

▶ Sharing health data to  
improve outcomes for  
families and children:  
**Staffordshire workshop report**



# Sharing health data to improve outcomes for families and children:

## Staffordshire Building Resilient Families and Communities workshop report

Since early 2016 the Centre of Excellence for Information Sharing (the Centre) has been working to explore the impact of culture and behaviour on information sharing between Staffordshire Building Resilient Families and Communities team (BRFC – the local Troubled Families programme) and health partners.

This forms part of the Centre's joint work with the Department of Communities and Local Government (DCLG), the Department of Health (DH) and Public Health England (PHE) on the national health information sharing project. This project is supporting the improvement of information sharing between health partners and local Troubled Families programmes.

Through this work, Staffordshire BRFC identified the priority to develop their strategic relationship with health partners in order to build on and extend the successful information sharing that BRFC have developed with mental health providers. To support this, the Centre developed a workshop with Staffordshire focussed on exploring a proposal to develop a local GP mental health information sharing pilot.

The objectives of the workshop were to:

1. Bring together local health partners to consider and inform the development of the GP mental health sharing pilot.
2. Provide an opportunity to discuss and identify cultural, people and behavioural information sharing challenges in relation to the proposed pilot and develop solutions to these.

Please note that this summary report is a reflection of the views expressed by the delegates that attended the workshop.

## Main benefits of sharing mental health information locally between health partners and BRFC

(as identified by delegates)

Service users, families and patients	Public
<ul style="list-style-type: none"> <li>▶ Timeliness - individuals would receive access to services earlier</li> <li>▶ Right support - individuals would get tailored support which is appropriate to their needs</li> <li>▶ Use of time - with tailoring of interventions individuals would need to attend fewer appointments</li> <li>▶ Clarity on entitlement - with better understanding of needs individuals could be clearer on support they are entitled to</li> <li>▶ Advocacy - having a key worker for the family would ensure their voice was being heard</li> <li>▶ Empowerment - support provided would develop individual's capacity to self-help</li> <li>▶ Less confusion - for both individuals and professionals with better coordination of services</li> <li>▶ Telling their story once - with information sharing individuals don't have to repeat themselves</li> </ul>	<ul style="list-style-type: none"> <li>▶ Risk and safety - reduction of incidents of anti-social behaviour, safeguarding, infant death, poor parental health</li> <li>▶ Service uptake - improved through better partner linkages and collaboration</li> <li>▶ Public purse - cost reductions due to fewer missed appointments, better targeting of services and reduced duplication</li> <li>▶ Community cohesion - happier communities as fewer families with complex problems</li> </ul>

Health providers	Partner organisations
<ul style="list-style-type: none"> <li>▶ Appropriate levels of support - with keyworkers providing tailored levels of support alongside GP level interventions</li> <li>▶ Effective use of time - GP able to input and contribute to safeguarding in a time efficient manner. Unnecessary GP appointments and visits reduced</li> <li>▶ Professional support - GP supported by multi-agency input to families and being included in relevant multi-agency discussions</li> <li>▶ Informed decisions - GP treatment and intervention informed by full understanding of family needs</li> <li>▶ Appropriate referral - increased and improved GP knowledge improves appropriateness of onward referral and uptake</li> <li>▶ Understanding local need - GP develops increased depth of understanding of community needs</li> </ul>	<ul style="list-style-type: none"> <li>▶ Educational achievement - improved attainment by children</li> <li>▶ Joint working - improved collaboration across a range of services including housing, community safety and schools</li> <li>▶ Clarity of roles - collaboration develops inter-agency understanding and alleviates confusion about partner agencies roles</li> <li>▶ Understanding family needs - with full understanding of health needs agencies can tailor interventions for families</li> <li>▶ Risk management - improved understanding of risks for families enables better management</li> <li>▶ Duplication - collaboration highlights and reduces overlaps of service provision</li> </ul>

## Main cultural barriers and enablers that impact on sharing health information locally between health partners and BRFC (as identified by delegates)

Barriers	Enablers
<ul style="list-style-type: none"> <li>▶ Low awareness of BRFC - GPs don't know the benefits and outcomes that can be realised for both patients and professionals</li> <li>▶ Scope of engagement - need to engage with all of GP practice staff including support staff e.g. receptionists</li> <li>▶ Constrained resources - GP finances and time are very limited</li> <li>▶ Credibility - role and impact of BRFC and practitioners needs to be recognised, understood and valued</li> <li>▶ Consent, confidentiality and data protection - concerns around legality of information sharing, risks to GP and impact on patient relationship</li> <li>▶ Confusion - the number of different initiatives (e.g. early help) creates confusion on the ground</li> <li>▶ Complex process - information sharing regarded as too time consuming or lengthy for GPs to engage with</li> <li>▶ Opportunity cost - cost to the surgery in terms of administration, staffing etc. regarded as too high</li> <li>▶ Interoperability - IT systems that won't or are unable talk to each other</li> <li>▶ Lack of personalisation - patients seeing a number of different GPs at a practice reduces depth of understanding of need and risk</li> <li>▶ Low buy-in - GP and practices' unwilling to engage in information sharing</li> <li>▶ Lack of leadership - no champion to drive development, take decisions or hold others to account</li> </ul>	<ul style="list-style-type: none"> <li>▶ System flags - GP practice systems can support identifying BRFC families by assigning a 'flag'</li> <li>▶ Safeguarding leads - dedicated individuals exist in each GP practice as key point of contact</li> <li>▶ Practice managers - provide a key point to engage with and support access to GPs</li> <li>▶ Previous learning - current practice (e.g. action learning sets) can inform development and 'what works'</li> <li>▶ Existing relationships - with particular GP practices provide a foundation of trust, understanding and partnership</li> <li>▶ Alignment of aims - ensure work is supporting achievement of GP targets and indicators</li> <li>▶ Better outcomes - highlighting the shared and better outcomes for families</li> <li>▶ Financial savings - demonstrating financial and resource savings for GPs</li> <li>▶ Reduction of 'did not attends' - families making appropriate GP appointments and supported to ensure they can attend</li> <li>▶ Increased service offer - improved understanding of and access by GPs of the range of services that patients can be referred to</li> <li>▶ Being part of a team - GP working as a team to support families and not in isolation</li> </ul>

## The information sharing challenges that delegates identified as a top priority over the next 12 months and the solutions to address them

### Information sharing challenge: Raising awareness of BRFC with GPs and GP practices

1. Identifying advocates/champions in specific geographic areas and GP practices (e.g. those interested in safeguarding and mental health) and work with these
2. Identify mental health and safeguarding clinical leads in each Clinical Commissioning Group (CCG) and Local Medical Committee (LMC)
3. Target attendance at GP locality meetings
4. Use case studies of improved outcomes to building understanding and credibility of key worker approach
5. Show bigger picture by framing BRFC and GP mental health information sharing pilot within the wider transformation of children's services
6. Develop relationships with GP, GP practices and other professionals with a focus on building trust

### Information sharing challenge: Confidentiality, risks for GP and patient understanding

1. Develop GP and patient understanding and trust through a National Health Service England (NHSE)/CCG statement on collaboration and use the support of existing resources e.g. CCG participation manager
2. Extend BRFC consent and privacy notice to GPs
3. Develop and sign Information Sharing Agreement (ISA) to support pilot work
4. Be clear on the reason for information sharing i.e. 'safeguarding and well-being' of the family
5. Develop understanding of how information sharing supports GP's increased access to other services

## Next steps?

- ▶ Introduce and raise awareness of the BRFC programme through a round of initial engagement with GP and GP practices
- ▶ Develop material to support this initial engagement including producing case studies that evidence the positive impact for families, GP and other health professionals achieved from sharing mental health information
- ▶ Seek a statement from DCLG and DH that demonstrates the national support of the GP mental health information sharing pilot
- ▶ Develop a deeper understanding by BRFC and partners of the local context that GP's and GP practices operate in i.e. targets, KPIs, relationships, policy drivers and initiatives
- ▶ Develop the BRFC programmes 'ask' of GP and GP practices including explaining the commitment and expectations in relation information sharing

## Feedback from workshop participants

**'We need to plan the next steps and start discussions with colleagues. We have a meeting tomorrow and this will be on the agenda'**

**[the Centre] 'Facilitated a collaborative way forward'**

How can you be involved in the continuing conversation? If you would like to learn more about this work or share any information sharing success stories around supporting families with complex needs or working with mental health, please do not hesitate to get in contact with the Centre:

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