Centre of
Excellence for
**Information
Sharing**

▶ Information sharing:
Cross cutting themes

Introduction

Our work has provided compelling evidence that better information sharing underpins all complex areas of public service delivery and reform, from health and social care integration to the troubled families programme, from mental health and policing initiatives to safeguarding and child sexual exploitation. The Centre of Excellence for Information Sharing works with local places and government departments to encourage them to utilise information sharing to achieve the common goal of improving public services.

During the time the Centre has been dealing with information sharing we have identified that small scale change to information sharing practice is possible by focusing action on individual barriers. This document looks at examples from our work relating to each and give some examples of how they can be overcome - these barriers include:

▶ **Professional development**

▶ **Leadership, vision and collaboration**

▶ **Risk management**

▶ **Citizen engagement**

▶ **Partnership working, organisational culture and trust**

Although not an exhaustive list, the barriers covered are a representation of the most common barriers which needed to be overcome at both a local and national level to allow for effective information sharing. Through our work we have found that small scale change to information sharing practice is possible by focusing action on individual barriers. However, to transform multi-agency working so that information sharing becomes everybody's business, we think that each of these factors must be addressed and resolved holistically - shown in the diagram below.

Professional development

In this section, we look at different examples of where professional development has supported better information sharing. Firstly, we examine the impact of safeguarding training to better support vulnerable children and families conducted by the Family Intervention Team in Durham. Secondly, we will look to the area of health and social care integration, focusing on workforce engagement and training throughout the implementation of the Integrated Digital Care Record (IDCR) and Medical Interoperability Gateway in Hillingdon Clinical Commissioning Group and Hospitals NHS Foundation Trust.

Good practice example:

Multi-agency induction and training to support better information sharing practice

Our work in the safeguarding and troubled families' policy areas has shown that professional development is a crucial factor in enabling better information sharing. Professionals identified that regularly reflecting on practice alone is not enough to develop better ways of working, and suggested that workforce development could be improved to include better multi-agency induction and bespoke training on information sharing. This would result in a better understanding of their information sharing roles and responsibilities. Collaborative approaches to partnership development and peer learning also play a key role in helping professionals improve their information sharing practice. Where a risk-averse attitude prevails amongst agencies that mistrust each other, partnerships are unable to realise the benefits of sharing information in order to intervene early.

Good practice example:

Family intervention partnership, Durham County Council

The family intervention programme team (FIP) works with vulnerable children and families, alongside the housing intervention project team (HIP) which works with vulnerable adults. The FIP team identified that to achieve better information sharing across partnerships, they needed to instil the ethos that safeguarding is everybody's business. To achieve this, the team have started to use material from serious case reviews to facilitate a conversation about early information sharing with departments that sit outside of the traditional safeguarding units. They have created an induction package for new staff which includes resources such as key safeguarding contact numbers and the seven golden rules of information sharing.

The FIP team also delivers training to staff and managers across Durham County Council (DCC) to raise awareness about safeguarding being everyone's responsibility, especially those who have first-hand interaction with people. As part of this, they have established a new single point of contact for services within regeneration and economic development directorate. This person is a FIP team member who provides practical support on information sharing issues, but isn't the formal safeguarding lead for the directorate. As a result of this collaborative approach to organisational development, DCC staff are able to demonstrate their on-going commitment to learning about the benefits and good practice associated with sharing information to protect vulnerable children and families.

Good practice example:
Hillingdon CCG and Hillingdon Hospitals NHS Foundation Trust

The Centre's work in health and social care integration, particularly the implementation of IDCR has evidenced the importance of professional development to support better information sharing between health and social care.

Within North West London, Hillingdon CCG and the Hillingdon Hospitals NHS Foundation Trust hold a leading position on interoperability and shared care records. This work has included the development of a medical interoperability gateway (MIG) - a tool which supports sharing of the Hillingdon local care record between primary care, unscheduled care settings, and hospitals.

Naturally, to develop their workforces' knowledge and understanding of this new and innovative technology, a training programme was put into place. GP Practices were engaged individually, with time taken to explain the details of the scheme and the need to inform patients what the data sharing would mean for them. In addition, workshops were run for GP practices on information sharing and patient consent, and a leaflet was developed to help doctors talk to their patients about the data sharing plans. Support was also provided to practices to ensure they were activating their agreements. This approach took some time to carry out, but has resulted in high levels of participation in the data sharing arrangement.

Engagement of hospital staff with the MIG was managed and delivered by the hospital trust, rather than the CCG. This meant that the hospital took responsibility for getting their clinicians involved and trained, and to work through the consent process. This was supported by the CCG, who shared the documentation developed for engaging people in the primary care sector, with the hospital trust. These documents were then amended slightly (to reflect the different audience, namely hospital staff), and the information sharing guidance developed for GPs was also used as the basis for a similar training programme for the hospital consultants.

Finding effective ways to embed and monitor uptake of training on information sharing and the use of the MIG system by a large network of out-of-hours doctors was managed by embedding training in the induction process for new staff and using an online training module to make it easier for GPs to fit in around other work commitments.

The use of online training and screen shots of the IT system in presentations were appreciated and seen as a good thing by clinicians, as it helped them to see what data the different agencies would be able to see and help them to visualise why and how they would be accessing the patient records.

Conclusion

The cross cutting examples demonstrate that continuous professional development is an essential factor within information sharing. Quality training and mentoring can support practitioners to develop their information sharing capability. To prevent individuals reaching any form of crisis, professionals need the knowledge and skills to share information earlier. This issue has also been prioritised by several organisations, including NHS England and the Department for Education. Only through a nationwide understanding that information sharing is everybody's business, can pockets of skilled and reflective information sharing practice be transformed into sustainable and scalable models of excellence.

Leadership, vision and collaboration section

In this section, we look at different examples of local leadership which cut across several policy areas the Centre has worked with, from systems leadership of the local troubled families service (connecting families) at Bath & North East Somerset (B&NES), to communicating a clear information sharing vision of health and social care integration across Bristol, North Somerset & South Gloucestershire (BNSSG), to developing collaborative approaches to share information between policing and mental health partners in Norfolk.

Systems leadership – Leadership on information sharing in action

Our work in the Safeguarding and Troubled Families policy areas has shown that strong local leadership is a crucial factor in improving information sharing. It is equally important to provide leadership on information sharing at middle management level as it is for senior officers within partnerships.

There is no doubt that local places have a wealth of great leaders but in order to achieve transformation within service delivery, new approaches are allowing these leaders to go further. Systems leadership is one such approach – allowing leaders to reach beyond the boundaries of their own organisations and commit to behaving as a driving force across multiple agencies.

Good practice example:

Systems leadership to help troubled families in B&NES

Information sharing didn't automatically happen at B&NES's connecting families service as soon as the troubled families programme was launched. When the new service manager came into post in January 2013, they identified several information sharing challenges that the service faced. Initially the team encountered a lack of trust amongst key partners, as well as a lack of understanding of the purpose of information sharing to help vulnerable families to turn their lives around. The resistance stemmed from a lack of strong local leadership on understanding the need for information sharing to meet the holistic needs of families with complex problems.

The manager recalled having many conversations to "win hearts and minds" in order to focus on the shared outcomes they wanted to achieve. After a period of hesitance from some partners, and an early unwillingness to share personal information which was deemed too risky by non-statutory services, they found that their team's persistence was helping to break down long-standing barriers between the council and its matrix of partner agencies. They reflected that the personal support of the new chief executive, who publically championed the service at high-profile partnership events, made all the difference at this stage in their journey.

> **"The conversation has moved on. It's all about developing relationships – you can't slot information sharing neatly into your project management process."**
>
> (B&NES Connecting Families Service Manager)

Developing a clear information sharing vision

Our work in the health and social care integration and safeguarding policy areas has shown that professionals want senior leaders, including chief executives and safeguarding directors, to champion a strong vision for the appropriate information sharing model in that locality. They have argued that the strength of vision at a multi-agency level often directly influences the success of information sharing. Equally, we have seen examples of poor leadership and limited vision that has led to adversarial relationships and disjointed working processes. Local leaders that regularly champion information sharing are able to bridge the gap between the rhetoric of the partnership's strategic vision and the reality of working under pressure and with limited resources.

Good practice example:

A strong vision for sharing information to protect vulnerable families

The (BNSSG) connecting care programme used better information sharing to support the changes needed across the health and social care system. For the programme manager, this meant making connecting care the backbone of the changes we make. By starting small and thinking big, the manager and other information governance leads were able to drive ideas forward in a spirit of innovation and collaboration. Once the programme group had successfully tested the concept during the pilot stage, they developed their vision with over 60 stakeholders in the partnership during the summer of 2015.

Recognising that funding for the programme would be significantly limited until the case for change was proven, the programme group decided early on that they needed to take a two-stage approach to implementation. In the first stage, a limited system was rolled out to 500 users to support unplanned and urgent care needs. This first stage would be carefully evaluated and time would be spent establishing the impact, benefits and learning from the initial development. This staged implementation of the vision for information sharing across the region allowed programme leads to build a convincing proof of concept in order to bring others on board.

> **"The challenge was to win hearts and minds by making sure they give something as well as get something, keeping things people-focused."**
>
> (BNSSG Connecting Care programme manager)

Collaboration between partners – leadership on information sharing in action

Our work in the safeguarding and policing and mental health policy areas has shown that if strategic managers take time to build strong collaborative relationships with their counterparts, both interdepartmentally and across agencies, then information will be more efficiently shared at a practitioner level. Leaders that proactively support a collaborative approach to joining up statutory and non-statutory services, and encourage on-going reflection on practice, can connect viewpoints across the partnership which allow information to be shared swiftly and effectively.

Good practice example:

Developing a collaborative approach to sharing information to protect people with mental health issues in Norfolk

Norfolk Constabulary and its partners have developed a strong approach to collaborative ways of safeguarding vulnerable children and families over the last few years. Their prioritisation to ensure that safeguarding is at the forefront of everything they do has played an essential part within sharing information both now and into the future. In 2014 their Chief Inspector secured funding to base a team of mental health nurses within the Police control room in Norfolk, with the aim of enhancing the response to those with a mental ill health who come into contact with the Police.

Building on their background and training as a general nurse, the Chief Inspector was able to drive collaboration between blue-light and safeguarding organisations partnerships within Norfolk. As a result, Norfolk Constabulary and its partners have helped to build more trusting inter- and intra-agency relationships, in order to share information earlier and to put vulnerable people at the heart of practice.

Conclusion

These cross-cutting examples demonstrate the important role that leadership plays as a crucial enabler of information sharing. Strong local leaders at all levels cause routine information sharing to happen because they understand its importance to public service reform. As a result, they take steps to develop a clear and consistent vision for the place or partnership. They communicate the need for better collaboration and information sharing in ways that smash traditional organisational boundaries. They give time to leading strategies which put information sharing at the heart of service delivery, and support middle managers to drive change on the ground. Information sharing doesn't happen just because a leader expects it to, but neither will it happen without their constant presence: championing, challenging and enabling their workforce to go further.

Managing risk to support decision making

Risk comes in different forms and sizes, and the effective management and assessment of risk can support people and organisations to make better informed decisions about how risk should be managed. Working in collaboration is essential if people who use services are to be offered appropriate support in a timely manner. These people often have multiple needs that cannot be fulfilled by a single agency. However, sharing information in multi-agency teams involves an element of risk, particularly where organisations or teams are working together for the first time, or where risk thresholds to share information are seen to be too high.

Sharing information in a multi-agency setting helps to create a rich picture of the scale and scope of the risks involved to both service users and professionals. This 'enhanced view' can pave the way for a more holistic approach to the delivery of services but this should be supported by a framework to ensure that information and risk is managed collectively.

Good practice example: Dorset's information sharing charter

The main reason given for poor day-to-day information sharing between Dorset's healthcare partners was a lack of confidence in the information governance architecture that enabled appropriate sharing within a legal framework. This governance was provided through a document known as the overarching information sharing protocol (OAISP).

Staff surveys and input at locality leadership workshops indicated that those responsible for regular sharing of health and care information between the eight partner agencies, (namely senior practitioners and middle-managers), didn't understand the purpose or boundaries of the OAISP. They were therefore unable to trust that following the document would really protect them against allegations of breaching laws which protected individual rights to privacy, such as the Data Protection Act.

For this reason, the better together board agreed to replace the OAISP with the Dorset Information Sharing Charter (DISC). The principle eight partner organisations signed up to the charter for a minimum of five years in order to give professionals the confidence to share information with the patient's consent, between any agency responsible for delivering patient care. Responsibility for implementation of the charter would be delegated from senior officers to the operational managers in each organisation.

The implementation of the DISC was a catalyst in bringing together a number of teams for the first time, which in turn meant that risk was managed collectively. This is where important discussions about the level of risk each organisation faced, and their overall tolerance to taking such risks came to light. Apart from the obvious risks associated with information governance issues, it was also a space for people to talk about the broader issues around liability, consent, legal challenges, financial implications and the safety of information. By using the DISC as a basis for these discussions, the partnership collectively identified, assessed and articulated the risks involved to support the DISC's delivery and implementation.

Good practice example: Ending gang and youth violence

A partnership approach has been at the heart of tackling gang and youth violence, with the Home Office, Department for Work and Pensions and other departments setting this out in a cross government report in response to the 2011 riots. The ending gang and youth violence (EGYV) programme, is providing support to 43 local areas across the country.

As part of the Centre's work to identify some of the information sharing issues affecting local areas that are tackling gang and youth violence, we brought a number of local places together, including Waltham Forest, Nottingham and Margate, to discuss the challenges they faced. Following an analysis of the problems, barriers, needs and concerns that were raised, four key information sharing issues were identified including 'effective management and assessment of risk'.

To ensure the effective development and safe delivery of activity in tackling gang and youth violence, local partnerships recognised the importance of well-informed risk assessments and risk management plans. They also recognised that:

▶ Risk management plans need to be formed using a broad range of information, and this should be used to identify geographical clusters of risk (or 'hot spots') within a local place, to create risk profiles for the area around key buildings e.g. care homes.

▶ Risk assessments are over-reliant on police data, and the different ways that gang and youth violence data is recorded across the country, makes it more difficult to determine accurate assessments of risk across administrative boundaries.

▶ Using both factual and anecdotal information as part of risk assessments and plans can be useful, however, making use of such evidence, e.g. concerns raised by a potential witness or neighbour, as part of the risk management process would require local partnerships to have a high level of trust and confidence in each other and in the quality of the information and intelligence provided by one another. It would also require mutual agreement as to how different forms of information would be used and weighted in the risk assessment processes.

▶ Sharing information to inform joint risk assessment and joint response plans can become complicated by the use of differing thresholds and responses to 'high risk' by partners. Different organisational cultures and volumes of work for the agencies involved will inevitably impact on what is considered to be 'high risk' and response times. If these differences are not understood by all partners, it can impact on the flow of information between agencies when contributing to risk assessment and planning.

▶ Agencies working with self-referred individuals can face problems assessing risk adequately if the individual doesn't provide a full picture of information about themselves during the referral process. With situations where issues may be sensitive e.g. mental health, substance misuse or involvement in illegal activity, it is essential that service providers feel able to draw on information held by partner agencies to ensure potential risks to staff and clients are fully understood and managed.

Our findings suggested that the impact of gang and youth violence goes beyond individuals and their families, to impact on the locality and communities in which they are living or spending time. Strong links with organised crime means that coordinated gang activity is often taking place across multiple geographic locations. In addition, the quality of a local environment and the prevalence of vulnerable people in an area can have a significant impact on risk. Although these issues are generally understood, there is concern that they are not yet reflected in risk assessment and management processes, and that there is currently a lack of thought given to geographic factors when assessing risk.

Conclusion

For multi-agency teams, risk in information sharing is part of everyday business but it needs to be effectively managed. The approach to risk management may require a degree of flexibility – e.g. for multi-agency pilots that are limited in time and scope, to allow some space for 'messiness', and to put in place measures to help manage the risk through awareness. Alternatively, the approach may need to be worked through more systematically, and proper mitigation measures, or multi-agency protocols for shared working put in place to reduce the risk that information may be shared inappropriately' and balance this against risks to service users.

Encouraging risk taking in a supported framework can help professionals to innovate, and to think and act outside of their usual practice. By encouraging risk taking in a supportive environment, adopting a joint understanding of organisational thresholds and tolerances, and inspiring individual ownership, teams can be better supported to share with confidence and trust.

Citizen engagement

When public servants are faced with sharing information; that is sometimes sensitive, it can prompt concerns both internally and by the public, about the control a person has over the information they are sharing; how securely the information will be treated, who will have access to it, and how it might be interpreted or used.

Citizen engagement helps to alleviate public fears about the potential impacts of sharing information and engages them in a co-designed approach to service reform, information sharing arrangements and communications. Sharing personal information also comes with a responsibility to the public servant to ensure that people are aware of the data that is going to be shared about them, as well as the organisations and staff that will have access to it, and the purpose behind sharing their data.

Another key benefit of engaging local people in the development of information sharing activities, is that they can provide insight and understanding about the audiences (specific and general) with which public sector service providers may want to communicate. This shows the benefits of getting citizen engagement right to empower people to make informed decisions about consent and information sharing.
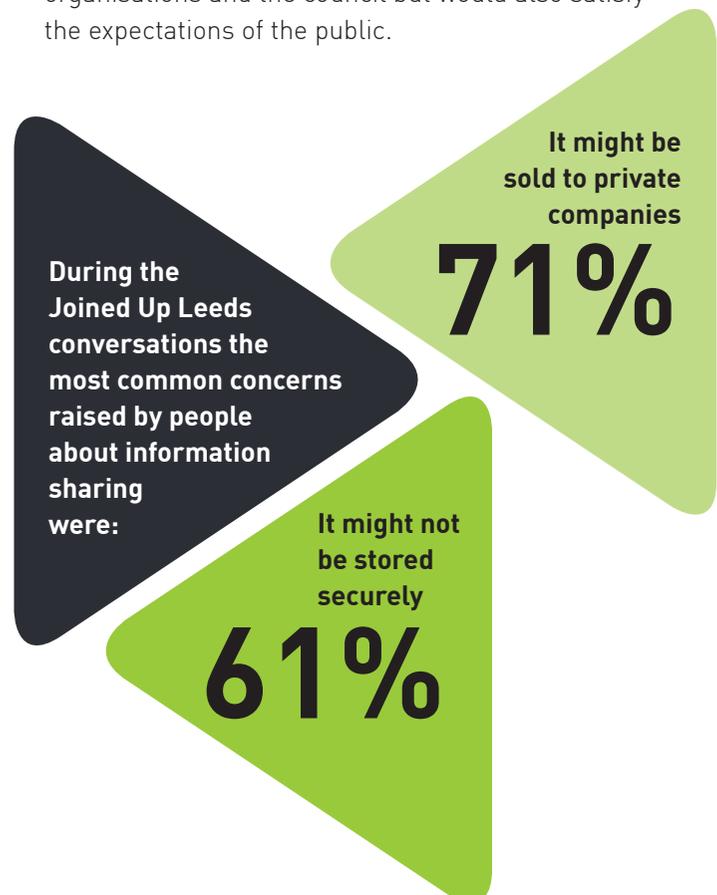
Good practice example:
Joined up Leeds

Joined up Leeds was an information sharing project in the city for the local NHS organisations and the council which required a range of public engagement to develop materials, get resident views and to share the analysed data collected which was used to develop recommendations.

The process was run by an independent team who organised the main two-week period of engagement to allow a focussed period of publicity across the city. People could take part by either attending one of seventeen organised 'city conversations', participating in a 'network conversation' which they organised themselves, joining in media conversations using #JoinedUpLeeds or completing a survey.

As a result of this multifaceted approach to engagement, a total of 1,474 people participated in the process, ensuring the desire sought by the local health and wellbeing board for wide representation was met, whilst in-depth insights into why people behaved in the way they do were gathered.

The outcome of the extended level of public engagement allowed the development of the project materials to be better targeted and understood by the target audience leading to a greater response to the resident views resulting in more focused recommendations for the project. The improved level of engagement allowed the local people to steer the project to help it meet the outcomes set by the NHS organisations and the council but would also satisfy the expectations of the public.

During the Joined Up Leeds conversations the most common concerns raised by people about information sharing were:

It might be sold to private companies

71%

It might not be stored securely

61%

Good practice example:

Making engagement meaningful in North West London

In North West London, local people were recruited to play an active part in the co-production of all aspects of the local integrated care programme. Stemming from their overarching commitment to co-production, North West London integrated care advisory group took on a role of challenging the approach to, and being local champions of, information sharing.

A key element of the partners work on engagement was the development of a set of shared principles for co-production across the whole systems integrated care (WSIC) programme. These principles were seen as key to ensuring moving beyond the traditional boundaries of consultation or service user engagement, to create something that would be meaningful for those giving up their time and energy to be involved. Co-production principles for North West London's WSIC programme include:

1. A committed to our shared principles for co-production in the programme.

2. Co-production for the WSIC starts with co-design, through which we can then embed co-delivery. This is the core of our programme and is embedded throughout the whole process.

3. We are dealing with new relationships for which we need a new language of inclusion: we will avoid "consultation" and aim at all times to have "conversations" for a genuine partnership.

4. We are people driven: we will actively reach out to those whose voice is rarely heard.

5. We are all responsible for driving progress and educating each other along the way.

6. We recognise the political and social context in which the programme sits.

The shared principles helped to cement the partnership between the local integrated care programme and the local residents.

> **"Professionals prefer to prepare something for consultation with patients, but the full benefits of co-production come when you have their views from the start. It also saves time in the long run."**
>
> Lis Paice, Joint Chair, NWL Integrated Care Management Board

Conclusion

The examples highlighted within this theme show the real benefits citizen engagement offer as an enabler for information sharing – especially when the information sharing in question is personal data. In many examples the need for effective citizen engagement should be regarded as a necessity rather than an option in order to:

▶ Ensure messages about sharing personal information is accurate and dispels myths.

▶ Engage service users to make sure any changes are tailored for them.

▶ Explain why any changes to services are necessary and create confidence in the process.

▶ Create advocates for the service change and get service users on-board.

▶ Empower local people and to give them a voice and clear channel of feedback

The feelings of service users always has the potential to be a barrier to information sharing unless it is properly managed as a key aspect of any project. Changes to public services will always get people talking, but good citizen engagement means people will be talking to the right people and communicating the right messages – which is imperative for successful public service reforms.

Partnership working, organisational culture and trust

Introduction

The key to designing effective and innovative services is to consider what part 'partnership working, organisational culture and trust' play within information sharing between the organisations involved.

The strength of any partnership is based on whether you are able to create a shared purpose and set of values which reflects this purpose however this relies on an evolving organisational culture which is often reliant on leadership. Only when a partnership has moved through this is it truly able to expand its capability, understanding and reach within any legal or specific framework and this evolving process leads to the building of trust within the partnership and a more collaborative and honest approach follows.

Partnership working

Working in partnership is always the most difficult route to delivering services as it requires organisations to consider, understand, adapt and collaborate to the culture, legal position, governance and practice of another organisation, to deliver on an agreed outcome.

Good practice example:

The Trafford Care Co-ordination Centre (TCCC) exemplifies the role information sharing plays in supporting health and social care integration. A history of integrated care development in Trafford has led to the development of a whole series of community integrated services which work well, but can be hard to navigate around. As a result, a focus on 'care co-ordination' has developed, grown out of the realisation that putting in place new ways of delivering treatment would not necessarily result in patients being referred into them. Not unless GPs, patients and those providing treatment were supported and assisted in navigating the redesigned healthcare system and in changing the way they work in partnership together.

The care co-ordination centre is seen as the flagship development of Trafford's CCG and is the first of its kind in the country. More than just a physical building, the TCCC is an approach to supporting people with complex care needs.

The partnership has taken a very collaborative approach to developing the TCCC information sharing protocol and this has meant that all partners helped shape the agreement and collectively addressed any areas of concern, such as partnership responsibilities, developing and embedding processes and applying information assurance standards across the partnership.

Organisational culture

Organisational culture is the ideas, customs, and social behaviour of a particular organisation and the people that work within it. When we discuss the organisational culture of sharing information we are discussing the way each organisation shares information, why they share information and what governance arrangements they work to. We also discuss the historical relationships, leadership and conflicting outcomes to really assess what a culture may look like.

Good practice example:

In B&NES they recognise the need for a "changed culture around information sharing, to enable staff to share appropriately and proactively". The connecting families team in B&NES is finding that the multiplicity of problems they are struggling with means that the troubled families policy area touches on others, such as debt management, domestic violence, health and well-being, and support into work.

For them it's not simply about collecting more data: it is about what you do with that data which makes a real difference to the lives of local people in B&NES. The connecting data programme will be learning from the connecting families programme to build the case for better use of data about families experiencing multiple problems, and be able to turn more of these families' lives around in future. This process is being developed to integrate with the new B&NES multi-agency safeguarding hub – this is being launched in autumn 2016 and it will share the learning of the new processes across the partnership.

Trust

Trust within information sharing is to rely upon or place confidence in a partner agency or professional to share information in a safe, secure and legal way. Trust is also attributable to relationships within and between communities. It is a popular approach to frame the dynamics of inter-partnership interactions in terms of trust.

Good practice example:

Norfolk Constabulary and its partners have successfully implemented an all age multi-agency safeguarding hub in partnership with adult and children's services and more recently, the development of the Safeguarding and investigations command.

They have adopted a systems leadership approach, looking beyond the boundaries of policing which has driven collaborative safeguarding across partnerships within Norfolk.

They have created a new team of police officers dedicated to safeguarding and joining up processes across policing and mental health. This team are led by a police inspector and have a team of mental health nurses who triage calls within Norfolk Constabulary control room.

By embedding and promoting collaborative ways of working across organisations, Norfolk Constabulary and its partners have helped to build stronger and more trusting inter- and intra-agency relationships, in order to share information earlier and to put vulnerable people at the heart of practice.

Within all of the work that the centre undertakes we find good examples of supportive partnership working taking place. To develop an emotionally and culturally intelligent workforce that shares information efficiently and appropriately requires systems leaders, who can build strong governance processes into their partnerships and create an understood organisational culture.

To offer a balanced argument we also work with areas that have struggled with developing trusting relationships. Developing an organisational culture can be an organic process but requires that each partner creates an open and supportive environment to ensure the best possibility to build trusting relationships. This can be done by developing a shared language for the partnerships work. Once the right leadership and approach is in place, trust between partners to share information proactively can cascade through the workforce and encourage cross departmental change.

Trust is often mentioned between partners but actually trust between agencies and the public is part of developing any information sharing process. This trust allows service users to feel that they don't have to re-tell their story to different services and agencies. This develops a trust in what partnerships are trying to achieve and supports the development of an organisational culture of 'getting it right the first time', which builds confidence within the workforce and empowers information sharing across the partnership. Building trusting relationships between agencies and their communities is vital to ensure that they can gather intelligence to support early intervention. Housing providers, schools and the police benefit from good community relations. Through a better connected partnership, valuable information can be shared to support early intervention to families and in particular vulnerable children.

Only through a nationwide understanding that information sharing is everybody's business, can pockets of skilled and reflective information sharing practice be transformed into sustainable and scalable models of excellence.

Conclusion and next steps

The need to share information in some form or another is almost a universal practice across both the public and private sector. In many cases there will inevitably be barriers to overcome, which, from an internal perspective, may seem unique.

However, the insight and examples in this resource show that, whilst the detail may be different, the underpinning barriers to information sharing can normally be categorised under an overarching theme.

Diagnosing the barrier is the first step on the information sharing journey, but it is this first step of getting to the root of the problem which may be a struggle. The work that the Centre has completed has started the journey to being able to give practical examples and insight into how barriers can be overcome to allow information to be shared safely, securely and in the best interest of the public.

As the centre continues to work with local places and government departments the learning and good practice examples within this resource will be refreshed, so you can keep up-to-date by visiting our website at **www.informationsharing.org.uk/debate**