Health & Social Care Information Sharing –

A Strategic Framework: 2014-2020

Executive summary

The need for effective sharing of information has never been greater if we are to reform Scottish public services as required. With advances in technology and a drive towards greater partnership working, Scotland has the opportunity to deliver efficient solutions that meet the information sharing needs of practitioners to support safe efficient and effective care across children's and adult services. Good progress has been achieved in some areas to date, but further work is needed.

At a time when strategic leaders are forming new governance groups, such as new integrated partnership arrangements for health and social care, there is a clear case for the sharing of operationally-focussed information to best support improved outcomes for people.

This framework sets out the elements and considerations that will guide partnerships in developing their programmes of work. It sets out a delivery plan of actions and recommendations for the Scottish Government, local partnerships and organisations, and the Information Sharing Board (ISB), which owns this document and has steered its development. The concept of a maturity model is introduced to guide local progress and promote shared learning.

Section One sets the scene, and proposes a vision that by 2020, digitally enabled information sharing solutions will be in place in Scotland so that everyone, including citizens, involved in health and social care can:
- access the services and information they require quickly and easily at the point it is needed, and in accordance with the law
- provide or enter information once, which can then be shared and reused
- share information appropriately, with the relevant people, for efficient, effective and safe care
- have a common understanding of the information they share and confidence in its quality, integrity and security

Section Two provides an overview, principles and actions around six key themes to support this vision, with a detailed action plan provided in Section 3. The six key themes are:

1. **Building partnerships**

   Local partnerships will need to consider information sharing as a key strand of their integrated governance arrangements, and will need to work together in regional groupings where appropriate, and build links with national collaboration groups, such as the ISB. They will also have to maintain close relationships with all of the other organisations with whom they will need to share information in order to deliver health and social care.

2. **Putting people at the centre of their care**

   Partnerships will need to develop a public engagement element to their information sharing activities, and will have to consider the role that co-produced

records will play in integrated arrangements, particularly in terms of involving people more directly in the sharing of their information.

The Scottish Government will work with partnerships to investigate current equalities, rights and how to involve people, and will develop plans for a public debate on how people should be enabled to play a greater role in creating and sharing health and care information.

3. Applying information governance

There is already considerable advice and guidance on information governance, however partnerships need to consider the data ownership implications of their new integrated governance arrangements, drawing upon advice from the Information Commissioner's Office (ICO). Partnerships will use the ICO guidance on data sharing, both the Code of Practice and the statements in support of sharing for children's and adults' services, to form the core of their operational procedures for information sharing, and they should use the new ICO guidance on handling access requests to form the basis of their approach to requests for jointly held records.

The Scottish Accord on the Sharing of Personal Information (SASPI) will be promoted as the consistent approach to developing information sharing agreements across health and social care, and plans will be developed for promoting the Caldicott Principles across health and social care.

Partnerships will need to ensure appropriate links are being made to the work of the National Information and Intelligence Framework (NIIF), to inform decisions around business intelligence work, and Fair Processing Notices should cover the sharing of data for integrated care and analysis of information for joint planning decisions.

4. Developing and using standards

Standards will be developed to support the consistent exchange of information. The ISB will develop a clear position on ownership and governance of cross-sector standards, and will co-ordinate and produce standard approaches and supporting datasets for adults' and children's services. Proposals around local and national "matching" services, to correctly identify individuals, will be developed, for the ISB to consider

5. Exploiting information sharing infrastructure and technology

Organisations should put in place plans to connect to the Scottish Wide Area Network (SWAN) for network infrastructure services, making the SWAN project team aware of issues which may need to be addressed as part of this process.

The ISB will coordinate the production of an information sharing architecture vision based on local partnerships requirements. It will also coordinate plans for the development of common interfaces, to deliver the technology components for information sharing.

Partnerships will need to consider the current sector-specific challenges when developing their work programme on information sharing. They should also make links with plans on mobile working across their locality, so that prioritised plans for information sharing in support of mobile working can be developed, based on local needs.
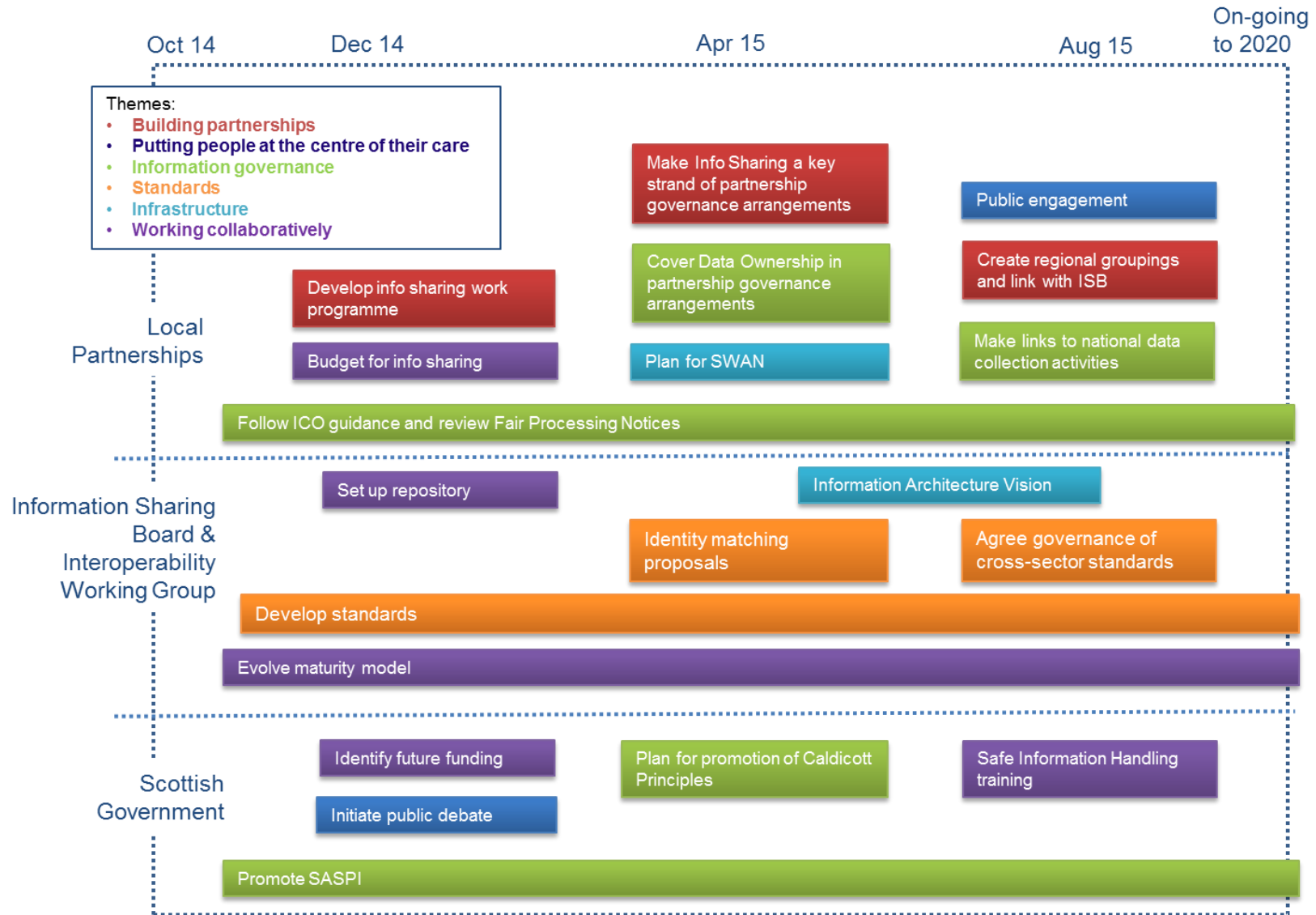
6. Working collaboratively to drive progress

A maturity model to guide local progress and promote shared learning has been developed, and will be updated based on the consultation responses. The ISB will also develop a repository of documents and products, to support collaboration across partnerships. Resource requirements for both information sharing start-up activity and on-going costs will need to be factored in to partnership plans

How to safely handle information should be embedded as a concept in practitioner training, at an early stage, and the Scottish Government will work with workforce colleagues at a local and national level to understand what impact improved information handling and sharing capabilities have on policies and procedures.

The existing work around Safe Information Handling will be evaluated to assess its suitability for cross-sector use.

Information Sharing – Initial Delivery Plan - Overview

| Oct 14 | Dec 14 | Apr 15 | Aug 15 | On-going to 2020 |

Themes:
- **Building partnerships**
- **Putting people at the centre of their care**
- **Information governance**
- **Standards**
- **Infrastructure**
- **Working collaboratively**

Local Partnerships

- Develop info sharing work programme
- Budget for info sharing
- Make Info Sharing a key strand of partnership governance arrangements
- Cover Data Ownership in partnership governance arrangements
- Plan for SWAN
- Public engagement
- Create regional groupings and link with ISB
- Make links to national data collection activities
- Follow ICO guidance and review Fair Processing Notices

Information Sharing Board & Interoperability Working Group

- Set up repository
- Information Architecture Vision
- Identity matching proposals
- Agree governance of cross-sector standards
- Develop standards
- Evolve maturity model

Scottish Government

- Identify future funding
- Initiate public debate
- Plan for promotion of Caldicott Principles
- Safe Information Handling training
- Promote SASPI

Introduction

Information sharing, to meet the needs of people, practitioners and organisations, is essential to support Scotland's commitment to integrated, person-centred care, across adult and children's services.

Building on the progress achieved to date, this document, its delivery plan and the proposed maturity model, identify the challenges, opportunities and tasks that need to be progressed collaboratively to deliver digitally enabled information sharing solutions. It also provides an overview of developments already taking place across Scottish public services to support the sharing of information.

This document has been informed by discussions with organisations and practitioners across the health and social care spectrum and uses as its foundation the activities supported by the Information Sharing Board (ISB). The ISB has established aligned governance and close working links with the main groups and boards involved in health and social care (see Annex A) and this resulting Strategic Framework is intended to provide direction for all organisations involved in delivering health and social care. The Strategic Framework will be subject to regular review as the public sector and information sharing landscape evolves.

The focus of this framework is on sharing information in support of people's interactions with care services. This includes assessment information, notifications that will trigger actions, electronic messaging between organisations, practitioners and people, and business and operational information to support the day-to-day running and planning of health and social care services.

Working within the existing legislative and regulatory framework, as well as the developing legal and policy environment around integration of services, this framework sets out the partnership and information governance foundation required to support cross-sector information sharing. It proposes a set of activities to ensure that consistent approaches to technology development are followed, with agreed cross-sector information standards being developed and agreed. It also provides a set of key principles that underpin these activities and approaches that will be required to support information sharing.

Effective partnerships, both between organisations, and between people, their support network and practitioners, is crucial to providing safe, quality and person-centred care. So at a time when new integrated partnership arrangements for health and social care are being forged, it is vital to consider and plan for the information needs of all concerned.

Section 1 – Scene setting

1.1 Context

The need to work more collaboratively to meet the rising demand on Scotland's public services has been well articulated in recent documents, such as the report of the Christie Commission on the Future Delivery of Public Services, the McClelland report on IT infrastructure in Public Services in Scotland, and Scotland's Digital Future Strategy. These have identified significant cultural, organisational, procedural and technical barriers that need to be broken down in order to allow the effective sharing of information. At the same time there has been a significant shift towards person-centred provision of health and care services, through developments such as the emerging legislation on how services for adults and children will be integrated, and the 2020 vision for health and social care. The case for change has never been clearer, nor more compelling. The safe and proportionate sharing of information about people is essential to effectively meeting these aims.

This document, "Health & Social Care Information Sharing – A Strategic Framework: 2014-2020", focusses on providing direction for the information sharing challenges and opportunities that **strategic leaders** face. It provides an enabling framework for **practitioners** working across sectors to share the information required to offer people the best care and support to meet their needs, and to plan how organisations more effectively involve **people** in information sharing to support their care. It is well-aligned to the Data Management Board 's data vision for Scotland.

In line with the approach used in other areas of work across the Scottish public sector, locally led partnerships will be vital to driving progress.

1.2 Current position and opportunities for change

Considerable progress has been achieved, with electronic information sharing solutions supporting the sharing of assessment information, alerts to trigger support for people at risk, and electronic communication between practitioners already delivering benefits in a number of places. Frameworks have been put in place for the sharing of information with UK bodies, such as the Department of Work and Pensions (DWP). There is now an opportunity to spread this learning to ensure coverage across Scotland. Solutions need to be underpinned by consistent and proportionate approaches to technology and standards. The right balance has to be struck between national standardisation and local innovation and flexibility.

A central precept of the integration agenda is to involve people, and their support networks, more directly at the centre of their care. Information systems, and the governance rules that underpin them, need to develop to reflect this shift.

Local governance of much of the information sharing activity was previously managed by the Data Sharing Partnerships initiated in 2006. These are still operational in some places. However, at a time when local governance is being re-examined in light of the new legislation for integration of children's and adult services, there is an opportunity to reconsider arrangements, particularly in terms of the interplay between local and national governance. A key lesson from past

experience is that information sharing is taken forward most successfully where developments are aligned with the expectations and priorities of local partnerships.

There is a need for a clear and consistent roadmap for collaborative progress, set out in the proposed maturity model, to ensure that this partnership between local and national delivers the required outcomes. The maturity model will be regularly reviewed and revised in discussion with stakeholders.

1.3 Vision and key themes

Vision:

By 2020, digitally enabled information sharing solutions will be in place in Scotland so that everyone, including citizens, involved in health and social care can:

- access and interact with the services and information they require quickly and easily at the point it is needed, and in accordance with the law;

- provide or enter information once, which can then be reused proportionately;

- share information appropriately, with the relevant people, to support efficient, effective and safe care;

- have a common understanding of the information they share and confidence in its accuracy, quality, integrity and security.

The key themes of this document are:

- Setting out the challenges and opportunities and how **building partnerships** at a local, regional and national level will address them;

- **Putting people at the centre of their care** so they are more actively involved in information sharing to support their care;

- Describing the revised arrangements, particularly in terms of **information governance**, that will need to be developed to support the delivery of seamless care and support to people;

- Outlining both the **information sharing technology** and **supporting infrastructure and standards** approaches that will underpin safe, efficient and effective practice;

- **Working collaboratively to drive progress**.

1.4 Key principles

A set of key principles has been developed for the activities and approaches that will be required to support information sharing between the sectors. These principles therefore underpin the recommendations and actions identified in this document:

- Information will be shared proportionately to support improved outcomes for people.

- The values of openness, transparency, equality, privacy and diversity will be integral to information sharing.

- Information sharing solutions that embrace these values will be developed by partnerships, coming together locally, regionally, and through a national forum to promote a collaborative approach.

- People will be able to play an active role in shaping their care journey, with co-production of information embedded in practice to support that.

- Information sharing solutions will be flexible to support evolving practice and service redesign particularly around mobile and remote working. They will be available when needed and will protect the integrity and confidentiality of the information that is stored and shared.

- Information sharing progress and developments will be guided by a maturity model.

- Information sharing will be underpinned by agreed standards.

- Innovation in the development of information sharing will be promoted, with key lessons shared to enable education, learning and enhanced quality of uptake, where appropriate.

Section 2 – What is required for information sharing?

2.1 BUILDING PARTNERSHIPS

For a sustainable strategic direction to be set for this complex area of work, it is vital to establish clearly articulated partnership arrangements between delivery partners and co-ordinating bodies, at a local, regional and national level. This will ensure that local innovation is allowed to flourish, by using light-touch, proportionate, national co-ordination to support faster progress or more efficient delivery via economies of scale and sharing of good practice.

As local partnerships re-examine their governance arrangements, in light of new legislative developments, high-level governance groups, such as the Community Planning Partnerships and the emerging Health & Social Care Partnerships, must continue to value information as a vital asset. Each partnership will have to develop a shared understanding of what integration means for them, building upon existing structures, such as Data Sharing Partnerships, to drive operational information sharing activity. The Information Sharing Board (ISB)[1] will provide a national forum for collaborative activity and consider how to support the requirements for national information sharing as they arise from the local partnerships.

Although the formal partnership arrangements are likely to involve a limited number of organisations, focused on health and social care, the actual information sharing that will be required to support practitioners will involve a wide range of organisations and sectors. These will vary according to the different remits and activities of each area but are likely to include:

- Education
- Housing
- Third sector
- Independent sector
- Police
- Fire & Rescue
- Scottish Ambulance Service
- Scottish Children's Reporters Administration
- Commercial providers (such as IT system providers)

Summary of principles from this section:
- Partnerships to drive local progress and innovation, coming together at regional level, with national groups providing co-ordination and services to promote efficiency and sharing of good practice

Summary of actions from this section:
- Local partnerships need to consider information sharing as a key strand of their integrated governance arrangements
- Local partnerships need to work together in regional groupings where appropriate
- Local partnerships need to build in links with national collaboration groups, such

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[1] Remit and further details in Annex A

> as the ISB
- Local partnerships will need to maintain close relationships with all of the other organisations with whom they will need to share information in order to deliver health and social care.

2.2 PUTTING PEOPLE AT THE CENTRE OF THEIR CARE

Everyone is being encouraged to take a more active role in their own care and support, and at the same time services are being re-engineered to ensure that all aspects of health and care services are truly person-centred. This can be seen in practice approaches such as *Getting it Right for Every Child* (GIRFEC), which places the child at the centre and through the Self-Directed Support developments, which allow people to choose how support is provided to them. The elements that form a person-centred approach to proportionate information sharing are outlined in this section.

Information on integrated care services
People need quality, up to date and accurate information about the types of services available, so they can make informed choices, based on reliable sources. This is important for building public confidence and empowering people to be active participants in the successful delivery of health and care services. NHS Inform and Care Information Scotland are the main official sources of publicly assured information, with both provided as part of the NHS24 information services. Information in support of practitioners is provided through a range of jointly developed and accessible services such as the Knowledge Network, the Knowledge Hub, and the Joint Improvement Team website. As local and regional partnerships develop, they will need to consider how they use these resources to support their own web presence.

In terms of people directly interacting with care services, there is a need to promote and build the capacity of reliable and well-maintained sources of information and services that exist within communities. The development of services such as ALISS (A Local Information Service for Scotland) will support this aim.

Involving people
The Scottish Health Council report "Future requirements and possibilities for public involvement in health and social care" sets out the current position across Scotland on how organisations directly engage with the public on integrated care issues. The report's accompanying "Think Piece" sets out some suggestions on how to develop this vital strand of engagement which should be considered by all partnerships as they develop their information sharing solutions.

The eHealth strategy 2011-17 sets out a commitment to "hold a public debate on how eHealth (electronic processes and communication) should enable people in Scotland greater participation in the healthcare and services they receive." While the commitment, as it stands, focusses on NHS services, this should be broadened out to include information sharing in support of person-centred integrated care and support.

There is also an opportunity to build upon recent work relating to public acceptability of data sharing between the public, private and third sectors for research purposes, recently published by the Scottish Government.

Co-produced records

With people being encouraged to take a more active role in their care and support, involving them in the production and continued updating of their personal information records is becoming increasingly important. This can be seen in the Talking Points, outcomes-focussed approach to assessment and care management for adults, and the GIRFEC approach to greater involvement of children and their supporting network in their care decisions. Another good example of records that are jointly created by people and practitioners is the Key Information Summary (KIS) in the NHS in Scotland, which is designed to support patients with complex or long term conditions.

Partnerships should review existing processes to ensure greater involvement of people in creating and contributing to the information that underpins their care and support. This is particularly relevant in terms of the recent Scottish Government commitment that citizens will have personalised electronic health records by 2020.

Equalities and rights

Information sharing must respect considerations of eliminating discrimination, reducing inequality, protecting human rights and building good relations by breaking down barriers that may be preventing people from accessing the care and services that they need.

Equalities and rights aspects were explored in workshops as part of the Equalities Impact Assessment for the Public Bodies (Joint Working) (Scotland) Bill and the Children and Young People (Scotland) Bill. The focus was on striking the balance between putting safeguards in place and promoting appropriate and timely information sharing, in line with people's expectations.

The Scottish Government has further work planned, linking with the Alliance's People-Powered Health and Wellbeing workstream and the Scottish Centre for Telehealth and Telecare. The Alliance is a member of the ISB and it will work with partnerships to develop a more consistent approach to equalities activity.

Summary of principles from this section:
- In ensuring that people should be at the centre of their decisions, they need to be kept fully involved in the information sharing to support them. This should be done in a proportionate way that respects equality and privacy considerations.

Summary of actions from this section:
- Partnerships to develop a public engagement element to their activities.
- Scottish Government to work with partnerships to investigate current equalities, rights and how to involve people, with a view to developing a consistent approach
- Partnerships will consider the role that co-produced records will play in integrated arrangements, particularly in terms of involving people more directly in the sharing of their information
- Scottish Government to develop plans for a public debate on how people should

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> be enabled to play a greater role in creating and sharing health and care information

2.3 APPLYING INFORMATION GOVERNANCE

Moving to a "can-do" culture

Information sharing in support of safe and effective frontline practice has, in the past, been constrained by professional boundaries and silos. These barriers are being broken down as strategic leaders realise that the only way to bring about seamless care is by exploring ways of working to present important information about a person in a single and commonly understood view (not necessarily a single source) designed around the needs of the person and the practitioner at that moment in time.

Different organisations have different views and rules to follow on confidentiality and information sharing, and there are differing expectations from the public about how their information will be managed. For example, within the NHS and local authority sector it is consistently reported that people expect information to be shared to support their care, unless they have indicated otherwise. There is a need to develop consistent approaches to information sharing across sectors. This will be based on the common legal, regulatory and guidance framework that supports the sharing of information, and which provides a consistent level of assurance.

This includes:
- The Data Protection Act 1998; and
- The Information Commissioner's Office's (ICO) Data Sharing Code of Practice

The Public Records (Scotland) Act 2011 has specific provisions around data sharing in its model records management plan, so links should be made to local work in compliance with this legislation. In addition, there is emerging work from the European Union on a new Data Protection Regulation, which will also need to be considered.

ICO statement on information sharing

The advice from the ICO, provided to the *Getting it Right for Every Child* programme board, reinforces the "decisive shift to prevention" and the role for proportionate information shared at an early stage to support it. Organisational support for the exercise of professional judgement is key to effective information sharing. Ken Macdonald, Assistant Commissioner for Scotland and Northern Ireland at the ICO, is clear that this advice relates equally to information sharing relating to support and wellbeing decisions for adults, and has stated that:

> "The proportionate sharing of information at an early stage, where practitioners have concerns that a person is at risk, applies just as much in the case of adults as it does for children. Where there is a need to share, the Data Protection Act, and the guidance that sits beneath it, provides the governance framework to support the appropriate and proportionate sharing of information in a safe and secure manner."

> *Ken Macdonald – Information Commissioner's Office*

In addition, there is an intention to provide statutory guidance on information sharing as part of the suite of supporting documentation to the Children & Young People legislation.

Caldicott 2 report

Undertaken by an expert panel chaired by Dame Fiona Caldicott, the "Caldicott 2" report, *To share or not to share*, sets out 26 recommendations. While some relate solely to the context in England, a number have wider applicability. These have been broadly welcomed by Scotland's Chief Medical Officer (CMO), in his formal response.

In addition the reinforces that the existing, well-embedded six Caldicott principles remain valid, the report offers a new seventh Caldicott principle which states:

> "*The duty to share information can be as important as the duty to protect patient confidentiality*
> Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies."

Recommendation 4, also says that registered and regulated social workers should be considered a part of the care team, and that relevant information should be shared with members of the care team, when they have a legitimate relationship with the patient or service user.

The report emphasises the positive impact that the Caldicott Guardians have played in promoting the culture of improved information handling. The Caldicott Guardians across the NHS in Scotland come together as a national forum, to discuss and progress issues of common concern. They have provided strong leadership, given their role at NHS Board level in representing information governance interests. The forum has invited a representative from the Association of Directors of Social Work to sit on the group, to aid the consideration of issues relating to integrated working, forge a partnership at this senior decision-maker level, and promote the Caldicott Principles across health and social care.

Local authorities face a similar set of information governance challenges, and while the role of the Chief Social Worker has responsibility around social work records and there has been adoption of the role of Senior Information Risk Owner (SIRO) in line the HMG Security Policy Framework, there is an opportunity to better understand how complex issues are handled. For integrated care, there is an opportunity to promote this principle of strong senior-level practitioner leadership on information handling across all sectors, to drive service improvement.

Information sharing agreements

To underpin effective and proportionate sharing, all information sharing processes need to be clearly understood and communicated within partnerships. Operationally focussed agreements that support the safe and secure handling of information across organisations are crucial. The cornerstone of these agreement documents is

the clear articulation of the processes and circumstances under which information will be shared, and the points when action can and will be taken. This includes the detailed specification of what constitutes the required and proportionate amount and type of information to be shared, consideration of the information and privacy risks, and by whom that information will be shared. The cross-sector collaboration required to develop these agreements is as valuable as the securing of signatories to the finalised documents.

A good example of recent progress in this area is the work undertaken by delivery partners in Fife to develop a Scottish Accord on the Sharing of Personal Information (SASPI). In line with the recent recommendations from the Data Management Board (DMB) and the Information Sharing Board (ISB), SASPI is recommended for use across Scottish public services. The aim is to engender a more consistent approach, which will be particularly helpful when considering the sharing of information nationally. It also provides a good opportunity for more consistent interaction with third and independent sector partners. Forth Valley and Dumfries & Galloway have already adopted the model across their partnership areas.

Data ownership
With greater collaboration between agencies, supported by shared information, people and organisations will need to develop a more detailed understanding of the concepts of jointly held data.

The Data Protection Act 1998 recognises two models of shared authority:
1. "Joint data controllers" - data controllers act together for a common purpose, typically with written information sharing agreements setting out the purposes for processing, the manner of processing and the means by which joint data controller responsibilities will be satisfied.
2. "Data controllers in common" - data controllers share a pool of personal data, each processing independently of the other. As with joint arrangements, data controllers in common should ideally have written information sharing agreements and processes for ensuring that all data controller responsibilities are satisfied.

Our presumption is that for integrated care, authorities will be acting together for a common purpose, so "joint data controllers" will be the prevailing scenario. However, there is the potential for partners to use the jointly held data in different ways, particularly in terms of how they might analyse data for service commissioning, so the "data controllers in common" scenario may have equal validity and prevalence.

The impact of the potential European Union Data Protection Regulation needs to be considered, particularly in terms of the new responsibilities that data processors would be expected to play, in terms of data security.

Access to jointly held records
Rules of access to jointly held records are likely to become more complex. Currently, sector specific guidance exists on the handling of Subject Access Requests, but there is an opportunity and requirement to move to more generic approaches. The recently published ICO Code of Practice provides the basis for moving to this clear and consistent position, and will form the bedrock of approaches that are developed

from now on. Work will be undertaken to align this with specific health sector guidance, covering the specific provisions relating to health records.

Business information, business intelligence and analysis of information for planning purposes

Business and corporate information exists which needs to be shared to support effective practice and a seamless care experience for people. Examples include service plans, details of equipment available to support people in their homes, and staff roster information. The integration of systems to support frontline care brings with it the ability to look across multiple data sources to make more informed decisions. Information can be collected and analysed to inform holistic and integrated service redesign and planning decisions and reporting on joint outcomes is a key element of both the adult and children's legislation. There are a number of developments in this area that partnerships will need to be aware of, including:

- The National Information and Intelligence Framework (NIIF) will support organisations to appropriately prioritise the development of information and intelligence, and so partnerships should link with the developments and outputs from that work.
- the Information Services Division's project exploring the Routine Collection of Information to Support Health & Social Care Strategic Planning and Commissioning. The development of the cross-sector data linkage service is tackling aspects of this data analysis work related to wider research considerations.

Organisations will need to ensure that their Fair Processing Notices make it clear to people utilising services that the information being collected will be shared for the purposes of delivering support and care, to inform joint planning and commissioning decisions, and support core research activity.

Simplifying the information governance landscape

There is work underway within the Scottish Government to look at streamlining a number of aspects of information governance activity. This includes the development of information governance arrangements to support the Scottish Wide Area Network (SWAN), and exploration of the new Government Security Classification Network to ensure that the most sensitive personal data is classified and handled appropriately, as well as the rationalisation of processes relating to Caldicott research applications. Links have been established to ensure that the potential impact of outputs from these pieces of work is understood at an early stage.

Summary of principles from this section:
- The enabling legislative and regulatory framework to support information sharing exists, so partnerships should use the guidance and expertise available, particularly from the ICO, to develop information sharing policies and procedures that effectively support their practice needs
- There is a need for greater consistency around information sharing agreements, with SASPI to be promoted as the preferred model
- Local and regional partnerships and national co-ordinating bodies have an opportunity to use integrated information to support joint planning decisions to provide high quality care and inform policy

- Corporate and business information need to support a seamless care experience for people should be shared between organisations
- Outputs from work on simplifying the information governance landscape need to inform this framework, when available

Summary of actions from this section:
- Develop plan for promoting the Caldicott Principles across health and social care, working with the Caldicott Forum and local authorities
- SASPI to be promoted as the consistent approach to information sharing agreements across health and social care, with partnerships to consider the impact of moving towards this model
- Partnerships will use the ICO guidance of data sharing, both the Code of Practice, and the statements in support of sharing for children's and adults' services, to form the core of their operational procedures for information sharing
- Partnerships should use ICO guidance on handling access requests to form the basis of their approach to requests for jointly held records, taking cognisance of health sector specific guidance
- Partnerships need to consider the data ownership implications of their new integrated governance arrangements, drawing upon advice from the ICO
- Partnerships need to ensure appropriate links are being made to the work of the NIIF, to inform decisions around business intelligence work
- Fair Processing Notices should cover the sharing of data for integrated care and analysis of information for joint planning decisions

2.4 DEVELOPING AND USING STANDARDS

Technical and information standards

Recording information in an efficient and accurate way is crucial to maintaining the integrity and quality of information that underpins integrated care and support. Taking a standards-based approach to this recording will ensure consistency across the organisations involved. Given the complexity of the current environment, this will be a challenging set of tasks, especially in terms of the timescales for changes to legacy systems that will need to be cascaded.

For children's services, the approach has been to include this standards-based approach in the new legislation for Children and Young People. This has developed clear, standards-based approaches to elements such as the child's plan and concern forms. Associated minimum standards and datasets still need to be developed, and this is being taken forward by the Information Sharing Group, which sits as part of the GIRFEC governance structure.

For adults' services, there is an opportunity to review what standards are needed to support developments in assessment and care management, building on previous work, but ensuring there is suitable flexibility for local implementation.

The ISB has convened an Interoperability Working Group (IWG), which has been tasked with co-ordinating this technical and information standards work, working closely with practitioners. It will ensure that developments align with the principles and recommendations of this Strategic Framework, on an on-going basis.

As well as standards to underpin the sharing of relevant information within partnership areas, the IWG will consider standards for the national sharing of information, particularly in support of cases where people are at risk. As a first tranche, it will consider national core standards for messaging, alerts, plans and assessments. It will build on established industry and sectoral standards, such as the document standards developed within the NHS in Scotland.

The IWG will co-ordinate and produce core standards for the information to be shared in support of:
- Assessment and care management for adults
- GIRFEC processes for children
- Cross-partnership communication of information, to ensure national consistency
- Sharing to other UK administrations.

Identity and matching
The ISB will lead the production of an information sharing architecture vision document. It will provide nationally agreed guidance, tools and policies to help guide partnerships and shape future information sharing services. Included within it will be nationally agreed guidance on identity and access management, including the process of identifying the most appropriate person with whom to securely share electronic information.

When sharing information about people, it is necessary to correctly identify them, and make sure that each system is talking about the same person for whom information is being shared. In the majority of systems people are allocated a number – an identifier.

In Scotland, the NHS uses the Community Health Index (CHI) number. The guidance on the use of CHI has been adapted so that is can be used in the wider health and care setting to "seed" or populate other databases as a secondary identifier.

The Digital Strategy advocates greater use of another identity number, the Unique Citizen Reference Number (UCRN), as the source of digital credentials across the public sector in Scotland. This can be linked to the CHI number via a service provided by the NHS Central Register. All systems being developed to share personal information in health and care should use either the CHI number or the UCRN.

Use of identifiers will comply with the Scottish Government's Identity Management and Privacy Principles

A service to provide this "matching" of identifiers in a clear and consistent way, to underpin sharing by partnerships, is a potential area for national co-ordination, but this would need to be done in such a way as to accommodate existing local solutions.

Process standards

Health and care services are focussed on meeting outcomes via local areas developing and running services to suit the needs of their patients and service users. There are some frameworks set out in the new legislation on Children & Young People and there are advocated approaches to assessment and care management for adults, such as Talking Points.

There is an opportunity for partnerships to review and revise their local processes, but it is clear that technology and information solutions to support these activities will need to be flexible, to ensure that local process variations can be accommodated.

Governance and maintenance of standards

While the ISB can task relevant groups with the development of standards and datasets, the long-term ownership and maintenance of these standards needs to determined. This needs to ensure that appropriate levels of expert scrutiny can be applied.

Summary of principles from this section:
- All systems being developed to share personal information in health and care should use either the CHI number or the UCRN

Summary of actions from this section:
- Proposals around local and national "matching" services, to correctly identify individuals, to be developed for the ISB to consider
- ISB will co-ordinate the production of standard approaches and supporting datasets for adults' and children's services
- The ISB will develop a clear position on ownership and governance of cross-sector standards

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2.5 INFORMATION SHARING TECHNOLOGY

Information architecture

There is a well-understood need to bring together the relevant information about a person, so that the practitioner engaging with them can make informed decisions about how best to tailor their support and care. There is already a range of technological solutions in place in Scotland to support this type of information sharing.

A report, commissioned by the ISB, provides a useful summary of the position at the end 2012, and includes a detailed exploration of the technology landscape.

The common elements identified have been interpreted in a range of ways across Scotland, with four broad approaches in use at this time:

1. **an integrated local store** (where agency systems are connected via a shared information repository)
2. **use of portal technology** (where information from agency systems is pulled together into a commonly accessible view)

3. **a local messaging hub** (where information is exchanged between agency systems via a local messaging hub)
4. **a single shared system** (where an agency system is made available to some/all agencies within a partnership area)

In addition, collaborative tools, such as Huddle or Yammer, are being used to support effective communication between practitioners and the people with whom they are working.

Partnerships will consider these approaches and the continually evolving landscape of options when considering how best to support their electronic information sharing requirements, with information governance arrangements developed locally to underpin them.

The ISB's information sharing architecture vision document will cover requirements for national information sharing where they arise. This will align with the Local Government ICT Strategy, the Digital Health and Care Technology Opportunity Action Plan and the High-Level Operating Framework, agreed as part of the Scotland's Digital Future work.

Network
The Scottish Wide Area Network (SWAN) will provide a set of common network infrastructure services for the use of public services in Scotland. This will provide all organisations, including the independent and third sectors, with a consistent platform on which to operate, thus removing barriers to secure network connectivity. There is an expectation that organisations will use SWAN as their secure network for information sharing.

There is a role to be played by the SWAN management board, through its forthcoming code of connection, as well as any Information Governance toolkit that is developed as a supporting element of that process, to provide a level of assurance, at network level, around the sharing of information.

Incremental development
An incremental approach to meeting locally-identified business and practice requirements has been shown to deliver positive results, so should be considered. A clear and consistent approach on how to capture and analyse new requirements is needed, with appropriate links to national groups, so that any common requirements can be responded to in a co-ordinated fashion.

Different approaches will be used to meet care practice requirements, with face-to-face meetings, telephone, and videoconference remaining crucial tools to support practice. Technology systems do not need to manage every step of the process.

Sector-specific context
There are also some specific technical considerations within each sector. The ones where the ISB has already focussed activities are set out below. These need to be considered by partnerships as part of their initial work programme for information sharing:

- **Education:** there is now a single education system supplier to all 32 local authorities. Work has been initiated to develop a common interface, presenting an agreed dataset, which can then be consumed in a range of different ways. Work already undertaken in the Tayside partnership area can be used by other partnerships as the basis for the required interface, therefore reusing existing assets.

- **Social care:** there is the potential to re-use pieces of interface technology, which have already been developed for some of the social care systems, both commercial and in-house, used across local authorities.

- **Health:** health has a number of strategic systems and products that will enable integration of care services, across NHS Board areas, increasingly involving GPs in all relevant parts of the process. Effective consortium approaches, such as the Patient Management System procurement and implementation, are good examples for other sectors to consider.

- **Police:** police services across Scotland have recently been consolidated into one national organisation, Police Scotland. During this time of change, the organisation is also implementing a system for the recording of their activity supporting vulnerable people, while developing requirements for their next generation information management programme, i6. The police have long-established good working relationships on public protection activities, both locally and nationally.

Conversations with Housing, Scottish Ambulance Service, Fire Services, Scottish Children's Reporters Administration have focussed on practice issues, to date.

Independent and third sectors: the diversity of the these sectors means that they face complex challenges. The online resource '[Discover the Third Sector](#)' gives a useful insight into the vital role they have to play.

Two particular barriers have proved challenging: network connectivity and information management. The Scottish Wide Area Network (SWAN) developments could provide the sectors with one consistent set of network standards against which to be accredited, thus removing some of the complexities encountered previously. Information management, particularly for small providers, will continue to be a challenge, but with contracts increasingly placing more stringent conditions on providers to meet safe information handling standards, this is a matter that local partnerships will need to address. There is an opportunity for third and independent sector organisations to work more closely with statutory organisations to tap into the information governance expertise within these organisations.

Supplier engagement and procurement

Mechanisms are already in place for public services to engage with suppliers, these include user groups, and procurement frameworks. In addition, Scotland has a wealth of expertise in Small and Medium-sized Enterprises (SMEs). To ensure consistency, partnerships need to consider the standards that will be delivered from the actions outlined in section 2.4. There are opportunities for consortium approaches to be taken to the development of common interfaces, ensuring that

products are built to open interface standards. Procurement activities that are required for the advancement of information sharing should take place at as aggregated a level as possible, to ensure the adoption of common solutions and the achievement of effective and efficient commercial arrangements.

Mobile and flexible working

Various strands of work have been undertaken to support increased uptake and development of mobile solutions, such as specific funding allocated to NHS Boards to drive forward progress. In addition, work is being progressed via the Enabling Reform workstream of the Local Government ICT strategy. Partnerships need to make links with these wider developments on mobile working to ensure that specific elements related to information sharing are factored into thinking, so that where new technological solutions are being developed, they are capable of enabling mobile and flexible working.

> **Summary of principles from this section:**
> - Guided by the High-Level Operating Framework, common interfaces will be developed, to deliver the technology components for information sharing
> - Organisations will be expected to adopt SWAN for the network infrastructure services to support information sharing. Organisations that adopt a separate network approach will be required to match the standards set by SWAN and other standards, such as Public Sector Network (PSN)
> - Convergence around approaches to technology enablement, currently in use in Scotland, will be promoted
> - Partnerships should consider an incremental approach to developing their solutions
> - Whilst technology does not need to support every element of information sharing, it should be explored in order to understand if services can be improved or information strengthened by its application
> - Procurement activities that are required for the advancement of information sharing should take place at as aggregated a level as possible
> - Where new technological solutions are being developed, these should be capable of enabling mobile, collaborative and flexible working
>
> **Summary of actions from this section:**
> - Organisations should put in place plans to connect to SWAN for the network infrastructure services and should provide details to the SWAN project team of issues which may need to be addressed as part of this process.
> - ISB to coordinate the production of an information sharing architecture vision based on local partnerships requirements
> - ISB to coordinate plans for the development of common interfaces
> - Partnerships to consider the current sector specific challenges when developing the work programme on information sharing
> - Partnerships to make links with plans on mobile working across their locality, so that prioritised plans for information sharing in support of mobile working can be developed, based on local needs

2.6 WORKING COLLABORATIVELY TO DRIVE PROGRESS

With so much work currently in development, it is extremely important to ensure examples of, and learning from, information sharing projects are effectively captured and disseminated, in a timely fashion. These will form an important part of how training on safe information handling and information sharing is shaped.

Maturity model
The ISB has developed a maturity model, included at Annex B, for information sharing projects, which reflects that partnerships are at different stages of development. It provides a framework for driving local progress towards successful delivery, so partnerships will use it as the basis for their workplan. It will be regularly updated to match needs with appropriate quality assurance criteria developed. The ISB will develop a repository of documentation and products that will be made available across all sectors, to underpin the maturity model, in order to promote and encourage the reuse of assets and stimulate collaboration across partnerships.

Training
Training, across a range of health and social care practice issues, is central to delivering truly integrated care. Organisations and professional bodies will need to embed principles around safe information handling in the training curriculum for practitioners across all fields, so that this continues to be a central part of everyday responsibilities. The Caldicott 2 report, among other reports, places a strong emphasis on ensuring that the workforce across health and social care is fully trained in up-to-date information handling processes and procedures. This aligns well with the precepts of the 2020 Workforce Vision.

Links need to be made with the "Technology-Enabled Learning for Scotland's Health and Social Services" programme to embed safe information handling as a concept in early stages of practitioner training.

While it is recognised that a detailed and comprehensive programme of training will be needed, there are opportunities to build upon existing elements delivered to date, such as the Safe Information Handling eLearning resource developed by NES for use across the NHS. An evaluation of the training delivered to date should be undertaken, with a view to reusing all relevant components. In addition, there will be a task around developing workforce policies and procedures around the appropriate use of data across sectors, particularly in terms of the use of audit systems, to ensure a common understanding of responsibilities.

Consideration needs to be given to what the training needs are for those people that we're asking to play a more active role in the information interactions to support their health and wellbeing.

Funding
Significant investment of time and resources will be required to deliver effective information sharing as an operational reality within partnerships. Partnerships must ensure that funding requirements for both information sharing start-up activity and on-going costs are an integral part of partnership plans. However by using the

principles outlined in this document, such as re-using assets and collaboration, there will be opportunities to maximise use of public funds to support the core function of information sharing.

The Scottish Government, via the ISB, has already released **£1.058m** in funding to support local innovation projects in 2011-13. In addition, **£557.5k** was released via GIRFEC to support partnerships in 2012-13. **£1m** has been made available to partnerships, by the ISB, in 2013-14, with a further **£1.5m** available in 2014-15. This is being used to fund a range of work that is specifically designed to support practitioner led health and social care information sharing. Funding was allocated to those projects which support, and do not contradict, the principles outlined in this strategic framework. National and local funding approaches beyond 2014-15 have yet to be determined.

While the major proportion of information sharing activity will be funded by local partners, to support the actions detailed in this framework it will be necessary to have a central funding source to commission work that is of national benefit. The Scottish Government should establish an overarching funding model for the support of information sharing beyond 2014-15.

Summary of principles from this section:
- The workforce across health and social care needs to be fully trained in up-to-date information handling processes and procedures
- The maturity model will be used across partnerships to provide a framework for driving local progress towards a set of improved outcomes**.**

Summary of actions from this section:
- Scottish Government will make links with the Technology-Enabled Learning for Scotland's Health and Social Services programme to embed safe information handling as a concept in practitioner training, at an early stage
- Evaluation of existing work around Safe Information Handling to assess its suitability for cross-sector use
- Work with workforce colleagues at a local and national level to understand what impact improved information handling and sharing capabilities have on policies and procedures
- Further develop the maturity model, based on consultation responses
- ISB to develop a repository of documents and resources, to support collaboration across partnerships
- Resource requirements for both information sharing start-up activity and on-going costs need to be factored into partnership plans
- Scottish Government to establish an overarching funding model for the support of information sharing beyond 2014-15.

Section 3 – Putting things into practice

The information sharing principles and activities outlined in the previous section are required to support safe and effective practice, on a routine basis. We need to move quickly from the theoretical and pilot stage into every day practice.
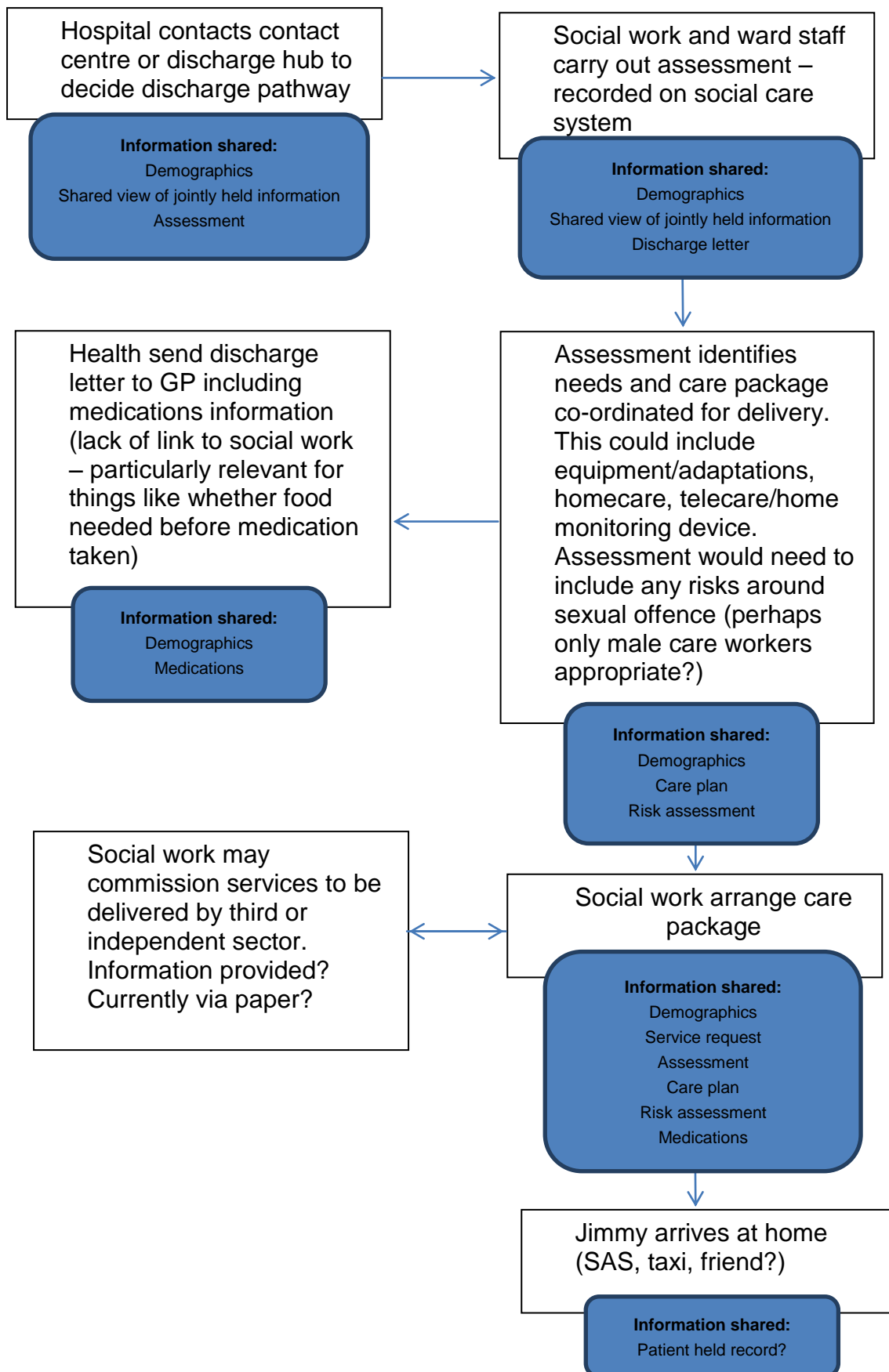
Information will need to be recorded electronically and in a consistent fashion. There is still a range of situations in which information is held and recorded on paper, so in those situations a shift is required. Effective recording underpins effective sharing.

Partnerships will follow different technology approaches based around the technology models outlined in section 2.5. The funding released by the ISB will support the activities outlined in agreed bids. Some areas have chosen their technology approach, while others have business analysis and requirements gathering activity to undertake, in order to determine what technology approach they will pursue to meet local needs.

Each set of business processes to be supported will have specific points at which information sharing is triggered. This will enable the episodic sharing of particular pieces of information, such as a care plan, assessment or wellbeing concern. In addition, the ability to draw together a view of information from sources beyond current agency or system boundaries will be enabled.

Defining a "generic" or "typical" scenario for sharing is quite challenging as things will vary in different localities, but the following gives an indication of the types of information that would be shared through the process:

Scenario – a complex discharge of Jimmy, aged 78 who has mobility problems, early onset dementia, and a past history of sexual offences

Hospital contacts contact centre or discharge hub to decide discharge pathway

Information shared:
Demographics
Shared view of jointly held information
Assessment

Social work and ward staff carry out assessment – recorded on social care system

Information shared:
Demographics
Shared view of jointly held information
Discharge letter

Health send discharge letter to GP including medications information (lack of link to social work – particularly relevant for things like whether food needed before medication taken)

Information shared:
Demographics
Medications

Assessment identifies needs and care package co-ordinated for delivery. This could include equipment/adaptations, homecare, telecare/home monitoring device. Assessment would need to include any risks around sexual offence (perhaps only male care workers appropriate?)

Information shared:
Demographics
Care plan
Risk assessment

Social work may commission services to be delivered by third or independent sector. Information provided? Currently via paper?

Social work arrange care package

Information shared:
Demographics
Service request
Assessment
Care plan
Risk assessment
Medications

Jimmy arrives at home (SAS, taxi, friend?)

Information shared:
Patient held record?

Section 4 – Summary of Principles and Actions

This table summarises the actions set out in the rest of the document. The Information Sharing Board will work with the stakeholders identified to develop these further within local and national delivery plans.

Document reference	Action	Lead Responsibility and Timescale
Partnerships		
Section 2.1	Local partnerships need to consider information sharing as a key strand of their integrated governance arrangements	Local partnerships - April 2015
Section 2.1	Local partnerships need to work together in regional groupings where appropriate	Local partnerships - Aug 2015
Section 2.1	Local partnerships will need to maintain close relationships with all of the other organisations with whom they will need to share information in order to deliver health and social care.	Local partnerships - April 2015
Section 2.1	Local partnerships need to build in links with national collaboration groups, such as the Information Sharing Board (ISB)	Local partnerships and ISB - Aug 2015
Putting people at the centre of their care		
Section 2.2	Scottish Government to work with partnerships to investigate current equalities, rights and how to involve people, with a view to developing a consistent approach	Scottish Government - Summer 2015
Section 2.2	Partnerships will consider the role that co-produced records will play in integrated arrangements, particularly in terms of involving people more directly in the accessing and sharing of their information	Local Partnerships - Summer 2015
Section 2.2	Partnerships to develop a public engagement element to their activities.	Local Partnerships - Summer 2015
Section 2.2	Scottish Government to develop plans for a public debate on how people should be enabled to play a greater role in creating and sharing health and care information	Scottish Government -tbc
Applying Information Governance		

Section 2.3	Develop plan for promotion of Caldicott Principles across health and social care, working with the Caldicott Forum and local authorities	Scottish Government - April 2015
Section 2.3	SASPI to be promoted as the consistent approach to information sharing agreements across health and social care, with partnerships to consider the impact of moving towards this model	Scottish Government/Local partnerships - ongoing
Section 2.3	Partnerships will use the ICO guidance of data sharing, both the Code of Practice, and the statements in support of sharing for children's and adults' services, to form the core of their operational procedures for information sharing	On-going
Section 2.3	Partnerships should use new ICO guidance on handling access requests to form the basis of their approach to requests for jointly held records	On-going
Section 2.3	Partnerships need to consider the data ownership implications of their new integrated governance arrangements, drawing upon advice from the ICO	Local partnerships - April 2015
Section 2.3	Partnerships need to ensure appropriate links are being made to the work of the NIIF, to inform decisions around business intelligence work	Local partnerships - Aug 2015
Section 2.3	Ensure that Fair Processing Notices cover the sharing of data for integrated care and analysis of information for joint planning decisions	On-going
Developing and Using Standards		
Section 2.4	The ISB will develop a clear position on ownership and governance of cross-sector standards	ISB – Aug 2015
Section 2.4	ISB will co-ordinate the production of standard approaches and supporting datasets for adults' and children's services	Interoperability Working Group – ongoing
Section 2.4	Proposals around local and national "matching" services to be developed for the ISB to consider	Interoperability Working Group – April 2015
Exploiting Information Sharing Infrastructure and Technology		
Section 2.5	Organisations should put in place plans to connect to SWAN for the network infrastructure services and should provide details to the SWAN project team of issues which may need to be addressed as part of this process.	Local organisations - April 2015

Section 2.5	ISB to coordinate plans for the development of common interfaces, to deliver the technology components for information sharing	Local authorities, eHealth Leads, Directors of Social Work, Directors of Education, national organisations with ISB co-ordination and support – January 2015
Section 2.5	ISB to coordinate the production of an information sharing architecture vision based on local partnerships requirements	ISB – June 2015
Section 2.5	Partnerships to consider the current sector specific challenges when developing the work programme on information sharing	Local partnerships
Section 2.5	Partnerships to make links with plans on mobile working across their locality, so that prioritised plans for information sharing in support of mobile working can be developed, based on local needs	Local partnerships
Working collaboratively to drive progress		
Section 2.6	Further develop the maturity model	ISB - Ongoing
Section 2.6	Scottish Government will make links with the Technology-Enabled Learning for Scotland's Health and Social Services programme to embed safe information handling as a concept in practitioner training, at an early stage	Scottish Government - October 2015
Section 2.6	Evaluation of existing work around Safe Information Handling to assess suitability for cross-sector use	Scottish Government - April 2015
Section 2.6	Work with workforce colleagues at a local and national level to understand what impact improved information handling and sharing capabilities have on policies and procedures	HR directors with support from Scottish Government -
Section 2.6	ISB to develop a repository of documents and resources, to support collaboration across partnerships	ISB - on-going
Section 2.6	Resource requirements for both information sharing start-up activity and on-going costs will need to be factored in to partnership plans	Local Partnerships –
Section 2.6	Scottish Government to establish an overarching funding model for the support of information sharing beyond 2014-15.	Scottish Government – January 2015

ANNEX A – Key Groups and Boards

This strategic framework has been developed for approval by three main groups:

Information Sharing Board (ISB): formed in November 2011, it originally operated under the title Data Sharing Technologies Board. Its early work was focussed on the decommissioning of the National eCare infrastructure and re-focusing activities to support outcomes rather than technology, ensuring that developments are flexible and integrated with existing and planned business processes and systems. A wide range of work has already been supported by the ISB, including portal developments in Lothian and the AYRshare developments in Ayrshire. The ISB's remit is to:

1. support improved collaborative working in the context of both the integration of health and social care and in the context of the implementation of GIRFEC
2. develop support for improved collaborative working in support of better outcomes for patients and service users in the context of implementation of GIRFEC
3. develop a health and social care information sharing strategy (this document)
4. manage a series of legacy national technical and other assets, and contracts.

Local Government ICT Board: this board is overseeing the implementation of the Local Government ICT Strategy which has three core principles:

1. What we do is customer driven.
2. It will be simple, standardised and, if possible, automated.
3. We will first look to reuse and share.

The first links strongly with putting people at the centre of their care, the second with the approach to standards-based developments, and the third supports using existing local technology solutions to meet local needs, as well as sharing good practice across Scotland,.

eHealth Strategy Board: this board oversees the IT direction for the NHS and the implementation of the eHealth Strategy 2011-2017, which acknowledges that joint working between health, social care and other partners is crucial for the delivery of seamless services. Its strategic aims are focussed on improving efficiency, supporting self-management, patient safety and integrating care.

In addition, this strategic framework has become an integral part of the overall Data Strategy being developed by the **Data Management Board**. The Data Management Board provides strategic direction across all data activity to ensure that across Scotland the best use of data in all forms is being made to support growth and improve public services, and that public trust is maintained

Information Sharing Board - Governance diagram

Key:
← direct governance link
←-- established working links
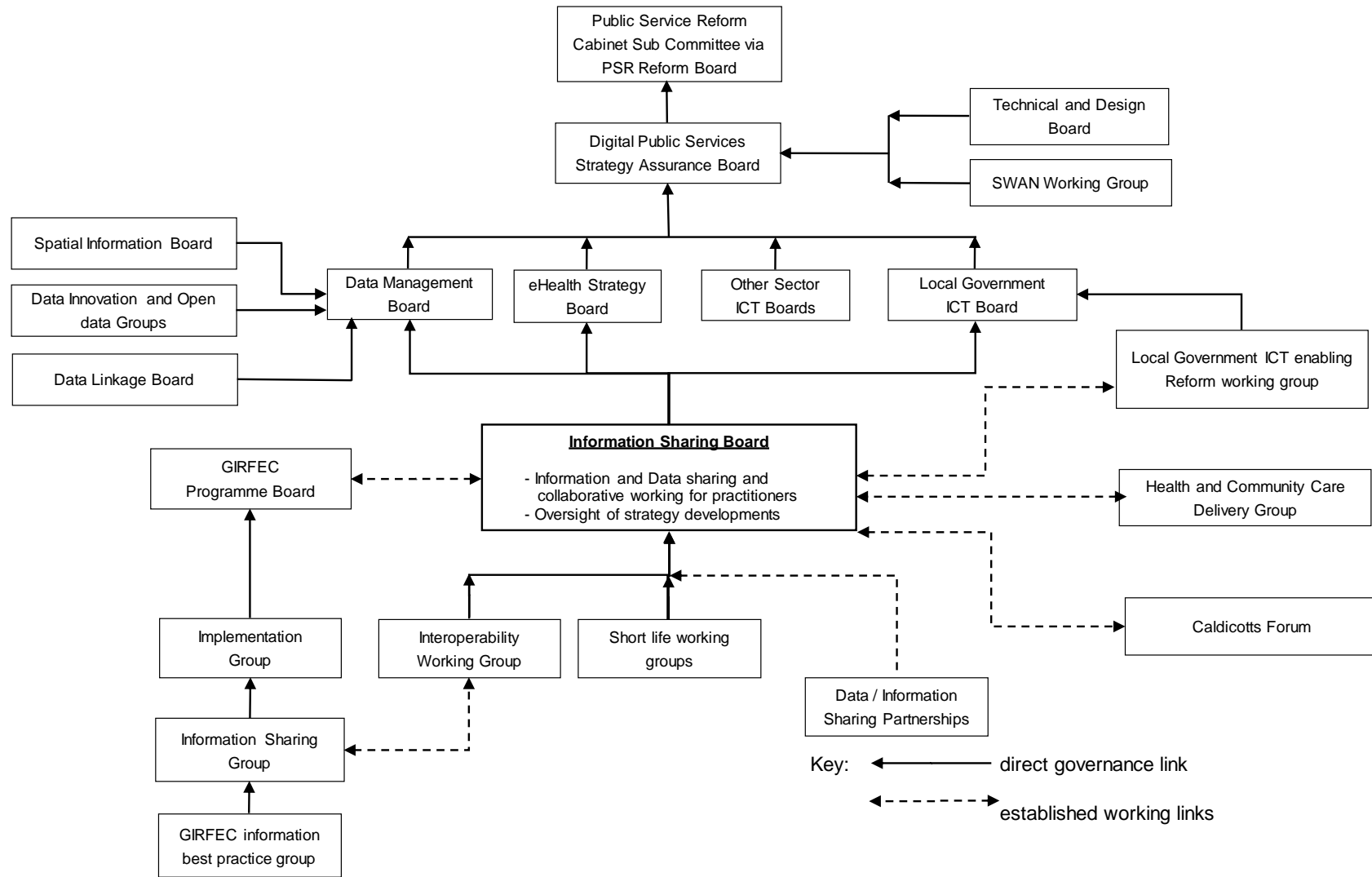
ANNEX B – Information Sharing Board Maturity Model

Information Sharing Maturity Model					
Level	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Description	**Initial**	**Established**	**Business Enabling**	**Managed**	**Optimised**
	Starting point. Processes are not usually documented. There are no, or only a few, process descriptions although there may be a general commitment to process development in the future	The organisation will be able to demonstrate, that basic management practices have been established and that processes are developing.	The organisation's business processes will be documented and standardised. There is likely to be ownership and an established group with responsibility for maintaining consistency and improvement of the business processes across the organisation.	Chief Officers will be committed, engaged and proactively seeking out innovative ways to achieve goals.	The organisation will focus on optimisation of its managed processes to take into account changing business needs and external factors. It will anticipate future capacity demands and capability requirements to meet delivery challenges.
Information management, including, Information Sharing Protocols and Guidance	Chief officers are aware of the need to share information, but no data sharing partnership exists to implement changes. There is a desire to initiate data sharing protocols and information management	Data Sharing Partnership exists and have gained the full support of the Chief Officers from Health and Local Authorities. Work has commenced on gathering the evidence for an Information Sharing Protocol and	The Data Sharing Partnership is established and all data sharing activities are co-ordinated through the partnership. Data sharing priorities for the partnership will be agreed and maintained. An Information Sharing Protocol and Privacy	Data Sharing Partnership will engage with and establish Information Sharing Protocols and information management documentation with other agencies. Other agencies might include Police, Fire	The Information Sharing Protocols and Privacy Impact Assessments will be continuously reviewed, in line with the ICO Data Sharing Code of Practice, to address weaknesses and enable business change. Actively

	arrangements and set up a network of partners. Business strategies and drivers have been identified	supporting information management documentation.	Impact Assessment will be documented and signed off by all partners and a roadmap will be developed.	and Rescue, Housing independent and third sectors	engage with other partnership areas to ensure best practice is maintained. Business drivers will be re-examined to identify process improvements
Governance structures	Single agency groups in place; lack of cross-partnership co-ordination	Cross-partnership group exists, bringing together all relevant stakeholders	Cross-partnership group is well-attended and functioning to expected standards, meeting all legislative and policy requirements, linking to local governance structures and the Information Sharing Board	Cross-partnership is making effective decisions, based on locally derived performance information and business intelligence, and managing a Programme Plan of co-ordinated local activity	Cross-partnership group is driving the delivery of improved outcomes; partnership is linking across boundaries; continually reviewing lessons learned to ensure its supporting enhanced outcomes
Training, workforce development, and culture change	Training needs are recognised at a single agency level	The elements that should be included in a strategy to support cross-sector working are identified, and developments to address them are initiated	Multi-agency learning is taking place, with links established to single agency training and development strategies	Behaviour change delivered by the multi-agency training can be evidenced	Outcomes/results have changed as a result of the training, with plans in place to continuously improve and revise training to meet developing needs

Person-centred care planning and review	Organisations provide information in an ad hoc fashion, upon request, but there is little two-way interaction	Single agencies providing information in a co-ordinated and supported way, recognising a range of individual needs	Cross-agency information provided in a co-ordinated and supported way, recognising a range of individual needs	People playing an active role in the development of their care plans, engaged in the co-production of their records, supported by two-way flow of information	People are fully involved in shaping their outcomes supported by the ability to electronically access current information relevant to their care needs. Representative groups are actively involved in ensuring outcomes are best supported.
Assessments, Requests for Assistance, Chronologies and Plans	Assessments and plans are created in a single agency system. Paper copies of assessments and plans are discussed with partners during joint planning meetings. Limited control over the distribution of multiple versions of the plans.	Partnerships agree a process of electronic sharing the final version of the assessment or plans in agreed format, such as a PDF form	Electronic sharing of plans and assessments will be generated in a format to allow some information to be extracted and to populate receiving systems. All procedures will be documented and staff will be trained	Plans and assessments will be generated in a shared system that will allow Named Person and/or Lead Professional to extract relevant information from previous versions and/or chronologies. Service requests are managed electronically. Other agencies involved in the case will be able to download and print the most recent version of the assessment or plan.	Plans and assessments will be generated in a shared system. The shared system will enable viewing of the final shared assessment or plan. An integrated chronology can be produced. The Partnerships will continually review content to capture and enhance the outcomes derived from legislative requirements and policy initiatives, and to consider whether information should be shareable across

					partnership boundaries
Professional Details	Partnerships have identified Named Persons for every child and young person, and where there's a requirement to have a Lead Professional for a service user	A services user's Named Person and/or Lead Professional contact details can be shared within the partnership	An electronic solution to support the processes is in place to meet user requirements and support partnership sharing	All electronic message, forms or alerts about a service user sent within the partnership will contain the Named Person and/or Lead Professionals contact details. Procedures will be fully documented and staff will be trained on these procedures	A robust process is in place, such as the ability for the Named Person and/or Lead Professional to grant, revoke and maintain access to shared service users records. The procedures will be continually reviewed and improved, to consider whether information should be shareable across partnership boundaries, and to ensure outcomes are being enhanced.
Messages and Alerts	The Partnership may share information using a paper based system. The partnership have mapped the paper based system (AS-IS) to a desirable (TO-BE) system of electronic sharing	The partnership are developing the capability to share notifications or alerts	The partnership are capable of sharing notifications or alerts	Systems within the Partnership are capable of sending structured alerts to all agencies within the Partnership. All procedures will be documented and staff will be trained	The partnership can share alerts across partnership boundaries. These alerts will be available to A&E, OOH, nurses, education, police, fire service and other agencies as appropriate. Partners will extend alerting capabilities to enable business change and enhance outcomes

Matching and Indexing	The Partnership have initiated discussions to describe that data required, and the expected level of data quality, from agency systems to match patients using basic demographic information	The partnership have captured the business process of matching patient records and have selected a model for matching - either CHI seeding or matching and indexing.	The partnership can demonstrate models for automatic and manual matching of patient demographics. The data to be shared will be documented	The service user demographic process will be implemented within business systems and staff will be trained to use the systems. The Partnership will seek ways to improve the process by reviewing matching methodologies and aim to streamline manual matching processes	Service user demographic information and usage will be continuously review to enable business change and gather the information requirements of new agencies to the partnership
Supporting infrastructure	Processes are ad-hoc and localised. Little or no adherence to existing standards. No cross-sectoral access to business systems	IT Vision, principles and target architecture has been identified. Clear cross-sectoral roles and responsibilities have been established. Some adherence to existing standards	Fully developed cross-sectoral technical reference model. IT goals and methods are identified. IT security standards are fully integrated with IT architecture. All cross-sectoral procedures for accessing business systems are documented and staff are trained.	Performance metrics associated with secure infrastructure are captured, including monitoring and auditing	Analysis of performance measures are used to drive improvements. Continuous improvement plans are in place

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