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Formative Evaluation of the Sharing Personal Information Programme and WASPI



Formative Evaluation of the Sharing Personal Information Programme and WASPI

Final Report

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

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Summary

Background

1. The sharing of personal information is critical in the delivery of effective and efficient public services. However, information sharing can be challenging given the legal and practical considerations involved. The Welsh Government's Sharing Personal Information Programme, including the Wales Accord on the Sharing of Personal Information (the WASPI) has been established to improve information sharing practice across Wales and to address these legal and practical challenges.
2. The Welsh Government appointed SQW Ltd in May 2012 to undertake a formative evaluation of the SPI Programme and the WASPI to assess current practice in information sharing, the contribution of the SPI Programme and the WASPI to date, and to inform its future development.
3. The evaluation research included a survey of individuals involved in information management and governance, consultations with practitioners in the 'Supporting Families' and 'Safeguarding Vulnerable People' service areas, and six case studies of good practice in information sharing. Consultations with senior strategic stakeholders in information management and public service delivery were also completed to test the emerging findings. In all, over 300 individuals involved in public service delivery across Wales have been engaged in the research.

Context and rationale

4. Effective information sharing to reduce negative outcomes and improve service delivery is a long-standing policy focus in the UK and Wales. Drawing on the Data Protection Act, the Caldicott Review and the Welsh Government's 'Making the Connections' agenda for collaborative working, the policy context in 2010 was supportive of an intervention to improve information sharing across Wales.
5. The rationale for the SPI Programme, including the WASPI, was the need to improve service delivery and prevent negative outcomes for service users through enhanced sharing of personal information practice across Wales. Intervention was required to address co-ordination challenges in sharing between organisations, information gaps and lack of understanding on the 'what and why' of sharing, and perceptions of risk in sharing that led to the position where the default position was not to share.
6. Underpinned by a sound evidence-base, the formative evaluation concludes that the rationale for the SPI Programme, including its focus on promoting the WASPI as the national framework for sharing personal information, was robust.

Inputs and activities

7. Effecting improved information sharing practice, notably through the development of Information Sharing Protocols (ISPs) is a resource intensive process, both at a strategic level to provide guidance, advice and training, and locally. Although not monitored formally, the research suggests that the 'hidden costs' of improving information sharing practice at a local level could be significant given the inputs required for developing ISPs and the range of partners often involved.
8. A wide range of activities has been delivered by the SPI Programme and the WASPI including training of ISP facilitators, encouraging sign-up to the WASPI, review and quality assurance of ISPs, and hosting stakeholder events and an online community of practice. However, the research suggests that the central WASPI Team has been under-resourced to date given its wide objectives and remit.
9. At a local level, information sharing is regular, widespread and largely embedded as a core element of service delivery across sectors and service areas. However, information sharing does appear to be less common amongst the voluntary/community sector than within the public sector.
10. Major barriers remain to information sharing including 'systems' capacity (including IT compatibility and consistent secure methods of data transfer), 'confidence' amongst practitioners, including concerns over legal duties, and knowledge of how and when to share across different organisations. These issues are evident across the different service areas and between different sectors covered in this research.
11. Both the information management staff and service delivery practitioners engaged in the work identified systems compatibility/secure methods of data transfer and on-going concerns over data protection as key barriers to information sharing.
12. Several enablers to information sharing were identified by the research. A key enabler is trust and relationships between individuals and between organisations. Consistent with this, information sharing regularly takes place through meetings, discussions and personal networks, or through e-mail, rather than the use of formalised databases and integrated systems. Common identifiers are rarely used.
13. Engagement in training on information sharing by the practitioners consulted for this research has been very varied. There also appears to be considerable sharing taking place where training amongst staff is limited, and where formal Information Sharing Protocols are not in place. Drawing on the evidence collected there appears to remain considerable diversity in information sharing practice across Wales.

Outputs, outcomes and impacts

14. Good progress has been made in securing signatories to the WASPI: 91 organisations are now signed-up, including all Local Authorities and Health Boards, and a significant number of voluntary and community sector organisations. The Programme has also trained over 100 ISP facilitators.
15. More modest progress has been made in delivering 'Assured ISPs' with only 10 in place, although more than 20 are currently awaiting assurance. However, the WASPI is recognised as providing an important stimulus to ISP development across Wales and the wider improvements in information sharing practice. Further, as well as improving information sharing, the process of developing an ISP can in itself deliver important other benefits, helping to improve service design and developing partnerships between organisations.
16. Most, but not all, of those engaged in information management and service delivery covered by the research believe that information sharing has become more effective over the past three years since the SPI Programme was launched. Significant progress has been made in putting in place appropriate protocols for sharing, and perceptions of increasing senior commitment to the sharing of personal information are evident from both information management staff and service delivery practitioners. Offering wider benefits over the long-term, many practitioners also reported that information sharing has improved collaboration between partners.
17. There is encouraging evidence from practitioners on improved outcomes for service users, and improvements to the efficiency of service delivery as a result of improved sharing practice. Although the evidence on these benefits at this stage is limited, in places improved information sharing does appear to be enabling organisations to deliver better, faster and more tailored services to service users.
18. The additionality of the SPI Programme and the WASPI is encouraging: those engaged in public service delivery recognise that it has played a role in catalysing and supporting improvements to sharing information practice. Other factors have been important, including the general push towards integrated working and multi-agency delivery, and existing frameworks for sharing and collaborative working that pre-date the WASPI. The SPI Programme and the WASPI have complemented this process and these existing infrastructures.
19. The rationale for the SPI Programme is to improve information sharing to deliver better outcomes for service users, and prevent harm. The research indicates that this rationale is being delivered against in many cases. However, there remain major barriers to the effective sharing of personal information about service users across Wales, which could and should be addressed.

Recommendations

20. In light of these findings, we offer the following recommendations:

- **Recommendation 1: The SPI Programme, including support for the WASPI, should be continued.** The research indicates that significant barriers to information sharing remain, including fears over legal duties, the compatibility of information systems and processes, and inconsistency in sharing practice within and between sectors. A job remains to be done to improve information sharing practice, and to develop understanding on the barriers to effective sharing including through more detailed research into the particular issues for specific sectors, notably health and the voluntary and community sector. The Welsh Government is the appropriate agency to lead strategically on this agenda – providing leadership, enabling change, and promoting best practice – working with partners, including the ICO, to support service delivery agencies in meeting their legal duties in information sharing.
- **Recommendation 2: Delivering enhanced training on information sharing, the development of appropriate and legal ISPs, and improved self-monitoring of information sharing practice should be addressed as priorities for service delivery agencies across Wales.** The research indicates that at present the quality and practice of information sharing varies substantially, there is variable participation in training, and significant gaps in the coverage of ISPs remain. Strategic support and guidance on training, ISP development and Quality Assurance, and monitoring practice should continue to be provided by the SPI Programme and the WASPI Team; consideration should be given to the resources required for this. However, individual service delivery agencies are responsible for delivering the improvements.
- **Recommendation 3: Promoting the secure transfer of information (e.g. via encrypted e-mail) should be a priority for the Welsh Government, other national bodies involved in information management, and service delivery agencies.** Clear guidance should be developed and provided to all relevant organisations, and protocols and systems established to enable the secure transfer of information between different organisations and sectors – including across public sector organisations and the voluntary/community and private sectors.
- **Recommendation 4: The Welsh Government should further investigate the scope to develop a consistent ‘common identifier’ for all service users across relevant sectors.** The research indicates that such common identifiers between agencies are rarely used in information sharing in the service areas covered, reducing the potential for genuinely integrated multi-agency working and improved efficiency of information management. In our

online survey, the lack of a common identifier emerged as the fourth most important 'major barrier' to effective information sharing, out of the ten tested (after IT incompatibilities, practitioners not being clear on how/when to go about sharing information, and practitioner concerns over contravening legal duties).

- **Recommendation 5: The Welsh Government, other national bodies involved in information management, and service delivery agencies should consider options for promoting and facilitating the development of ISPs**, which in practice can be a complex challenge in designing joint service delivery, especially where many partners are involved. Specifically, consideration should be given to how the 100+ trained ISP facilitators can be more effectively leveraged and supported; the research indicates that often trained facilitators do not, in practice, actively fulfil this role following the training.
- **Recommendation 6: Improved performance management is required for the SPI Programme, and the WASPI, to track progress in delivering against the stated outputs and outcomes of the Programme.** This should include formal targets for delivering assured ISPs and signatories to the WASPI, and a more 'strategic' approach to filling gaps in coverage and in ensuring that all service areas, organisation types, and spatial locations are covered consistently. The logic model utilised for this evaluation provides a helpful tool for framing this process. As one practical measure, the online survey of individuals involved in information sharing, systems and governance could be repeated every one or two years, in order to provide on-going quantitative evidence from across Wales on information sharing practice and the contribution of the SPI Programme and WASPI. Longer-term, the SPI Programme should consider piloting formal cost-benefit analysis to understand and evidence the effects of information sharing practice.

1 Introduction and methodology

Section summary

- The effective sharing of personal information is critical in the delivery of effective and efficient public services. However, it can be challenging given the legal and practical considerations involved.
- The Welsh Government's Sharing Personal Information Programme, including the Wales Accord on the Sharing of Personal Information (the WASPI) has been established to improve information sharing practice across Wales.
- The Welsh Government appointed SQW Ltd to undertake a formative evaluation of the SPI Programme and the WASPI to assess current practice in information sharing and the contribution of the SPI Programme and the WASPI to date.
- The evaluation has included a survey of individual in information management, telephone consultations with practitioners in the Supporting Families and Safeguarding People service areas, case studies of good practice in information sharing and consultations with strategic stakeholders engaged in information management and public service delivery.

- 1.1 The effective sharing of personal information is critical in ensuring that public services maintain and improve standards and efficiency, are coherently and collaboratively delivered based on need, and safeguard the individual.
- 1.2 The need for effective information sharing is widely understood. However, implementation can be challenging given: the legal requirements for data protection; the numbers of organisations involved often with different policies, guidelines, perceptions of risk, and expertise; and the sometimes complex nature of service users' home/family lives. There are also practical issues associated with sharing information captured in different information systems.
- 1.3 In response to these issues, the Welsh Government created the Sharing Personal Information Programme (the SPI Programme) in 2010, to support the promotion and on-going implementation of the Wales Accord on the Sharing of Personal Information (the WASPI).
- 1.4 The central purpose of the SPI Programme, and the WASPI, is to enable personal information to be shared legally, safely and with confidence by agencies delivering

public services across Wales. The Welsh Government sees the Programme and the WASPI as priorities for the public sector in Wales.

Purpose of the evaluation

- 1.5 In May 2012, the Welsh Government appointed SQW Ltd to undertake a formative evaluation of the SPI Programme and the WASPI. The purpose of the evaluation is to:
- evidence and assess **current practice** in the sharing of personal information in Wales
 - evaluate the **implementation, progress and intermediate effects** of the SPI Programme, and the WASPI
 - identify **lessons** from the experience of the SPI Programme, and the WASPI, to date.
- 1.6 The study covers the period from the initiation of the SPI Programme in 2010 to September 2012.

Methodology

- 1.7 Our evaluation is structured around a 'logic model' approach. Logic models are recommended for use in policy evaluation: they help to identify the evaluation objectives and research questions, inform the types of data and information to be collected, and provide a transparent assessment framework. The logic model used for this evaluation is set out in Figure 1-1.
- 1.8 The logic model was developed following a review of background SPI Programme and WASPI documents/data including the original Programme Initiation Document, and a series of scoping consultations with representatives of the Welsh Government and other relevant organisations. The logic model was approved by the SPI Programme Board in July 2012 prior to the main research phase of the evaluation.
- 1.9 A mixed methods research approach has been adopted, including:
- *A desk review of relevant SPI Programme and WASPI documents/data and relevant background documentation, for example, the 2009 Information Sharing Scoping Study that informed the SPI Programme*

- *An online survey of individuals involved in information sharing, systems and governance* – 185 responses were received. The survey was run over a four week period in August-September 2012. Two routes were adopted for the online survey:
 - Route 1: the survey was sent directly to c.350 contacts from relevant information management and governance groups, namely: (i) members of the Welsh Health Information Governance Network (ii) members of the Welsh Information Governance Group (iii) members of the Society of Information Technology Management in Wales (iv) trained ISP Facilitators (v) members of the Information Sharing & Information Governance Wales Knowledge Hub Members (vi) contacts on the WASPI ISP Register (vii) members of a partnership group developing SPI - related training materials. Following the initial distribution, two reminders were sent to contacts inviting them to respond. In total, 142 responses were received through this route, representing a response rate of 41%.
 - Route 2: the survey link was forwarded by the Wales Council for Voluntary Action (WCVA) and Children in Wales (CiW) to Chief Officers of County Voluntary Councils around Wales and CiW members respectively, asking them to forward it on relevant information managers within voluntary organisations for completion. The survey link was also placed on the CiW website. In total, 43 responses were received through this route.
- *Telephone consultations with practitioners* in the service areas of **Supporting Families** (covering Families First, Flying Start, Additional Learning Needs and Domestic Abuse) and **Safeguarding Vulnerable People** (covering Child Safeguarding and Adult Protection) – 84 consultations were completed (42 and 42 respectively). The service areas were identified in the scoping stage and agreed with the SPI Programme Board as reflecting policy priorities for the Welsh Government, and recognised as inherently multi-agency, necessitating the effective sharing of personal information. Contacts for the consultations were identified from a wide range of sources including the

scoping consultations, desk-based research and WASPI/ISP documentation. Potential consultees were contacted by e-mail by the Welsh Government inviting them to participate in the research, followed-up by telephone by the research team. Each consultation lasted around 30 minutes.

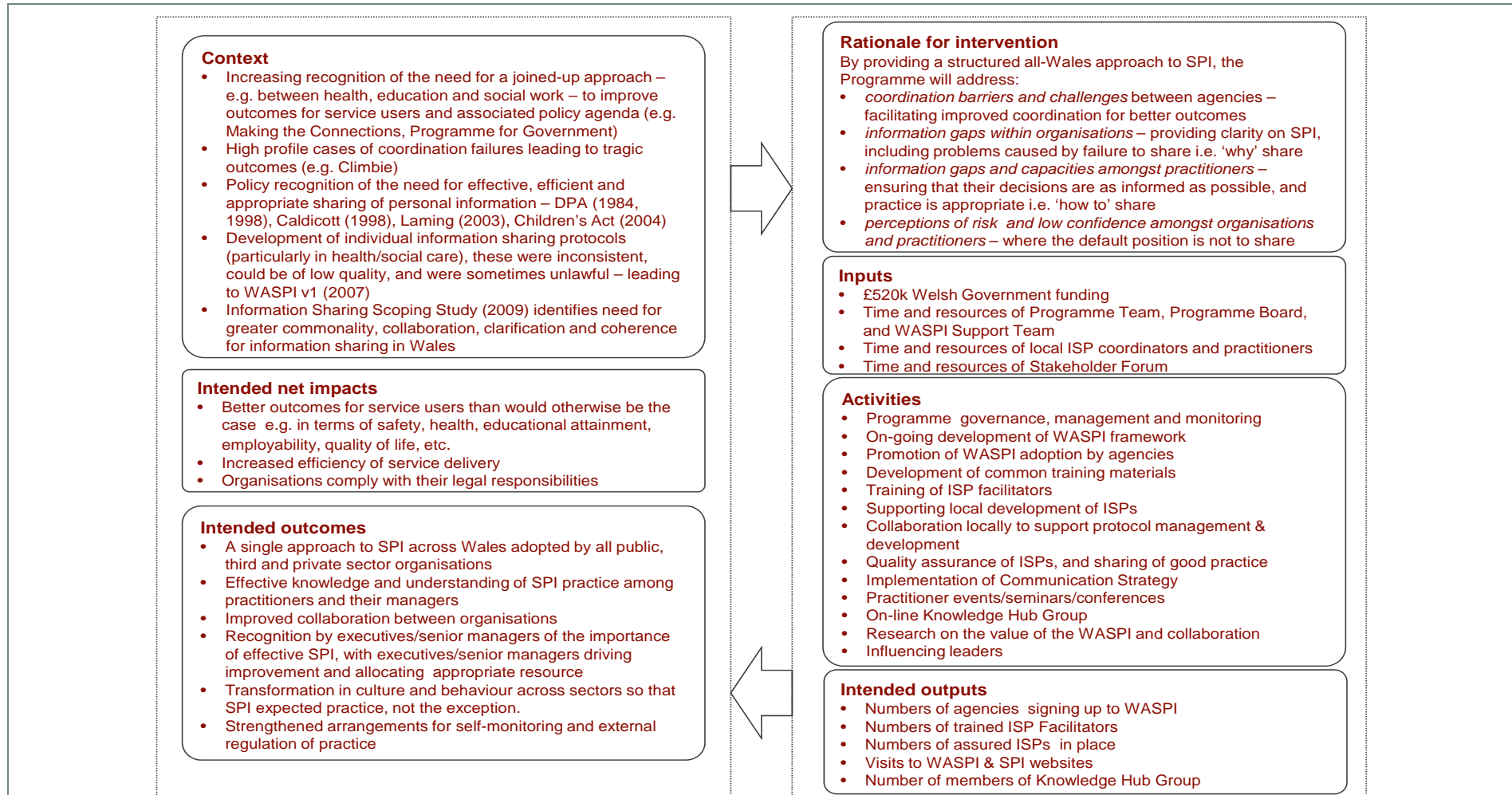
- Six case studies of information sharing practice at a local level to provide in-depth evidence on information sharing practice at a local level and in particular the contribution of the SPI Programme, WASPI and the role of ISPs in improving information sharing. The case studies were identified in discussion with the SPI Programme team and scoping consultations, and approved by the SPI Programme Board. Each case study involved a review of relevant background documents (for example the ISP), face-to-face consultations with partners involved in the information sharing activity using a consistent research guide, and drafting of a case study summary. The summaries were sent to local partners for approval and sign-off.
- Strategic consultations with partners and stakeholders involved in the SPI Programme, the WASPI and information sharing policy and practice. Completed following the online survey, telephone consultations and case study research, the strategic consultations were used to discuss and test the emerging findings of the research, and identify lessons learned from the SPI Programme and WASPI.

- 1.10 In total, over 300 people involved in public service delivery across Wales have been engaged in this research.
- 1.11 The data has been analysed through a mix of quantitative analysis (for the online survey and relevant monitoring data received from the SPI Programme/WASPI teams) and qualitative analysis (for the telephone consultations and case studies) underpinned by the documentary.
- 1.12 The findings of the analysis were tested with strategic consultees, and in discussion with the Welsh Government and its SPI Programme Board, prior to the production of this report.

Structure

- 1.13 The remainder of this report is structured as follows. Section 2 sets out the context and rationale for the SPI Programme and the WASPI. Section 3 assesses inputs and activities, and current information sharing practice. Section 4 assesses the outputs, outcomes and impacts, and section 5 summarises the conclusions of the research and our recommendations. There are four annexes: Annex A contains the case studies; Annex B provides further data from the online survey; Annex C presents selected comments from the surveys; and consultee groups are listed at Annex D.

Figure 1-1: Logic model for the SPI Programme and WASPI



Source: SQW

2 Assessment of context and rationale

Section summary

- Effective information sharing to reduce negative outcomes and improve service delivering is a long-standing policy focus in the UK, and for the Welsh Government. The policy context in 2010 was supportive of an intervention to enhance information sharing across Wales.
- The SPI Programme, including the WASPI, was based on a firm and well-evidenced rationale: to improve service delivery and prevent negative outcomes for service users through enhanced sharing of personal information practice across Wales.
- Intervention was required to address co-ordination challenges in sharing between organisation, information gaps and lack of understanding on the 'what and why' of sharing, and perceptions of risk in sharing that led to the position where the default position was not to share.

- 2.1 This section comments on the policy context and rationale for the SPI Programme and the WASPI, drawing on consultations with those involved in developing the interventions and a review of relevant background documents.

Policy context

- 2.2 Improving the sharing of personal information between agencies delivering public services, and particularly those dealing with vulnerable individuals, has been a long-term policy priority across the UK. The underpinning legal framework relating to personal information sharing is set out in the Data Protection Act (DPA, 1998), and its earlier iterations.
- 2.3 Following the DPA, and in response to a number of high-profile incidents in the UK of failure to share information, policy developments and agendas promoting improved sharing information practice included:
- the Caldicott Report (1998) that identified the need for a more formalised approach to information sharing within the NHS specifically, leading to the development of Information Sharing Protocols (ISPs) between the NHS and social services

- Lord Laming's inquiry report into the death of Victoria Climbié (2003), and the subsequent Children's Act 2004, providing for a children's information database
- the Welsh Government's Making the Connections framework (2007) advocating the need for organisations to work together, and the importance of effective information sharing.¹

2.4 However, despite this context, there remains no general statutory power to share information, and each organisation remains responsible for its own information and sharing practice. Following Caldicott, ISPs were being developed, particularly between health and social care services, but the documents and consultations suggest these were inconsistent and of mixed quality. This led to the development of the WASPI, first launched in 2006, to improve the quality, consistency and integration of ISPs in health and social services.

2.5 Following this, the Welsh Government commissioned an Information Sharing Scoping Study² to assess arrangements for sharing personal information among practitioners working with children and young people. The scoping study highlighted a number of areas in which information sharing in Wales was falling short, and specifically identified the need for greater commonality, collaboration, clarification and coherence. This study, involving wide engagement, led directly to the creation of the SPI Programme in 2010. The focus of the SPI Programme was extended from children and young people to all relevant public service areas involving the sharing of personal information.

2.6 In short, the **policy context was supportive of an intervention to enhance information sharing across Wales**, complementing and building on the existing WASPI framework, and drawing on the evidence from the extensive scoping study completed in 2009. Consultations for this research, three years on, suggest that the policy context was well understood at the outset of the SPI Programme in 2010 by

¹ Making the Connections – Building Better Customer Service, March 2007. Available from <http://wales.gov.uk/topics/improvingservices/publicationevents/publications/betterservice/>

² Information Sharing Scoping Study, Atkins, March 2009. Available from <http://wales.gov.uk/topics/improvingservices/sharingpip/keydocs/scopingstudy/>

those engaged in its development, in part owing to the lessons that had emerged from the WASPI's earlier development.

The rationale for intervention

2.7 Drawing on the evidence from the information scoping study, and the experience of using the WASPI, the rationale for the SPI Programme was set out in the Programme Initiation Document (PID) as follows:

‘The need for the Programme results from evidence that failure to share personal information effectively and when needed often results in the delivery of ineffective and inappropriate care, failure of organisations to act preventatively, and can lead to the death of individuals particularly vulnerable people.’³

2.8 Therefore, the rationale for the SPI Programme is that by addressing the barriers that prevent the effective sharing of personal information, in a timely and efficient manner, agencies can improve service delivery and prevent negative outcomes for service users, particularly amongst vulnerable groups.

2.9 This ‘service improvement’ rationale was consistently stated by strategic and policy-level consultees engaged in this research. As one consultee stated: ‘information sharing is fundamentally for public protection, and the protection of the individual’.

2.10 Various barriers were identified in the original SPI Programme documentation, and in consultations undertaken for this research with those involved in the SPI Programme's development. They can be summarised as:

- *coordination barriers* between organisations, with different levels of senior commitment to sharing information, issues of trust between organisations, and practical issues associated with sharing information captured in different information systems
- *information gaps within organisations* with a lack of clarity on why there is a need to share information, and where insufficient weight is given to the problems caused by the failure to share

³ Sharing Personal Information Programme, Programme Initiation Document, October 2011

- *information gaps and capacities amongst practitioners* on how and when to share information, including a lack of clarity on the relevant practice, rules, guidelines and legislation, and difficulties in accessing training to improve practice
- *perceptions of risk and low confidence* amongst organisations/practitioners, leading to a situation where the default position is not to share.

2.11 In summary, we consider that **the rationale for the SPI Programme (including its focus on promoting the WASPI as the national framework for sharing personal information) was robust**. It drew on a solid evidence base, and was located within a well-established policy context to promote improved information sharing practice.

3 Assessment of inputs and activities

Section summary

- The SPI Programme funding of c.£500k contributes to central staff costs, and support for implementing the WASPI such as training events, the costs of promotional events and materials, and research. In addition, the two full-time staff in the WASPI Team are contributed by NHS Wales Informatics Service.
- Effecting improved information sharing practice, is a resource intensive process, both at a strategic level to provide guidance, advice and training, and locally. Although not monitored formally, the 'hidden costs' of improving information sharing practice at a local level could be significant given the inputs required for developing ISPs and the range of partners often involved.
- A wide range of activities has been delivered by the SPI Programme and the WASPI, including training of ISP facilitators, encouraging sign-up to the WASPI, review and quality assurance of ISPs and hosting stakeholder events and an online community of practice.
- Information sharing is regular, widespread and embedded as a core element of service delivery across sectors and service areas, although less common amongst the voluntary/community sector than the public sector. Sharing is varied in nature, but often at low volume and through meetings/discussions.
- Major barriers remain to information sharing including practical issues (IT compatibility and consistent secure methods of data transfer), confidence amongst practitioners, including concerns over legal duties, and knowledge of how and when to share. These issues are broadly consistent across service areas and between different sectors.
- Engagement in training on information sharing by the practitioners consulted has been varied. Sharing commonly appears to be taking place where engagement in training is limited, and where formal protocols/processes for information sharing are not in place. The research suggests that considerable sharing is happening outside of the WASPI framework.

- 3.1 This section sets out the inputs and activities of the SPI Programme and the WASPI and assesses current practice in the sharing of personal information across Wales, including enablers and barriers.

Inputs

The SPI Programme and WASPI

- 3.2 The SPI Programme has been funded by the Welsh Government to the tune of £520k over its initial three-year delivery period from 2010-11 to 2012-13. This contributes to staff costs for the SPI Programme, additional support to implementing the WASPI such as training events, the costs of promotional events and materials, and research. Staffing accounts for the highest proportion of costs.
- 3.3 The SPI Programme is led by a dedicated team in the Department for Health, Social Services and Children of the Welsh Government (based in Cardiff). Development of the WASPI is delivered by two full-time staff contributed by NHS Wales Informatics Service (NWIS), who form the central WASPI Team (based in North Wales). The Head of Information Governance for Aneurin Bevan Health Board is funded by the Programme to provide professional advice and support 40 days per annum to the Programme and WASPI Team.
- 3.4 The SPI Programme Board provides strategic oversight, involving senior staff from the Welsh Government, and NWIS. Originally planned to meet monthly, the Programme Board now meets on a quarterly basis. Relevant external staff involved in information sharing (for example, the Assistant Information Commissioner for Wales) attend the SPI Programme Board at regular intervals to provide read-across to wider information sharing and management policy and practice.
- 3.5 Since March 2012 a WASPI Change Advisory Board has also been meeting to review and update the WASPI, involving partners from both local and national organisations, and representing both the public and voluntary/community sectors.

Sharing personal information at local level

- 3.6 A quantitative assessment of the financial and other inputs allocated to information sharing at a local level was not a requirement of this study. Unpicking the specific costs of *sharing* (from wider information and data management) is also challenging, and no formal processes are in place to facilitate this analysis. However, the consultations with practitioners and case studies have provided evidence on local experiences of developing ISPs, including the time inputs involved.

- 3.7 The practitioner consultations demonstrated that considerable resources have been spent on developing ISPs across Wales. Inputs vary considerably on a case-by-case basis, dependent on the number of partners involved (which can often be up to 10-15), previous experience in information sharing (including experience of developing ISPs), and the complexity of the information flows (linked to the number of partners and the nature of the information involved). Examples of resources estimated by consultees, highlighting the diversity of the process included:

‘20 person days, including two weeks to finalise a draft, a couple of days consultation, and one day attending meetings for 8-10 people.’ (*Child Safeguarding practitioner, Local Authority*)

‘I estimate there to be 10-12 people at the each of the ISP sessions. So, more than 100 hours in total so far.’ (*Supporting Families practitioner, Local Authority*)

‘Two people attended three meetings’ (*Supporting Families practitioner, Voluntary Sector*)

"Developing the ISP was a very onerous task, and other areas might struggle in this if they didn't have the same strong support we had within our local authority." (*Adult Protection practitioner, Health sector*)

- 3.8 Most practitioners involved in developing ISPs, in both the Supporting Families and Protecting the Vulnerable service areas were not aware of the resources involved, as in most cases the consultee had not led the process. However, there were a limited number of examples where the consultee had led the ISP development process but was not able to estimate the time inputs involved.
- 3.9 Overall, the practitioners involved with ISPs were reasonably content with the level of effort involved, and – although there were some exceptions - the process was not regarded as overly time-consuming or onerous. Where there were issues related to inputs, this was principally related to the *length of time* involved, rather than the scale of the resources required.
- 3.10 More detailed information on the development of ISPs was provided by the case studies. Estimating the specific inputs remained a challenge, given the wide range of partners often involved in ISP development. However, the case studies suggested

that the process generally takes longer than the 4-6 weeks identified in the WASPI guidance as the preferred time-scale for the main workshop phase of the ISP, consistent with the message from the telephone consultations that it is often less the resource inputs, and more the timing, that is of concern to, or simply recognised by, practitioners.

Evidence from the case studies: the Hafan Lles ISP

The Hafan Lles Integrated Health and Social Care Service developed an ISP in 2010/11, coordinated by Betsi Cadwaladr University Local Health Board. Developed in partnership between 31 organisations, the ISP process was performed collaboratively under the guidance of the Coordinator through a series of partner workshops performed over a 6 month period. Preparation for the workshops, particularly for the 'data flow' workshops, was a challenge owing to the novelty of the task, but the time was not considered a major burden by partners. However, preparation inputs were more substantial for those partners (including those in the voluntary sector) with less experience of information sharing practice. The WASPI guidance and templates were utilised throughout the process and considered useful in lending structure to a complex set of negotiations.

Activities

- 3.11 The SPI Programme and the WASPI have delivered a wide range of activities to promote improved information sharing practice across all sectors engaged in the delivery of public services.
- 3.12 Further to supporting the promotion of the WASPI (discussed below) the SPI Programme involves external awareness-raising on sharing information among stakeholders at senior, manager and practitioner levels through a variety of activities, including: managing an online Knowledge Hub; hosting a series of regional stakeholder events; internal policy work to raise awareness of SPI within the Welsh Government; liaising with other relevant agencies such as the ICO; and working with partners to develop information sharing training materials.
- 3.13 Activities delivered through the WASPI framework include: encouraging sign up to the Accord; advising local partners on the development and on-going review of ISPs in line with the WASPI guidance; quality assuring developed ISPs; and delivering ISP Facilitator and Co-Ordinator Training. The WASPI Team also provide a more informal 'advice helpline' on the WASPI framework.

- 3.14 Both the SPI Programme and the WASPI also involve management and updating of online materials through the SPI Programme pages of the Welsh Government and the independent WASPI website. However, at its outset the SPI Programme explicitly identified that it was *not* concerned with leading on developing *IT-based* solutions to information sharing practice.
- 3.15 Comparing the activity planned at the outset of the SPI Programme to that which has been delivered to date confirms that the bulk of planned activity has been, or is being, delivered.
- 3.16 However, one area where this is *not* the case is the *on-going monitoring* of information sharing practice following sign-up to the WASPI: ensuring organisations take the necessary follow-up action, and monitoring whether organisations sharing under a WASPI-assured ISP have signed the Accord. A review of the organisations listed as being involved in assured ISPs indicates that not all are WASPI signatories.
- 3.17 As this on-going monitoring is not being delivered, it is not known whether the organisations that have signed-up to the WASPI framework are actually meeting its requirements, nor whether all WASPI-assured sharing is appropriate, consistent and legal.

Current practice in the sharing of personal information in Wales

- 3.18 As noted in Section 1, a core purpose of this research is to evidence and assess current practice in the sharing of personal information. The pages that follow provide a summary of the key findings in this area. Further evidence is at Annex A (case studies) and Annex B (additional online survey findings).
- 3.19 Overall, the research confirms that the sharing of personal information about service users is regularly and widely practised by organisations involved in public service delivery across Wales. This was evident in both the online survey and telephone consultations.
- 3.20 Turning first to the online survey, 70% of respondents stated that they ‘regularly’ share personal information about service users with partner organisations, with an additional 18% sharing information ‘occasionally’. Only 4% (seven respondents out

of 185) stated they never share personal information about service users' partner organisations.

- 3.21 Regular information sharing was more common amongst public sector organisations responding to the survey, as shown in Table 3-1. However, 80% of non-public sector respondents (mainly from voluntary and community organisations) share personal information 'regularly' or 'occasionally'.

Table 3-1: Response to 'How often does your organisation share personal information about service users with partner organisations?'

	Public sector (n=89)	Non-public sector (n=95)
Regularly	87%	55%
Occasionally	10%	25%
Rarely	2%	14%
Never	1%	6%

Source: Online survey

- 3.22 Consistent with this high-level of sharing practice, effective information sharing was regarded as 'very important' or 'important' to 95% of survey respondents. Again, effective sharing was generally more important to public sector respondents, as shown in Table 3-2.

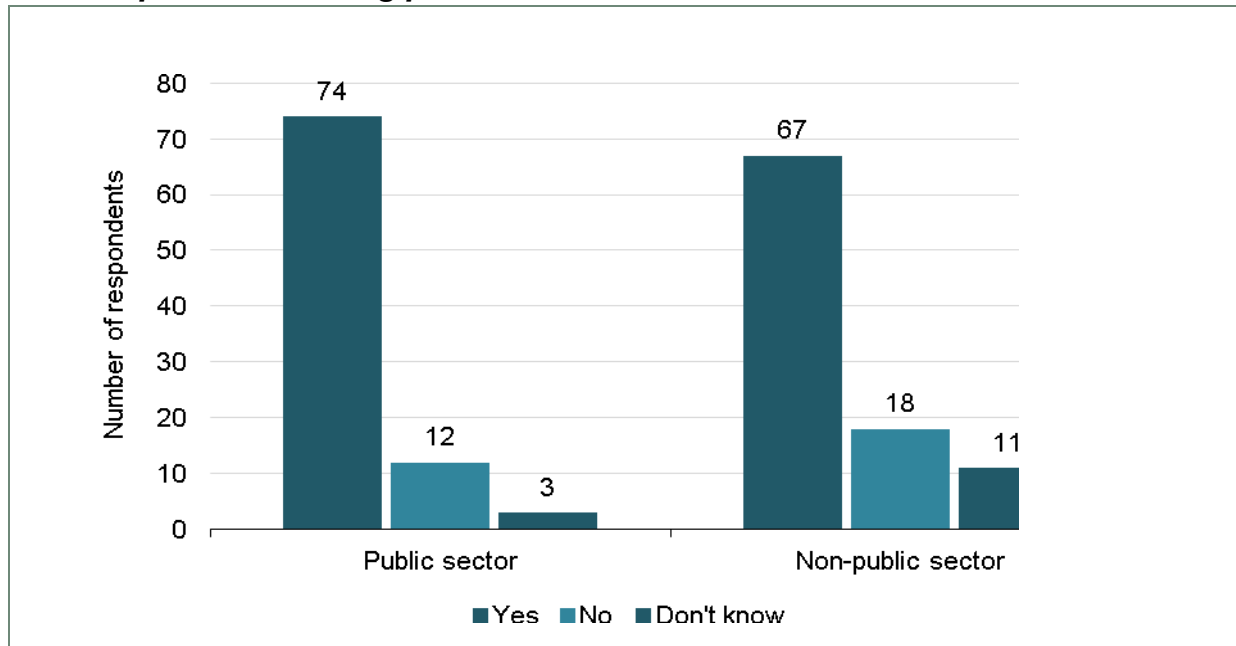
Table 3-2: Response to 'How important to your organisation is the effective sharing of personal information about service users with other partner organisations?'

	Public sector (n=89)	Non-public sector (n=95)
Very important	89%	63%
Important	9%	28%
Not very important	2%	5%
Not at all important	0%	1%
Don't know	0%	2%

Source: Online survey

- 3.23 ISPs were common amongst the survey respondents: over three-quarters (76%) stated that they have ISPs in place. ISPs were common across both public sector and non-public sector organisations, as shown in Figure 3-1.

Figure 3-1: Response to ‘Does your organisation currently have any agreed ISPs in place for sharing personal information about service users?’



Source: Online survey

- 3.24 However, information sharing is also taking place amongst respondents without an ISP. Of the 162 respondents that stated they ‘regularly’ or ‘occasionally’ share personal information, 14% stated they have no ISPs in place, and 5% don’t know. So, in approaching one-fifth of cases of regular or occasional sharing, this is not (or may not be) covered by an ISP.
- 3.25 Respondents, particularly in the public sector, also recognised that there are gaps in the coverage of their ISP(s). As reported in Table 3-3, 73% of public sector respondents with ISPs believe that they cover ‘some but not all’ circumstances in which they need to share personal information. Coverage of ISPs was felt to be more comprehensive for non-public sector organisations.

Table 3-3: Response to ‘Which one of the following statements best describes your organisation's Information Sharing Protocols?’

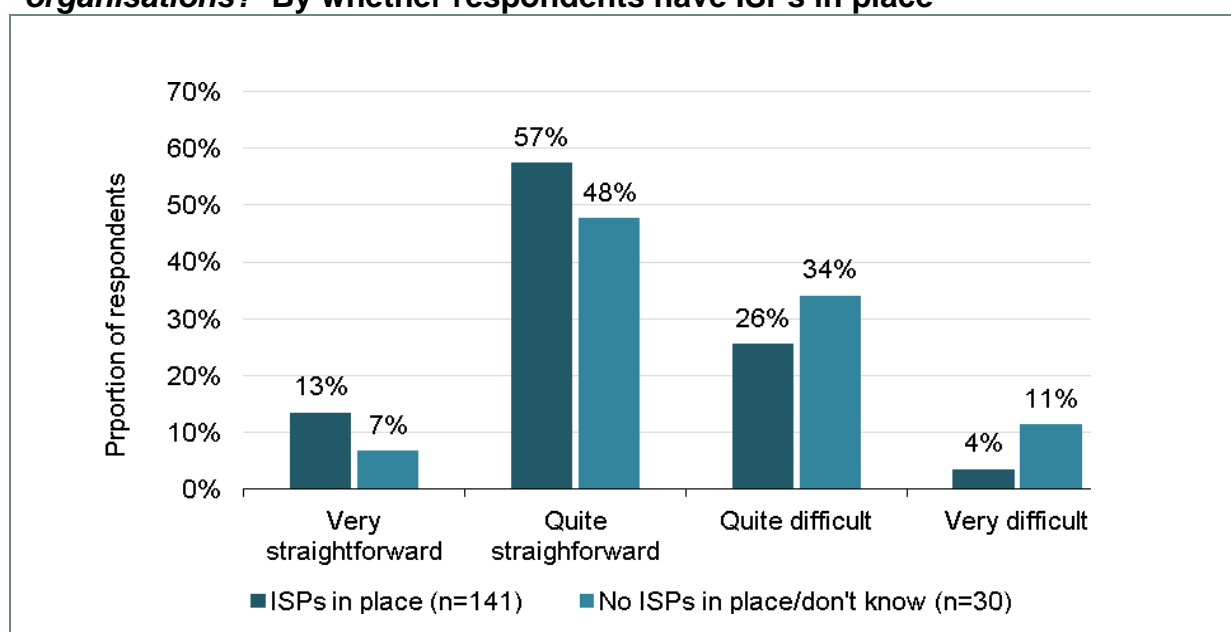
	Public sector (n=83)	Non-public sector (n=82)
We do not have any agreed ISPs in place, and we are not currently developing any	0%	12%
We do not have any agreed ISPs in place yet, but we are currently developing one/some	13%	9%
We have agreed ISPs in place for some but not all circumstances in which we need to share personal information about service users with partner organisations	73%	38%

	Public sector (n=83)	Non-public sector (n=82)
We have agreed ISPs in place for all or almost all circumstances in which we need to share personal information about service users with partner organisations	13%	41%

Source: Online survey

- 3.26 Where they are in place, however, the survey indicates that ISPs help to make information sharing more straightforward, as illustrated in Figure 3-2, which shows that 70% of those with an ISP considered information sharing to be straightforward, versus 55% of those without an ISP in place. However, information sharing is regarded as ‘quite difficult’ or ‘very difficult’ for a significant proportion of respondents: in total 44% of those without an ISP and 33% overall.

Figure 3-2: Response to ‘How straightforward is it in practice for your organisation to share personal information about service users with partner organisations?’ By whether respondents have ISPs in place



Source: Online survey

- 3.27 Information sharing was also more common for respondents with ISPs in place: for respondents whose organisations have ISPs in place 77% ‘regularly’ share information, compared to 50% without ISPs.
- 3.28 Turning to the telephone consultations, there was consistent evidence that information sharing is widespread and regular. All practitioners consulted either personally shared information, or were aware that their organisation was doing so when appropriate. However, information sharing was generally already taking place through existing frameworks and processes outside of the formal WASPI process; in

this sense, information sharing is not 'new' to most practitioners, although the nature and extent of information sharing varies quite considerably both within and across the service areas.

- 3.29 Information is being shared for a wide variety of reasons including to comply with statutory duties, as a preventative measure, and commonly as a core element of multi-agency working. Across both service areas, information sharing was commonly (though not wholly consistently) regarded by practitioners as an integral element of service delivery, and not as an 'additional' activity. For example, separate consultees noted:

'Personal data information sharing is "essential" to establishing a collective understanding. Personal data is shared to establish issues with a service user and also to establish the impact treatments will have on a person'.
(*Adult Protection practitioner, Local Authority*)

'From a safeguarding perspective, it's all about trying to protect the service user using the appropriate legislation ... Information is shared between social services, the police, and a range of multiagency frameworks'.
(*Safeguarding Children practitioner, Health sector*)

'Data is shared in a number of contexts; following a home visit, following a business visit, following community consultation, following a fire incident, following installation of safety equipment, etc.' (*Supporting Families practitioner, Fire and Rescue Service*)

- 3.30 The nature of information sharing taking place amongst the consultees was very varied: in the process adopted, its regularity, and the breadth of organisations involved. However, within this diversity, trends were observed:

- the sharing personal information in both service areas covered was generally 'low-volume' in nature, that is, sharing limited information on specific cases, rather than more high-volume data sharing activity
- consistent with this, although IT-based processes are often in place (e.g. use of shared databases, secure e-mail, fax etc.), sharing was still commonly

delivered via bi-lateral or multi-lateral face-to-face and/or telephone discussions

- unique identifiers for individual service users are rarely used between organisations in sharing users' information, despite the fact that a wide range of organisations being involved (in some cases it was noted up to 50, but more generally around four or five).

3.31 Across both service areas, whilst there are wide variations in practice, the research suggests that *most* information sharing takes place between trusted colleagues in a number of partners organisations, on a case-by-case basis, and very often verbally.

3.32 Within this simplified depiction, the consultations also suggest that information sharing is often taking place without formal, dedicated ISPs to frame this activity. Whilst many consultees reported that they do have specific ISPs in place to guide sharing, many also stated that they did not, and regular sharing is taking place without formal protocols: rather, practice is determined largely by personal and institutional behaviours, underpinned by legislative imperatives. Four main issues explained this:

- first, *personal networks* and relationships are an important component of information sharing, often underpinned by legislative imperatives, so bespoke formal ISPs are not regarded as necessary
- second, and related, much of the information sharing is at a '*low volume*' and through discussion/meetings rather than more formalised IT-based processes; so, as sharing is done on a case-by-case basis, bespoke procedures are not seen as being required
- third, practitioners apply *existing guidance* to provide a framework for information sharing, for example, the 'All Wales Policy and Procedures for the Protection of Vulnerable Adults from Abuse' or the ICO Code of Practice on Information Sharing
- practitioners are *awaiting 'exemplar' ISPs* in other organisations before developing their own.

3.33 A number of consultees also noted that they are currently in the process of developing a new ISP, or updating an earlier version.

3.34 Two final points are important in assessing current practice in information sharing across Wales. First, across the two service areas, amongst the practitioners consulted, there was a persistent (though not pervasive) *low level of awareness* of information sharing systems and protocols: many practitioner consultees did not know if they had ISPs in place, but reported that they were sharing 'in any case'. Others reported explicitly that they did not have ISPs in place, but were sharing information, often with a wide number of other organisations. In some contexts, for example high-risk cases this may be appropriate; however, the consultations suggest there is also routine sharing practised without formal protocols. Examples include:

- A consultee in the Protecting the Vulnerable service area focused on child safeguarding who stated that they share information with Social Services and 'on occasion' GP practices stated: 'We have discussed (establishing an ISP), but we deal with so many organisations it is not practical'. (*Child Safeguarding practitioner, Health sector*)
- A consultee also in the Protecting the Vulnerable service area, who stated that they share information with the Police, care agencies, social services, health, advocacy services, and care homes in an adult protection context stated: 'No, there is no specific ISP within adult protection and no plans to develop one.' (*Adult Protection practitioner, Local Authority*)
- A consultee in the Supporting Families service area who stated that they share information with Social Services, Health Boards and Local Authority Education services, when asked if they had an ISP stated: 'No. Not had reason to do one yet, and no plan to'. (*Supporting Families practitioner, Health sector*)

3.35 Second, across the service areas, *training* on sharing personal information was mixed, albeit more evident in the Supporting Families service area. Whilst many consultees have been trained, both internally and externally, (with a number of consultees identifying training focused specifically on the WASPI) the consultations

indicated that information sharing is regularly happening where practitioners have had little or no training. Within the context of all consultees confirming that information sharing takes place, examples of responses to questions on engagement in sharing personal information training included:

‘Our training for managers includes some mention of information sharing although it is still not particularly clear when you can share information.’ (*Adult Protection practitioner, Local Authority*)

‘No training about the principles of sharing information has been given at any point.’ (*Safeguarding Children practitioner, Health sector*)

‘I remember going to the introduction on WASPI here three or four years ago, but nothing since. I know the basics, and purpose, but do not pretend to understand it all.’ (*Supporting Families practitioner, Local Authority*)

- 3.36 Both these points are concerning: **whilst information sharing practice is widespread, embedded and regular, the use of ISPs, and engagement in formal SPI training is not yet comprehensive or consistent.**

Barriers and enablers to sharing personal information

- 3.37 A specific research objective of this study was to identify the barriers, and enablers, to information sharing to inform the on-going implementation of the SPI Programme and the WASPI.
- 3.38 Turning first to the barriers, the online survey of those involved in information sharing, systems and governance identified the main barriers as being: incompatibility of IT systems; concerns over contravening legal duties; and practitioners not being clear on how and/or when to go about sharing information. These barriers correspond to the co-ordination, information and risk failures identified as supporting the rationale for the Welsh Government intervention. However, a wide range of factors were seen as barriers, as set out in Table 3-4.
- 3.39 Senior-level commitment in the respondents’ organisation to the sharing of personal information was not regarded as a barrier by most respondents, although a lack of commitment in *partner* organisations was seen as a barrier (minor or major) by around two-thirds (122 of the 185) respondents.

- 3.40 The least commonly identified major barrier was the management of personal information provided in different languages (English/Welsh) by different practitioners/organisations. Although in relative terms this appears low, this issue was nevertheless regarded as a barrier (major or minor) to effective information sharing by around one-third of respondents to the online survey (61 of the 185).

Table 3-4 Response to ‘To what extent, if at all, do you consider the following factors to be current barriers to the effective sharing of personal information about service users between your organisation and other partner organisations?’

Barrier	Major	Minor	Not a barrier
Lack of senior-level commitment in my organisation to the sharing of personal information	11	34	126
Lack of senior-level commitment in some partner organisations to the sharing of personal information	56	66	34
Lack of agreed protocols for sharing personal information	49	87	39
Practitioner concerns over contravening legal duties under data protection	88	73	12
Lack of awareness as to what personal information is available from partner organisations	59	79	28
Practitioner concerns about information being misinterpreted	53	81	35
Practitioners not being clear on how and/or when to go about sharing information	75	81	22
Incompatibilities between different organisations' IT systems	95	50	24
Lack of a common identifier (e.g. a common reference number) for service users	59	59	42
Management of personal information provided in different languages (English or Welsh) by different practitioners/organisations	9	52	94

Source: Online survey

- 3.41 This overall trend was largely consistent across both public sector and non-public sector respondents, and where information sharing was regarded as ‘straightforward’ or ‘difficult’. However, there were some variations:
- ‘Practitioner concerns over contravening legal duties under data protection’ was the most commonly cited ‘major’ barrier for non-public sector respondents (rather than IT compatibility)

- ‘Lack of awareness as to what personal information is available from partner organisations’ is regarded as a more significant barrier for non-public sector respondents; this barrier ranked as the 4th most common ‘major’ barrier for this group, compared to 6th in the public sector.
- ‘Lack of a common identifier’ was more of a barrier for those respondents where sharing was difficult: half of respondents for whom sharing was difficult identified this as a major barrier, compared to one quarter where sharing was ‘straightforward’.

3.42 The perceptions of barriers also varied dependent on whether respondents’ organisations had ISPs in place. Where there are no ISPs, barriers related to ‘systems’ such as protocols and common identifiers, and ‘trust’ in external organisations senior-level commitment were given a greater priority as major barriers, as illustrated in Figure 3-3.

Figure 3-3: Ranking of ‘major barriers’ by respondents with or without ISPs in place

Barrier	Rank - No ISP	Rank - ISP	Rank - all
Lack of senior-level commitment in my organisation to the sharing of personal information	9	10	9
Lack of senior-level commitment in some partner organisations to the sharing of personal information	3	7	6
Lack of agreed protocols for sharing personal information	3	8	8
Practitioner concerns over contravening legal duties under data protection	1	2	2
Lack of awareness as to what personal information is available from partner organisations	6	5	4
Practitioner concerns about information being misinterpreted	8	5	7
Practitioners not being clear on how and/or when to go about sharing information	6	3	3
Incompatibilities between different organisations’ IT systems	1	1	1
Lack of a common identifier (e.g. a common reference number) for service users	3	4	4
Management of personal information provided in different languages (English or Welsh) by different practitioners/organisations	10	9	10

Source: Online survey

3.43 A number of additional barriers were identified by respondents including:

- the lack of a consistent secure means of data transfer, including secure e-mail – especially when partners from the voluntary/community sector were involved
- issues related to resources and competing priorities in terms of staff being able to devote time to information sharing

- confidence, particularly between public and non-public bodies, and especially voluntary/community sector organisations
- differing perspectives and attitudes to sharing, including what can and cannot be shared, between partner agencies.

3.44 The findings from the telephone consultations were largely consistent with the findings from the online survey, with major issues including: willingness to share, 'fear' of legal duties, IT systems for secure data transfer, and common processes for sharing. What was not (or less regularly) regarded as a barrier was also broadly consistent: for example, the issue of different languages being used in information systems was not identified as a barrier to sharing by the practitioners consulted.

3.45 However, there was considerable diversity across the 80+ consultees, nearly all of whom identified some barriers to sharing. The key themes and trends that emerged from the consultations are summarised in Table 3-5. Sample quotations, reflective of the respondents' views are presented in Annex C to provide further detail and insight on how these barriers apply at the practitioner level.

Table 3-5: Barriers to sharing identified in the telephone consultations with practitioners

Risk aversion and willingness/confidence <ul style="list-style-type: none"> • Concerns over data protection • Uncertainty over security of receiving partners data storage, and how they will apply data • Lack of trust between organisations 	Understanding of sharing <ul style="list-style-type: none"> • Partners unsure what they can/cannot share – particularly for agencies not used to sharing • Partners unsure what they can/cannot ask for • Misunderstanding of legal and statutory frameworks
Technical barriers <ul style="list-style-type: none"> • Different IT systems between organisations • Security of e-mails and lack of encryption • Lack of secure portals and databases to load/share information 	Misaligned perspectives/processes <ul style="list-style-type: none"> • Complexity of sharing arrangements • Different organisations taking different periods to process information/requests • Organisations with different levels/criteria for when information can be shared, and what information can be shared

Source: SQW analysis of telephone consultations

3.46 One further specific point is worth highlighting. Whilst the telephone consultations with practitioners in the Supporting Families and Safeguarding Vulnerable People service areas suggested that information sharing could be challenging across sectors, the health sector, at both an NHS and GP level, was more commonly regarded as challenging by non-health sector practitioners than others. Specific

examples of views provided in the research, which are reflective of a more general trend included:

‘There is still a persistent issue with GPs who simply will not share confidential information. Even when we share our information they're not prepared to share back. It's not true for all GPs, some don't mind but generally GPs still aren't happy sharing information.’ (*Adult Protection practitioner, Local Authority*)

‘Health plays the confidentiality clause hard. Err on the side of caution.’ (*Supporting Families practitioner, Local Authority*)

‘Staff who do not work in child protection or domestic abuse are reluctant to share information. There are concerns regarding breaking confidentiality especially GPs which requires explanation of information sharing’. (*Adult and Child Protection/Safeguarding practitioner, Health sector*)

- 3.47 Interestingly, one consultee in the Safeguarding Vulnerable People service area had experienced GP practices asking for payment for sharing information regarding child protection on a number of occasions over the last year.
- 3.48 The research suggests that these views stem from systems issues, with health often requiring higher levels of security prior to being willing to share information, and embedded practices in health related to important patient confidentiality issues and information security impacting on a willingness to share. Strategic consultees in the health sector, with whom this issue was tested, also identified a potential for a lack of trust by health practitioners in the systems and processes of partners.
- 3.49 Therefore, the issue is not necessarily that health partners ‘don’t share information’, but that the processes and systems in place elsewhere can often prevent sensitive information from being shared. However, action is being undertaken to address these issues at local levels, as well as nationally through NWIS. The case studies of the Gwent Frailty project and the Hafan Lles Integrated Health and Social Care Service both demonstrated how the development and implementation of an ISP has enabled effective sharing of information between health and local authority staff.

3.50 Turning to the *enablers* of information sharing, both the online survey and telephone consultations provided a wide range of enablers (unprompted) from more than 250 respondents. Across this sample, key themes included:

- *trust and established professional relationships* between organisations sharing information – this was particularly evident from the telephone consultations where information sharing is very often undertaken through discussions and at low-volume levels
- *clarity on the purpose* of sharing – that is, being clear why the information is being requested, and the purpose to which the information will be put once shared
- *systems* providing the ability to share information safely and securely, including encrypted and/or password protected e-mails, and accessible portals/databases
- *understanding of relevant legislation and professional guidance* that frame and underpin information sharing practice
- *senior leadership* and commitment to information sharing, and the ‘willingness’ to share by partners
- the use of *ISPs*, and the delivery of *training* in information sharing.

3.51 The WASPI and other Welsh Government and statutory guidance on information sharing were identified on a number of occasions, both explicitly, and implicitly where consultees/respondents identified the importance of guidance and legislation. The Multi-Agency Risk Assessment Conference (MARAC), that focuses on the highest risk cases of domestic abuse, was also identified by a number of consultees as a key enabler, by practitioners in both the Safeguarding Vulnerable People and the Supporting Families service areas, with domestic abuse issues cutting across these service areas.

3.52 The barriers and enablers to information sharing experienced by practitioners in one specific area covered by the research – child safeguarding – is summarised in the box below.

Barriers and enablers to sharing in child safeguarding

All of the practitioners consulted in relation to child safeguarding practised information sharing and it was consistently identified as a core element of effective service delivery. Practitioners indicated that information sharing occurs for both 'preventative' purposes as part of on-going delivery (as one consultee noted, they share 'In order to work together to safeguard children, make decisions, assessments and take action'), and for 'learning and review' purposes in the serious case review process.

The barriers and enablers to sharing information related to child safeguarding were broadly consistent with the findings of the wider research. Specifically, however, two key themes emerged from the consultations as the key **barriers** to the effective sharing of information in a child safeguarding context.

- *Different approaches and perspectives on sharing information between organisations:* this occurs in a number of ways, from a perceived lack of understanding of sharing by others, to a perceived fear/caution over sharing, and on to specific operational procedures preventing effective sharing. Barriers as a result of differing approaches and perspectives encompassed a range of organisations from social services, to health, to the police, and others. In short, there remain co-ordination failures to sharing, with partner organisations taking different views and operating different practices, even when a clear statutory framework is evident, as for child safeguarding.
- *Technical barriers, where the willingness to share information is prevented/obstructed by different information systems.* Examples noted by practitioners included unsecure e-mails, unsecure portal and information management systems, and different operating systems and procedures preventing organisations from sharing.

Effective relationships between organisations were the most commonly identified **enabler** to information sharing by practitioners involved in child safeguarding, with much of the sharing undertaken through meetings and discussion. As one practitioner noted: 'A major key enabler ... is personal relationships, where working with the same contacts all the time makes it easier to share information and know who you are sharing information with'. These relationships were regarded as developing trust and confidence in other organisations and their approach and willingness to share information. Legislation, guidance and training were also cited by practitioners as enablers to information sharing in a child safeguarding context.

Most of the child safeguarding practitioners consulted stated that improvements have been made in recent years to information sharing: as practice has become embedded and relationships have developed. However, there was also considerable diversity, with a number of consultees stating that more needs to be done to improve information sharing practice. Although not a common view, a number of consultees highlighted the outcomes of serious case reviews across Wales that continue to link back to information sharing failures.

3.53 Annex C provides examples of specific responses to provide further insight and detail.

4 Assessment of outputs, outcomes and impacts

Section summary

- Good progress has been made in securing signatories to the WASPI: 91 organisations are now signed-up, including all Local Authorities and Health Boards, and a significant number of voluntary and community sector organisations. The Programme has also trained over 100 ISP facilitators.
- More modest progress has been made in delivering 'Assured ISPs' with only 10 now in place, although more than 20 are currently awaiting assurance. As well as improving information sharing, the process of developing an ISP can deliver important benefits, helping to improve service design and developing partnerships between organisations. The WASPI has provided an important stimulus to ISP development across Wales.
- Most, but not all, of those engaged in information management and service delivery believe that information sharing has become more effective over the past three years. Significant progress has been made in putting in place appropriate protocols for sharing, and increasing senior commitment to the sharing of personal information. Practitioners also reported that improved sharing has improved collaboration between partners.
- There is encouraging evidence on improved outcomes for service users, and improvements to the efficiency of service delivery as a result of improved sharing practice.
- The additionality of the SPI Programme and the WASPI is encouraging: those engaged in public service delivery recognise that it has played a role in catalysing and supporting improvements to sharing information practice. Other factors have been important, including the general push towards integrated working and multi-agency delivery. The SPI Programme and the WASPI have complemented this process.

- 4.1 This section sets out the outputs, emerging outcomes and impacts of the SPI Programme and the WASPI, including evidence from the research on their 'additionality' in delivering improvements to information sharing practice.

Outputs

- 4.2 Quantitative outputs generated by the SPI Programme and the WASPI include organisations signed-up to the WASPI, trained ISP Facilitators, the assured ISPs, and members of the Knowledge Hub Group. Summary data are provided in Table 4-1 and discussed in more detail in the paragraphs below.

Table 4-1: Quantitative outputs of the SPI Programme and the WASPI

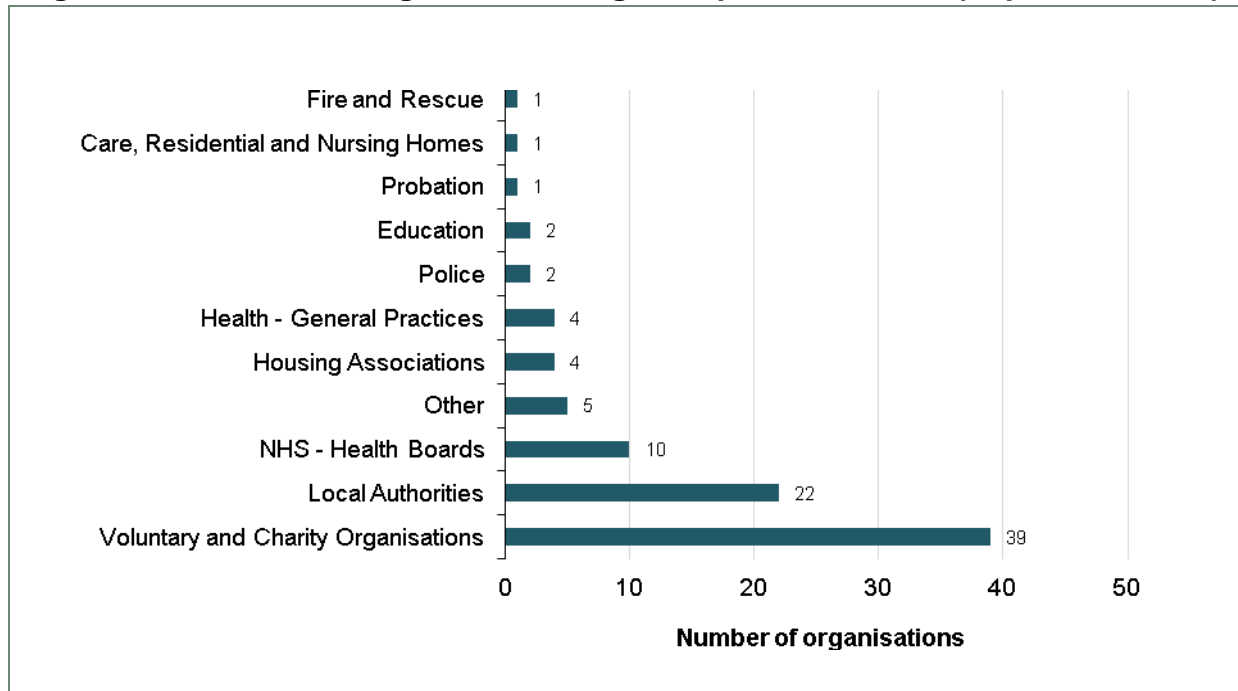
Output	Progress at this formative evaluation stage
Organisations signed up to the WASPI	91
Trained ISP Facilitators	105
Assured ISPs	10
Members of the Knowledge Hub	124

Source: www.waspi.org; WASPI Team, Welsh Government

(a) Members of the Knowledge Hub excludes a member of the SQW research team who joined the Group for the purposes of the evaluation

- 4.3 The 91 organisations signed-up to the WASPI include all Local Authorities and Health Boards across Wales. Around one half of signatories are outside the public sector, including 39 voluntary/charitable organisations, as shown in Figure 4-1.
- 4.4 No formal target has been established for the number of organisations signing-up to the WASPI, although at this point in delivery, the sign-up rate is encouraging, in particular amongst lead public sector agencies. However, notable gaps remain in terms of educational bodies, GPs and housing associations, and a number of major public services, including bodies such as some Police Forces, Fire and Rescue Services and local probation services. In this respect, there remains work to be done in establishing the WASPI as the 'single' information sharing framework for Wales.

Figure 4-1: Number of organisations signed-up to the WASPI (September 2012)



Source: www.waspi.org

- 4.5 With 105 individuals having been trained as ISP facilitators, most major public sector organisations across Wales including Local Authorities and Health Boards now have trained ISP facilitators. However, the number of trained ISP facilitators in other organisations is limited, as shown in Table 4-2.

Table 4-2: Trained facilitators by organisation type (September 2012)

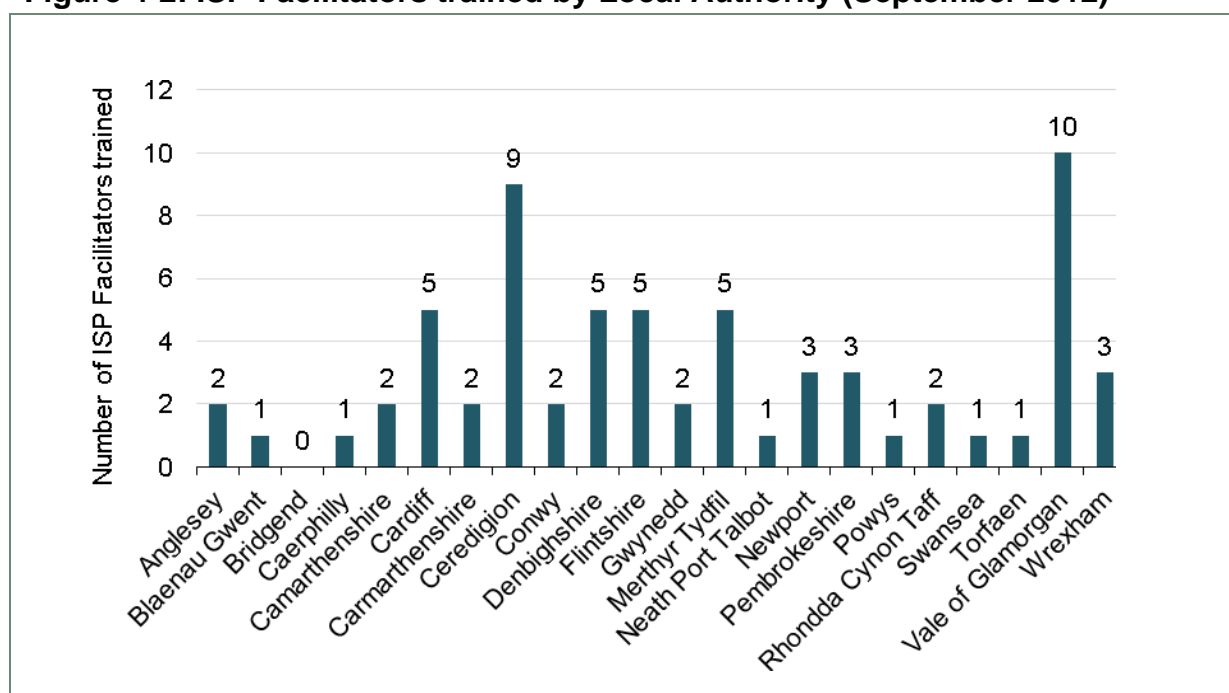
Organisation type	Number	Proportion
Fire service	2	2%
Health	22	21%
Local Authority	66	63%
Other	8	8%
Police	5	5%
Voluntary/Community	2	2%
Total	105	-

Source: SQW based on www.waspi.org

- 4.6 The balance across the Welsh Local Authorities is also variable – suggesting that awareness of the WASPI process, and capacity to develop and deliver ISPs across Local Authorities is unequal. For example, Bridgend has no trained facilitators, whereas Ceredigion has nine, and Vale of Glamorgan 10. Looking forward, a more

targeted approach may be required to ensure that all Local Authorities have appropriate numbers of staff trained in ISP development.

Figure 4-2: ISP Facilitators trained by Local Authority (September 2012)



Source: www.waspi.org

- 4.7 Ten 'WASPI assured' ISPs were in place by September 2012, with a further 23 awaiting approval. The assured ISPs include information sharing in a range of health and mental health, children's services, domestic abuse, substance misuse, and housing service areas. An example of an assured ISP, one of the case studies covered by this research is summarised below.

Evidence from the case studies: Flying Start Torfaen

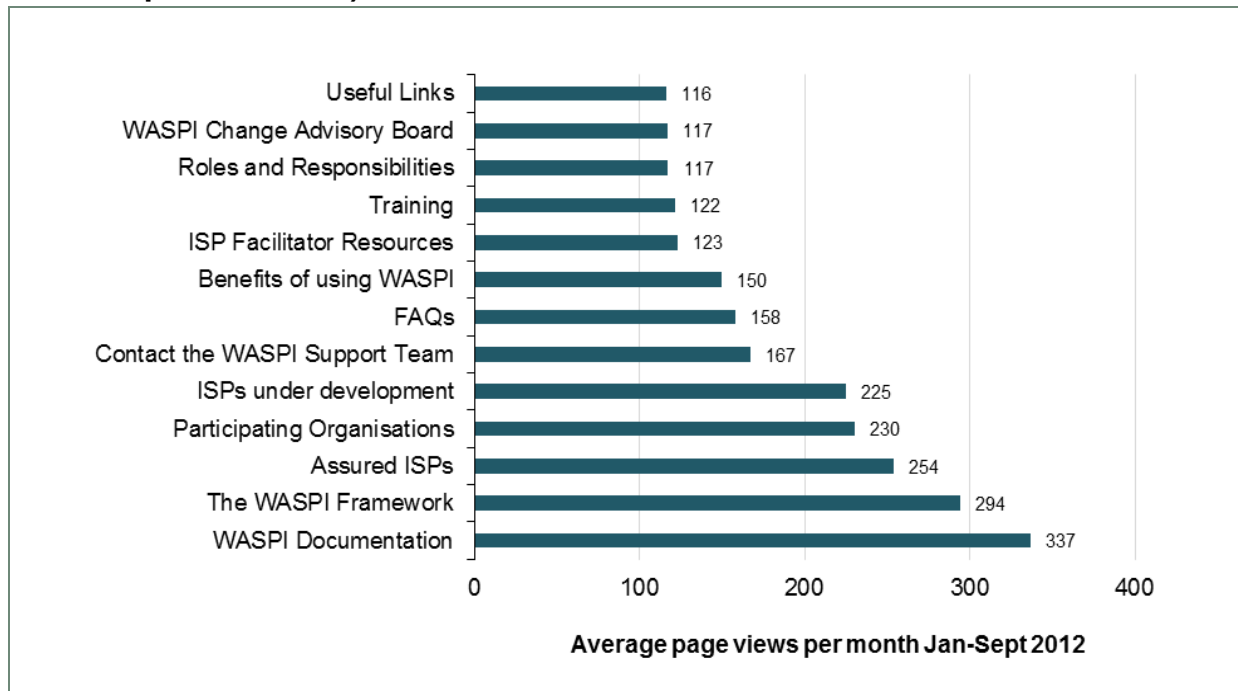
Flying Start aims to improve outcomes for children and families in deprived areas across Wales. In 2011, an ISP was developed by agencies involved in delivering the programme in Torfaen, including GPs, schools and nurseries, registered child minders and play groups. The information now shared includes health, social and environmental risks, information about the child's development and demographic information, in order to identify service user needs, and to design appropriate care plans. Prior to the ISP, partners did not know what information they could safely share, and did not feel confident in sharing in multi-agency panel meetings. 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, and has *increased staff confidence* in relation to sharing information: they are now clearer about what they can, and cannot safely share, with partners.

- 4.8 Again, no formal target was established for the number of assured ISPs. However, in contrast to the sign-up progress, the evaluation suggests that progress in assured ISPs is lower than may be expected. Since 2010 the WASPI Team have been made aware of, or engaged with, 110 'potential' ISPs⁴, of which fewer than 10% have been assured to date.
- 4.9 Full development of an ISP will not be appropriate in all cases; however, the number awaiting approval is significant. Our consultations with SPI Programme partners and stakeholders suggest that a lack of capacity in the WASPI Team has played an important role here, given their wider training, promotion and ISP-development support role, they have not had the resource to quality-assure more ISPs, or there have been delays. This issue was also raised by a number of practitioners engaged in the research. For example, specific examples identified by consultees included:
- ‘The QA process has taken a long time ... The WASPI Team support appears to have been invaluable but concerns are raised with regards to the team being under-resourced.’ (*Supporting Families practitioner, Local Authority*)
- Of the WASPI team, ‘Good support but they are under-resourced; having to cancel training sessions due to under capacity’ (*Supporting Families practitioner, Local Authority*)
- 4.10 The SPI Knowledge Hub is intended to raise awareness in organisations at senior, manager and practitioner levels. With over 120 members it now has a broad coverage across public and non-public sector members.
- 4.11 Wider awareness raising and information communications of sharing personal information has been delivered through a specific WASPI website and pages of the Welsh Government for the SPI Programme.
- 4.12 The stand-alone WASPI website has received on average 3,300 views per month over January to September 2012. As shown in Figure 4-3, views of the WASPI documentation (including the Accord, ISP documentation and other materials), and the framework page which provides an overview of the WASPI, were the most visited over this period. However, the data also show that a significant number of views of

⁴ Data provided by the WASPI Team

the assured ISPs and ISPs under development are taking place, perhaps suggesting that individuals are using the website to view other organisations' work in developing protocols for information sharing.

Figure 4-3: Average views per month to pages of the WASPI website (January 2012-September 2012)



Source: WASPI Team

- 4.13 The SPI Programme pages of the Welsh Government website received 2,000 page views over the 1 March 2011 to 9 October 2012 period. Over 700 page views were of the main page explaining the Programme, 455 of the description of the WASPI, and 281 of the key documents page.

Awareness of the WASPI and the SPI Programme

- 4.14 Overall, 72% of respondents to the online survey were *aware* of the WASPI. The online survey indicates a high awareness of the WASPI within the public sector, with virtually all (96%) of public sector respondents aware of it. Awareness amongst non-public sector organisations is lower: of the 96 non-public sector respondents, half (49%) stated were not aware of the WASPI. Awareness of the WASPI is also higher for those who share information 'regularly' (79%), compared to those who share occasionally (61%).
- 4.15 *Understanding* of the WASPI's objectives and activities was also higher for public sector respondents, as shown in Table 4-3. The data indicate that even when non-

public sector respondents are aware of the WASPI, their understanding of it is lower than in the public sector. As half of organisations signed up to the WASPI are non-public sector, this is a potential concern.

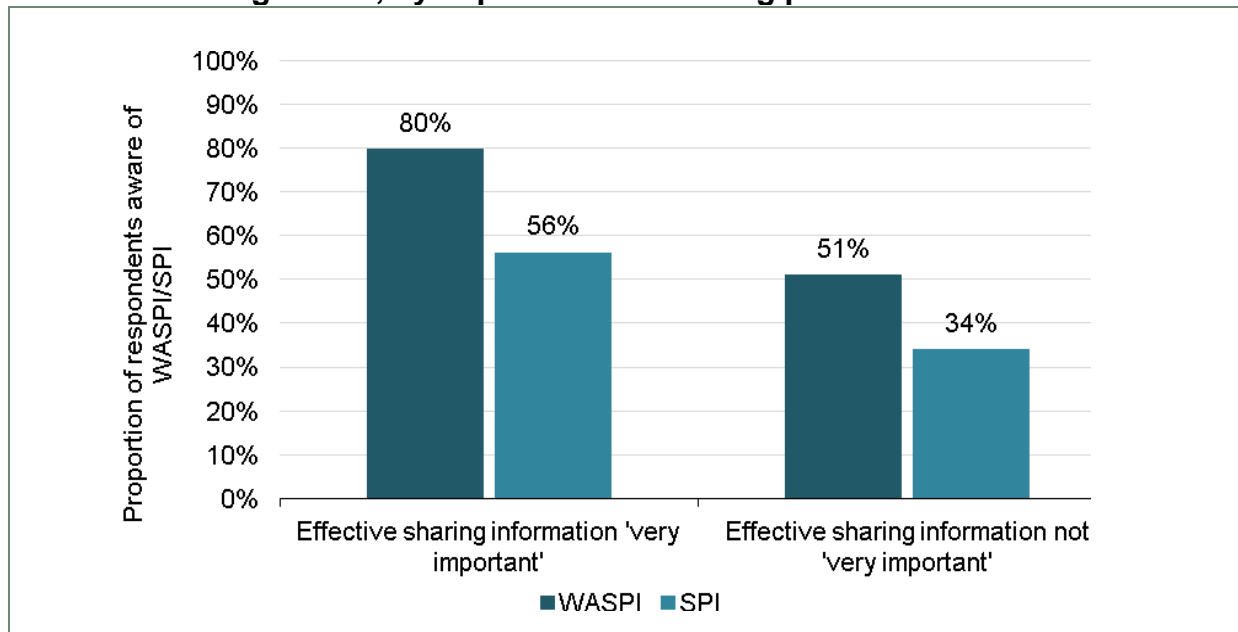
Table 4-3: Response to ‘To what extent do you agree or disagree with the following statement: I understand the objectives and activities of the WASPI?’ for those aware of the WASPI

	Public sector (n=85)	Non-public sector (n=49)
Strongly agree	55%	18%
Agree	38%	53%
Neither agree nor disagree	6%	18%
Disagree	1%	6%
Strongly disagree	0%	4%

Source: Online survey

- 4.16 Awareness of the SPI Programme was lower than that of the WASPI. Just over half (51%) of respondents stated they were aware of the SPI Programme: again this was higher amongst public sector respondents (74%) than non-public sector respondents (28%). However, awareness of both the WASPI, and the SPI Programme, was higher where effective information sharing is ‘very important’ as shown in Figure 4-4.

Figure 4-4: Proportion of respondents that stated they were aware of the WASPI/SPI Programme, by importance of sharing personal information



Source: Online survey

(a) n=139 for WASPI ‘very important’ and n=45 for WASPI ‘not very important’, n=137 for SPI ‘very important’ and n=44 for SPI ‘not very important’

- 4.17 This confirms that **awareness of the WASPI, and to a lesser extent the SPI Programme, is higher where sharing personal information is regarded as more important.**

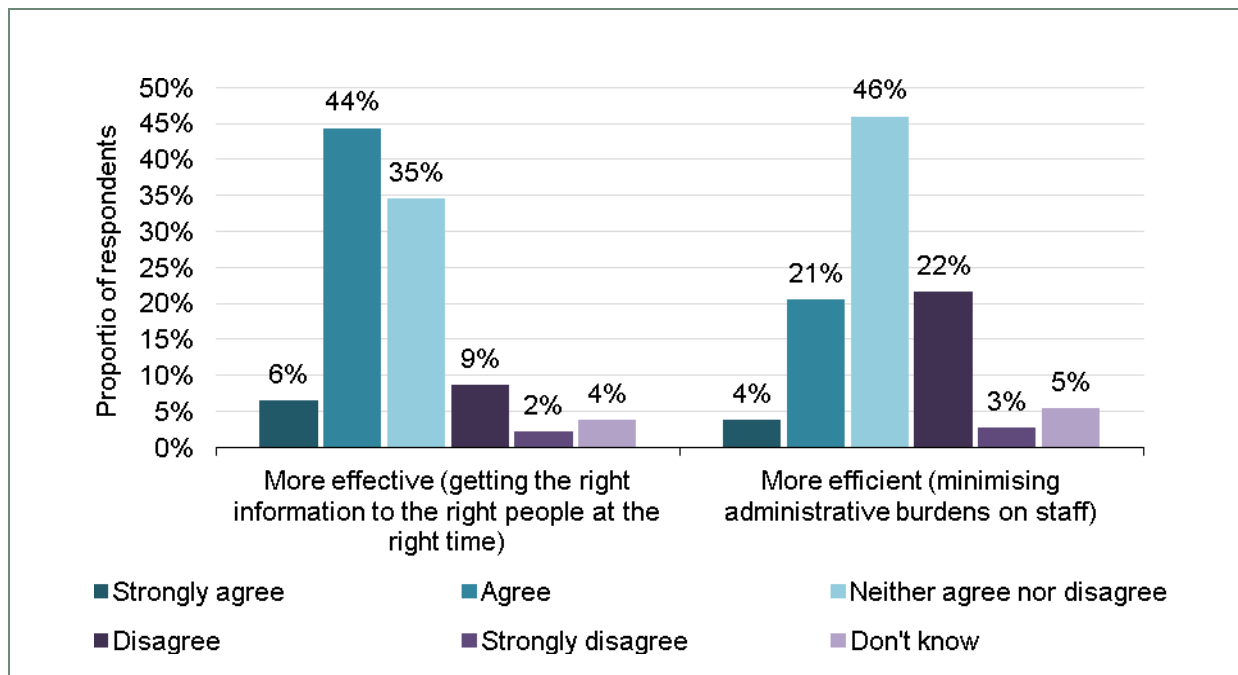
Outcomes

- 4.18 The SPI Programme, including the WASPI, is focused on supporting changes in behaviour in information sharing practice across Wales. To assess the emerging outcomes of this activity, the research has considered both changes in *information sharing practice in general terms*, and the *specific contribution of the SPI/WASPI activity* from the perspectives of information and service practitioners. The paragraphs below summarise the evidence, informing an overall assessment of the outcomes of the SPI Programme, including the WASPI, at this stage in its delivery.

Findings from the online survey

- 4.19 Half of the respondents to the online survey stated that information sharing has become more *effective* over the past three years, as shown in Figure 4-5. Although perceptions of improvements to *efficiency* (reducing burdens on staff) were less positive, a quarter of respondents did report improvements.

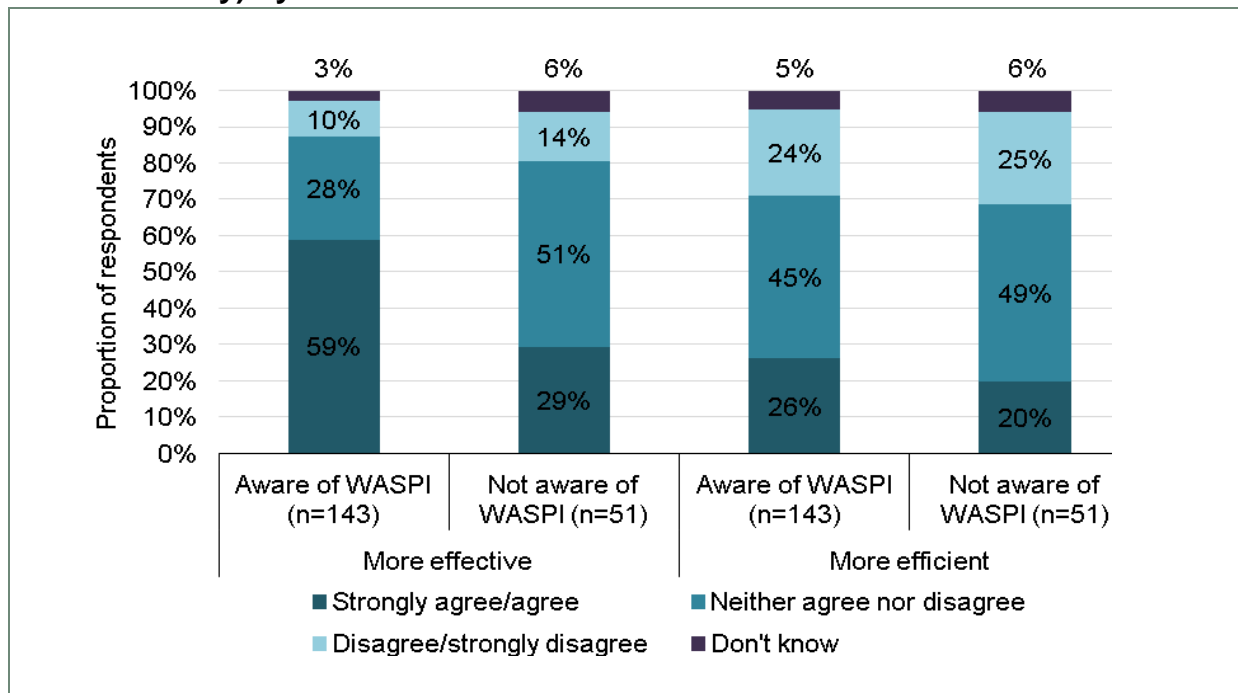
Figure 4-5: Response to ‘Over the last three years, the sharing of personal information has become ...’



Source: Online survey

4.20 Direct attribution of these improvements to the WASPI, and the SPI Programme was mixed (as discussed in more detail below). However, as shown in Figure 4-6, perceptions of improvements in the effectiveness of sharing information were considerably higher amongst those respondents who were aware of the WASPI.

Figure 4-6: Perceptions of improvements to information sharing (effectiveness and efficiency) by awareness of the WASPI



Source: Online survey

- 4.21 To further identify changes in information sharing practice, respondents to the online survey were asked to identify progress in addressing the barriers to information sharing. The detailed findings are set out in Table 4-4.
- 4.22 Progress is perceived to be strongest in increasing senior level commitment in respondents' organisations, putting in place appropriate protocols for sharing personal information, and practitioners being clearer on 'how' to share information.
- 4.23 Less progress is evident in addressing practitioner concerns over contravening legal duties under data protection, and particularly IT compatibility issues: the two most commonly cited barriers by respondents.

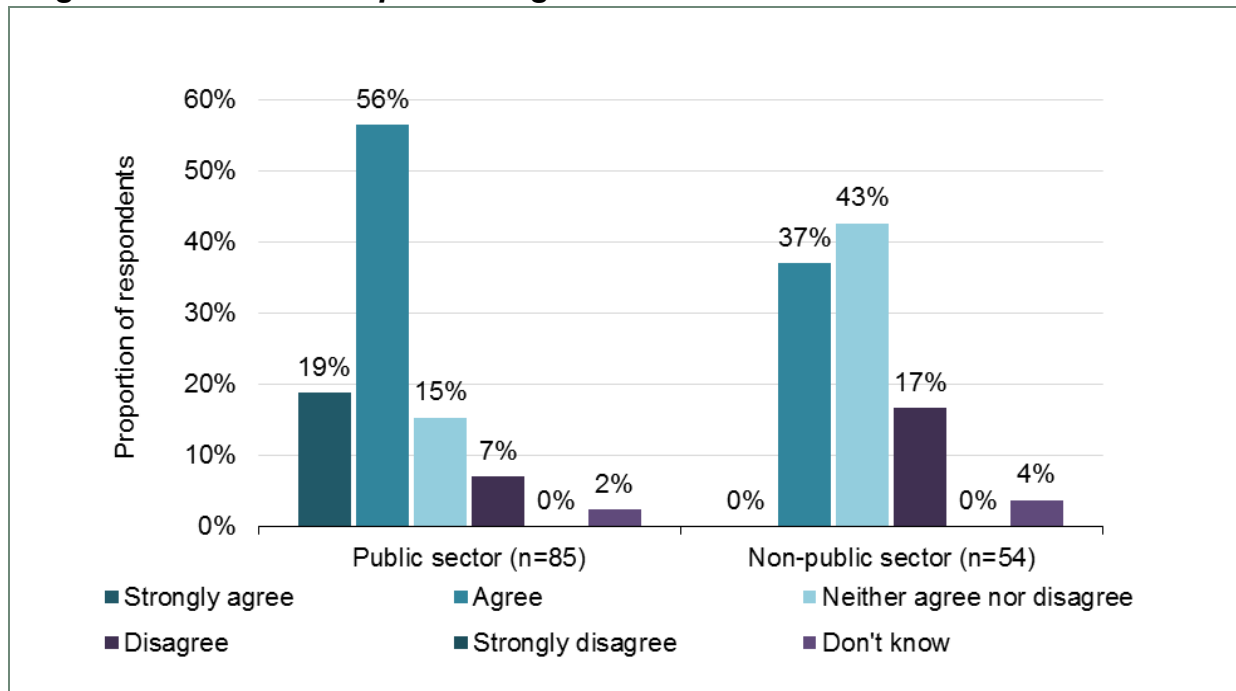
Table 4-4: Response to ‘Thinking again about changes over the last three years, to what extent do you agree or disagree with the following statements’ (% who strongly agreed or agreed)

	Strongly agree	Agree
There has been increased senior level commitment in my organisation to the sharing of personal information	20%	40%
There has been increased senior level commitment in partner organisations to the sharing of personal information	4%	33%
Progress has been made in putting in place appropriate protocols for sharing personal information	13%	53%
Practitioner concerns over contravening legal duties under data protection have reduced	1%	27%
There is a greater awareness of what personal information is available from partner organisations	1%	31%
Practitioner concerns about information being misinterpreted have reduced	1%	21%
Practitioners are clearer on how to go about sharing information appropriately	2%	42%
Incompatibilities between different organisations’ IT systems are less of an issue than they were	2%	13%
The lack of a common identifier (e.g. a common reference number) for service users is less of an issue than it used to be	1%	13%
Management of personal information provided in different languages (English or Welsh) by different practitioners/organisations is less of an issue than it used to be	2%	14%

Source: Online survey

- 4.24 As shown in Figure 4-7, around three-quarters of respondents in the public sector agreed that the WASPI and SPI Programme have helped to improve sharing information practice. Attribution to WASPI and the SPI was lower amongst non-public sector respondents, where around a third agreed that they had played a role.

Figure 4-7: Response to 'WASPI and the SPI Programme have helped to improve the sharing of personal information about service users between my organisation and other partner organisations'



Source: Online survey

4.25 Levels of perceived 'additionality' (i.e. the extent to which the WASPI and SPI Programme led to improvements which would not have otherwise happened) were also assessed. Overall, the findings are positive: only 10% of respondents agreed that most or all of the improvements would have happened anyway, and 50% disagreed (Table 4-5). Perceptions of additionality were higher amongst public sector respondents, particularly where the perceived contribution of the WASPI/SPI is highest.

Table 4-5: Response to 'Most or all of the improvements in the sharing of personal information would have happened anyway, without the Wales-level WASPI and the SPI Programme'

	Public sector (n=84)	Non-public sector (n=54)	All respondents (n=138)
Strongly agree (<i>low additionality</i>)	0%	2%	1%
Agree	12%	4%	9%
Neither agree nor disagree	23%	48%	33%
Disagree	46%	31%	41%
Strongly disagree (<i>high additionality</i>)	12%	4%	9%

Source: Online survey

- 4.26 Overall, the quantitative data from the online survey suggests that Welsh Government-funded activity, and the WASPI in particular, has supported improvements in the effectiveness of sharing personal information. Progress has also been made more broadly in addressing barriers to sharing, notably including putting in place appropriate protocols. The survey findings therefore show that, even though the number of 'Assured ISPs' in place is limited, the work of the WASPI to develop and publicise ISPs is recognised by those involved in information sharing across Wales.

Findings from the practitioner consultations

- 4.27 This positive message was largely confirmed by the qualitative reflections of practitioners, in both the Supporting Families and the Safeguarding Vulnerable People service areas. Improvements to sharing information were commonly cited, although more frequently in the Safeguarding Vulnerable People area (where virtually all consultees reported improvements in effectiveness), than the Supporting Families service area, where a higher number stated that information sharing was not more effective now than previously.
- 4.28 Where information sharing effectiveness had not improved, there was no consistent explanation. However, the existence of earlier systems and processes do appear to be important: that is, practice has not improved because it was already happening. For example, one consultee stated:

'Sharing of personal information became more effective with the introduction of the ISPs pre-dating WASPI. They were implemented around 5 years ago, no change since.' (*Supporting Families practitioner, Local Authority*)

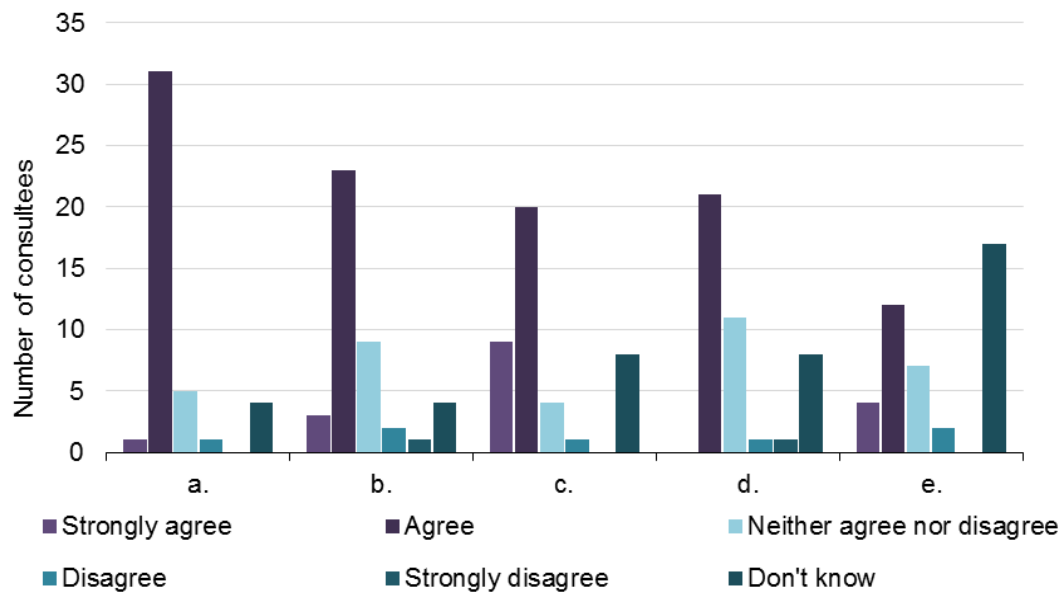
- 4.29 How information sharing has become more effective (or not) is summarised in Figure 4-8. There was considerable diversity in the views expressed. However, practitioners consistently reported improved senior-buy in to sharing personal information, and better sharing of personal information improving collaboration between partner organisations (particularly within the Safeguarding Vulnerable People area). More consultees 'did not know' whether occurrences of personal information being shared inappropriately have reduced in recent years than any of the other potential areas of improvement.

Figure 4-8: Improvements to sharing amongst practitioners

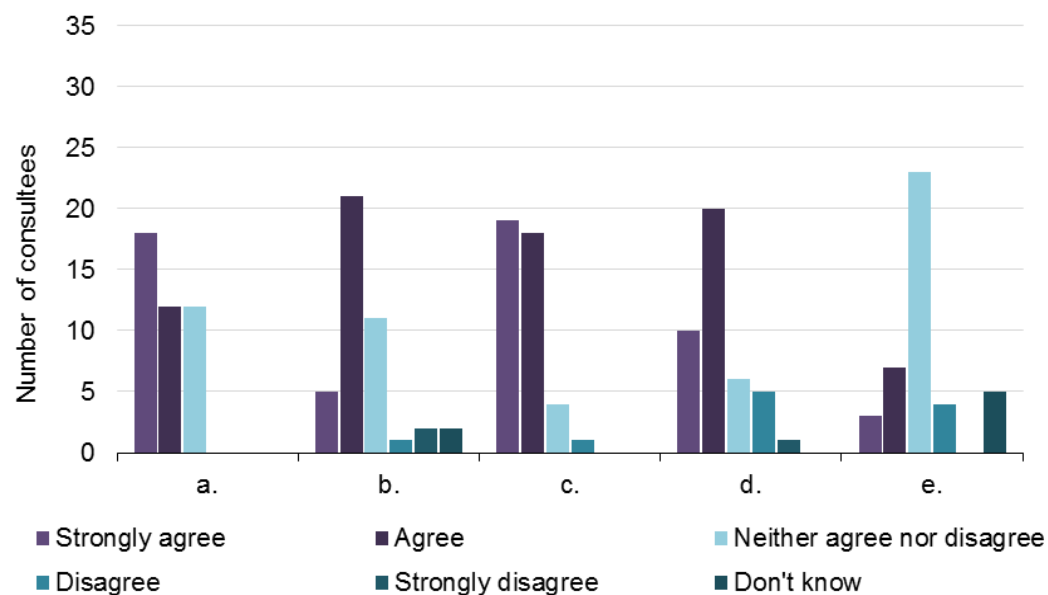
Where:

- a. There is better senior-level buy-in to sharing personal information from the various organisations involved
- b. Individual practitioners' fears or concerns been reduced about sharing personal information
- c. Better sharing of personal information has improved collaboration between partner organisations
- d. It has become operationally easier to transfer information
- e. Occurrences of personal information being shared inappropriately have been reduced

Supporting Families



Safeguarding Vulnerable People



Source: Consultations with practitioners

4.30 In terms of attribution, the direct role of the WASPI in driving these observed improvements was felt by most of the consultees to be limited, in both the Supporting Families and the Safeguarding Vulnerable People service areas. Other factors were important, notably the ability of the Information Commissioners Office to levy fines for inappropriate sharing of information, providing an incentive for organisations to improve their practice. More consistently, however, improvements were put down to the wider agenda promoting shared-working and multi-agency delivery across Wales, particularly in the Supporting Families service area.

4.31 Two points are important, however, in contextualising the contribution of the WASPI. First, although wider agendas were commonly identified by consultees as driving improvements, this did not mean that the WASPI was not supportive of this process. Rather, WASPI was regarded by many consultees as providing a useful overarching 'reference point' for improved sharing practice: demonstrating high-level strategic commitment to information sharing from the Welsh Government, helping to corral and retain partner commitment and engagement in sharing practice, and in raising general awareness of information sharing issues in a service delivery context. Examples of practitioner perceptions of this 'facilitating' role are set out below:

'The move towards secure information sharing would have occurred anyway to some extent although WASPI has served to structure this.' (*Adult Protection practitioner, Local Authority*)

'WASPI is not the driver but is a facilitator – it “unlocks the door”. It has been useful to the [organisation] in its efforts to capture information from partner agencies. The [organisation] has previously found it difficult to access information held by partner authorities/agencies.' (*Supporting Families practitioner, Fire and Rescue Service*)

'Sharing has developed as a result of the shift to multiagency working. The Flying Start guidance has played a strong role. However, the need to comply with WASPI has been a key motivator behind engagement of partners in sharing initiatives.' (*Supporting Families practitioner, Local Authority*)

4.32 Second, within the general view of the WASPI as a helpful facilitator, there was considerable diversity. This ranged from perceptions that the WASPI has had *no*

effect – ‘WASPI really has had no impact as the profile of adult protection has increased’ – to views that it has played a vital role in securing improvements to information sharing (attributing 80 to 90% of the improvement to WASPI).

- 4.33 Where attribution is higher, this appears to be owing to the role of the WASPI in developing ‘confidence to share’ (as a Welsh Government sponsored agenda), and where established legal frameworks and guidance are not already in place. The role of the WASPI also appears to be dependent in part on the level of awareness and understanding: in short, where practitioners understand WASPI, perceptions of its contribution are higher.

Wider evidence

- 4.34 One area where progress appears to be somewhat limited is in the trained ISP facilitators continuing to deliver this role at a local level following the training activity. Discussions with strategic consultees indicate that often the ISP facilitators that have been trained do not actively fulfil this role, and additional support and guidance is required from the WASPI Team. This can lead to many competing pressures on the time of the WASPI Team, and delays in the ISP development process. A disconnect between guidance, training and advice, and ‘on the ground’ practitioner experience of information sharing practice was an important issue running through the consultations.

Evidence from the case studies: Gwent Frailty

The Gwent Frailty programme was launched in 2011 to deliver integrated health and social care services across Gwent. The focus is on providing preventative care, with the aim of reducing the time that service users spend in hospital and maximising clients’ independence so that their need to move into formal services is reduced. An ISP for the programme was developed to enable information to be shared to inform the development of detailed care plans for individuals. The ISP, and the WASPI, have played an important role in developing the confidence of staff around sharing information and trust between professionals, giving staff the comfort and knowledge that they have ‘permission’ to share information when necessary. The ISP is also helping to improve response times to referrals, and improving safety for practitioners as any lone worker risks are flagged on a unified system so that appropriate mitigation measures can be put in place before a visit is conducted.

Integrated assessment against intended outcomes

- 4.35 Drawing on all of the evidence collected throughout the research, an integrated assessment of progress to date against the intended outcomes of the SPI Programme and the WASPI (as captured in the evaluation's logic model) is presented in Table 4-6.

Table 4-6: Evaluation assessment of the progress against SPI Programme and the WASPI intended outcomes

Intended outcome	Overall progress
A single approach to sharing personal information across Wales adopted by all public, third and private sector organisations	Mixed progress Good progress has been made in signing-up organisations to the WASPI and training ISP facilitators. There is also evidence of improvements to sharing practice. However, there is some way to go to achieving a single approach to sharing. Many organisations appear to be sharing without formal ISPs, and the coverage of ISPs where they are in place is often not comprehensive.
Effective knowledge and understanding of sharing personal information practice among practitioners and their managers	Mixed progress Knowledge and understanding of sharing personal information practice appears to be improving. However, at a practitioner level gaps remain including knowledge whether ISPs are in place (and the implications of that for practice), and time/resource required to facilitate sharing. Participation in training on sharing personal information – both external and internal – is very variable and considerable sharing does appear to be taking place by practitioners who have not attended recent training. Repeated, specific and tailored training on sharing personal information is limited at a practitioner level.
Improved collaboration between organisations	Good progress No formal baselines are in place to compare against; however, overall the research suggests that information sharing between organisations is regular and widespread. Most relevant organisations (particularly in the public sector) are sharing personal information, and practitioners generally report that better sharing of information has improved collaboration between partner organisations.
Recognition by executives/senior managers of the importance of effective sharing personal information, with executives/senior managers driving improvement and allocating appropriate resource	Mixed progress Senior commitment to information sharing is not now generally regarded as a barrier to sharing, in that information and service practitioners regard that their <i>own organisations'</i> commitment to information sharing is strong. However, perceived lack of senior-level commitment in external partner organisations' commitment remains an issue – given that trust and confidence are important enablers of sharing information (particular in areas such as health and high-risk protection) this perception of external commitment is notable. Outside of the formal remit of the SPI Programme to date, IT-compatibility remains a major stated barrier to effective sharing.
Transformation in culture and behaviour across sectors so that sharing personal information is expected practice, not the	Good progress Sharing personal information is regarded as a core part of service delivery in the service areas covered by most practitioners, and regular sharing appears to be the 'norm' in the broader service areas covered by the online survey. The specific contribution of the WASPI to this is

Intended outcome	Overall progress
exception.	mixed, with other factors including legislative requirements and the wider agenda on multi-agency working playing important roles. However, risk aversion and fears over data protection and legal duties remain major barriers to sharing.
Strengthened arrangements for self-monitoring and external regulation of practice	Limited progress Limited formal monitoring of information sharing appears to be in place, and external regulation of practice by the WASPI Team or others does not appear to have developed substantially over the past three years. There appears to be limited knowledge of sharing good practice at a practitioner level, although the role of the ICO in issuing fines for illegal sharing was recognised, particularly by stakeholders engaged in information management and governance across Wales as an important development in improving practice. At a local level, knowledge on the costs and benefits of information sharing remains limited.

Source: SQW

Impacts

- 4.36 As set out in the logic model the SPI Programme and the WASPI are seeking to deliver three headline impacts through improved information sharing: better outcomes for service users than would otherwise be the case, increased efficiency of service delivery, and ensuring that organisations comply with their legal responsibilities.
- 4.37 The telephone consultations, case studies, and consultations with strategic stakeholders, indicate practitioners' views that improved outcomes are being delivered. Practitioners at a local level consistently reported that outcomes for service users have improved as a result of improved sharing, or are expected to. This is through preventative action (stopping major incidents from occurring), speeding up service delivery (through individuals providing information once, with this shared across partners), and improving partnership working which in turn leads to improved delivery for service users.
- 4.38 Given the service areas covered in the research, these benefits can be very important in some cases. Specific cases identified by practitioners included the following:

'A recent case involved a grandmother who was being abused by her grandson. The grandson's name had come up in child's protection, and so we were able to offer the grandmother protection' (*Adult Protection practitioner, Local Authority*)

‘There was an example of wellbeing literature being mailed to a service user who was known to be unable to read by a partner department. This was resolved and rectified as a result of enhancements to information sharing’
(*Supporting Families practitioner, Health Sector*)

- 4.39 Further examples, of practitioners’ views that improved outcomes are being delivered are presented in Annex C.
- 4.40 However, tangible evidence of these outcome improvements is limited as yet: in part because there are no formal procedures or imperatives in place to measure them. The outcomes from improved information sharing are generally asserted and anecdotal, rather than evidenced and quantified.

***Evidence from the case studies: Public Protection and Mental Health –
Caerphilly***

The catalyst for the development of an ISP between public protection and mental health services in Caerphilly was a series of homicides in the area linked to mental health issues. The cases highlighted the need for local service providers to improve information sharing practice following serious case reviews. An ISP has been put in place (awaiting final sign-off from the WASPI Team) enabling information on individuals to be shared during quarterly meetings to discuss persons at risk or posing a risk. The ISP is regarded locally as acting as an important ‘service improver’. As well as making sharing information more straightforward and effective (for example, incidences of where information has been shared inappropriately have reduced), local partners believe that the ISP has delivered outcomes, for example in terms of reductions in offending and reoffending, reductions in unscheduled admission to hospital and improvements to the safety of local people.

- 4.41 Views that impacts in terms of increased *efficiency* of service delivery as result of improved information sharing are more limited. As noted above, the online survey suggested that efficiencies (in terms of minimising administrative burdens on staff) as a result of improved sharing practice are modest at this point. The practitioner consultations suggested a similar story: that improved sharing has the potential to deliver efficiencies, but tangible evidence of this is limited at this stage, with many consultees stating that it is ‘too early to tell’. The case studies identified that efficiencies can be delivered (for example time savings owing to a reduction in the duplication of records), but this is yet to deliver substantial cost-savings.

- 4.42 This research has explicitly not been concerned with assessing the legality of information sharing that is taking place, nor mapping whether legal responsibilities are being complied with by those organisation engaged in the research. As such assessing the impact of the SPI Programme and WASPI on this issue is not possible. Three points can be made, however. First, consultations with practitioners in both service areas highlighted that legal duties are an important consideration in information sharing practice, and that legal teams are often involved in developing ISPs and considering information sharing issues (although this does not appear to be consistent in all places and contexts). Second, as noted above, fears over legal duties, in particular contravening the Data Protection Act remain major barriers to sharing. Third, the WASPI is explicit that all organisations that sign-up to it remain responsible for complying with their legal duties, and that self-monitoring should be in place to ensure this.
- 4.43 At present, the SPI Programme and WASPI Team have not undertaken monitoring activity to ensure that the sharing taking place under its auspices is consistent with its principles: we return to this issue in the final section of the report.

Integrated assessment against intended net impacts

Table 4-7: Evaluation assessment of the progress against SPI Programme and the WASPI intended net impacts

Intended net impact	Overall progress
Better outcomes for service users than would otherwise be the case e.g. in terms of safety, health, educational attainment, employability, quality of life, etc.	Good progress The case studies and telephone consultations indicate that improved information sharing can, and is, leading to improvements in outcomes for service users, although no quantitative measures are in place to measure these outcomes, and a wide range of factors will influence conditions. Information sharing can also deliver preventative outcomes, meaning that major 'incidents' do not occur. However, improved monitoring procedures may be required to capture this observed improvement to provide more robust evidence.
Increased efficiency of service delivery	Mixed progress There is evidence of service efficiencies as a result of the improved information sharing, including reducing duplication of service delivery, increasing the speed at which information can be shared and action taken, and reducing burdens on staff through more efficient processes and systems. The evidence on reduced costs is limited, although cost efficiencies are not the principal driver of improved information sharing practice. Monitoring processes or additional research on this issue – to enable baselines to be put in place on the inputs and resources required

Intended net impact	Overall progress
	for information sharing may be appropriate. Over the long-term improved practice should lead to improved efficiency of service delivery, however, unpicking this in quantitative terms from wider service delivery and information management is challenging.
Organisations comply with their legal responsibilities	<p>Not applicable</p> <p>This research has not assessed the legality of information sharing that is taking place, nor mapping whether legal responsibilities are being complied with by organisations signed up to the WASPI and assured ISPs. Although the legality of sharing remains the responsibility of individual organisations, enhanced monitoring and 'follow-up' work with organisations signed-up to the WASPI (and assured ISPs) by the WASPI Team would be helpful to provide confidence that information is being shared safely and securely within legal parameters.</p>

Source: SQW

5 Conclusions and recommendations

- 5.1 This final section of the report summarises the conclusions of the formative evaluation and provides recommendations for the Welsh Government.

Conclusions

Context and rationale

- 5.2 The SPI Programme, including the WASPI, was based on a firm and well-evidenced rationale. Working within a supportive policy context, the rationale for intervention was to improve service delivery and prevent negative outcomes for service users through enhanced sharing of personal information practice across Wales. The effective sharing of personal information is an essential enabler of effective partnership and multi-agency working and a priority for the Welsh Government.
- 5.3 The barriers to effective sharing of personal information include co-ordination challenges between organisations, information gaps and lack of understanding of what can safely be shared, and perceptions of risk leading to a situation where the default position is not to share.
- 5.4 Progress has been made in addressing these issues, notably in securing enhanced leadership and commitment to sharing at senior levels. However, major barriers to effective sharing remain. The research suggests there remains a rationale for on-going intervention in this area, to build on the momentum generated by the SPI Programme, and the WASPI, and others such as the Information Commissioner's Office Wales, and lead to the improved effectiveness and efficiency of service delivery. In this respect, although a lot has been achieved by the SPI Programme and the WASPI, a major challenge remains.

Inputs and activities

- 5.5 With expenditure from the Welsh Government of around £500k over a three-year period (plus the two full-time WASPI Team staff contributed by NWIS), the SPI Programme, including its support for the delivery of the WASPI, is a modest programme in financial terms. However, effecting improved information sharing practice, notably through the development of Information Sharing Protocols (ISPs) is

a resource intensive process, both at a strategic level to provide guidance, advice and training, and a local level, often involving a wide range of partners over an extended period. Although they have not been formally quantified this research suggests that the ‘hidden costs’ of improving information sharing practice at a local level could be significant.

- 5.6 The research also suggests that the central WASPI Team has been under-resourced over the lifetime of the SPI Programme as evidenced through feedback from practitioners and strategic stakeholders. With two permanent staff, the central team is looking to deliver a very wide range of activity with limited capacity. This has limited its ability to meet fully the aims and expectation of the SPI Programme in establishing the WASPI firmly as the recognised and single information sharing framework for Wales.
- 5.7 The formative evaluation has covered a wide range of activities, from the training of ISP facilitators, to encouraging sign-up to the WASPI, the review and quality assurance of ISPs and on to hosting stakeholder events and an online community of practice. Given the scale of the resource, the breadth of activities is significant, and what was planned has, in broad terms, been delivered.
- 5.8 One area where more could have been done is in providing a more formalised on-going monitoring function. Individual organisations/partnership are responsible for their own practice; however, at present it is not known whether organisations signed-up to the WASPI are actually meeting its requirements, and whether the ISPs developed are being delivered as planned.
- 5.9 Information sharing is regular, widespread and largely embedded fully as a core element of service delivery. Of 185 individuals engaged in information sharing, systems and governance surveyed, over three-quarters regularly or occasionally share information about service users with partner organisations. Virtually all of the over-80 service delivery practitioners consulted share information when necessary.
- 5.10 However, information sharing is not always straightforward and various barriers still preventing effective sharing were identified in the research. Major barriers include ‘systems’ capacity (including IT compatibility and consistent secure methods of data

transfer), 'confidence' amongst practitioners, including concerns over legal duties, and knowledge of how and when to share.

- 5.11 Engagement in training on information sharing has been very varied, and considerable sharing appears to be taking place where training is limited and where formal protocols (ISPs) and processes are not in place. This should be of concern to the Welsh Government. Further embedding awareness across organisations (at practitioner, information governance and senior levels) of the importance of training and the development/implementation of ISPs to improving information sharing practice remains a priority.

Outputs, outcomes and impacts

- 5.12 Good progress has been made in securing signatories to the WASPI, with 91 organisations now signed-up. This includes all Local Authorities and Health Boards across Wales, and a significant number of voluntary and community sector organisations. No formal targets have been set, so a quantitative assessment of progress is not possible, however, the numbers are encouraging. There remain gaps, however, notably in education, GPs and housing. A more structured approach, mapping relevant organisations in each sector and setting realistic annual progress targets would have been helpful, to track progress and to address gaps in service areas.
- 5.13 Limited progress has been made in delivering 'Assured ISPs' with 10 in place by September 2012. The 'Assured ISPs' are in important service areas, and provide a useful resource for practitioners looking to develop their own practice, but there have been delays, and there are over 20 ISPs currently awaiting assurance. Again, a more strategic approach, prioritising areas where there are gaps in ISP coverage and targets for ISP assurance that would have been helpful have been missing to date.
- 5.14 However, the *process* of developing an ISP can add genuine value in itself, helping to improve service design and developing partnerships between organisations, and the WASPI does appear to have provided an important stimulus to ISP development across Wales.

- 5.15 Other outputs include over 100 trained ISP facilitators (although the balance spatially across Wales is uneven), and over 100 individuals have signed-up to an online community of practice on information sharing.
- 5.16 Positively, information sharing appears to have become considerably more *effective* over the past three years since the SPI Programme was launched. Significant progress has been made in putting in place appropriate protocols for sharing, and increasing senior commitment to the sharing of personal information. Practitioners also reported that improved sharing has improved collaboration between partners. There is also encouraging evidence on improvements to the *efficiency* of service delivery as a result of improved sharing practice.
- 5.17 Overall, the additionality of the SPI Programme and the WASPI is encouraging: those engaged in public service delivery across Wales recognise that it has played a role in catalysing and supporting improvements to sharing information practice. Other factors have been important, including the general push towards integrated working and multi-agency delivery; the SPI Programme and the WASPI have complemented this process.
- 5.18 The rationale for the SPI Programme and the WASPI is to improve service delivery, thereby delivering better outcomes for service users, and preventing harm. The feedback from practitioners, and as evidenced in a number of the detailed case studies, is that this rationale is being delivered against in many cases. Some care must be applied to the findings, based on practitioner assertion, but improved sharing does appear to be delivering better outcomes for service users over the past three years.
- 5.19 However, there remain important barriers to the effective sharing of personal information about service users across Wales, which could and should be addressed.

Recommendations

5.20 In light of these findings, the following recommendations are provided to the Welsh Government:

- **Recommendation 1: The SPI Programme, including support for the WASPI, should be continued.** The research indicates that significant barriers to information sharing remain, including fears over legal duties, the compatibility of information systems and processes, and inconsistency in sharing practice within and between sectors. A job remains to be done to improve information sharing practice, and to develop understanding on the barriers to effective sharing including through more detailed research into the particular issues for specific sectors, notably health and the voluntary and community sector. The Welsh Government is the appropriate agency to lead strategically on this agenda – providing leadership, enabling change, and promoting best practice – working with partners, including the ICO, to support service delivery agencies in meeting their legal duties in information sharing.
- **Recommendation 2: Delivering enhanced training on information sharing, the development of appropriate and legal ISPs, and improved self-monitoring of information sharing practice should be addressed as priorities for service delivery agencies across Wales.** The research indicates that at present the quality and practice of information sharing varies substantially, there is variable participation in training, and significant gaps in the coverage of ISPs remain. Strategic support and guidance on training, ISP development and Quality Assurance, and monitoring practice should continue to be provided by the SPI Programme and the WASPI Team; consideration should be given to the resources required for this. However, individual service delivery agencies are responsible for delivering the improvements.
- **Recommendation 3: Promoting the secure transfer of information (e.g. via encrypted e-mail) should be a priority for the Welsh Government, other national bodies involved in information management, and service delivery agencies.** Clear guidance should be developed and provided to all relevant organisations, and protocols and systems established to enable the secure transfer of information between different organisations and sectors –

including across public sector organisations and the voluntary/community and private sectors.

- **Recommendation 4: The Welsh Government should further investigate the scope to develop a consistent ‘common identifier’ for all service users across relevant sectors.** The research indicates that such common identifiers between agencies are rarely used in information sharing in the service areas covered, reducing the potential for genuinely integrated multi-agency working and improved efficiency of information management. In our online survey, the lack of a common identifier emerged as the fourth most important ‘major barrier’ to effective information sharing, out of the ten tested (after IT incompatibilities, practitioners not being clear on how/when to go about sharing information, and practitioner concerns over contravening legal duties).
- **Recommendation 5: The Welsh Government, other national bodies involved in information management, and service delivery agencies should consider options for promoting and facilitating the development of ISPs,** which in practice can be a complex challenge in designing joint service delivery, especially where many partners are involved. Specifically, consideration should be given to how the 100+ trained ISP facilitators can be more effectively leveraged and supported; the research indicates that often trained facilitators do not, in practice, actively fulfil this role following the training.
- **Recommendation 6: Improved performance management is required for the SPI Programme, and the WASPI, to track progress in delivering against the stated outputs and outcomes of the Programme.** This should include formal targets for delivering assured ISPs and signatories to the WASPI, and a more ‘strategic’ approach to filling gaps in coverage and in ensuring that all service areas, organisation types, and spatial locations are covered consistently. The logic model utilised for this evaluation provides a helpful tool for framing this process. As one practical measure, the online survey of individuals involved in information sharing, systems and governance could be repeated every one or two years, in order to provide on-going

quantitative evidence from across Wales on information sharing practice and the contribution of the SPI Programme and WASPI. Longer-term, the SPI Programme should consider piloting formal cost-benefit analysis to understand and evidence the effects of information sharing practice.

Annex A: Case studies

This Annex 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/carer 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.⁵

⁵ 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'⁶ 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.

⁶ 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'⁷ 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.

⁷ 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

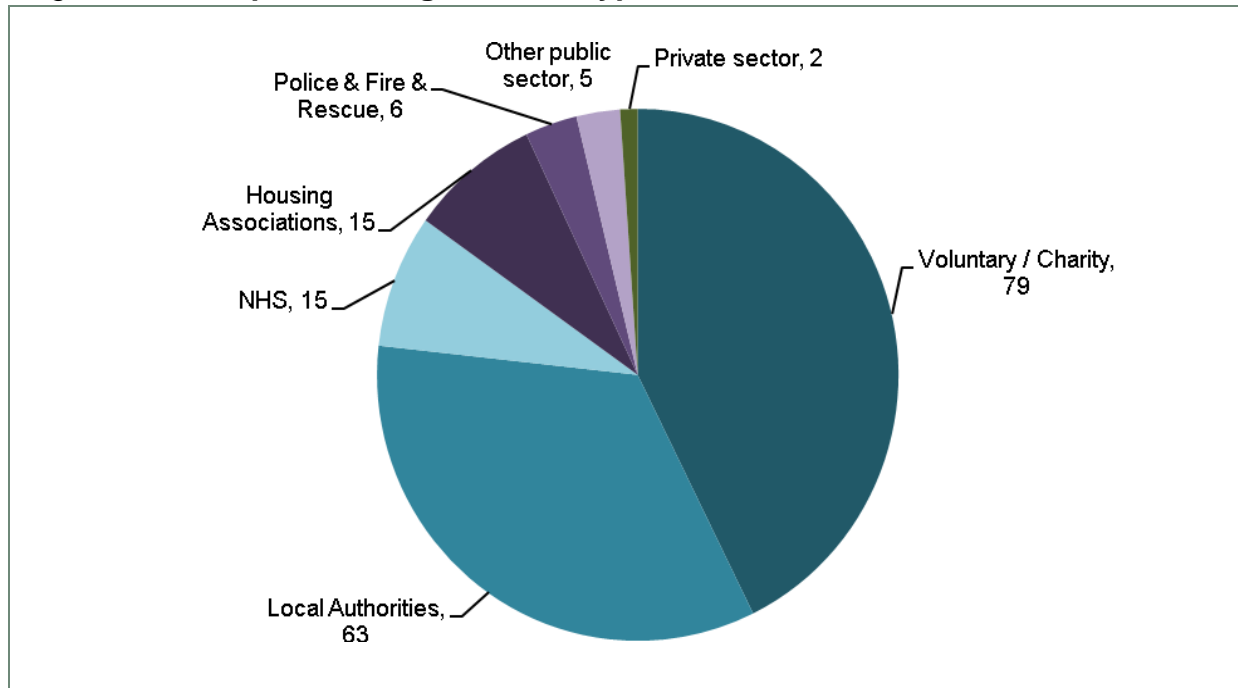
The ISP is a facilitator for early intervention reducing the likelihood of escalation to serious offences, that are more difficult and costly to deal with for all parties involved

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

Annex B: Detailed online survey data

Respondent details

Figure B-1: Respondent organisation type



Source: Online survey

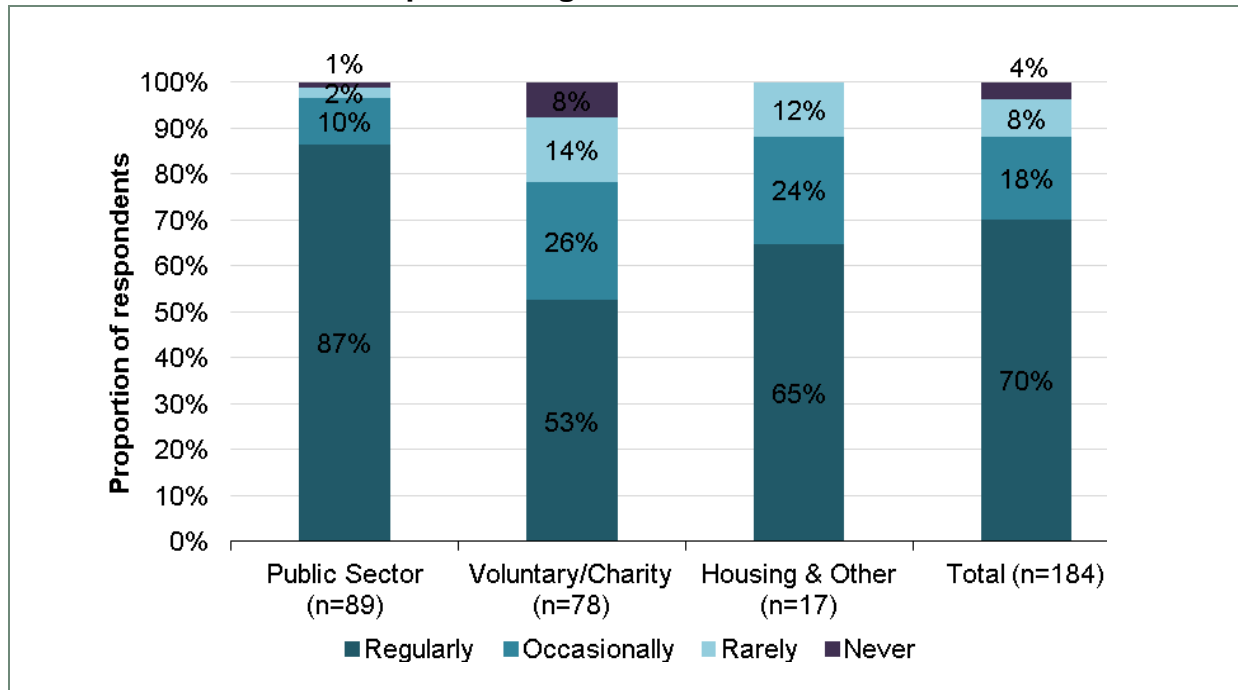
Table B-1: Aggregated respondent organisation type

Aggregated organisation type	Number
Public sector	89
Voluntary/community sector	79
Housing and Other	17
Total	185

Source: Online survey

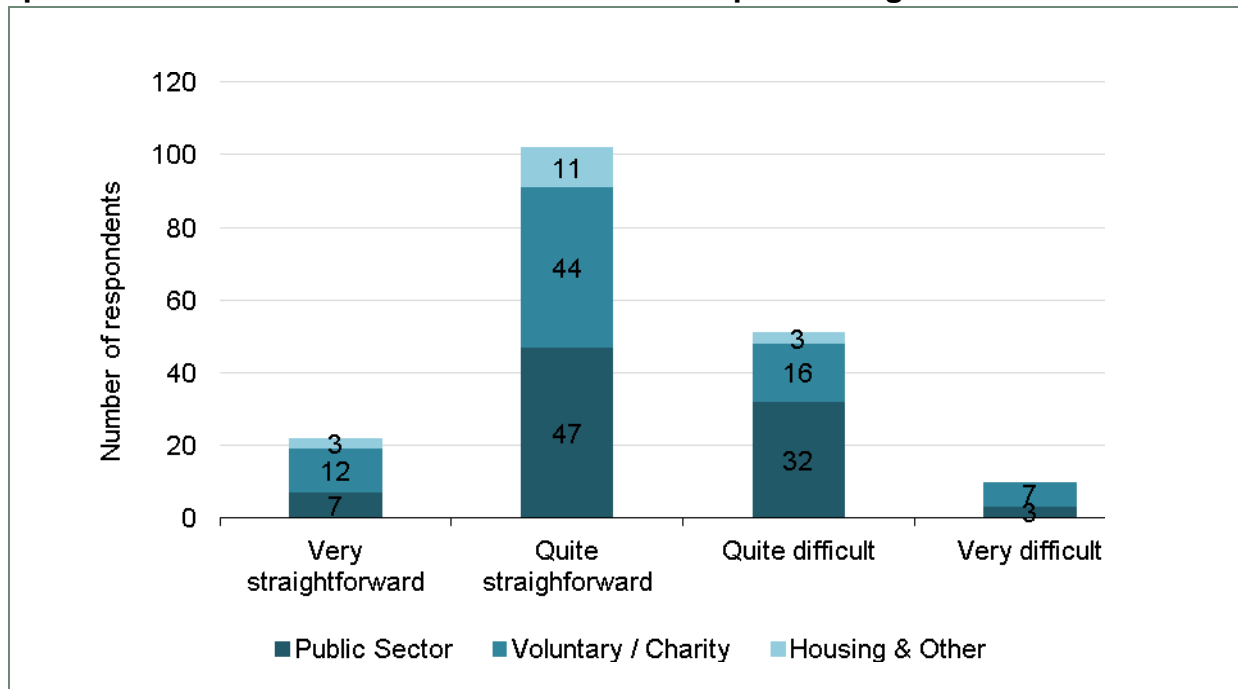
Existing practice in sharing of personal information

Figure B-2: How often does your organisation share personal information about service users with partner organisations?



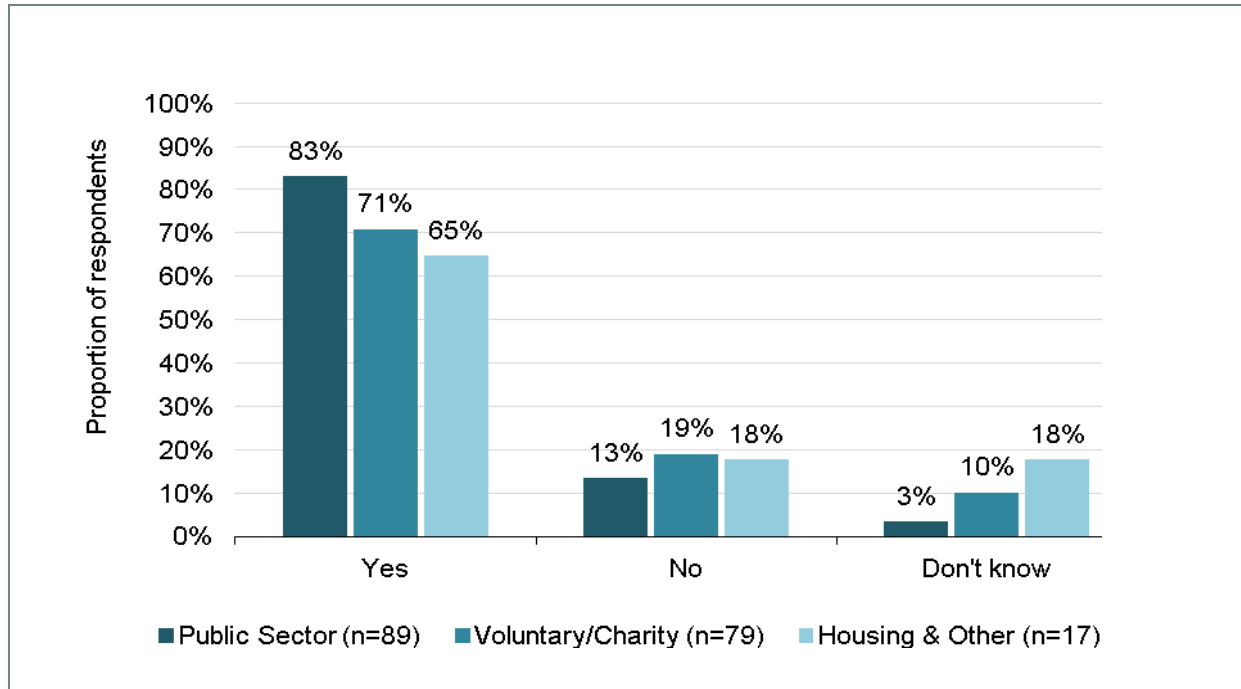
Source: Online survey

Figure B-3: How straightforward is it in practice for your organisation to share personal information about service users with partner organisations?



Source: Online survey

Figure B-4: Does your organisation currently have any agreed Information Sharing Protocols in place for sharing personal information about service users?



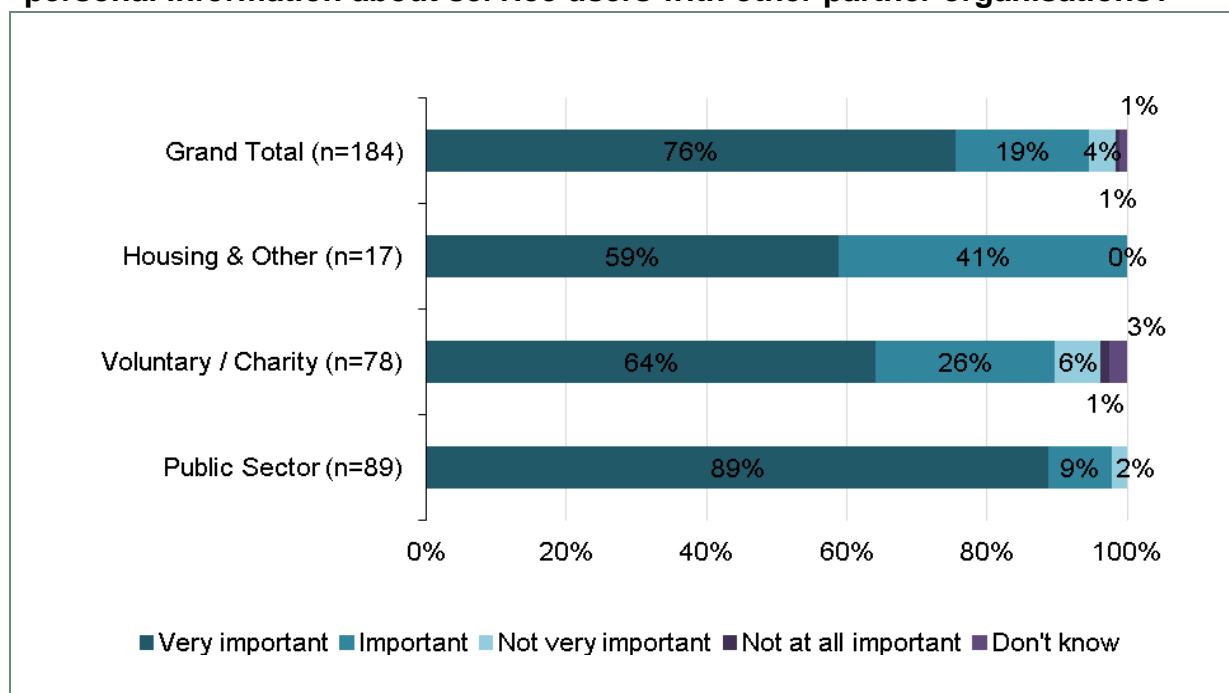
Source: Online survey

Table B-2: Which one of the following statements best describes your organisation's Information Sharing Protocols?

Response	Public Sector	Voluntary / Charity	Housing & Other	Total
We do not have any agreed ISPs in place, and we are not currently developing any	-	7	3	10
We do not have any agreed ISPs in place yet, but we are currently developing one/some	11	7	-	18
We have agreed ISPs in place for some but not all circumstances in which we need to share personal information about service users with partner organisations	61	24	7	92
We have agreed ISPs in place for all or almost all circumstances in which we need to share personal information about service users with partner organisations	11	30	4	45

Source: Online survey

Figure B-5: How important to your organisation is the effective sharing of personal information about service users with other partner organisations?



Source: Online survey

Table B-3: To what extent, if at all, do you consider the following factors to be current barriers to the effective sharing of personal information about service users between your organisation and others? Major barrier

Barriers	Public	Voluntary / Charity	Housing & Other
Lack of senior-level commitment in my organisation to the sharing of personal information	8%	5%	0%
Lack of senior-level commitment in some partner organisations to the sharing of personal information	24%	37%	35%
Lack of agreed protocols for sharing personal information	23%	34%	18%
Practitioner concerns over contravening legal duties under data protection	44%	51%	53%
Lack of awareness as to what personal information is available from partner organisations	26%	42%	24%
Practitioner concerns about information being misinterpreted	28%	31%	31%
Practitioners not being clear on how and/or when to go about sharing information	42%	40%	41%
Incompatibilities between different organisations' IT systems	58%	47%	41%
Lack of a common identifier (e.g. a common reference number) for service users	38%	30%	20%
Management of personal information provided in different languages (English or Welsh) by different practitioners/organisations	6%	5%	0%

Source: Online survey (a) Respondent numbers vary: minimum of 86, 77, and 15 respectively

Changes over the last three years

Table B-4: Thinking about the sharing of personal information about service users between your organisation and other partner organisations, to what extent do you agree or disagree with the following statements?

	Over the last three years, the sharing of personal information has become more effective		Over the last three years, the sharing of personal information has become more efficient	
	Public sector	Non-public sector	Public sector	Non-public sector
Strongly agree	10%	3%	4%	3%
Agree	52%	38%	19%	22%
Neither agree nor disagree	27%	42%	46%	46%
Disagree	4%	13%	21%	22%
Strongly disagree	2%	2%	2%	3%
Don't know	4%	3%	7%	4%

Table B-5: And thinking again about changes over the last three years, to what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
There has been increased senior level commitment in my organisation to the sharing of personal information	37	74	53	8	2	10
There has been increased senior level commitment in partner organisations to the sharing of personal information	8	60	70	22	3	21
Progress has been made in putting in place appropriate protocols for sharing personal informal	24	98	41	12	1	8
Practitioner concerns over contravening legal duties under data protection have reduced	2	50	53	53	11	14
There is a greater awareness of what personal information is available from partner	2	57	62	40	3	17

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
organisations						
Practitioner concerns about information being misinterpreted have reduced	1	39	79	35	9	19
Practitioners are clearer on how to go about sharing information appropriately	4	77	45	37	11	8
Incompatibilities between different organisations' IT systems are less of an issue than they were	3	23	53	62	20	21
The lack of a common identifier (e.g. a common reference number) for service users is less of an issue than it used to be	2	24	72	45	9	29
Management of personal information provided in different languages (English or Welsh) by different practitioners/organisations is less of an issue than it used to be	3	26	98	15	2	38

Awareness and understanding of the WASPI and the Sharing Personal Information Programme

Table B-6: Are you aware of the Wales Accord on the Sharing of Personal Information (WASPI)?

	Public Sector	Voluntary / Charity	Housing & Other	Total
Yes	85	43	6	134
No	4	36	11	51
Total	89	79	17	185

Table B-7: To what extent do you agree or disagree with the following statement: I understand the objectives and activities of the Wales Accord on the Sharing of Personal Information (WASPI)

	Public Sector	Voluntary / Charity	Housing & Other	Total
Strongly agree	47	7	2	56
Agree	32	24	2	58
Neither agree nor disagree	5	7	2	14
Disagree	1	3		4
Strongly disagree		2		2
Total	85	43	6	134

Table B-8: Are you aware of the Sharing Personal Information Programme

	Public Sector	Voluntary / Charity	Housing & Other	Total
Yes	66	23	3	92
No	23	53	14	90
Total	89	76	17	182

Table B-9: To what extent do you agree or disagree with the following statement: I understand the objectives and activities of the Sharing Personal Information Programme

	Public Sector	Voluntary / Charity	Housing & Other	Total
Strongly agree	21	1	1	23
Agree	39	15	2	56
Neither agree nor disagree	5	8		13
Disagree	1	1		2
Strongly disagree				
Total	66	25	3	94

Annex C: Selected comments from the surveys

- C.1 The pages that follow present selected comments from the online survey and telephone consultations to provide additional detail and insight into information sharing practice and perspective across Wales.
- C.2 Five ‘dashboards’ of comments are presented covering:
- barriers to sharing information from the telephone consultations
 - enablers of effective information sharing
 - the perceived additionality of WASPI/SPI from the telephone consultations
 - better outcomes for service users’ as a result of improved sharing information from the telephone consultations
 - efficiencies in service delivery as a result of improved sharing information from the telephone consultations
 - actions proposed to improve information sharing in the future from the online survey
- C.3 Each ‘dashboard’ provides selected of quotes reflecting the range of views expressed and have been included to be representative broadly of the nature of the comments provided by all respondents, both in terms of the number of selected quotes identified for specific topic areas and the nature of the quotations. However, there is considerable variation across the each topic area and the dashboards do *not* seek to provide a quantitatively representative sample.

Barriers to sharing information (telephone consultations)



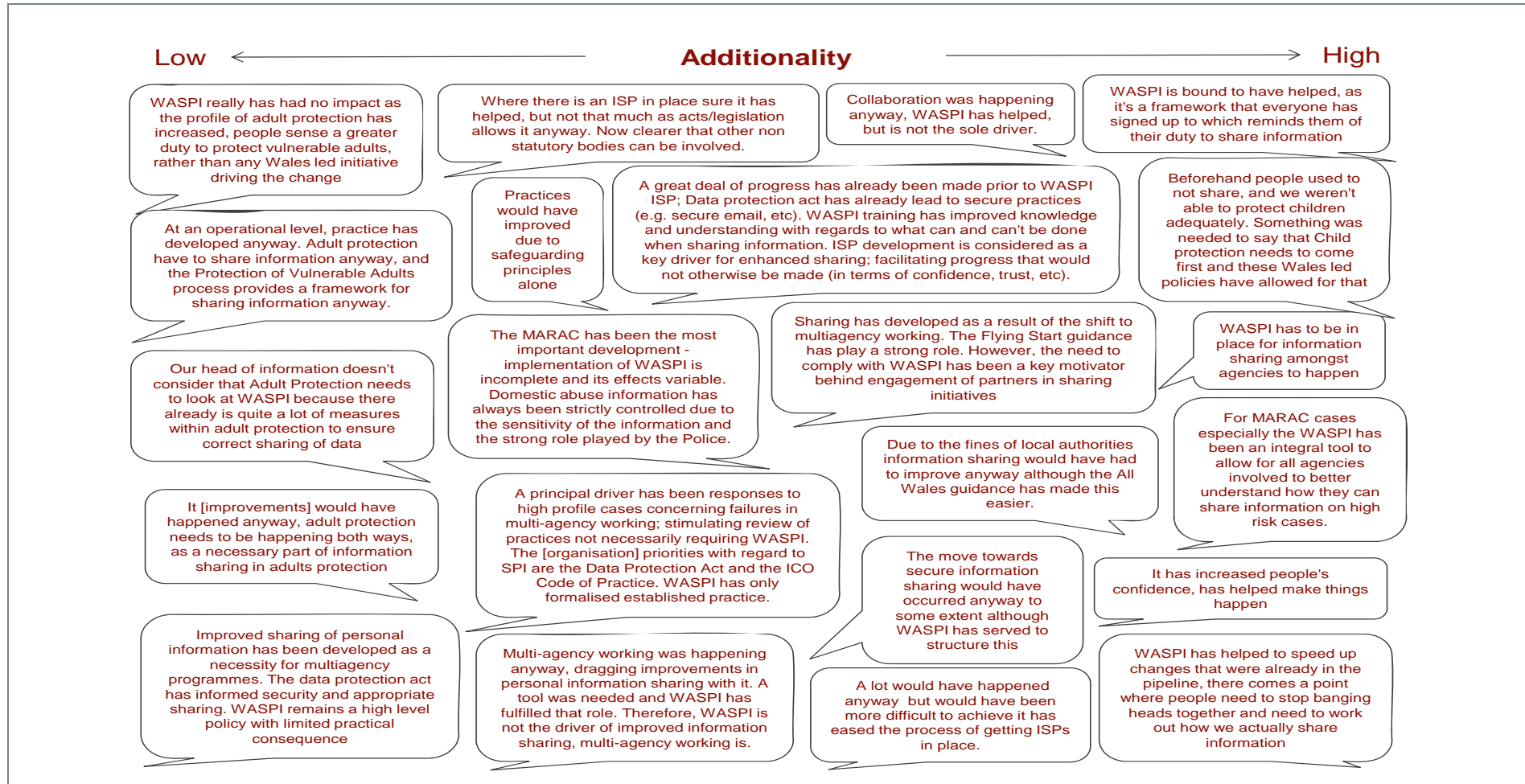
Source: Telephone consultations

Enablers of effective sharing (telephone consultations and the online survey)



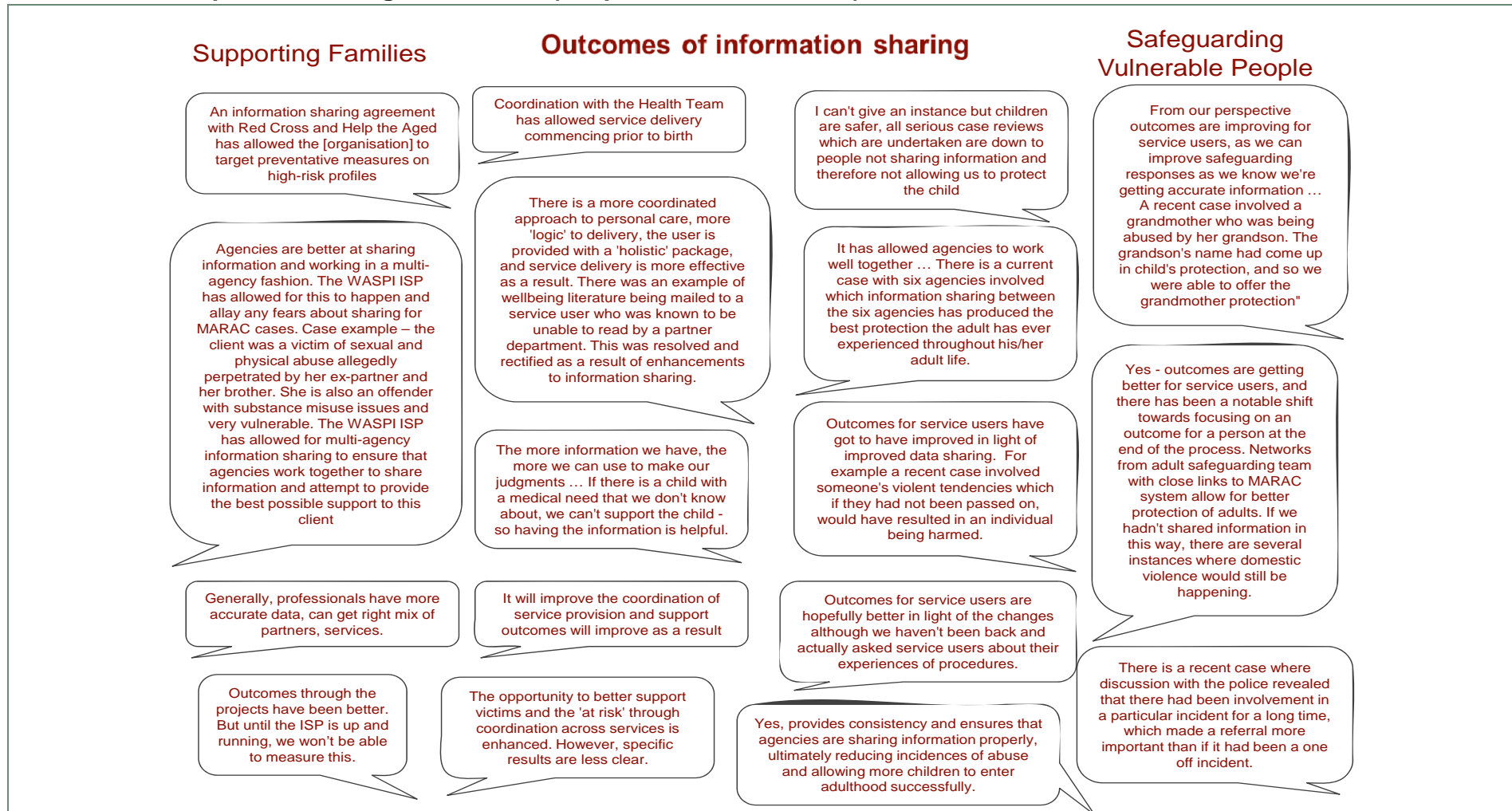
Source: Telephone consultations

The additionality of WASPI/SPI (telephone consultations)



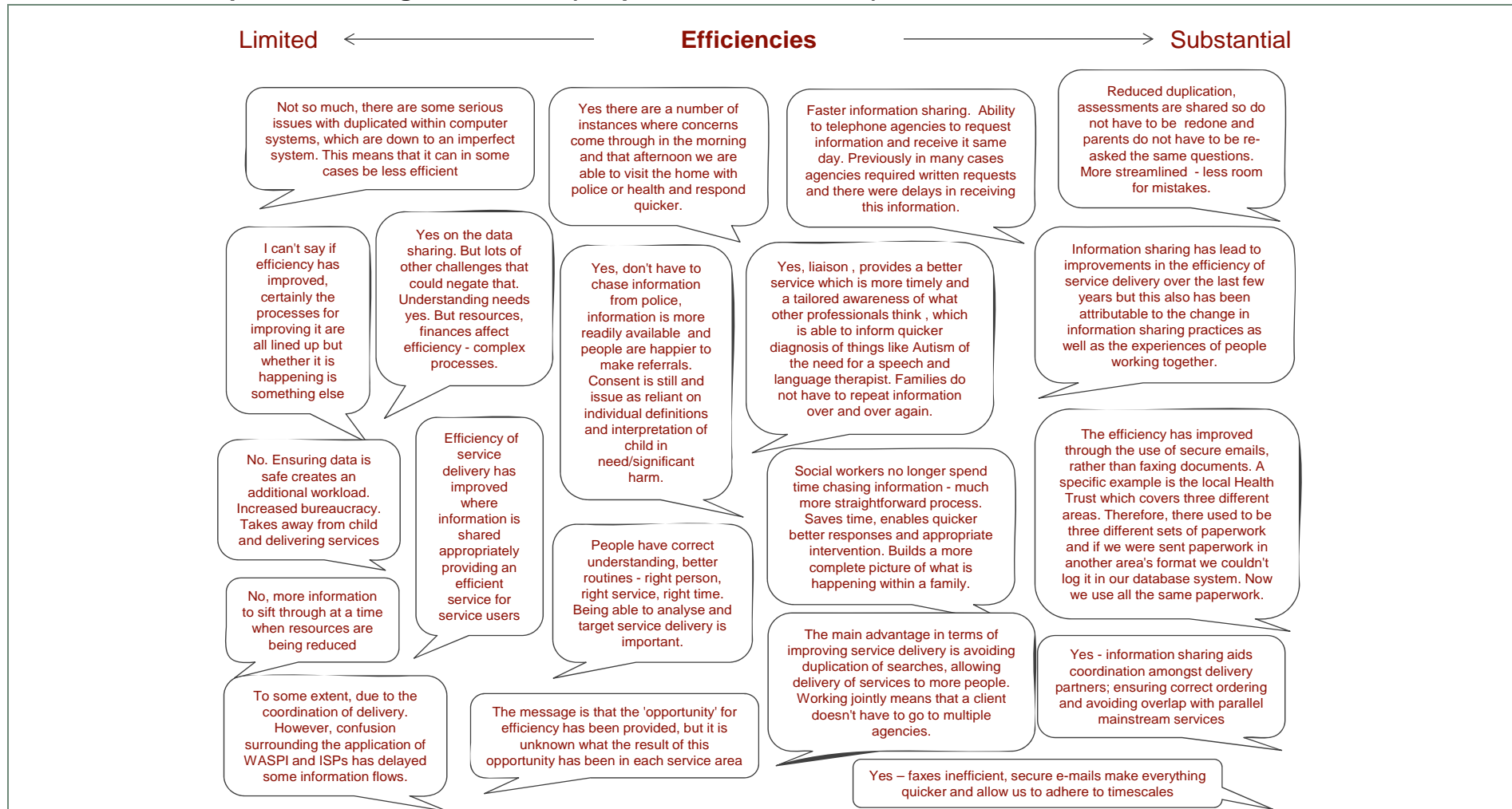
Source: Telephone consultations

Outcomes of improved sharing information (telephone consultations)



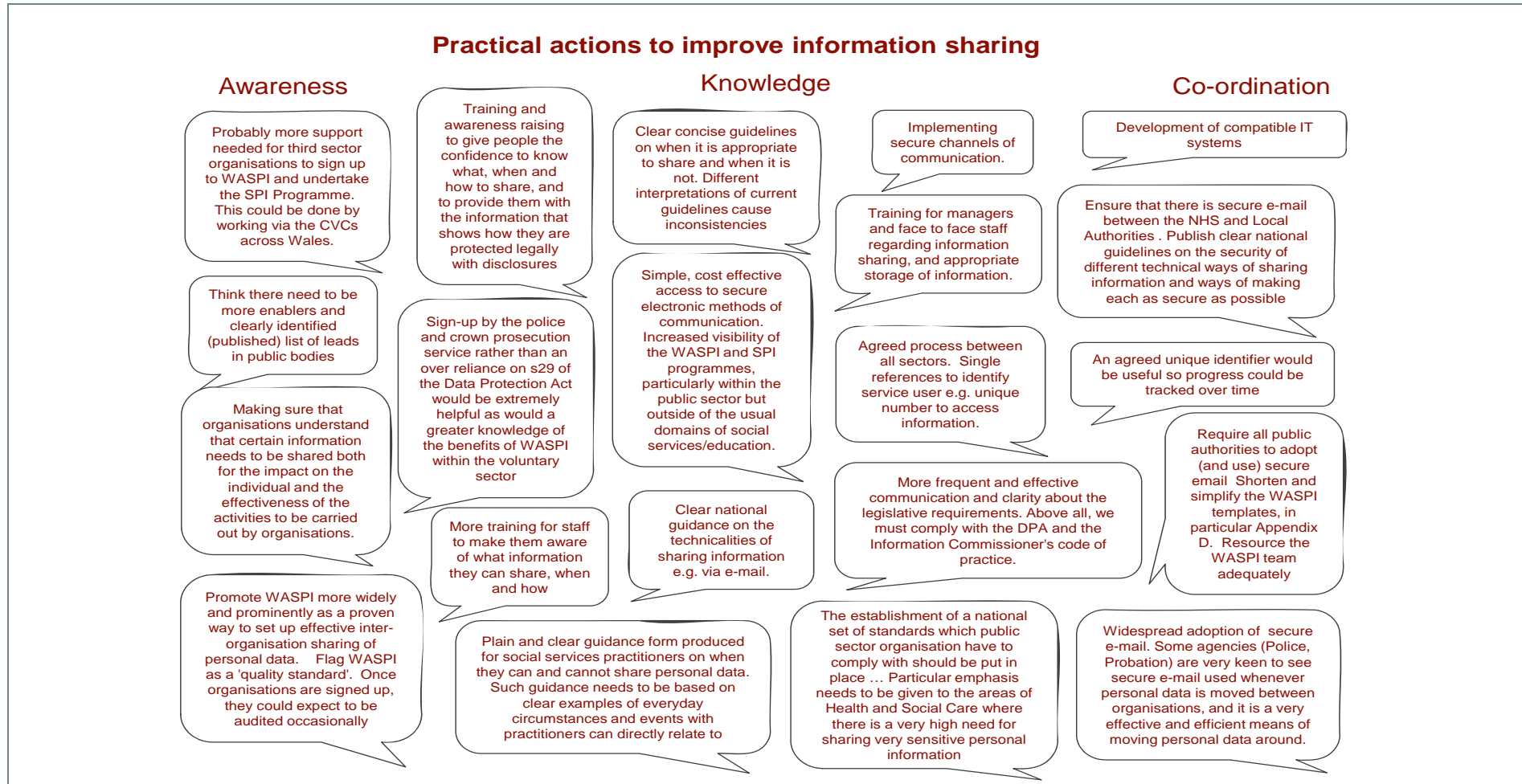
Source: Telephone consultations

Efficiencies of improved sharing information (telephone consultations)



Source: Telephone consultations

Actions to improve information sharing (online survey)



Source: Online survey

Annex D: Consultees

D.1 This Annex details the coverage of the consultations completed for the research.

Scoping

D.2 Eleven scoping consultations were completed to inform the study:

- 7 with thematic policy leads from the Welsh Government
- 2 with members of the team delivering the WASPI
- 2 with representatives of partner agencies: Aneurin Bevan Health Board, Information Commissioner's Office (Wales), NHS Wales Informatics Service

Service area practitioners

Supporting families

D.3 In total 42 consultations were completed with practitioners from the Supporting Families service area. This included:

- 31 Local Authority representatives
- 8 representatives from other public sector agencies including Health, Police and Fire and Rescue Services
- 3 representatives from the voluntary and community sector.

D.4 Of the 42 consultations

- 16 were with practitioners delivering the Welsh Government's flagship early-years and families support programmes (Flying Start and Families First)
- 14 were with practitioners focused on the Domestic Abuse agenda
- 7 were with practitioners working across the supporting families agenda including
- 5 were with practitioners focused on Additional Learning Needs

Safeguarding Vulnerable People

- D.5 In total 42 consultations were completed with practitioners from the Safeguarding Vulnerable People service area. This included:
- 29 Local Authority representatives
 - 13 representatives from the Health sector
- D.6 The Police, Fire and Rescue Services and voluntary and community sector consultees also provided insight of relevance to adult and child protection given the close alignment of the policy areas around domestic abuse.
- D.7 Of the 42 consultations
- 22 were with practitioners focused on the adult protection agenda
 - 18 were with practitioners focused on the child safeguarding
 - 2 were with practitioners cutting across both adult and child protection/safeguarding

Case studies

- D.8 Each case study involved consultations with local partners involved in the information sharing practice:
- *Flying Start Torfaen*: four consultations, two with Local Authority representatives, two with Health sector representatives
 - *Gwent Frailty*: four consultations, involving two Health sector representatives and two members of the Gwent Frailty team that includes health and social care professionals
 - *Hafan Lles Integrated Health and Social Care Service*: five consultations, three with Local Authority representatives, two with Health sector representatives
 - *MARAC Cardiff*: six consultations, three with Health sector representatives, two with Police representatives, and one with a voluntary sector representative

- *Protection of Vulnerable Adults Powys*: four consultations, two with Local Authority representatives, two with Health sector representatives
- *Public Protection and Mental Health Caerphilly*: three consultations, two with Health sector representatives, one with a Police representative

Stakeholders and partners

D.9 Fifteen strategic and partner consultees were completed:

- 8 with representatives from the Welsh Government, including at Director and Assistance Director level
- 2 with members of the WASPI delivery team
- 5 with senior representatives of partner agencies/associations: Information Commissioner's Office (Wales), NHS Wales Informatics Service, General Practitioners Committee Wales, Wales Local Government Association, Wales Information Governance Group.