

REPORT OF THE CHILDREN AND YOUNG PEOPLE'S HEALTH OUTCOMES FORUM 2014/15 – Information Sharing Theme Group

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IMPROVING OUTCOMES BY ENSURING EFFECTIVE INFORMATION SHARING

“I only want to have to tell my story once”

Daniel, 14

What needs to happen

- We believe that the Department of Health and local government should capitalise on the opportunity which is a consequence of the CP-IS project of having the capability to record the NHS Number as a link identifier for children in social care systems as well as for adults;
- We call on Health, Education and Local Authorities to actively promote this opportunity, which has minimal cost, to realise the potential benefits of information sharing as highlighted in Serious Case Reviews;
- We call on Health, Education and Local Authorities to build on the practice already in place in many areas to use the NHS Number as a common identifier in Education, Health and Care Plans to facilitate better, accurate sharing of information for the benefit of each child and young person's care; and
- We call for the NHS Number to be used as the “link identifier” for information sharing amongst agencies (Health, Social Care and Education) to improve the care and integrated service experience for both children and families with complex or long term physical or mental health problems and the collection of holistic outcomes of the services offered.

Introduction

A central recommendation from the Forum's first report was the use of the NHS Number to bring together health, education and social care information for individual children and young people. We acknowledged the barriers to its swift implementation which included resource implications and a lack of clarity about the benefits of using the NHS Number.

Information sharing using the NHS Number as a link is essential for the integrated review at age 2, the production of Education, Health and Care Plans and for the effective and efficient care for specific groups of children e.g. those with safeguarding concerns, “looked after”, special educational needs, or complex or long term physical and or mental health conditions. In addition this would facilitate the legal obligation of schools to support children with medical conditions (*Supporting pupils at school with medical conditions: Statutory guidance for*

governing bodies of maintained schools and proprietors of academies in England, DfE, September 2014). This would enable holistic measures such as educational achievement and school attendance to be correlated as important outcomes for the improved health care of such individuals. The Forum cannot understand that as poor or absent information sharing is a constant theme from Serious Case Reviews resulting from safeguarding incidents, why does information sharing not happen universally and continue to be a problem?

What is integration? For me, it means not having to repeat myself 30 times to every different person or part of the system.'
Sebastian, father of twins Caleb and Christopher

National Initiatives

There are a number of recent initiatives to promote technology and use of the NHS number as an individual identifier to enable information sharing.

In November 2014 the National Information Board, a new body which brings together national health and care organisations from the NHS, public health, clinical science, social care and local government, together with lay organisations, published *Personalised Health and Care 2020 – Using Data and Technology to Transform Outcomes of Patients and Citizens – A Framework for Action*. The Framework is designed to support frontline staff, patients and citizens take better advantage of digital opportunity.

The DH Information Strategy states that the NHS Number should be used as the primary identifier, at the point of care, by all publicly funded health and adult social care services by 2015.

The Secretary of State made a public commitment that “95% of Trusts to be using the the NHS Number as primary identifier in clinical correspondence by the end of January 2015”. The NHS Number survey published by NHS England in November 2014 showed that the overall figure for use of the NHS Number by NHS trusts in England as the primary identifier in clinical correspondence shared across organisations was 97.6% demonstrating that this had been achieved.

Later this year 80% of Children's Social Care IT systems will be able to record the NHS Number as part of the implementation in England of the Child Protection Information Sharing Project (CPIS).

In December 2014 the Health and Social Care Information Centre (HSCIC) published a new factsheet to introduce and explain the options for health and social care organisations to trace and obtain the NHS Number for the purposes of planning and providing health, care and support.

'Will I have to repeat myself? Will I get lost between services?'
Ashok, 16

Swindon - Developing local integrated provision

In order to provide integrated children's services some local authorities, such as Swindon, use the NHS Number as a link or key identifier. The system strategy in Swindon has been to integrate case management applications wherever feasible with the aim of creating a single child core demographic record, with the NHS Number as a core data item.

Swindon has found a number of benefits from using the NHS Number as an identifier including –

- Practitioners from health and social care and early help services all access one record with a key identifier. This leads to developing one record per child and aids multi-agency work. It encourages practitioners to use the database, not only to record but also as a multi-discipline source of case information which can be invaluable in getting up to date intelligence from a colleague working with the same child;
- Better communication with NHS organisations;
- The flow of child level record from birth notification through to universal and targeted early help services is faster;
- It is more efficient from a data entry perspective and maintenance of up to date details on a child;
- Being able to match health and social care records and benefit from the tracing of children using the National Patient Demographic service which holds all GP registration data, resulting in improved integration and consolidation of health and social care records. Extensive data cleansing and validation is routinely undertaken leading to a reduction in duplicates and improvements in overall data quality; and
- Data matching also helps with the identification of sibling groups.

Swindon has identified risks that need to be managed, including -

- Concerns around confidentiality and potential loss of client trust, particularly around perceived data protection issues in terms of an integrated child record. This was addressed by an extensive cultural change period including a good level of consultation; and
- Consent has to be clear. This has been addressed through privacy notices and data sharing arrangements with third party organisations which make clear the consent points and are held within the Children's Strategic Partnership Information Sharing Agreement.

Child Protection Information Sharing Project (CP-IS)

The Child Protection – Information Sharing project enables unscheduled health care settings (including emergency departments, walk-in centres, minor injury units, GP out of hours services, ambulance services, maternity and paediatric wards) to be alerted when children who are subject to a child protection plan or are looked after, as well as pregnant women who have a pre-birth child protection plan for their unborn child, access their services. The information is sent to the NHS National Spine (where the CP-IS information is held), using the NHS Number as a link identifier. HSCIC is working with the local authority child care information systems suppliers to ensure they have the capacity to record the NHS Number and that social care business processes include recording the NHS Number when a child is newly placed on a child protection plan or into care.

Likewise the local authority is notified electronically when such an individual encounters such healthcare which if frequent could be a marker of neglect. No clinical information or detailed local authority information is exchanged.

This sharing of information helps health professionals to know the whole picture thus improving their assessment of whether they might be dealing with abuse or neglect. They can then provide improved support and alert social services if they think the child is at risk.

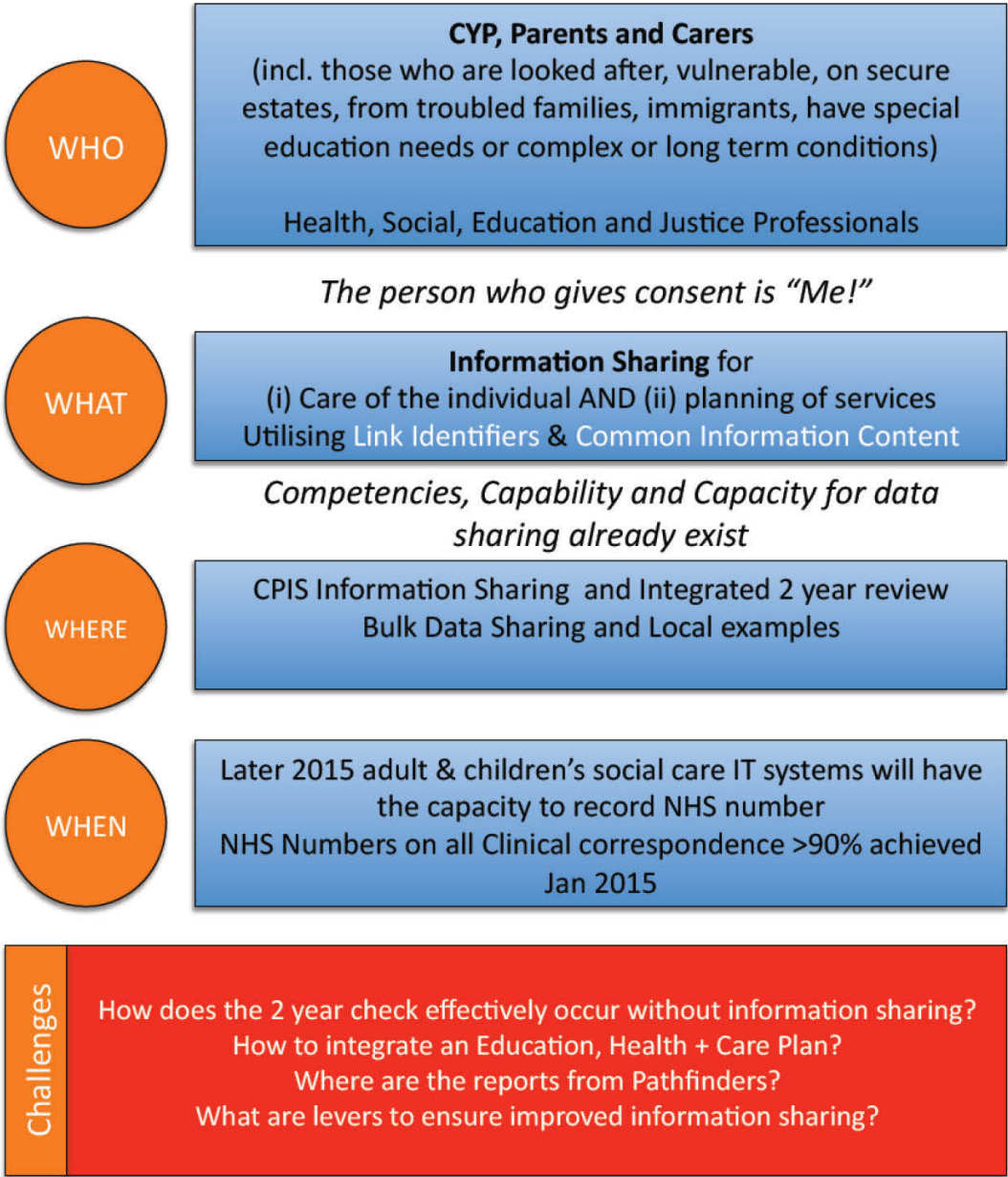
Education Health and Care Plans

The introduction of Education, Health and Care (EHC) Plans from 1 September 2014, for children and young people who have a special educational need or disability that cannot be met by support that is usually available in a school or college, has led to many local authorities using the NHS Number as a link identifier.

Putting together an EHC Plan following an assessment of the child or young person requires education, health and care services to work closely together and using the NHS Number as a link identifier makes this process more efficient and ensures that they are all talking about the same individual. In fact it is difficult to see how the process of compiling an EHC Plan can be undertaken effectively without using the NHS Number as a link identifier.

ANNEX

Information Sharing: Process Map



Additional references material: Personalised Care 2020 Report & RCPCH Information Sharing e-Learning