



Department
of Health



Department for
Communities and
Local Government

Interim Guidance for Troubled Families Programme Early Starter Areas

Sharing health information about patients and
service users with troubled families

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Interim Guidance for Troubled Families Programme Early Starter Areas

Sharing health information about patients and service users with troubled families

Prepared by the Department of Health in collaboration with the Department of Communities and Local Government, and Public Health England.

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Executive summary

Troubled Families Teams (TFTs) in local authorities work to empower and support families with multiple problems in their communities. The Programme reaches families affected by poor school attendance, crime, anti-social behaviour and unemployment as well as those with younger children in need of help, and issues including domestic violence and mental and physical health problems.

Poor health makes it harder for these families to secure and remain in work, play a full part in their communities and realise their potential. The Programme provides an opportunity to: provide earlier intervention and prevent families' problems from escalating; ensure that children who need help receive effective interventions and have the chance of a better life; and bring down costs to the taxpayer at the same time. Improving the health of troubled families is critical. That means addressing the wider factors that shape health by working with local partners, and improving access to mental, physical and other health services.

- Health information is important to the Troubled Families Programme to:
 - ensure families whose problems include health needs are identified and prioritised for support
 - ensure services for troubled families are tailored on the basis of a full understanding of their health issues
 - track improvements in health outcomes, and
 - evidence the overall impact of the programme as part of local and national evaluation and, therefore, the continual improvement of delivery and commissioning decisions.

The Programme is run locally by local government, in conjunction with partner agencies, including the police, NHS and schools. Some councils are already using their own local health criteria to identify families through the programme. These areas have been working with local health colleagues to the benefit of families. The health system could do more to identify families with health issues. This may mean combining data and intelligence from across the health system, and – with families' agreement – referring families directly to local troubled families' team.

The Confidentiality Rules

This interim guidance reflects the Information Governance Alliance's 5 rules for information sharing for direct care due for publication later this year. Here, we set out how NHS and Adult Social Care organisations can work within these rules to share information in the interests of families, to identify families who could benefit from the Troubled Families Programme. In addition, health professionals can continue to refer families directly into the programme, with the families' agreement.

5 Rules for Confidentiality and Information Sharing:

How they should be applied when sharing information with Troubled Families Teams

Rule 1: You should treat confidential information about individuals confidentially and respectfully.

You must manage the information contained in care records respectfully and confidentially, using secure systems and processes and share it in accordance with these 5 rules. You must keep individuals informed about the care you are providing, about the content of the records that you make, and about any proposed sharing of that content with others.

In the first instance you are not being asked to disclose any confidential information about individuals – in a recent survey, 93% of people said that medical confidentiality is essential or important¹. The Troubled Families Team (TFT) will ask you to use your professional judgement to indicate whether there are any health issues that would make the family a priority for intervention. You are not being asked to disclose who has the health problem or what the health problem is. You will only be asked to disclose confidential patient data when the TFT has obtained consent from the appropriate family member(s).

Rule 2: You should share confidential information when it is needed for the direct care of an individual.

As someone involved in providing care to an individual, you have a legal duty to keep complete, accurate and up-to-date records about the care you provide. Subject to the other rules, you must share relevant information with others involved in supporting the family, regardless of organisational boundaries. Where this means sharing information with people who are not care professionals (e.g. other organisations supporting the family through the TFT), you should ensure consent has been obtained. Where an individual lacks capacity, you should make a judgement about whether sharing the information is in their best interests. Confidentiality should not be a barrier to safe and effective care.

Once a family has consented to working with the TFT you may be asked to disclose confidential information that will help the practitioners working with the family to establish a package of support. You should ensure that you only share information that is relevant. It is possible the TFT will share information with you that will help you provide better care for the family.

Rule 3: Confidential information shared for purposes beyond direct care should not normally enable individuals to be identified.

Information shared for purposes other than direct care (e.g. for research or for service management), either within or outside your organisation, should not normally enable individuals to be identified and you should follow your organisation's policies and procedures to make sure this is the case. There are exceptions to this rule however, so if you are informed that anonymised information will not suffice you must obtain the approval of a senior manager or Caldicott Guardian who will review the legal basis for sharing the information.

Where the TFT, working with NHS staff, identifies the need for additional care for the family, or individual(s) within the family, then you may need to share confidential information so that it can be delivered more effectively. You will not be asked to share any confidential personal data unless consent has been obtained.

Rule 4: You should respect an individual's request that their confidential information is not used beyond their own care and treatment.

When an individual objects to any proposed information sharing, you should respect their wishes – whether for their direct care or for other purposes. You should carefully explain the consequences of not sharing the information but if an individual has the capacity to make this decision then it is their choice. However, there are exceptions, such as where there is a legal requirement to share information, where the public good served by sharing information outweighs the public good served by protecting patient confidentiality, or where an individual lacks the capacity to decide. Where you cannot respect their wishes, they have the right to be told the reasons. These are complex areas so you should seek advice from a senior clinician, senior social care manager, or your Caldicott Guardian.

You are not required to disclose confidential information where a patient objects. Where a patient previously consented to information sharing but subsequently changed their mind, you must respect the patient's wishes unless you believe doing so would put a child at risk of significant harm, or an adult at risk of serious harm. You should explain to the patient that this may undermine the support their family is receiving from the Troubled Families Team and may even result in the TFT withdrawing support.

Rule 5: Your organisations should put policies, procedures and systems in place to ensure that this guidance is followed.

Your organisation should support you to follow these rules. All the necessary policies and procedures should be readily available and you should have access to information governance advice when you need it. If you find that you are being prevented from following these rules, particularly if this may result in worse outcomes for individuals, you must raise your concerns with a senior manager and your Caldicott Guardian.

The Department of Health supports the Troubled Families programme and believes that local NHS organisations should work with other parts of the public sector to support vulnerable families and improve health outcomes. You should therefore ensure your organisation has appropriate policies in place to share information appropriately with local Troubled Families Teams.

Our Recommended Approach

1. Local Troubled Families Teams (TFT) and local health services agree a set of health issues that they intend to target as part of their identification and prioritisation of families for support.
2. TFT create a list of families that have already been identified as meeting one or more of the programme's other indicators. Local TFT share a filtered list of families with appropriate local health services e.g. GPs, community health teams, CAMHS/AMHS teams etc. The size of the list and with whom it is shared should be agreed between the TFT team and local health services so that the data shared is proportionate and in line with the requirements under the Data Protection Act.
3. Local health services mark those families on the list that meet one of the programme's agreed health indicators. They do not need to disclose which family member it is, or what the problem is.
4. Local TFT can approach those families who have health concerns and meet the programme's other criteria and seek their consent for support.
5. It is very likely that further information on the relevant family member and the problem will become apparent once work has begun, but being able to identify families on the basis of a health problem ensures that the right families are targeted for support at an earlier stage.
6. Once a family begins to receive support from the programme, the TFT may seek consent from the family to access information about their health needs.

In Oxfordshire the Troubled Families Team and health professionals are already benefitting from using this approach, which has been endorsed by their Clinical Commissioning Group.

ⁱ <http://www.ipsos-mori.com/Assets/Docs/Polls/jrrt-privacy-topline-nhs-2014.pdf>