

Better together:  
Implementing a new  
information sharing  
charter for Dorset

**In-depth report**



The Better Together partnership in the Dorset area shares information with healthcare agencies across the County in order to improve health and care outcomes.

Since 2013 the Chief Executives of eight key agencies with healthcare responsibilities have worked together to integrate service delivery in order to realise their vision of “person-centred, prevention-oriented support” for the people of Dorset.

By launching the Dorset Information Sharing Charter (DISC) in January 2016, Better Together partners hope to reduce duplication across agencies and introduce a uniform way for organisations to share data that will ensure compliance with data protection legislation.

### Key points

- ▶ The Better Together partnership believe the DISC is a more effective tool than the Information Sharing Protocol it replaces because it increases the confidence of integrated teams to share information safely within legal frameworks.
- ▶ Key challenges the Centre has uncovered for partners charged with implementing the DISC include understanding the boundaries and consequences for sharing, and developing a simplified common language to convey the DISC's principles.
- ▶ The Centre has been supporting Dorset's Better Together partnership to develop their organisations' internal cultures and develop collaborative ways of working in order to implement the DISC successfully.
- ▶ The DISC signifies a commitment and recognition from senior management as a promise is required from partners to participate in the information governance (IG) structure they have created to oversee the implementation.
- ▶ There is a higher level of confidence in the DISC as it will only be reviewed every five years, (as opposed to the annual review of the previous protocol).
- ▶ The DISC is far simpler than the protocol it replaces as it doesn't refer to recording and receipt, or security and retention of information which were key barriers to sharing information previously. (To read the full DISC please visit [www.dorsetforyou.com/disc](http://www.dorsetforyou.com/disc) ).
- ▶ The DISC is also supported by a suite of new online materials accessible to all partner signatories.

# Introduction

The people living in the Dorset area (defined as the places within the Borough of Poole, Bournemouth Borough Council and the County of Dorset) access health and social care services via 13 primary healthcare localities which in turn mainly access four NHS hospital trusts and a number of smaller community hospitals. Residents access health and social care through the six district councils that make up the County of Dorset, as well as the three first-tier councils.

From 2013, the Chief Executives of eight key agencies with healthcare responsibilities started having conversations about how they could improve the way residents received health and care services in Dorset.<sup>1</sup> They had noticed that these services were often delivered using a single agency approach, reflecting the way they were funded and managed separately.

There were instances of operational alignment between these agencies, such as a single Public Health Team working across the three local authorities, and a single Clinical Commissioning Group (CCG), (the third largest in the country), which had the clout to commission healthcare services across Dorset, although this often did not happen in practice.

At the same time, they noted that there was no “over-arching policy, strategy or machinery that could bring about a coherent pan-Dorset approach [to delivering healthcare services].”<sup>2</sup> This had resulted in a fragmented and inefficient system which had not taken advantage of opportunities to join up services, and was therefore increasingly costly to maintain in a challenging financial climate.



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<sup>1</sup> These agencies are: Dorset County Council, Bournemouth Borough Council, Borough of Poole, Dorset Clinical Commissioning Group (CCG), Dorset Healthcare University Foundation Trust, Poole Hospital Foundation Trust, Dorset County Hospital Foundation Trust and Royal Bournemouth and Christchurch Hospitals Foundation Trust.

<sup>2</sup> Better Together Business Plan 2014 – 2017 (March 2014): Transforming the Health and Social Care system across the Dorset area, p8.

# Background to the Better Together Programme Board in Dorset

**“[We want to] bring services together to respond to what is important to the people we serve. The Dorset-area Partnership is committed to transforming health and social care services across the Dorset area, to enable and deliver a sustainable improvement in ... outcomes through person-centred ... preventative, co-ordinated care.”  
(Better Together Business Plan Vision)**

In response to the need to redesign services around the people receiving them and reduce the cost to the healthcare system, the partner agencies decided to set up the Better Together Programme Board. The Partnership had a vision of integrated service delivery across its agencies to create “person-centred, prevention-oriented support” for the people of Dorset.<sup>3</sup> This would result in “improved health and social outcomes for residents, and greater personalised support for individuals and their families” – focussing initially on older people and those with long term conditions.<sup>4</sup>

The programme board understood that a major factor in the way the system was re-designed was the way a person’s information was captured and shared across it. Better information sharing was therefore a key aim of the Better Together Programme, as it would deliver multiple financial and efficiency benefits, including:

- ▶ Multi-agency working arrangements and single access points using a shared IT system.
- ▶ Better commissioning and service planning supported by shared intelligence on peoples’ needs for healthcare services.
- ▶ More older people being able to receive health and care services at home, due to doctors having access to the right information in order to make correct decisions about discharges.
- ▶ Reduced levels of ‘inappropriate demand’ on the system as a result of patient information flowing more freely.

The local authorities decided to bid for transformation funding that would pay for the Better Together initiative, and the Chief Executives of the eight partner agencies set out the guiding principles for using the money to join up health and care services, including making services person-centred, focussing on quality of user experience across the whole system, and providing best value for the ‘public pound’.<sup>5</sup>

<sup>3</sup> Ibid, p11.

<sup>4</sup> Better Together Programme Board (March 2014): The Story So Far.

<sup>5</sup> Dorset County Council, Bournemouth Borough Council and Borough of Poole were awarded £750,000 from the Transformation Challenge Award, alongside practical support through the Pioneer programme. See [www.gov.uk/government/publications/transformation-challenge-award-winning-bids](http://www.gov.uk/government/publications/transformation-challenge-award-winning-bids) and [www.england.nhs.uk/pioneers](http://www.england.nhs.uk/pioneers) for more information.

# Tackling barriers to sharing health and social care information

The re-designed system would have governance through Health and Well-being Boards and shared scrutiny arrangements, and performance would be judged against evidence-based outcomes. The Better Together Board realised from the outset that front-line cultural change and strong leadership through the Systems Leadership programme<sup>6</sup> would be required to break-down barriers to sharing information between the partner agencies, supported by integrated ICT, better workflows and robust information governance.

By early 2014, partner agencies had already signed up at sponsor level to the planned changes to Dorset's health and care system, and senior staff had become increasingly confident that it was "the right thing to do".<sup>7</sup> By the following year, the Programme Board had set up three locality leadership teams which commissioned a cultural education provider (Channel 3 and Verve) to develop new ways of integrated working and sharing information.<sup>8</sup> The idea behind this approach was to tackle the cultural blockers to multi-disciplinary working which were preventing delivery of joined-up care on the ground.

Yet at the operational level, very real information sharing risks remained.

The main reason given for poor day-to-day information sharing between 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).

However, 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 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.

Personal Information Sharing Agreements (PISAs) would govern specific instances where a new dataset needed to be shared, replacing the unfathomable patchwork quilt of sharing agreements which the partnership had built up over time. This would lead to more appropriate information sharing with informed consent, reducing hospital admissions and consultation delays, and improving outcomes for patients.<sup>9</sup>

The Better Together Programme board appointed a Project Manager for Change and Engagement, to oversee the launch of implementation of the DISC. This officer leads the ICT, Business Processes and Information Governance workstream for the programme, bringing together information governance leads from each of the partner agencies to oversee the changes. The work stream is supported by a part-time Communications Manager seconded from the Adult Social Care department, to develop clear messages about the purpose and benefits of the DISC.

<sup>6</sup> See <http://leadershipforchange.org.uk/systems-leadership-local-vision> for more information.

<sup>7</sup> Better Together Programme Board (March 2014): The Story So Far, p6.

<sup>8</sup> This programme included a staff survey, workshops on organisational behaviours and cultures, and team building events. See Better Together (June 2015) Integrated Locality Team News, p2.

<sup>9</sup> Ibid.

# Developing the DISC – the Centre’s workshop for partners

To help the Better Together Programme Board engage all partners on the approach and roll out of the DISC, the Centre of Excellence for Information Sharing (the Centre) facilitated a stakeholder engagement workshop in March 2015. This was an opportunity to develop thinking about the practical aspects of implementing an Information Sharing Charter and how to improve integrated working more generally, using the DISC as a catalyst to start the conversation about information sharing.

The workshop was attended by representatives of the Better Together Programme Board from across the health and social care landscape, including directors and executives from the local authorities and CCG, Adult Social Care, education services, community services and acute hospitals. In advance of the workshop, participants were encouraged to think about how their organisation would look once the DISC was implemented and how they could help achieve this vision; in particular, the current challenges facing middle managers, communication leads and front-line staff, and what support they would need to provide them to overcome these challenges.

The workshop uncovered that people expect the DISC to deliver increased efficiencies so that:

- ▶ People only have to tell their story once and can expect a better service.
- ▶ Local people have clear guidance about how their information is shared (and in what circumstances their consent would be sought to share it).
- ▶ Professionals have access to the information they need, when they need it, to support better outcomes for local people.
- ▶ Good decision making is supported by an information sharing framework providing staff with clear direction.
- ▶ Unnecessary appointments and admissions can be avoided.<sup>10</sup>

In order to deliver these efficiencies, staff told the Centre they needed wider awareness about the benefits of the DISC, its purpose and what it meant for them, clearer guidance and training around their roles and responsibilities, permission to lead from senior staff and access to systems and processes that support effective sharing.

Participants were very aware of the further work needed to identify both organisational and partnership approaches to better information sharing to support the DISC’s implementation. Key challenges cited at the workshop included the different levels of risk tolerance in the partnership; the boundaries and consequences for both lawful and unlawful sharing; and developing a simplified common language to convey with the DISC’s principles clearly and accessibly.

The workshop delegates were also concerned with the issue of developing a consistent and sustainable approach to information sharing beyond the DISC’s launch. Responses from participants on the key issue of how to obtain real buy-in from all the partner agencies suggested that root and branch change in organisational behaviours was needed to embed the DISC effectively within the partnership. At the heart of this change is the requirement for collaborative working and a free exchange of knowledge and ideas, which means that people will share information if there is an internal culture that allows them to do so.

The workshop demonstrated a genuine appetite for greater collaborative working which now needs to be reflected in its implementation. Although partners represented at the session committed to taking an active role in embedding this ethos, it was accepted that more work was needed to look at individual roles and responsibilities. Partners were also keen to embed the DISC within the Information Governance framework, but findings from the workshop indicated that implementation needed to stretch far wider than this alone.

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<sup>10</sup> These expectations fell broadly in line with the anticipated benefits of better information sharing laid out in the Better Together Business Plan.

# Launching the DISC – key information sharing messages

The DISC was launched at a high-profile event, titled 'Dare to Share', in January 2016. The launch event was aimed primarily at chief executives, senior officers and information governance leads from each of the partner agencies, including the local authorities, NHS, Police, Fire and voluntary sector representatives. Speakers included the Information Commissioner, the Director of the Centre of Excellence and the Chief Executive of Dorset County Council.

The main aim of the launch event was to encourage people to see the benefits information sharing can bring and see it as a useful tool in their work. Allied to this aim, organisers saw the event as an opportunity for partners of the existing OASIP to sign up to the new DISC, and be able to recognise the DISC's branding. For this reason, delegates were encouraged to find out more about the DISC at a market-place stand, and (if they act as the organisation's Chief Information Officer) become a signatory to it on the day.

The Centre also had a stand in the market place and supported these objectives by sharing relevant learning from our case studies on integrated digital health and care records.<sup>11</sup> The Centre also facilitated workshops during the launch event to help partners articulate the cultural barriers they will need to overcome to implement the DISC successfully in their own organisation.

The Information Governance workstream group has promoted the DISC on a dedicated website,<sup>12</sup> and supported its use by developing a suite of online materials accessible to all partner signatories.

In the lead up to the launch event, the information governance leads attending workstream meetings were asked to review materials for communicating the DISC's purpose and principles. Each delegate received an information folder and metal key-ring featuring the DISC brand and the tag-line 'By sharing information we work better together'. Key messages for partners who attended the launch included:

- ▶ Timely, secure sharing of information reduces costs and improves the service user experience.
- ▶ The OASIP has provided a framework for partners to do this in the past but as working practices have changed the DISC is a better tool to support the flow of personal data between integrated teams.
- ▶ The DISC will reduce duplication across agencies and in organisations and introduce a uniform way of working to help ensure compliance with data protection legislation.

Consistency of messaging as well as a recognisable look and feel of the DISC communication materials was important for the communication and information governance leads. However, it was suggested that some of the messages<sup>13</sup> drafted on these materials focussed strongly on the legal aspects of appropriate sharing, and that future messaging could be more outcome-based, reflecting the cultural drivers of change. It was acknowledged that partner agencies that had already signed up to the OASIP were not confident that they were sharing information appropriately, and therefore it was important not to give the suggestion from the outset that they would have to overcome the same issues if they signed up to the DISC.

<sup>11</sup> See <http://informationsharing.org.uk/hsc>

<sup>12</sup> See [www.dorsetforyou.com/disc](http://www.dorsetforyou.com/disc)

<sup>13</sup> For instance, 'Do you information share correctly?', and 'We share information within the law'.

### Key learning so far

- ▶ **For healthcare staff to share patient information with their partners; support and guidance from senior leaders needs to be visible.** Chief Executives of Dorset's eight major health and care partners agreed to replace their existing Information Sharing Protocol with the DISC to instil trust across the system that sharing within the framework of the DISC would protect them against allegations of breaching the Data Protection Act and other privacy legislation.
- ▶ **Healthcare staff may find it easier to share patients' information when they have more awareness about the benefits of sharing, clearer guidance and training around their roles and responsibilities.** Partners were also keen to embed the DISC within the Information Governance framework, but findings from the Centre's workshop indicated that implementation needed to stretch far wider than this alone.
- ▶ **Health and care partnerships can improve information sharing by re-designing organisational development programmes to encourage a culture of appropriate sharing, and ensuring guidance on sharing is provided in plain English.** Healthcare practitioners and middle managers in Dorset said their organisations could help them understand a complex legal framework by simplifying guidance and providing training around their roles and responsibilities.
- ▶ **People find it easier to share information if there is an internal culture that allows them to do so.** Findings from a workshop attended by Better Together stakeholders showed the importance of obtaining buy-in from all partner agencies and investing time in developing collaborative organisational behaviours to implement the DISC successfully.

## Ensuring improved information sharing after the launch

Although the concept of working together is nothing new for Dorset, it is the first time that resources, processes, protocols and decision making will be truly formalised in such a way that allows staff to actively share information. The launch event in January was attended by a large number of partners and it was evident there was a desire to make the DISC work. The Centre held a workshop during the launch event and a number of actions were highlighted by delegates to help move the DISC forward. The actions have been summarised here, to see the full findings from the workshop please see appendix one.

### Actions from the launch event workshop:

- ▶ Service Managers need to filter messages through to front-line staff and need to be visibly supporting staff to share information and lead by example.
- ▶ Identify champions for information sharing in each partner organisation.
- ▶ More multi-agency training needed to support implementation. Mandatory training and cross-agency joint-training.
- ▶ Use the DISC to support interoperability and a shared care record.
- ▶ Work closely with GPs to promote the importance of using the DISC to share lawfully.
- ▶ Explore extending implied consent wider than health for partners signed up to the DISC.

After the launch of the DISC, the Centre will continue to work with partners in Dorset to ensure there is a shared understanding and agreement across the partnership about how implementation will be addressed. In particular, the Centre aims to support the development of;

- ▶ A high level action plan focussed on embedding the core principles of the DISC, by engaging with a range of Better Together partner agency leads.
- ▶ A joint communications strategy that engages with both internal and external audiences to explain the importance of sharing patient information safely under the DISC.

We will publish further updates on these developments over the coming months.

**“By signing up to the DISC partners will be able to provide a more efficient service to the public as information sharing will be easier across Dorset.”**

**(Communications Lead – Better Together Programme)**

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