

**Suffolk Health and Wellbeing Board**

*A committee of Suffolk County Council*

<b>Report Title:</b>	Data sharing to enable the delivery Suffolk family Focus as a multiagency Suffolk system transformation process
<b>Meeting Date:</b>	17 November 2016
<b>Chairman:</b>	Councillor Tony Goldson
<b>Board Member Lead(s):</b>	Sue Cook
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**What is the role of the Health and Wellbeing Board in relation to this paper?**

1. The Health and Wellbeing Board (HWB) has the overall governance of the Suffolk Family Focus (SFF) Programme, which is Suffolk County Council response to the National Troubled Families Programme. It has tasked the Suffolk Family Focus team to deliver sustainable progress outcomes for families being worked with by all agencies in line with the agreed multiagency outcomes Plan. To achieve these outcomes it requires all agencies to share data with the SFF team in order to demonstrate these sustainable outcomes.

**Key questions for discussion:**

2. The key questions for discussion are:
  - a. Should there be one overarching data sharing agreement that is held by the Health and Wellbeing Board on behalf of all agencies, that all agencies sign up to? This would allow the free flow of data between agencies within the Board, with the appropriate protections and consents from families.
  - b. Should the Health and Wellbeing Board support the following statement as a positive step to support Suffolk families in order to provide the best possible multiagency services. 'Informed consent to share information from a family at first point of contact overcomes the barriers of the data protection Act if it is correctly obtained and recorded'.
  - c. Should the Health and Wellbeing board as part of the above overarching data sharing agreement provide a process that all agencies would have a common suffolk systemwide information sharing consent form, which is obtained by frontline staff at first point of contact and part of business as usual.
  - d. On each agencies data system should there be a record of the consent obtained that other agencies can enquire upon for each person seen.

## What actions or decisions is the Board being asked to take?

3. To decide if the board wish to create an overarching joint data sharing agreement and to nominate a suitable lead agency or partnership of agencies to deliver the agreed document.
4. To decide if the board supports the statement 'Informed consent to share information from a family at first point of contact overcomes the barriers of the data protection Act if it is correctly obtained and recorded'. If they do, this forms the foundation of getting consent to share data for all agencies and the above lead agency or partnership of agencies builds this into the process of the overarching agreement.
5. To decide if the board wishes to agree a common suffolk systemwide information sharing consent form, which is obtained by frontline staff at first point of contact and part of business as usual.
6. To decide if the Board wishes to request each agency that holds its own data systems, that a record of the consent obtained should be keep on their systems and that other agencies can request if such consent has been given.

## Brief summary of report

### summary of main points:

7. Phase 1 of the National Troubled Families programme was successful under the Suffolk Family Focus programme with 100% of allowed claims made.
8. The 'whole family' approach under the Making Every Intervention Count (MEIC) transformation programme within Children's and Young Peoples Services of One Family, One Co-ordinating key worker and One Family Plan, that Suffolk is using to work with families has been key to our success and under the current Phase 2 of the National Troubled Families programme that same approach is being used for all families that Children and Young Peoples Services work with.
9. Under phase 2 there initially was a strong central government drive to enable local authorities to work closer with our Health and voluntary sector colleagues and there was a real will to make our partnership working more co-ordinated for the benefit of our Families. However this has not developed as hoped and the idea of a system wide county approach to data sharing, with the vehicle of family informed consent to share information is seen as a vehicle that could re-ignite the original appetite for a more co-ordinated approach and help to transform the working with families across the county wide system.
10. The range of issues to be identified and worked on with a family in Phase 2 has been increased from 3 to 6 and now includes, wider health issues such and Mental health, Physical health (Alcohol and Drugs) and Domestic Abuse.
11. Suffolk has been tasked to deliver by Department of Communities and Local Government (DCLG) in Phase 2, sustainable outcomes and a Payment by results (PBR) claim for over 4110 families by 2020.

12. The number of families to be worked with has been increased from 3995 to 4110 due to increases in the level of deprivation in the county under the Index of Multiple Deprivation.
13. The number of families identified and being worked with continues to increase and is on course to have identified over 4000 families by March 2017.
14. The team have claimed for 88 families against a target of 90 for the current PBR window in September 2017
15. The challenge is to have a minimum of 750 PBR claims by March 2017, but this is strongly linked to be able to collect the data from our own teams and partners to demonstrate sustainable progress.
16. The Data team currently have good access to data on Crime, Education, Department of Works and Pensions (DWP) Child Protection (CP), Child in Need (CIN), and Team Around the Child (TAC). Access to CYPS data is via Profile and Care First 6.
17. Access to domestic abuse, health (including mental health) and substance abuse (Toxic Trio) remain challenging to access data on. Domestic abuse because of the relatively low amount of information captured across the Suffolk system, and the lack of consistency of that information. Health because of the sensitivity about sharing information from a care record, and Substance Abuse for both reasons.
18. Use of secondary data recorded on these issues by CYP social care and Early Help teams is currently the most pragmatic workaround for this challenge, but ideally the team should be able to obtain data from partners as the information and data relates to families that all are working with. It is also believed it would allow for greater understanding and co-ordinations of interventions and avoid duplication of assessments and work for families.
19. Initial identification using current Children and Young People Service (CYPS) data, Education data, Department of Works and Pensions (DWP data), and crime data is not an issue, it is the demonstration of sustainable progress for health related, domestic abuse and alcohol and drugs data that is the catalyst for the push to have a wider data sharing process, based on a consent model facilitated by all HWB board members.
20. By the creation of an overarching data sharing agreement for the Health and Wellbeing Board that has as its foundation a model where informed consent is sort at first point of intervention with families for their benefit, with the appropriate protection and safeguards would provide a key data set that could be used by all agencies to improve the quality of services to families and in turn help to improve the lives of families and the communities that they live in.
21. The use of a county wide informed consent form which is obtained by frontline staff at first point of intervention, would avoid the issue of not being able to share data with other agencies. All agencies could be listed and the consenting person could choose who they wished to share there information with and it could be withdrawn at anytime the person wished.
22. The recording of the agreement to share data on accessible systems within each organisation is key to allow other agencies to know if consent has been given should an enquiry be made.

23. If the correct data to demonstrate sustainable progress is not obtained, there is a financial impact if the PBR payments are not able to be claimed for. In total there is the potential of over £3.3M in claims to be made over the lifetime of the programme that will not be able to be used to help families, via CYPS, the Police, mental health services, Health DWP, schools and Voluntary services.
24. Overall SFF has made progress, but there are still concerns on data collection and systems recording of data which can impact on the team's ability to demonstrate sustainable progress, and in turn make the required number of PBR claims.

## **Background**

25. Suffolk Family Focus is the response of Suffolk County Council and its partners to the Government's Troubled Families Initiative. In Phase 1 the Suffolk Family Focus team was able to deliver successful results for all the families it worked with and made claims for a 100% of families that it was allowed to claim for, in total 1150 families.
26. These results have been achieved by the hard work of frontline staff that engage with families every day. The programme enabled practitioners to take a more intensive, coordinated approach to support challenged and challenging families. The 'whole family' approach under the Making Every Intervention Count (MEIC) transformation programme within Children's and Young Peoples Services of One Family, One Co-ordinating key worker and One Family Plan, that Suffolk is using to work with families has been key to our success and under the current Phase 2 of the National Troubled Families programme that same approach is being used for all families that Children and Young Peoples Services work with.
27. Under phase 2 there initially was a strong central government drive to enable local authorities to work closer with our Health and voluntary sector colleagues and there was a real will to make our partnership working more co-ordinated for the benefit of our Families. However this has not developed as hoped and the idea of a system wide county approach to data sharing, with the vehicle of family informed consent to share information is seen as a vehicle that could re-kindle the original appetite for a more co-ordinated approach and help to transform the working with families across the county wide system.
28. The range of issues to be identified and worked on with a family in Phase 2 has been increased from 3 to 6 and now includes, wider health issues such as Mental health, Physical health (Alcohol and Drugs) and Domestic Abuse.
29. In the main most families that come to the notice of SCC Children's Services will hit the new phase 2 criteria and Suffolk are in an excellent position because of the transformational approach taken in phase 1 to deliver the sustainable outcomes and a Payment by results (PBR) claim for over 4110 families by 2020 as set by Department of Communities and Local Government (DCLG) for Suffolk in Phase 2.
30. The number of families to be worked with and that we can claim a PBR payment has recently been increased from 3995 to 4110 due to increases in the level of deprivation in the county under the Index of Multiple Deprivation.

31. The number of families identified and being worked with continues to increase and is on course to be over 4000 families by March 2017. The number is high as not all families will reach a position where a claim can be made, but all families are worked with and receive improvements in their ability to be self sustaining and improvements in their lives and the communities they live in.
32. However initial identification using current Children and Young People Service (CYPS) data, Education data, Department of Works and Pensions (DWP data), and crime data is not an issue, it is the demonstration of sustainable progress for health related, domestic abuse and alcohol and drugs data that is the catalyst for the push to have a wider data sharing process, based on a consent model facilitated by all HWB board members.
33. The Suffolk Family focus team have recently claimed for 88 families against a target of 90 for the current PBR window in September 2017
34. The challenge is to have a minimum of 750 PBR claims by March 2017, but this is strongly linked to be able to collect the data from our own teams and partners to demonstrate sustainable progress.
35. The Data team currently have good access to data on Crime, Education, Department of Works and Pensions (DWP) Child Protection (CP), Child in Need (CIN), and Team Around the Child (TAC). Access to CYPS data is via Profile and Care First 6.
36. Access to domestic abuse, health (including mental health) and substance abuse (Toxic Trio) remain challenging to access data on. Domestic abuse because of the relatively low amount of information captured across the Suffolk system, and the lack of consistency of that information. Health because of the sensitivity about sharing information from a care record, and Substance Abuse for both reasons.
37. Use of secondary data recorded on these issues by Children and Young People Service (CYPS) social care and Early Help teams is currently being used, but is not as evidentially valuable as data and information from professionals working with the family members in the toxic trio areas, and it is believed would allow for greater understanding and co-ordinations of interventions and avoid duplication of assessments and work for families.
38. By the creation of an overarching data sharing agreement for the Health and Wellbeing Board that has as its foundation a model where informed consent is sort at first point of intervention with families for their benefit, with the appropriate protection and safeguards would provide a key data set that could be used by all agencies to improve the quality of services to families and in turn help to improve the lives of families and the communities that they live in.
39. Health, Domestic Abuse, and alcohol and drugs data/information would be on a level to demonstrate that as a result of interventions there had been some sustainable progress. It would not be on a personal level, and would be with consent of the person involved. The professionals working with the person would only need to provide evidence that some form of sustainable progress had been made.
40. The use of a county wide informed consent form which is obtained by frontline staff at first point of intervention, would avoid the issue of not being able to share data with other agencies. All agencies could be listed and the consenting person could choose who they wished to share their information with and it could be withdrawn at anytime the person wished.

41. The recording of the agreement to share data on accessible systems within each organisation is key to allow other agencies to know if consent has been given should an enquiry be made.
42. It is considered that the mechanics of how the process should work, would be part of the work to create the overarching data sharing agreement.
43. There would need to be an allocated lead agency or a partnership approach to create the overarching data sharing agreement and any associated processes of informed consent.
44. If the correct data to demonstrate sustainable progress is not obtained, there is a financial impact if the PBR payments are not able to be claimed for. In total there is the potential of over £3.3M in claims to be made over the lifetime of the programme that will not be able to be used to help families, via CYPS, the Police, mental health services, Health DWP, schools and Voluntary services.
45. Overall SFF has made progress, but there are still concerns on data collection and systems recording of data which can impact on the team's ability to demonstrate sustainable progress, and in turn make the required number of PBR claims to demonstrate that Suffolk's multiagency transformational approach to working with families is working and delivering the required outcomes.

### **Key Questions**

46. Should there be one overarching data sharing agreement that is held by the Health and Wellbeing Board on behalf of all agencies, that all agencies sign up to? This would allow the free flow of data between agencies within the Board, with the appropriate protections and consents from families.
47. Should the Health and Wellbeing Board support the following as a positive step to support Suffolk families in order to provide the best possible multiagency services. 'Informed consent to share information from a family at first point of contact overcomes the barriers of the data protection Act if it is correctly obtained and recorded'.
48. Should the Health and Wellbeing board as part of the above overarching data sharing agreement provide a process that all agencies would have a common Suffolk systemwide information sharing consent form, which is obtained by frontline staff at first point of contact and part of business as usual.
49. On each agency's data system should there be a record of the consent obtained that other agencies can enquire upon for each person seen.

### **Actions/decisions recommended**

50. For the board to create an overarching joint data sharing agreement and to nominate a suitable lead agency or partnership of agencies to deliver the agreed document.
51. For the board to support the statement 'Informed consent to share information from a family at first point of contact overcomes the barriers of the data protection Act if it is correctly obtained and recorded'. This then forms the foundation of getting consent to share data for all agencies and the above lead agency or partnership of agencies builds this into the process of the overarching agreement.

52. For the board to agree a common suffolk systemwide information sharing consent form, which is obtained by frontline staff at first point of contact and part of business as usual.
53. For the Board to request each agency that holds its own data systems, to record the consent obtained from families/individuals on their systems and inform other agencies of its presence if requested.

#### **Why this action/decision is recommended**

54. It promotes the whole family approach which has proved to provide sustainable outcomes for families, however to continue to demonstrate this in the future due to the increase in the areas of criteria from 3 to 6 especially in the areas of health, Domestic abuse and alcohol and drugs, there is a need for a more co-ordinated approach to data collection in order to demonstrate sustainable outcomes

#### **Alternative options (if appropriate)**

None considered practicable.

#### **Who will be affected by this action/decision?**

55. All partners and agencies connected with the Health and Wellbeing Board will be affected, as the Suffolk Family Focus programme is a cross cutting programme that looks to transform the way all agencies work with families.

A copy of the Suffolk Family Focus Outcomes Plan is attached as Appendix A.

The Appendix includes two embedded documents. One is a Financial Framework for the Expanded Troubled Families Programme, also available online, as referred to under "Sources of further information" below. Anyone having difficulty accessing the second embedded document ("Raising Participation and NEET Prevention Strategy and Delivery Plan) is asked to contact Suffolk County Council's Democratic Services team.

#### **Sources of further information**

Department of Communities and Local Government document: Financial Framework for the Expanded Troubled Families Programme:

<https://www.gov.uk/government/publications/financial-framework-for-the-expanded-troubled-families-programme>

