local partners. However, partners also reported that service areas developing ISPs for other purposes have utilised their information flow schematics to inform innovation and optimisation in service design. The WASPI ISP guidance and template resources were utilised fully throughout the process and considered particularly useful in terms of lending structure to a complex set of negotiations.

## Benefits of WASPI and the ISP

Discussions with representatives of the partner group reveal the ISP is highly valued. The Hafan Lles Service and its ISP are highly integrated, impacting on perceptions of the benefits brought by the ISP itself. Information sharing is fundamental to the Hafan Lles Service, and the WASPI ISP is recognised locally as a 'good practice' information sharing solution necessary to operationalising the concept.

The ISP is a helpful 'tool' for enabling service delivery improvements, such as coordinated assessment and provision of care, the provision of care in the home environment, and improved referral/response times. The ISP's role has been to:



- Secure the confidence of key partners organisations to share information, and reassure practitioners with regards to the boundaries of information sharing
- Define a consistent, efficient, and effective process for the sharing of information, and reassure service users that information can be securely shared
- Facilitate the participation of a broad range of health and social care stakeholders
- Lend the Hafan Lles Service credibility as a joint-working solution
- Support adoption and buy-in amongst key stakeholders; particularly during the earliest phases of the Hafan Lles Service's implementation
- Raise the profile of WASPI and effective information sharing in the landscape

More broadly, the experience of developing the ISP for Hafan Lles has been reinvested to speed subsequent ISPs in parallel service areas. Although not directly felt here, the process of visualising the pertinent information flows during ISP development has been seen by respondents to yield benefits in terms of due diligence and service (re)design.

Further, the experience of the Hafan Lles Service ISP development process has been invested into subsequent ISPs led by Betsi Cadwaladr University Local Health Board, the team representing a local centre of expertise on the matter. In the absence of WASPI, partners believe a bespoke ISP could have been crafted for the Hafan Lles Service to facilitate some form of information sharing between core partners. However, partners considered that the Service resulting from this scenario would not have instilled the same level of confidence amongst partners, users, and observers which it currently enjoys. In this respect, the WASPI ISP has been important in helping to legitimise the service and its approach to integrated service delivery; classified by some participants as 'rubber stamping'.

Furthermore, outside the WASPI framework, a bespoke ISP is thought to demand greater resource in development, as Coordinators wrestle with lower levels of partner commitment and the level of preparatory legwork is amplified. Overall, the ISP is considered instrumental to the effective operation of the Hafan Lles Service; supporting the provision of an integrated primary health, secondary health, and community care service.



**Key Points:**

- The ISP Coordinator was supported by strong driving support in the hierarchies of core partners; appearing to aid the ISP's development.
- The ISP is considered essential to instilling confidence and securing buy-in to a novel 'flagship' multi-agency service amongst partners, users, and wider stakeholders; a necessary 'rubber stamp'.
- The ISP does not bring any enhancements to the technology of information sharing and restrictions to system interoperability continue to be a fundamental obstacle; co-location of core teams has been essential to practical information flow.
- The process of developing the information flow resource, specifically the information flows, presents a rare opportunity to engage with service design end-to-end; leading to advances in service design for some ISP teams.
- The experience of this pioneer ISP has been invested into subsequent ISP development activities and the Coordinating Betsi Cadwaladr University Local Health Board team has become a local source of knowledge/expertise.

# Multi-Agency Risk Assessment Conference – Cardiff

## Background to the ISP

The Multi-Agency Risk Assessment Conference (MARAC) process deals with high risk cases of domestic abuse. The fortnightly MARAC meetings bring together professionals from a range of agencies in order to assess cases and to identify, manage and reduce risks for the victims (service users).

In January 2012, the Cardiff MARAC finalised an Information Sharing Protocol (ISP) for all MARAC partners, as a supplement to the Wales Accord on the Sharing of Personal Information (WASPI). The WASPI ISP includes the sharing of information between police, probation, health, child protection, housing, fire service, Independent Domestic Violence Advocates and other support providers in the statutory and voluntary sectors. The ISP covers the agencies shown in the table below.

### Information Sharing Partner Organisations for the Cardiff MARAC ISP

#### Information Sharing Partner Organisations

- |   |  |
|---|--|
| • South Wales Police  | • Cardiff and Vale University Local Health Board |
| • Cardiff County Council (Housing, Education, Adult Services and Children's Services) | • Wales Probation Trust                          |
| • Cardiff Women's Aid   | • Safer Wales                                    |
| • Black Association of Women Step Out (BAWSO)   | • South Wales Fire and Rescue                    |
| • Victim Support (South Wales and Gwent)  | • Barnardo's                                     |
| • Wales and West Housing Association  | • Cardiff Community Housing Association          |
| • Taff Housing Association  | • Hafod Housing Association                      |
| • Cadwyn Housing Association  | • United Welsh Housing Association               |
| • Linc Cymru Housing Association  |  |

The MARAC in Cardiff had been running since 2003. The WASPI ISP was developed in order to facilitate more effective information sharing which was already taking place between partner agencies. The information being shared included names and contact details as well as current information about recent contact, legal issues, historic relevant information and identified risks.

## How personal information is now shared amongst partners

The MARAC was originally set-up to ensure that agencies shared relevant information with each other in connection with high risk cases of domestic abuse. This continues to be predominantly done through the MARAC meetings, where practitioners discuss individual cases and agree the actions that need to be taken to reduce the risks and increase the safety, health and well-being of the service user and their family.

Referrals for cases to be discussed at MARAC meetings are received from police reports (PPD1 forms) or through referrals from partner agencies, for example where victims have reported an incident of domestic abuse to a member of staff. Prior to the MARAC meetings, the list of cases to be discussed is compiled by the MARAC Coordinator and sent to Health agencies so that police reports can be checked with health records (e.g. dates of birth, address, children's names). Confirmed details are then sent back to the MARAC Coordinator who will forward the finalised list of referral cases on to all partner agencies attending the meeting.

An IDVA (Independent Domestic Violence Advocate) will contact the victim before MARAC meetings to inform them that their case is being discussed and will contact them again after the meeting to provide feedback. The IDVA could be from the Women's Safety Unit, Cardiff Women's Aid, BAWSO or the Sexual Assault Referral Centre. Consent to discuss cases is sought from service users in advance where appropriate. However, owing to the high risk nature of the cases being discussed, the MARAC is not obliged to secure service user consent before sharing information practice can take place.

Sharing information between the partners enables a multi-agency action plan to be developed at the MARAC meeting and for actions to be followed up to ensure that they have taken place. Effective sharing of information also reduces the risks for staff members. For example, where one agency is aware of a risk to staff undertaking home visits, they can alert other agencies to this risk and suitable steps to manage this risk can be put in place.

In recent years, the MARAC moved from paper based to electronic records. This has helped to make information sharing easier, quicker and more efficient. Since agencies cannot access each other's systems directly, the MARAC Coordinator collates relevant case information from the partners and sends out fortnightly updates on MARAC cases to all the agencies that are involved. This is done using secure e-mail and has helped to increase the level of information sharing amongst the partners in between meetings.

## How the Information Sharing Protocol was developed

Because of the link between child protection and domestic abuse, the MARAC partners were already guided by a range of good practice procedures, including the All Wales Child Protection procedures, and an agreed protocol for sharing information was being used prior to the WASPI ISP being developed. Staff were very aware of the sensitive nature of the work undertaken by the MARAC and there was already good buy-in both at a senior level and at a practitioner level to sharing information.

However, during a review of the existing protocol for sharing information in 2011, MARAC partners in Cardiff decided to use the WASPI process to revise the protocol to ensure it followed current good practice. They contacted the WASPI support team who then facilitated a series of meetings for all MARAC partners.

These meetings involved discussions around the WASPI and information sharing practice across the MARAC. The discussions between the partners were quite in-depth and covered issues including:

- what information was shared, and why
- how information was gathered from service users
- how the information was stored
- how it was currently shared with other MARAC partners, and how this process could be improved, if at all.

As part of the ISP development process, partners also completed a spreadsheet showing the detailed information flows between different partners. The Cardiff MARAC team found it useful having an external Facilitator (a member of the WASPI support team) to run these sessions since they could support the partners with the process and provide useful answers to any queries.

Following the ISP discussions, the WASPI support team produced the ISP document and this was circulated to all MARAC partners for review. The final ISP document has now been agreed by the MARAC members and is being signed off by senior management in all partner organisations (this process is currently underway).

## Benefits of WASPI and the Information Sharing Protocol

Given the established good practice that was in place already around information sharing, the development of the WASPI ISP has not led to any major changes in information sharing practice at an operational level for the Cardiff MARAC.

However, the WASPI ISP development process allowed staff to reflect on their current information sharing practices and to reaffirm that the procedures which they

were following remained fit for purpose. In some cases, this has resulted in more consistent and tightly-defined criteria and systems being put in place for information sharing. For example, since April 2012, the MARAC will not accept information from partners unless it is sent using secure e-mail. Some partner organisations also changed their record storage systems as a result of the ISP, to ensure that they had appropriate back-up procedures in place. The ISP development process has therefore helped to improve the security of information sharing and enhanced operational capacity.

Partners reported that reviewing the ISP had encouraged staff to think more about the level of detail that they shared and whether or not the information was relevant. One partner also noted that, *“I now feel more confident in turning down requests for non-essential information because I feel supported by the ISP.”* In addition, minor revisions have been made to referral forms, to help streamline the process and ensure that only relevant information was being shared. This has led to improved effectiveness in the information sharing process, and helped to reduce the likelihood of irrelevant information being provided to other partners.

#### **Key messages**

- Owing to the sensitive nature of the cases involved, the Cardiff MARAC has established information sharing practices in place and the practitioners involved are well informed about the potential risks and benefits associated with sharing personal information.
- The ISP development process provided an opportunity to review existing information sharing practice and identify where practice could be further enhanced in order to ensure that only relevant information is shared amongst partners.
- The ISP development process has improved the security of information sharing and enhanced operational capacity.

# Protection of Vulnerable Adults, Powys

## Background to the Information Sharing Protocol (ISP)

The need for the ISP for the Protection of Vulnerable Adults (POVA) in Powys emerged from the All Wales Adult Protection Policy. The Policy highlighted a need for processes and supporting training to ensure that those working with POVA fully understood what information needs to be shared and at what point.

The ISP is currently in the final stages of development. The ISP is a formalisation of an existing process for sharing information that has existed for a number of years. It aims to make practitioners more comfortable and confident with the actions required to share relevant and appropriate information at the necessary times, resulting in better/quicker Protection Plans being developed and vulnerable person being moved out of dangerous situations more quickly.

The ISP covers the exchange of information between the agencies set out in the table below.

### Agencies involved in the Protecting Vulnerable Adults – Powys ISP

Ceredigion County Council	Powys Health Board
Carmarthenshire County Council	Welsh Ambulance Service Trust
Pembrokeshire County Council	Dyfed Powys Police
Powys County Council	Care and Social Services Inspectorate Wales (CSSIW) *
Hywel Dda Health Board	Health Inspectorate Wales (HIW) *

\* Where appropriate

Personal information regarding the service users'<sup>2</sup> needs, such as personal details, clinical information, social history, allegation of abuse and alleged abusers and household/family composition is shared under the ISP.

Consent is not required if a case meets Adult Protection criteria or if an individual does not have capacity to provide consent. If consent is not given then grounds with which to override consent are explored e.g. if other individuals are at risk.

<sup>2</sup> Service user relates to any resident of the four local authorities who meet the definition of vulnerable adult as defined in the Wales Adult Protection Policy and Procedures and residents placed by other counties in any of the four local authority areas, Draft ISP for POVA in Powys (March 2012)

## How personal information is now shared amongst partners

The POVA process includes:

- an alert - a concern, disclosure or suspicion that a vulnerable adult is being abused
- Referral - the direct reporting of an allegation, concern or disclosure to a statutory organisation (Social Services, Police or Health)
- Initial evaluation - to determine if the referral meets the threshold for action to be taken under the Wales Adult Protection Policy and Procedures,
- Strategic discussion - to review the initial evaluation and to determine the action to be taken
- Strategy meetings - a multi-agency meeting to discuss the nature of the referral and agree a response
- Investigation - a structured process to gather evidence to determine whether the allegation of abuse can be substantiated, which is agreed by those at the strategy meeting and evidenced in a written investigation report back to the strategy meeting
- Case conference - a multi-agency meeting held to share and discuss the outcome of the investigation and agree further actions, including the continuation of the Individual Protection Plan with the vulnerable adult and/or their representative
- Review - of the risks to the vulnerable adult and others and agree actions if necessary
- Closure - once all outcomes of the adult protection process are known and any risk is managed and any continuing care management is robust.

Information is shared throughout this process as and when required through a variety of mediums including: face to face and telephone discussion, by fax, email and hard copy records.

The main barrier to the sharing of information prior to the development of the ISP was a lack of understanding of each other's work and what information was required for; and the main key enabler to the sharing of information, was reported to be good working relationships. In relation to this the local police moving to a regional arrangement has resulted in a loss of local contacts. However, it has improved information sharing as responses are consistent; it is easier to request PNC checks, has released police from administration and is generally more rigorous and transparent process.



Email was also mentioned as a barrier either not having secure email (GCSX) or using designated secure email which is *'clunky to use and has glitches if information is required to go back and forth'*.

In addition, the physical size of the County and the large number of organisations that sit within it as well as bordering English agencies who they may need to share information with who may not be aware of WASPI or ISPs make sharing personal information challenging. There also remains work to be done with private service providers in clarifying their duty to share information with statutory agencies.

## The development of the ISP

The process began in Spring/Summer 2011 when a meeting was convened to discuss the development of an ISP for POVA in Powys, the Information Security Officers for Powys County Council and Hywel Dda Health Board agreed to joint facilitate as neither individual had previously developed an ISP using the new WASPI process. At this point it was also decided to involve practitioners. The Senior Nurse for the Protection of Vulnerable Adults was named as ISP Co-ordinator.

The first meeting was held in November/December 2011 during which WASPI and the ISP process was explained and practitioners *'got into the mind-set of how it should be done and what the result should be'*.

The first stage involved breaking the process down into steps using the data flow form, a process in which the Joint Facilitators had experience. Each stage was discussed, with each organisation describing their processes and how they use the information provided to them. This led to an in-depth discussion about the methods/mediums used for transferring information to one another, especially differing IT functionality – which led to further discussions on accessing each other's systems and the sharing of associated risk papers. This was considered to be a very useful *'fact finding stage'*, establishing what processes are actually used and understanding each other's roles. An important finding at this stage was simply the number of organisations that were identified as being involved in the information sharing process. One consultee reported that *'The ISP facilitators guided the group through the process, clarified confusions and brought back the focus when the group got caught up in the detail.'*

Once each stage had been identified the following six meetings (held every 4-6 weeks) were used to populate the detail of information sharing within each stage. Between meetings an alternate member of the team would add the additional information into the data flow form which would then be circulated for comment prior to the next meeting. Once the data flow form was complete, the document template was populated. The group then made comments and changes after which the document was sent to the central WASPI team to be Quality Assured in March 2012.



Feedback has now been received and local partners are finalising the ISP. Once signed off, training needs for those involved in the process will be identified and addressed. They may also produce a summary document to give to other agencies they are less frequently involved with and to disseminate more generally in adult protection training.

The current WASPI process of developing an ISP is considered to work well as Information Governance Officers/Managers previously found it difficult to develop ISPs in isolation in relation to processes that they themselves were not involved with directly. However, the process is quite a labour intensive process for practitioners with already demanding jobs – taking in the region of 30 hours each to deliver an ISP over an eight to nine month period.

Local partners did suggest that the process could be improved by the provision of approved advice and guidance for facilitators on the legal data sharing gateways within the relevant Acts (by the WG Legal Department and the Information Commissioners Office). As the facilitators are currently reliant on information from practitioners who may have different interpretations of the legal acts they are familiar with.

## Benefits of WASPI and the ISP

Local consultees reported that the sharing of personal information has become easier and more effective in recent years. For practitioners and senior management within Powys County Council this is principally owing to heightened cautiousness around the Data Protection Act and the sharing of personal information following a recent breach and subsequent fine by the Information Commissioners Office. One consultee reported that,

*‘The recent breach has really concentrated minds with regard to the sharing of personal information’*

However, local consultees reported that the development of the WASPI ISP has led to improved communications *between* agencies, and has prevented practitioners from being *‘left out of the loop’*. Collaboration *within* partner organisations has also improved and, for example, Children’s Services and the Local Safeguarding Board now share information differently and are considering access to different parts of each other’s systems.

Since Powys County Council moved on to the Powys Secure Email System, email has been seen as invaluable for sharing information with colleagues in the Health Board and private organisations in respect of Care Plans and documents. Similarly, secure (GCSX) email account has made communication between Powys County Council and the Police more efficient. There has not been a reduction in the inappropriate sharing of information however, staff are more aware of when they

may have done something wrong and report it. In the future it is thought the ISP can be used for audit purposes.

The ISP is yet to be formally implemented so outcomes and impacts for service users are still to be realised. However the process of developing the ISP has generated important benefits such as:

- *Improving service information management and practice.* The consideration of providing access to Powys County Councils Social Service database to Powys LHB staff. The ISP process provided the opportunity for practitioners who would actually require access to information for assessments to consider exactly what information needs to be shared which in turn informed the access rights. In the future the data flow form will be able to inform the wider development of IT systems, based on what information needs to be shared and what fields are required to joint different sources of data – that is, it may lead to IT systems that perform as practitioners require them to rather than IT systems dictating how they are able to work.
- *Providing a catalyst across organisations to considering what other ISPs are required.* Within Powys County Council, whilst Adult Services have decided to look at the formation of ISPs in relation to their work, Children's Services do not feel that they have the capacity to undertake this process and have taken their concerns up with the SPI Programme Team.

#### **Key messages**

- The ISP process has been useful for establishing what processes are actually used and understanding other agencies roles.
- The ISP has led to improved communications and prevented people from being 'left out of the loop' .
- The ISP has provided a catalyst for changes to processes and for the development of other ISPs.

# Public Protection and Mental Health – North Caerphilly

## Background to the Information Sharing Protocol (ISP)

The catalyst for the development of an ISP between public protection and mental health services in Caerphilly was a series of homicides in North Caerphilly (the Bargoed and Rhymney area) over the last five years linked to mental health issues, such as the Martin Davies case. The cases highlighted the need for local service providers to improve information sharing practice following serious case reviews.

However, the relationship between Gwent Police and the Mental Health Team within the Aneurin Bevan Health Board existed prior to this and information was already being shared on predetermined lists of individuals during diarised meetings without the formal framework of an ISP.

The aim of the ISP is *to facilitate the services in North Caerphilly to reduce the risks to the community by safeguarding people and promoting their welfare, to alleviate crime, antisocial behaviour and to assist with the proper management of offenders in the community.* The ISP covers the exchange of information between the agencies set out in the table below.

### Agencies involved in the Public Protection of Mental Health – North Caerphilly

Aneurin Bevan Local Health Board

Caerphilly County Borough Council

Wales Probation Trust

Heddlu Gwent Police

The ISP covers the sharing of service users'<sup>3</sup> personal information including: demographic information, safety risks and concerns, immediate environmental risks, antecedent history, physical health, mental health, medication and relationships. This information is used for referral, assessment, intervention and review processes.

## How personal information is now shared amongst partners

The ISP is currently being implemented and information on individuals is shared during quarterly and ad-hoc/emergency meetings to discuss persons at risk or posing a risk. Information is also shared through the dissemination and review of casework files (following the completion of a police information request form (P1)), the sharing of meeting minutes, and by discussions between practitioners by telephone.

<sup>3</sup> Service user relates to: people known to the service providers who are deemed to pose a potential risk to the community; people known to the service providers who are deemed to be at risk from others; people in the community or the community itself deemed to be at risk from the people identified above.

The organisations use key identifying information when sharing personal information including names, address, date of birth and sex. There are no practical difficulties in matching data, with the exception of aliases (which can be common in public protection activities); however, these are now recorded as and when they become known and can be shared across organisations. Consent is not required for the purposes of the ISP and information is shared under statutory gateways including the: Crime and Disorder Act 1998 s115, Data Protection Act 1998 s29, Data Protection Order 2000, Mental Health Act 2007, Sexual Offences Act 2003, Anti-Social Behaviour Act 2003, and Local Government Act 2000.

Initially data protection was seen as a barrier by the Police engaged in the process. However, the ISP clarified that they could share a wide range of information legally, and this helped to change perceptions and behaviours. As one consultee noted:

*‘Now we ask why can’t we share, rather than can we share?’*

Originally developed to cover the Bargoed and Rhymney area, the sharing process put in place by the Public Protection of Mental Health ISP are now planned to be adopted across the whole of Caerphilly, with each individual police area to progress its own quarterly and ad-hoc/emergency meetings.

## The development of the ISP

In 2009, the Clinical Team Leader of the Mental Health Team in Caerphilly (who became the ISP Co-ordinator) who had a strong working relationship with the Crime and Disorder Reduction Officer at Gwent Police contacted an Information Governance Officer at the Aneurin Bevan Health Board to discuss developing an ISP to formalise the existing information sharing that was happening between local partners.

The development of an ISP was subsequently led by the Aneurin Bevan Health Board (Mental Health Team) and Gwent Police over the course of two months, involving several meetings, with other relevant partners including the Probation Service, Community Safety and the Council’s Housing Tenancy team.

In the first meeting the ISP Facilitator provided an introduction to the Wales Accord on Sharing Personal Information (WASPI), and the logic and purpose of ISPs, and explained the process that partners were about to embark on. The subsequent meetings were used to gather information to produce a flow diagram of how the process worked. This included six standard stages: referral, assessment, allocation, intervention and review, and closure. Based on the discussions, the ISP Facilitator produced a final version of the flow diagram for the team to confirm as the correct procedure. From this the ISP Facilitator completed the detailed ISP documentation and sent it to the team for sign off and approval.

The Caldicott Guardian for the Health Board and the Chief Inspector at Gwent Police have signed off the ISP. The ISP is currently awaiting formal sign-off from the central WASPI team.

## Benefits of WASPI and the ISP

The development of the Public Protection of Mental Health ISP in Caerphilly has delivered a range of important benefits. First, the sharing of information has become *easier* as a result of the ISP. Specifically, research with local partners suggests that:

- buy-in to the safe and legal sharing of personal information at senior levels has improved in the Police, Council and Health Board and Probation Trust
- there is now a 'desire', rather than a reticence, to share whilst protecting their organisational position
- there is a greater awareness of the benefits of sharing information and a realisation that '*far more gets done in partnership*'.

As one consultee noted:

*'The ISP has provided practitioners with the confidence to share and the realisation of what they can and can't do'.*

Second, the sharing of information has become *more effective*. For example, incidences of where information has been shared inappropriately have reduced. Further, more information is now shared between practitioners as they are confident of sharing without fear of breaching the Data Protection Act, and improved information sharing practice has developed collaboration between organisations within the Community Safety Partnership (CSP); consultees suggested that the CSP itself is now better able to deliver against its intent.

Third, there is evidence that the ISP has led to *improved outcomes*. Owing to the improved knowledge and understanding of mental health and public protection issues across agencies, local partners reported that the ISP has led to:

- reductions in offending and reoffending
- appropriate care and management of service users in potential criminal or disorder situations
- appropriate expedition through the criminal justice system
- reduction in unscheduled admission to hospital
- service users are able to remain in their home environment
- improvements to the safety of community citizens.

Fundamentally, the ISP is regarded locally as acting as a '*service improver*'. In the absence of the ISP and its rigour, sharing information practices would improve following a serious case review, but then slip back over time: the ISP has helped to lock-in and secure sustainably these improvements.

### **Key messages**

The process itself has been very valuable and provided practitioners with an awareness of the volume of information they can legally share and the confidence to share it.

The ISP is a facilitator for early intervention reducing the likelihood of escalation to serious offences that are more difficult and costly to deal with for all parties involved.

Following the success of the ISP in North Caerphilly it is planned to roll out the approach across the whole County.