Our ref: Foi/16/01179
26/10/2016

Dear [Name]

Further to my letter of 26 September I have now completed my review of our failure to respond to your request under the Freedom of Information (Scotland) Act 2002 (FOISA) for copies of all minutes of the GIRFEC National Implementation Support Group.

In accordance with section 21(4) of FOISA, I have also reached a decision on your request.

I apologise for the delay in responding. This has been due to the increase in workload, including correspondence and Freedom of Information requests, surrounding the Supreme Court Judgment on the Named Person on 29 July and the Deputy First Minister’s related statement on next steps on 8 September.

I can now provide our response to your original request.

I enclose copies of all information, reports and communications regarding the Data Sharing Technologies Board in relation to GIRFEC at Annex B to this letter.

While our aim is to provide information whenever possible, in this instance a small amount of information has been redacted because an exemption under section 30(c) (effective conduct of public affairs) of FOISA applies to that information. The reasons why this exemption applies are explained in Annex A to this letter.
If you are unhappy with the outcome of this review you have the right to appeal to the Scottish Information Commissioner about our decision within 6 months of receiving this letter. Information on how to make an appeal, along with an application form, is available on the Commissioner’s website at: http://www.itspublicknowledge.info/YourRights/Unhappywiththeresponse/AppealingtoCommissioner.aspx. You can also contact the Commissioner at:

The Scottish Information Commissioner  
Kinburn Castle  
Doubledykes Road  
St Andrews  
Fife  
KY16 9DS  

E-mail: enquiries@itspublicknowledge.info  
Telephone: 01334 464610

Should you then wish to appeal against the Commissioner’s decision, there is a right of appeal to the Court of Session on a point of law only.
REASONS FOR NOT PROVIDING INFORMATION

ANNEX A

An exemption applies, subject to the public interest test

An exemption under section 30(c) of FOISA (prejudice to effective conduct of public affairs) applies to a small amount of the information requested. It is essential for officials to be able to meet, often in confidence, with external stakeholders on a range of issues, including the development of GIRFEC policy. Disclosing the content of information provided at a meeting, particularly without the consent of the stakeholder, is likely to undermine their trust in the Scottish Government and will substantially inhibit communications on this type of issue in the future. These stakeholders will be reluctant to participate in meetings if they believe that their views are likely to be made public, particularly while these discussions are still ongoing and these relate to a sensitive or controversial issue such as the Named Person Scheme. This would significantly harm the Government’s ability to carry out many aspects of its work, and could adversely affect its ability to gather all of the evidence it needs to make fully informed decisions.

This exemption is subject to the ‘public interest test’. Therefore, taking account of all the circumstances of this case, we have considered if the public interest in disclosing the information outweighs the public interest in applying the exemption. We have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is a public interest in disclosing information as part of open, transparent and accountable government, and to inform public debate. However, there is a greater public interest in allowing Ministers and officials a private space within which to meet with appropriate external stakeholders as part of the process of exploring and refining the Government’s position on the development of GIRFEC policy, particularly around the information sharing elements, until the Government as a whole can adopt a decision that is sound and likely to be effective. This private space is essential to enable all options to be properly considered, so that good decisions can be taken based on fully informed advice and evidence. Premature disclosure is likely to undermine the full and frank discussion of issues between the Scottish Government and these stakeholders, which in turn will undermine the quality of the decision making process, which would not be in the public interest.
Data Sharing Technologies Board

| Time/ Date: | 10.00 - 24 November 2011 |
| Location: | B1 - 42 / 43 Victoria Quay, Edinburgh |

Agenda

1. Welcome
2. Note Of DSP Chairs Meeting
3. Terms Of Reference/ Membership/ Accountability
4. Financial Statement
5. Service Management
6. eCare Papers:
   a) Overview
   b) Technical review
   c) Next Steps
7. Demonstrator Proposals
8. Meeting Schedule
Time/ Date:  10.00 12.00 - 24 November 2011
Location:  Conference Room 11, Victoria Quay, Edinburgh

Murdoch Carberry (Chair)  Renfrewshire Council
Jenny Bodie  NHS Tayside
Steve Macgregor  Highland Council
Marian Stewart  NHS Greater Glasgow & Clyde
Ian Arnott  Fife Council
Jane Cluness  Shetland Islands Council
Jackie Stephen  NHS Borders
John Sturgeon  NHS Lothian
Mark Darroch  NHS Greater Glasgow & Clyde
Bill McKechnie  NHS Lanarkshire
George Lynch  Renfrewshire Council
Alan Kirkwood (Telephone)  Moray Council
Jon King (Telephone)  Highland Council
Boyd McAdam  SG Children & Families
Paul Rhodes  SG eHealth Programme Director
Eddie Turnbull  SG eHealth Architecture & Design
Karen O’Hanlon  SG eHealth Strategy
Gary Johnston  SG eHealth Programme Support

1. 1. Welcome

Murdoch Carberry welcomed all to the meeting. Murdoch has been involved with eCare for many years. He explained to the Board that eHealth now have responsibility for the eCare programme. He said that the focus is now on outcomes and the work of front line staff. This group is being established to facilitate this change.

2. Note Of DSP Chairs Meeting  F4096274

Paul Rhodes provided feedback from the first meeting of the reconvened Data Sharing Partnership Chairs meeting which took place on 29 September 2011. He explained that this meeting opened a dialogue with the Chairs to establish a new way forward which will enable stakeholders to deliver their business objectives through technology. He stressed that the focus is on benefits and outcomes and that any technological approach should be designed to support this and indicated an intention to establish an approach based on partnership working. The Board welcomed this and emphasised that future change needed to be rooted in the needs of staff seeking to improve services and service outcome through collaboration with partners. The initial assessment of eHealth was that the existing assets had little likelihood of providing the complete support for business processes originally intended and that more mixed economy was likely to be required to make progress on supporting stakeholder business requirements. He also explained that eHealth is a governance and directional
group that did not own or directly manage technology assets or services. These being owned and managed within the NHSS. In addition to an increasingly collaborative approach eHealth would intend to move away from direct management of the solution design and product/service in favour of stakeholder led mechanisms. There was discussion about what this might mean going forward; the key theme which emerged was that this signals a shift to a new philosophy employing a more plural approach to technology support for collaborative working. Board members noted that data sharing can involve bodies other than Health and Local Authorities, such as third sector and the Police. Paul said that there is a need to be clear about the Board’s Terms Of Reference and accountability and this will determine who should be involved.

3. Terms Of Reference/ Membership/ Accountability F4095106

The board discussed the outline Terms Of Reference. There was discussion around standards and data sets and who should own these given the multi-sector nature of data sharing. Eddie Tumbull explained that during the due diligence reviews which eHealth carried out on taking over eCare, it was discovered that although some existing standards were seen as useful, others were seen as a barrier. There is a need to review these and it is for the Board to decide if this falls within its remit. There was discussion on whether business processes should be determined locally or if there should be a national role in this. Murdoch stressed the focus on outcomes rather than technologies and Paul said that there would be a premium on designing solutions based on assets currently available both locally and nationally. A repeat of previous significant investment in the current eCare asset base was unlikely and that a full assessment of the capability of existing assets would be needed to establish what role they might play in solutions. The Board should oversee such assessment and establish a strategic way forward. The Board recognised that the focus has now shifted from the use of eCare to broader data sharing and welcomed this change as the previous approach had been seen as restrictive. The Board felt that to ensure that meaningful data sharing could take place there was a need for national requirements to be determined. The Board also recognised the need to get a clear understanding of the costs associated with existing eCare assets in order to evaluate whether these should be kept. The Board recognised that technology has moved on and that further use of low cost options like portal technologies should be further investigated. The Board noted that not all areas still have functioning Data Sharing Partnerships. Paul Rhodes explained that national representation will be ensured by the reuse of other existing partnership networks. Suggestions for amendments to the TOR to be sent to Gary Johnston by 15 December. The Board agreed that a change to its title would be beneficial, given that the focus is not on technology. Suggestions are welcomed. The Board sought further clarity about the relationship between this group and others. A particular example being the GIRFEC Programme Board. eHealth to provide a diagram explaining this for consideration at the next meeting.

4. Financial Statement F4096264

This was provided as background information only, as it was recognised that as
the document stands, it does not help the Board make any decision. The National Information Systems Group (NISG) have been tasked with providing a breakdown of component costs but it was noted that it may take some time to get clarity on this. It was explained to the Board that there is a six month notification period for cancellation of any part of the existing eCare service, but that notification of intention to cancel can be withdrawn at any time during the six month period. The intention would be for the Board to have oversight of the budget and spend to help inform debate about the optimal use of national resources and assets.

5. Service Management

Paul Rhodes proposed that service management be passed to the NISG as part of the move of the SG role to a more strategic and outcomes focus and away from operation design and solution management. The intention to move in this direction had been communicated to CoSLA and the Data Sharing Partnership Chairs who were both happy with the move and saw it as logical. The Board reiterated the importance of getting a clear understanding of costs of existing assets, The Board agreed that service management should be moved to NHSS:NSS:NISG, and that a more detailed proposal be provided for the next meeting and that NISG should attend future meetings.

6. eCare Papers:
   
   d) Overview
   e) Technical review
   f) Next Steps

Eddie Turnbull presented this group of papers. He explained that these papers were produced following an information gathering exercise carried out by eHealth Architecture and Design and local partners identified through SOcITM and eHealth Infrastructure Leads. This exercise had identified issues around line of business integration, data capture and business requirements.

7. Demonstrator Proposals

Proposals were received from Greater Glasgow & Clyde Data Sharing Partnership and NHS Lothian and The City Of Edinburgh Council for funding for portal demonstrator work. Mark Darroch explained that staff within the Greater Glasgow & Clyde Data Sharing Partnership had tried to work collaboratively using existing technologies. They had been disappointed with eCare, but the potential to take forward use of portal technology had enthused staff. Murdoch Carberry added that he had involvement with this and agreed that staff were keen to use something which they felt they had ownership of. The system has had significant usage and has a full audit trail. It displays social work data in real time. The proposal had the support of all the local authorities in the partnership area. NHS Lothian has led a consortium of 4 health boards who collectively have embarked on the implementation of a single instance of a clinical portal to provide a unified view of a patients record using a product called CareFX. Along with the City of Edinburgh, they have identified the possibility of extending this
and reusing it to support sharing between local authority and health systems. The availability of this product to four NHSS Boards would mean that a successful pilot would provide an option not only for the other three Lothian local authorities but for Dumfries and Galloway, Fife and the Scottish Borders Councils. The Board agreed both funding applications. Both projects will report back their findings when the pilots conclude. Paul Rhodes suggested that a demonstration be given of the portal proof of concept work which has been done in NW England at the next meeting. The Board recognised the importance of agreeing these small proposals in clearly signalling a change of technical approach. These allocations would be carried out under the budgetary authority of the Health Programme. If the Board was to have oversight of a budget which might provide scope for future investment the Board recognised that the ground rules for considering how to consider and prioritise proposals would be necessary.

8. Meeting Schedule

The next meeting will take place 1100 – 1300 on 19 December 2011 at Healthcare Improvement Scotland, Elliott House, 8-10 Hillside Crescent, EH7 5EA.
Data Sharing Technologies Board

<table>
<thead>
<tr>
<th>Time/ Date:</th>
<th>11.00 – 13.00 19 December 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td>Healthcare Improvement Scotland, Elliott House, 8-10 Hillside Crescent, EH7 5EA</td>
</tr>
</tbody>
</table>

Agenda

Welcome

Minute Of Previous Meeting

Updated Terms Of Reference

Service Management - NISG

Presentation from Lanarkshire – Local Achievements

Presentation from Highland - GIRFEC pathfinder

Lothian Care FX Demonstration

Date Of Next Meeting
Data Sharing Technologies Board - Minute

Time/Date: 11.00 13.00 – 19 December 2011

Location: Healthcare Improvement Scotland, Elliott House, Hillside Crescent, Edinburgh

Murdoch Carberry (Chair)  Renfrewshire Council
Jenny Bodie  NHS Tayside
Paul Rhodes  SG eHealth Programme Director
John Sturgeon  NHS Lothian
Mark Darroch  NHS Greater Glasgow & Clyde
Jon King  Highland Council
Boyd McAdam  SG Children & Families
Eddie Tumbull  SG eHealth Architecture & Design
Karen O’Hanlon  SG eHealth Strategy
Gary Johnston  SG eHealth Programme Support
Fraser McClellan  NHS Lanarkshire
Andy Robertson  NHS NSS
Karen Triner  NHS NSS
Karen Young  NHS NSS
Jan Yeats  Aberdeenshire Council
Wayne Parslow  CareFX
John Allan (VC)  Clackmannanshire Council
Steve Macgregor (VC)  Highland DSP

1. Welcome

Murdoch Carberry welcomed all to the meeting.

2. CareFX Demonstration

Wayne Parslow provided an overview of the background to CareFX and its functionality. Due to network issues, a full demonstration wasn’t possible, but the meeting was presented with a comprehensive overview from a slide deck.

He explained that the CareFX portal is based on dynamic web content gadgets developed using the Google gadget API. The consent model is locally configurable based on scenarios and logical algorithms and includes the ability to override these using a ‘break the glass’ metaphor. It is fully audited.

The portal is context based, so that gadgets update dynamically to show information relevant to the chosen subject. It allows the creation of dynamic pathways that allow a prescriptive course of action to be created. It includes a document editor which allows two way information transfer through locally created forms. It can feed the context into locally hosted applications, forcing them to display information pertinent to the chosen subject.

It was explained that CareFX are disappointed with the progress achieved
Data Sharing Technologies Board - Minute

through the implementation in NW England; they provided a proof of concept designed to demonstrate that the system could transfer live data without the need for persistent storage, but the business decided not to take forward. CareFX felt that the business cases put forward locally were flawed and should have been stronger.

CareFX are confident that the gadgets are portable to other portals, and that the adapters that have been developed to connect local systems to eCare could be re-used.

The meeting expressed interest in how far commercial offerings had moved forward in the 10 years since eCare was designed. It was recognised that these changes offered opportunities to produce solutions which better fitted partners needs.

3. Minute Of The Previous Meeting

Steve McGregor said that with reference to item 5, the DSTB should see a more detailed proposal before agreeing that service management be moved to NISG. Andy Robertson presented to this meeting, explaining the solution stewardship services that NISG can offer and their current understanding of the financial aspects associated with eCare. It was explained that it was for the DSTB to decide the specifics of the services they wish to see provided. It was requested that NISG provide a detailed written proposal to the next meeting.

4. Updated Terms Of Reference

This has now been redrafted although no comments were received from Board members. Any comments on the re-draft to be sent to eHealth by 13 January with the intention of having the Board sign off at the next meeting on 3 February.

5. Service Management - NISG

Andy Robertson gave a brief presentation (distributed with this minute) giving an overview of the services that NISG can offer, and an overview of eCare finances. It was agreed that NISG will present a formal service proposal at the next meeting. The meeting also asked to see proposals for a stakeholder engagement plan, validation route for existing soft assets and outline plan for potentially taking over management of re-use of broader assets such as adapters, and more detail on finances, including possibility of redeploying CDP staff in 2012/2013.

6. Date Of Next Meeting

10:30 – 14:30, Scottish Health Service Centre Conference & Training Venue
NHS National Services Scotland
Crew Road South
Edinburgh EH4 2LF
Background
The Highland *Getting it right for every child* (GIRFEC) Pathfinder has developed and implemented a unified approach to getting the right help to children at the right time in their lives. This is achieved through better assessing, planning and recording and aiming to deliver good outcomes for children. This approach is now in use in Highland, but IT solutions are required to underpin this new practice model and to streamline and support GIRFEC processes.

A central element of GIRFEC is the Child’s Plan. The Child’s Plan contains the assessment, planning and review information relevant to a particular child. The Child’s Plan is created by the Named Person or Lead Professional. For multi-agency plans this is generally an employee of the Social Work Service, but it can also be a practitioner from Health or Education. In order to create the plan the Lead Professional may require input from other agencies which have information about the child. The completed Child’s Plan is shared with partners to the plan; practitioners who have a direct role in providing a service to the child/family. These practitioners may come from a range of services and agencies including Social Work, Education, Health, Police and the third sector. The plan is also shared with the child and family who actively contribute to it throughout its development.

Development of solutions in Highland is being undertaken within the wider integration planning which from April 2012 will mean that Highland Council will be the Lead Agency for delivery of all children’s services. The imminent structural changes consequent upon the integration will also mean that our learning from the development of technical solutions to support GIRFEC will act as a useful resource nationally to the wider integration agenda.
The solution
Highland Council are currently working towards piloting the use of a solution based on the Microsoft SharePoint platform as a secure means of sharing the Child’s Plan. The purpose of this pilot is to prove the viability of providing a secure electronic means of:

a) Partners to the plan from any agency providing background information to the Lead Professional and,

b) The Lead Professional making the completed plan available to partners to the plan in a single location and;

c) The Lead Professional making updated versions of the plan available to partners to the plan in a single location.

This project will provide a means of secure, controlled and auditable distribution of the Child’s Plan to practitioners in a range of services and agencies. The risks associated with incomplete, inappropriate or late sharing of information will be ameliorated and practitioner workload will be reduced by the implementation of this project. The initial implementation will include specific roles and responsibilities for use of SharePoint. These will be developed, tested and reviewed as part of the project.

All required technical configuration of SharePoint to prepare for implementation of this solution has been completed by Highland Council ICT Services and Fujitsu Services.

Scope
The pilot will cover all new or substantially updated Child’s Plans created during the period of the pilot where the Lead Professional is a practitioner based in one of the nominated schools, Social Work Offices or NHS Highland locations.

Timescales
The Child’s Plan SharePoint Solution will run from April 2012 for six months. However it should be noted that, unless there are compelling technical or operational reasons to withdraw it, the Child’s Plan SharePoint solution will continue to be available to pilot users to share Child’s Plans after the review period. For this reason, administration and support of the SharePoint Child’s Plan solution will continue to be provided after the review period.

Benefits
- Faster creation of Child’s Plan because Lead-Professional has access to all reference material in a single location.
- Reduced risk of inappropriate sharing of a Child’s Plan.
• Faster sharing of Child’s Plan, especially with those who don’t have secure e-mail (i.e. Third Sector).
• Increased probability of practitioners accessing and using the latest version of the plan.

Exclusions
The Child’s Plan SharePoint Solution will be used only as a mechanism to gather information in support of the creation of the Child’s Plan and to share new and updated Child’s Plans. It will not be used to save or store any data. Child’s Plans will continue to be created, saved and stored only on agency line-of-business systems.

Review
At the end of the pilot period, a Pilot Review Report will be produced by the Project Manager. This report will draw on an on-line survey which will be made available to pilot participants during the pilot period. The Pilot Review Report will assess the effectiveness and usefulness of the solution and will make recommendations on potential improvements as well as the wider roll-out or cessation of the solution.

The Highland Data Sharing Partnership will make the final decision about wider roll-out (to include additional partners) or cessation of the SharePoint Child’s Plan solution.

Funding
Technical development and delivery of Sharepoint including upgrading of the equipment and systems in use by staff, licenses etc. are all being met by the Highland partnership. The Highland Data Sharing Partnership however requests non-recurring funds of £50,000 to implement and support the pilot of the Child’s Plan SharePoint Solution. The HDSP feels that the outcomes of this project will provide valuable data to all agencies involved in or planning for the implementation of data sharing solutions to support GIRFEC processes.

References:
Getting it right for every child, IT Support, Project Brief, version 1.0, August 2009.

Steve MacGregor
Data Sharing Manager
Jonathan King, Head of Integrated Children’s Services
Highland Data Sharing Partnership

25th January 2012
Data Sharing Technologies Board

Time/Date: 10:30 – 14:30, 3 February 2012
Location: Scottish Health Service Centre,
Crewe Road South, Edinburgh, EH4 2LF

Agenda

Welcome

Minute Of Previous Meeting  F4169560
Presentation from Lanarkshire – Local Achievements  F4154142
Presentation from Highland - GIRFEC pathfinder
Technology to support the GIRFEC approach
Highland Child’s Plan SharePoint Solution Funding Bid  A2063552
Decisions So Far  A2063806
Remit & Terms Of Reference  A2063865
NISG Service Management Proposal and Stakeholder Engagement Plan  To follow
Finance Paper 2012/2013  A2064738
Meeting Schedule
Lanarkshire Data Sharing Partnership

Electronic Information Sharing
eCare

The Partners

- North Lanarkshire Council
  - Housing & Social Work
  - Learning & Leisure (Schools)
- South Lanarkshire Council
  - Social Work
  - Education
  - Housing
- NHS Lanarkshire
  - Primary Care
  - Acute Care (including A&E)
  - GP's
  - Out Of Hours
- Strathclyde Police
- Scottish Children's Reporters Administration
The Electronic Partners

Strathclyde Police

North Lanarkshire Council
- Housing & Social Work
- Learning & Leisure

South Lanarkshire Council
- Social Work
- Education
- Housing

eCare Framework

NHS Lanarkshire
- Primary Care
- Acute Services
- A&E
- GPs
- Out Of Hours

Strong Governance

- Lanarkshire Data Sharing Partnership
  - Partnership Funding
- eCare Children's Group
- eCare Community Care Group
- eCare Technical Group
Shared Identity

- All persons matched against Community Health Index (CHI)
- Manual Intervention as required

Shared Demographics

- Names
- Date Of Birth
- Addresses
- Relationships (family & friends)
- Professionals Involved
Lanarkshire Information Sharing Protocol
Obtaining Consent – Good Practice Guidance

Current Consent model
• When consent is required
  – Agreed multi-agency documentation and training
• When consent is not required
  – Agreed multi-agency processes and procedures

The Alert Messages

• Child Protection
  – Investigation
  – On Register
  – Past Activity
  – Linked Child
  – Linked Adult
• Adult Protection
  – Current Investigation
  – On Going Concerns
  – Past Concerns
• Pre-Birth Concerns
Child Protection Message

There is current Child Protection Information confirmed for the area.

Please acknowledge the message by clicking here. Any concerns should be raised with your Social Worker in the Child Protection Team. If you are unable to contact your Social Worker, you may contact Social Work Emergency Service.

Chairman
Centerfold
Address

Adult Protection Message

There is current Adult Protection Information confirmed for the area.

Please acknowledge the message by clicking here. Any concerns should be raised with Local Adult Protection Team. If you are unable to contact your Adult Protection Team, you may contact Adult Protection Emergency Service.

Chairman
Address
Pre-Birth Concern Message

Community Care

- Shared Assessments
  - Care Plans
  - Service Provision
  - Contacts
- Personal Outcome Plans
- Service Orders
  - Equipment
  - Homecare
Children & Families

In Development

• Getting It Right For Every Child (GIRFEC)
  – New Consent Model (more granular)
  – Shared Chronology
  – Shared Assessments
  – Shared Child’s Plan

Most Mature DSP In Scotland

The first to:
• have an operational eCare Framework
• share Single Shared Assessment & ordering services
• share Child Protection Messaging
• share Adult Protection Messaging
• share Pre Birth Concern Messaging

Highly commended:
• Information Sharing Protocol, supporting materials and training programme
Welcome

Murdoch Carberry welcomed all to the meeting.

Minute Of The Previous Meeting  
This was agreed as an accurate record.

Presentation from Lanarkshire – Local Achievements  
Fraser McClellan gave a presentation detailing how they have enabled successful information sharing in Lanarkshire using the Lanarkshire ‘eCare’ system. He explained that this system was developed independently of the SG eCare framework. This presentation is available separately. Points highlighted include:

a. The importance of robust governance;

b. Clear consent model is essential;

c. Reuse of existing systems;

d. Records are matched against the CHI. The automated matching process is successful in around 60% of cases. The remainder are manually matched, only when a need to share is identified.

e. Incremental approach, they continue to build on their successes.

The board noted that understanding Lanarkshire’s journey to where they are now is more important than understanding the nuts and bolts of their existing system – the lessons they have learned could be of reused to help enable the capability to share information nationally.
During discussion Fraser confirmed that they are of the view that avoiding the national eCare system and developing a system locally was fundamental to them making the progress that they have.

Fraser confirmed that Lanarkshire are keen to share their lessons learned. Soft assets such as their ISP etc will be made available to the Board.

Jenny Bodie noted that currently the Fire Service are not included in this and urged the Board to encourage their involvement.

**Presentation on the Technology needed to support the GIRFEC Approach**

Boyd McAdam and Alan Small from the SG Children’s Rights and Wellbeing Division and Jon King and Steve MacGregor from the Highland DSP gave a presentation explaining what GIRFEC is, how it is being implemented, what is needed from technology in support of the approach and how Highland have ran a GIRFEC pathfinder project to putting the approach into practice. These presentations are available separately.

The Highland pathfinder work confirmed that the eCare Framework lacks the granularity to support the GIRFEC approach and that the existing arrangements mean that it is unlikely that the third sector will be able to connect. Development of iACT is currently on hold whilst a gap analysis of current functionality and the original business case is carried out. Engagement with practitioners has confirmed that integration with line of business systems is essential and iACT does not support this in its current incarnation. They are now starting to investigate the possibilities of utilising portal technology in support of the GIRFEC approach.

**Highland Child’s Plan Sharepoint Solution Funding Bid**

The board agreed to fund Highland’s bid for funding in support of a pilot intended to establish the viability of using Microsoft’s Sharepoint platform to enable those involved with a child to securely share information with the Lead Professional, and for the secure sharing and updating of the Child’s Plan’s.

**Decisions So Far**

The Board agreed the accuracy of this document.

**Remit & Terms Of Reference**

The Board agreed the accuracy of this document.

**NISG Service Management Proposal**

Andy Robertson gave an overview of the Service Definition Document. He explained that work is underway on a communication plan and a stakeholder engagement plan.
He said that they have had some issues contacting stakeholders and are in the process of formalising arrangements. It was agreed that it would be helpful if the DSTBs role and remit was formally communicated to stakeholders.

Work is under way in compiling a detailed asset register including details of who is using what. They aim to also get an understanding of the contractuals around the possible reuse of third party adapters but work is yet to commence on this.

They are working with AOA to identify areas where financial savings can be made. Given that further development work is unlikely to take place in 2012 / 2013, it was suggested that the CDP resource could be re-allocated to Partnerships where there was a likelihood of providing shareable benefit.

The proposal was agreed.

eCare Framework Review Commission

Eddie Turnbull introduced this paper. The Board agreed the commission in principal, subject to detailed costings being produced. The amended paper will be circulated and agreed by correspondence.

Finance 2012 / 2013

Paul Rhodes introduced this paper. He explained that as things currently stand, approximately two thirds of the £1.5m budget is accounted for by existing costs. Investigation is underway to explore the feasibility of reducing these costs. The Board is responsible for the allocation of the remaining £0.5m to support the overall sharing agenda.

Future Meeting Schedule

Murdoch Carberry suggested the Board hold discussion workshops focussing on particular aspects of its remit. The feeling was that these should be held off until the Board have a better understanding of the technical and financial landscape – something which they will get from the outcomes from the commissioned piece of work.

Dates Of Next Meetings
8 May 2012, 10:30 – 14:30 , Scottish Health Service Centre, NHS National Services Scotland, Crewe Road South, Edinburgh, EH4 2LF

7 August 2012, 10:30 – 14:30 , Scottish Health Service Centre, NHS National Services Scotland, Crewe Road South, Edinburgh, EH4 2LF

6 November 2012, 10:30 – 14:30 , Scottish Health Service Centre, NHS National Services Scotland, Crewe Road South, Edinburgh, EH4 2LF
Getting it right for every child

Boyd McAdam
Head of Better Life Chances Unit
Children’s Rights and Wellbeing Division
Children and Families Directorate
Health and Social Care DG

What is Getting it right for every child?

Evidenced best practice for children and young people that:
• applies to all children and young people.
• expects all relevant agencies (including adult services) to adapt and streamline their practices and systems around the National Practice Model
• determines the national approach to improving outcomes for children and young people in Scotland, whatever their needs/risks
• is based on research and evidence of best practice and proven benefits and will be backed up by legislation
• leads to all relevant planning activity being brought together into a Child’s Plan for use by a single agency or several agencies working together to support the child.

www.scotland.gov.uk/gettingitright
Key elements which need to be in place across all agencies

- Named person (0-5: Health; 5-18 Education)
- Lead professional (not any one specific agency)
- National practice model (framework for identification of concerns, assessment, analysis, planning, review)
- Concern management
- Single planning process supporting a child’s plan (business process redesign, esp. for multi-agency working: CPP level)

Child centred approach/ voice of the child
Who does it apply to?

Children's services workforce - Health, Education, Police, 3rd sector, criminal justice and social work, children's reporters, independent schools, private nurseries etc

Adult services workforce (those who work with adults (parents/carers) who have contact with children) – Housing, Drug and Alcohol Support workers, Scottish Prison Service, Criminal Justice Services, fire services etc

Others - Further education colleges; Skills Development Scotland; youth work organisations etc

How is it being implemented? - 1

- Pathfinder – Highland
- Learning partners – West Lothian, Lanarkshire, Edinburgh – Domestic Abuse Pathfinders - Dumfries and Galloway, Falkirk, West Dunbartonshire
- Established CPP formations – Grampian, Tayside, Forth Valley, South East Scotland. Chief officer buy-in.
- Future formations? – Clyde Valley, Ayrshires, Glasgow, Inverclyde, Islands
- Also links Highland, Fife, D&G
How is it being implemented? - 2

- A programme approach under the governance of the GIRFEC Programme Board (SG; COSLA; Health Chief Execs; ADES; ADSW; ACPOS; Third sector (Chair); SCCYP, SOLACE)
- Specific sector support
  - NHS CEL 29/2010;
  - ACPOS (endorsement; national management of concerns; IM)
- Cross party support (Dec 09); Children’s Summit pledge (June 2010); SNP manifesto commitment to legislation:
- Scrutiny/Performance Improvement: Care Inspectorate embedding GIRFEC in inspection regime, working with Education Scotland and HIS.

www.scotland.gov.uk/gettingitright

Purpose

By embedding best practice approach:

- supports better information sharing: more better quality, more appropriate information, common language/shared understanding
- increased trust among professionals
- children and families more engaged + understand better the who, the what and the why – and their respective roles
- encourages early, effective intervention leading to prevention
- better involvement of children and young people in decision-making
- information sharing: appropriate with consent
- ensure children don’t fall out of our radar (national + local need)
- reduced bureaucracy for children and families/releases resources
- outcomes focused

www.scotland.gov.uk/gettingitright
The National Practice Model

Observing & Recording
Events/Observations/Other Information

Gathering Information & Analysis

Planning, Action & Review

Well-being Concerns
Assessment, Appropriate, Proportionate, Timely
Well-being Desired Outcomes

getting it right

Highland experience

Jon King

Practice change to support GIRFEC

www.scotland.gov.uk/gettingitright
Highland experience

Steve MacGregor – what practitioners need from technology to support GIRFEC in Highland

Advisory Group

- Activity to date
- What’s been achieved
- Planned work
What’s needed from practice?
- Key data to be recorded consistently
- Data to be grouped and stored in agency’s own system around well-being
- Practitioners to flag up potentially significant data for sharing if necessary with relevant practitioners proportionate to the child’s needs
- Systems in place to address all levels of need and risk, not just significant harm
- Information to be shared securely for a particular purpose, auditable, ideally based on consent, respecting privacy.
- Trained workforce, agreed local redesigned processes and governance
- Ability to share key significant events (chronology) across Scotland
- Information based on consent and shared with child/family wherever possible

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What do we need/what have we got?

Agreed business requirements: being finalised in advisory group (Chair: Stove MacGregor) looking at best practice for information sharing for CYP

National data standards: ACPOS finalising over next year as part of their IM project

Agreement on minimum data to be shared to inform best practice/ensure child protection covered for most vulnerable: chronology work ongoing

Technology: to support best practice and key information sharing across all relevant agencies to assist up to date best informed assessment analysis and planning—and ensure national coverage where required: eCare matching and IACT

Assurance: from DSTB that available technology can support best practice

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getting it right
for every child

General Business Requirements

Information Sharing System to Support
Getting it right for every child

Date: 10.04.2012

Author: Alan Small

Version Number: 1.2
VERSION CONTROL

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TABLE OF CONTENTS

Contents

1.0 Introduction 4
1.1 Document Purpose 4
1.2 Intended Audience 4
2.0 Policy Context 4
2.1 Getting it right for every child 5
2.2 Definitions of Terminology 5
3.0 Business Process 7
3.1 Core Demographics 7
3.2 Landscape 8
3.3 Information Sharing 8
3.4 Every Child 9
3.5 Management of Concerns 9
3.6 Each Child 10
3.7 The Right Child 10
3.8 The Third Sector 10
3.9 Processes 11
4.0 Principles and Assumptions 16
5.0 IT Enabling Requirements 17
6.0 General Requirements 17
1.0 Introduction

1.1 Document Purpose

The purpose of this paper is to detail the business requirements designed around best practice under a *Getting it right for every child* (GIRFEC) model which can inform how technology systems might enable GIRFEC in practice. Appropriately and quickly sharing information about children, young people and about adults who impact on their wellbeing is key to GIRFEC. In that respect these requirements outline the generic aspects required of IT enablement, which support the sharing of information between practitioners and organisations who work with every child and young persons in Scotland. There will be separate reports detailing the requirements for performance monitoring, reporting and audit.

1.2 Intended Audience

*Getting it right for every child* Programme Board  
The Data Sharing Technologies Board  
Software Developers  
Data Sharing Partnerships  
The iACT Advisory Group  
CPP Implementation Policy Managers

2.0 Policy Context

2.1 Getting it right for every child

*Getting it right for every child* is a fundamental way of working that builds on research and practice evidence to help practitioners focus on what makes a positive difference for children and young people and act to deliver these improvements. *Getting it right for every child* threads through all existing policy, practice, strategy and legislation affecting children, young people and families. As a policy it has cross party support (Scottish Parliament: December 2009) and featured as a priority and an area for future legislation in the SNP election Manifesto in 2011.

Improving outcomes for children and young people and placing the child at the centre of planning and actions can contribute directly to the 15 national outcomes agreed by the Scottish Government and Convention of Scottish Local Authorities (CoSLA). Several of the outcomes apply directly to children and young people and the way agencies work to help children become **confident individuals, successful learners, responsible citizens and effective contributors**
To achieve this, every child and young person needs to be:

**Safe:** protected from abuse, neglect and harm by others at home, at school and in the community.

**Healthy:** having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

**Achieving:** being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community.

**Nurtured:** having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.

**Active:** having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, at home and in the community.

**Respected:** involved in decisions that affect them and having their voices heard.

**Responsible:** Taking an active and responsible role in their schools and communities.

**Included:** having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

These are the dimensions of a Child’s well-being drawn from academic research on child development and form the foundation for assessing the needs and support required within the child or young person’s life, how that need is best met, and how the support is optimally delivered.

### 2.2 Definitions of terminology

**GIRFEC — Getting it right for every child:** an evidence-based approach based on UNCRC principles to improve outcomes for children and young people from pre-birth until 25.

**Named Person — Getting it right for every child** is a focused on early intervention and aims to cover each and every child by ensuring that all children have a Named Person within the universal services of Health and Education, depending on the child’s age, and to ensure that all relevant concerns about that child’s wellbeing are brought to their attention.

**Concerns —** At present the majority of concerns about a child are generated by the Police but they can emanate from health, housing, 3rd sector organisations or indeed any service that has contact with children, or services that have contact with adults whose behaviour or lifestyle could impact on children. Concerns may be generated by parents or carers themselves or members of the public. There are a variety of
practices in place to deal with these concerns. In areas which are mature in GIRFEC culture and practice all concerns other than those where the child is at risk of harm or where a Lead Professional is in place are directed to the child’s Named Person by conventional means of post or secure e-mail. In other areas they are sent to the Reporter to the Children’s panel or triaged with those requiring immediate action prioritised, the remainder being disregarded. This does not reflect best practice or support work to deliver the National Performance Framework.

If early and effective intervention is to be achieved it is essential that concerns about a child are directed as soon as possible to a child’s Named Person where appropriate.

**Chronologies** – A chronology is a time ordered written summary record of positive and negative significant events which impact on a child or young person’s life. It is a tool to be used in partnership with children, young people and parents, carers and practitioners so that everyone can understand and respond to the unique circumstances and experience of each individual child or young person. When a Lead Professional and partners to a plan are engaged in formulating a plan to support a child, the appropriate sharing of significant events from single agency chronologies can assist greatly. Practice and research has shown that integrated chronologies can be extremely important in identifying critical events in the lives of children and can assist professionals in decision-making when working together with vulnerable children and families. A single incident, no matter how significant or insignificant it may appear in itself, often takes on a far greater importance in the life of a child when placed in the context of a proper, time-lined integrated chronology. For children who may be in need of compulsory measures, the presentation of a full chronology to the hearing will assist the panel to make the most appropriate decision in the child’s best interests.

**Practitioner’s Summary** - There will be times when information regarding ongoing or previous work with children or young people needs to be shared between workers and agencies.

The reasons for this will vary but will usually be to provide the Named Person or Lead Professional with additional information to assist the development of the Child’s Plan. This can best be achieved by workers and agencies using the National Practice Model, clearly identifying strengths and pressures and analysing outcomes for the child/young person. This information may also be required to access additional services and/or to review the effectiveness of action already taken as part of the Child’s Plan.

Complex and specialist information may need to be interpreted and an analysis provided by the sending worker or agency.

In all cases information shared must be relevant and proportionate and workers should be able to say why they have shared it.

**Transition Points** – In addition to the above it is considered that there would also be a key role for the Named Person at transition points. The role of the Named Person
would be to contribute to planning for children who need extra help at key transition points, for example, between pre-school and primary or secondary education.

**Lead Professional** - Where a child has more complex needs or where two or more agencies need to work together to help the child, a Lead Professional is agreed and a single **Child’s plan** is formed and actioned by partners to the plan coordinated by the Lead Professional. Information sharing is central to this process and should be regarded as a core requirement to improving the life chances of our children and young people.

**National Practice Model** - all agencies working with children, and adults who are parents or carers, use the National Practice Model and its common language as the basis for identifying concern, assessing need and risks and planning when children require help.

**Child Protection Messaging (CPM)** - The Child Protection messaging system being developed in some areas has been devised to assist agencies in being aware of Child Protection activity with regards client’s children through messages displayed on Social Work and other computerised systems. There are six different message types that can be displayed to alert staff that Child Protection activity exists or has existed for the child.

### 3.0 Business Process

Where a Child is known to an Agency it is anticipated the child will have a “record” that is held and maintained by that Agency. This will contain information relating to the history and/or support the child has had whilst known to the Agency in addition to core demographic data to confirm who the child is, what relationships and contacts the child has, where they live and who has responsibility for their wellbeing. The Core Demographic data is expected to be compliant with the Scottish Government Data Standards.

The size and complexity of the child’s record within an Agency will vary greatly, depending on the differing needs of each Agency, the nature of the contact, and the extent of the contact.

### 3.1 Core Demographics

The Core Demographics may be regarded as the information that will be held by an Agency if they know the Child or Young Person. It is likely to be reasonably consistent across Agencies, and should be fully compliant with Scottish Government Data Standards. It will contain a complete record of contact details, key relationships, and other known professional contacts.

For matching records across service sectors the minimum mandatory information to capture about a child or young person is their full name, gender, date of birth, ethnicity and address.

Agency systems will allocate a Person Unique Identifier to each subject for Matching purposes. It is anticipated that this will, for example, be the CHI within NHS, and
SCN within education, the Police will use a unique reference number dependant on the source of the information or concern.

Changes to the status of relationships, family members (residential and non-residential), other important contacts, professional contacts and carers, schools and addresses should all be tracked by Start Date / End Date.

Core demographics must be visible when viewing a Child’s Plan, Practitioner Summaries, Concern Forms or other supporting documentation in an agency system.

3.2 Landscape

The landscape of statutory bodies in Scotland is complex, with 32 Local Authorities, 21 Health Boards (including the Scottish Ambulance Service) of which 14 are geographic, 8 Police Forces, 8 Fire and Rescue Services, 14 Data Sharing Partnerships and numerous private and voluntary organisations. It is essential that information sharing is not hampered by the boundaries created by such these configurations and that concerns about a child can be appropriately directed regardless of the location of the child, concerned party, Named Person or Lead Professional. Many children and families access services out with their area of residence and some of the most vulnerable children lead more transient lifestyles due to family circumstances and behaviours.

3.3 Information sharing

Information Sharing is an essential element that flows through the heart of getting it right for every child. The GIRFEC policy and its application by services is wholly dependant on the sharing of information as appropriate to support the needs of the child.

Information contained in a Concern Form, a Child’s Plan and supporting documentation is required to be relevant and proportionate. The practitioner from the Agency issuing the shareable information is responsible for approving the sharing. Any system providing an interface for authorising the sharing of information should record “Approval to Share” from the practitioner. Should the practitioner decide to proceed without approval to share, the record must contain the reasons justifying that action.

The process must capture practitioner justification for sharing and, when appropriate, must also capture the practitioner’s basis for bypassing the need for informed consent. The need for confirming that consent has been obtained, or the reason for bypassing consent is Mandatory. The child/parent as appropriate should also be told when consent is bypassed unless disclosing this places the child’s safety at risk.

3.4 Every Child

The appropriate sharing of information is integral to all aspects of improving outcomes for children and their families. It is essential that Information is shared not just in response to a crisis or serious occurrence but appropriately throughout the
development and progression to adulthood for every child with the aim of improving the life chances of all of our children and young people. It is important that children and their families are included in the sharing wherever possible.

To ensure that the need for support is identified and early intervention can be undertaken with the aim of preventing escalation towards crisis every child will have a Named Person. The Named Person may have concerns about the child’s well-being that suggest further action is needed beyond routine universal service provision. Other individuals or agencies may have concerns about the child’s well-being that they wish to bring to the attention of the Named Person or the parent or child themselves may raise concerns and seek help from the Named Person.

3.5 Management of concerns

If prevention, early and effective intervention is to be achieved then it is essential that concerns about a child are directed to a child’s Named Person where appropriate for two reasons:

- So that help can be organised quickly in response to a single incident
- So that patterns of concern can be identified over a period of time and appropriate help organised

The Volume of concerns generated by the police is an issue. 56,327 non offence referrals about children were raised by forces in 2010/11. It should be noted that in a number of the forces a single referral covers multiple children in a family. Until 2012/13 when ACPOS fully implement common counting conventions the true number, which may be in excess of that figure, won’t be known. It would be extremely difficult if not impossible to ascertain the percentage of these referrals that have a cross border aspect.

It is acknowledged that there is an amount of duplication and repetition within these concerns, a similar concern for a child being raised each time an officer attends a child’s home, however the police attend at homes and interface with families at times when other services are unaware of potential disruption in a child’s well being and the information they gather is invaluable. Dealing with this volume of concerns and directing them to the a child’s Named Person securely and within a timescale ensuring that any support is given appropriate to the child’s needs is a challenge. Nonetheless, crises impact differently on the well-being of individual children, and if help that is given is to be tailored to individual need, then it is critical that concerns are recorded about each child and directed to the relevant Named Person.

3.6 Each Child

Where a child who has more complex needs or more than one agency is required to support, a Lead Professional is agreed and a single Child’s plan is formed and action by partners to the plan coordinated by the Lead Professional. Information sharing is central to this process and should be regarded as a core requirement to improving the life chances of our children and young people.
Taking a GIRFEC approach, using the National Practice Model\(^1\) the Lead Professional will co-ordinate any further assessment that is needed, including information from any specialist assessments, make sense of that information in collaboration with other relevant practitioners and the child and family, and lead on constructing the Child’s Plan.

Information may be required to be securely shared in respect of
i) Concerns about a child
ii) Requests for specialised assistance/services from a professional either within or out with the Named Person’s business area.
iii) Practitioner Summaries – Sent to the lead professional by others involved in the child’s care.
iv) Chronologies of significant events in a child’s life
v) A Child’s Plan – Constructed by the Lead Professional but delivered with the assistance of others.

3.7 The Right Child

Information sharing can only be effective if the information shared is appropriate to the child. Error can lead to misidentification and confusion with potentially heightened risk and serious consequences. It is essential therefore that the identity of the child is verified and equally essential that the person with whom the information is being shared is the right person.

3.8 The Third Sector

The Scottish Government acknowledges that the third sector has a key role to play in delivering public services that are high quality, continually improving, efficient and responsive to local people’s needs. They are increasingly involved in supplying services to children and as a result may have concerns about some children. They are involved in the delivery of many Child’s Plans and can carry out the role of the Lead Professional.

The majority of 3\(^{rd}\) sector organisations do not have access to secure e-mail and as a result information sharing can be problematic. This can affect service delivery and may in some cases increase risk to children. The involvement of the third sector must be taken into account along with their system limitations and the need to provide a means for them to receive and send information about children in a secure way.

3.9 Processes

It is not within the scope of this document to detail all getting it right for every child procedural avenues or decision points within each participating Agency.

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\(^1\) Getting it right for every child – Scottish Government
http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/practical-tools
The following Process Map represents the single and multi agency processes. It has been developed specifically to assist with interpretation of this document, and to provide a single overview process for getting it right for every child Information handling.

This illustrates the key Data Stages associated with Getting it Right, how a child's needs can move from Single Agency to Multi Agency (and vice versa), and how a child's support needs can move to and from Universal Services. It also gives an overview of SCRA integration into the process.

It is anticipated that this will form the generic high-level process within each participating Agency.
Start

Wellbeing concern is raised from any area
Generic Process

Single Agency Processes

- Well-being Issue or concern
  An issue or concern is identified, based on the child or young person’s well-being indicators

- Review Child’s Record
  The Practitioner reviews the available information about the child within his/her own Agency system.

- Is the available information adequate – Decision
  Practitioner judgement is required to evaluate whether the issue or concern can be addressed with the available information.

- Wider consultation with family, child, or colleagues as appropriate.
  Practitioner takes further input and considerations as deemed necessary and appropriate.

- Single Agency Child’s Record
  Historical and new information is presented within the Child’s Record. This is used to support the Assessment process. In this instance the information is only from the Agency progressing the child’s case.

- Assessment of Needs
  Assessment of the Child’s needs using well being indicators and the “My World Triangle” practitioner assessment tool.

- Unmet Needs – Decision
  Has the Assessment and analysis process identified that the child or young person requires support beyond routine universal provision.

- Plan
  the output of the Assessment process assuming Unmet Needs have been identified. This details the actions and inputs that are being proposed, identifies those responsible for delivering them, details the anticipated outcome and, outlines the review timescales.

- Delivery against child’s plan.
  The process of providing the support and care identified by the Child’s Plan.

- Well-being Review
  Evaluation of status/progress with the assistance of the Child’s Plan, and measured against the Child’s well-being dimensions.

- Child’s needs being correctly met - Decision
  Is the Child’s Plan delivering the correct support, is the support being provided
adequate, is the current level of support being provided no longer necessary?

- Escalating Needs – decision.
  Escalating needs have been identified. It is therefore appropriate to undertake a new Assessment and Planning cycle.

- Return to Universal Services – decision
  the support currently being provided is no longer necessary, no other support requirements have been identified, and the child or young person may safely be supported by Universal Services and the Named Person.

Control Processes

- Is the available information adequate – decision?
  Practitioner judgement is required to evaluate whether the issue or concern can be addressed with the available information. If not, this decision point initiates the process of involving other agencies.

- Request additional information from relevant agencies.
  Communication between practitioners will assist in identifying which Agencies can assist, whether further relevant and proportionate information may be available, and whether the child or young person will benefit from the proposed sharing.

- Informed consent required for sharing – decision.
  This decision point covers a range of issues that may negate the need for consent. Specifically “is data sharing to prevent harm to a child?” and “does an exemption to the Data Protection Act apply?”

- Informed consent provided – decision.
  Where no exemptions and no harm prevention measures are identified it is necessary to obtain informed consent prior to the practitioner deciding whether to share personal data?

- Practitioner Authorised Sharing – decision.
  Practitioner judgement is necessary to confirm that the sharing of any personal data is both relevant and proportionate. This requires that practitioners have the ability to be selective about what information entities are shared, and that the practitioner can record their reasons for either authorising the sharing of the data or declining to share the data.

Multi-Agency Processes

- Consult with colleagues from other agencies.
  Coordination and communication as appropriate and feasible between agencies
prior to electronic sharing of data.

- Practitioner Summaries are produced.
  Index matching is completed, authorisation to share is secured from issuing agencies, consent (where necessary) is obtained, and each participating agency offers their Practitioner Summary with associated interpretation and preliminary assessment.

- Practitioner Summaries shared and reviewed.

- Is information adequate, relevant and proportionate – decision?
  The information available must be evaluated for adequacy, relevance and it should be proportionate. If an agency’s information is no longer needed to support the child, or for preparation of the Child’s Plan, it should be removed, and if a further agency’s input is considered necessary it should be invited to participate and share its Practitioner Summary.

- Assessment of Needs
  Assessment of the Child’s needs using well-being indicators and the “My World Triangle” practitioner assessment tool.

- Unmet Needs – Decision
  Has the Assessment process identified that the child or young person requires support.

- Child’s Plan
  The output of the Assessment process assuming Unmet Needs have been identified. This details the actions and inputs that are being proposed, identifies those responsible for delivering them, details the anticipated outcome and outlines the review timescales.

- Submit to SCRA – decision

- Report to SCRA

- Hearing Required – decision.

- Hearing endorses plan – decision.

- Delivery against Child’s Plan.
  The process of providing the support and care identified by the Child’s Plan.

- Well-being Review
  Evaluation of status/progress with the assistance of the Child’s Plan, and measured against the Child’s well-being indicators.

- Child’s needs being correctly met - Decision
  Is the Child’s Plan delivering the correct support, is the support being provided
adequate, is the current level of support being provided no longer necessary?

- Escalating Needs – decision.
  Escalating needs have been identified. It is therefore appropriate to undertake a new Assessment and Planning cycle.

- Needs have been met and concerns are reducing - Revert to Single Agency – decision.
  Is it appropriate to revert to single agency involvement for the child?

4.0 Principles and Assumptions

The principles of information sharing in support of getting it right for every child can be found in the Core Components, in particular Core Components No. 2 & 10 refer to information sharing however the need to share information appropriately is constant throughout the policy and practice.

It is assumed that the role of the Named Person will be adopted for all children in Scotland and that concerns about risks to a child's wellbeing will be shared as appropriate.

It is assumed that where appropriate the role of the Lead Professional will be adopted by all areas and that the sharing of information will acknowledged as key to that role.

It is assumed that where information is shared about unborn child the mother’s identifiers will be used.

It is assumed that the important role that the 3rd sector have in service provision is acknowledged and supported by the desire to provide secure means to share information with all partners involved in working with children.

It assumed that any system design will take full cognisance of the Scottish Government advice on Identity Management and Privacy published in May 2011 and the Information Commissioner’s Data Sharing Code of Practice.

It is assumed that partners will seek systems to enable and enhance their ability to share information both within and across boundaries.

5.0 IT Enabling Requirements

Before progressing to requirements for any IT system it is important to first clarify the objectives and scope of the system as they will prioritise and constrain the requirements.
The High Level objectives of the IT system are to support:

- A common approach to gaining consent and to sharing information where appropriate. By ensuring that all decisions are recorded.
- The capacity to share demographic, assessment and planning information electronically within and across agency boundaries.
- Secure means to share information with all partners including the 3rd sector or others with no secure means.
- The management of concerns about a child’s wellbeing.

The scope of these requirements is restricted to the secure sharing of information in respect of getting it right for every child policy and practice, in particular in relation to the role of the Named Person and Lead Professional. Consultation with practitioners and the findings of the Highland Pathfinder published in 2009 clearly identifies the significance of these roles in respect of early and effective intervention and where necessary supporting the needs of a child.

Appropriate, proportionate and timely information sharing with a child’s Named Person or Lead Professional ensures that support and interventions can be applied preventing situations or problems escalating. As a result children and young people in Scotland will have improved outcomes and better life chances.

It is important that the system supports information sharing about children and families by ensuring that sector and Authority boundaries, which are invisible and inconsequential to the public, do not act as barriers.

Whilst there is a high probability that any solution to enable the effective sharing of information about children and young people could be adopted or adapted to share information about adults, it should be clear that this is not in the scope of this project.

6.0 General Requirements

This section covers the general principles and requirements that apply to an IT system, systems or a whole systems approach. Stakeholders have specified additional functional aspects to be considered as necessary to certain requirements; these have been identified and highlighted as functional additions. In addition a number of assumptions have been made in the gathering of the requirements.

Each requirement has been MoSCoW assessed in relation to whether any system (s)
M— Must have it
S— Should have it
C- Could have it
W— Won’t have it now but might later.
<table>
<thead>
<tr>
<th>1.</th>
<th><strong>There is a requirement to securely share information/concerns both within and across boundaries</strong> (raised by any adult who in the normal course of their duties has contact with a child) <strong>with a child’s Named Person</strong></th>
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<tbody>
<tr>
<td></td>
<td><strong>MoSCoW rating - M</strong></td>
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<tr>
<td>1(a)</td>
<td><strong>Whilst the common application of business rules will assist in identifying the sector i.e. Health or Education with NP responsibility, the volume of child concerns throughout Scotland are such that there must be the ability to route a concern to child’s NP.</strong></td>
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<td></td>
<td><strong>NB A person raising a concern will be a public employee and those working with the public, and to include any private or voluntary organisation either contracted to provide a service or who provides a service which in the majority of situations would be supplied by a local authority</strong></td>
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<tr>
<td>1(b)</td>
<td><strong>Functional - There is a requirement for acknowledgement that the information/concern has been received.</strong> MoSCoW rating -M</td>
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<tr>
<td>1(c)</td>
<td><strong>Functional - There is a requirement for the ability to provide a read receipt</strong> MoSCoW rating - M</td>
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1(d) **Functional** - There is a requirement for the system to have the facility to audit the receipt of information shared and produce an alert if the information remains unopened. This should be configurable and flexible in respect of:

- Time prior to an alert being generated
- Whether the alert is sent to the sender, receiver, receivers Organisation or all of these.

MoSCoW rating - M

This is an aspect of audit but has been specified as a requirement by users as a fail safe mechanism to ensure that messages do not go unopened increasing the risk to the child.

1(e) **Functional** - There is a requirement for all of this system’s alerts to be notified via e-mail.

MoSCoW rating - S

Required by users working in remote areas who do not tend to access LoB systems on a daily basis.

1(f) **Functional** - There is a requirement for the system to send an alert should information sharing have failed, the alert should clearly state the reason for the failure.

MoSCoW rating - M

A fail safe

2. **Functional** - There is a requirement for the ability to transfer the role of the named person both within organisations and to other organisations and to provide the ability for delegation.

MoSCoW rating - M

There are three likely NP sectors
- Conception -- 10 wks -- Midwifery
- 10wks -- 5yrs -- Public Health
- 5yrs -- School Leaving -- Education

Children may move location or by reason of age the responsibility of NP moves. Business rules can deal with this in part however if a child moves or is at an age where transition may or may not occur i.e. 5 yrs then confusion may occur if not supported by system guidance. Any system would require having the ability to register a change in NP and direct concern’s appropriately.

3. **Functional** - There is a requirement for the Named Person’s home organisation to be able to configure the system to direct a message for the Named Person/Lead Professional to a unit, a person or a group

MoSCoW rating - M

This is to ensure Business Continuity in respect of all abstractions planned and unplanned.
<table>
<thead>
<tr>
<th><strong>Lead Professional/Child’s Plan</strong></th>
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<tr>
<td><strong>4. There is a requirement for the system to share information with a child’s Lead Professional</strong></td>
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<tr>
<td>MoSCoW rating - M</td>
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<tr>
<td>Information shared with the Lead Professional will include concerns, practitioner summaries and chronologies. In the majority of cases it will be known if a Lead Professional has been appointed and who that individual is. In the rare case where it is not known the system should be able to route a message to the LP</td>
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<tr>
<td><strong>5. There is a requirement for the Lead Professional to be able to securely share a completed child’s plan with others involved, including the child and family.</strong></td>
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<tr>
<td>MoSCoW rating - M</td>
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<tr>
<td>There are two ways to share a plan, by sending it as an attachment or providing a common view.</td>
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<td><strong>6. There is a requirement for the system to support the coordination of a Child’s Plan by the Lead Professional</strong></td>
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<tr>
<td>MoSCoW rating - M</td>
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<tr>
<td>This will entail the LP sending, and receiving information such as concerns, practitioner summaries and chronologies securely from all partners. <strong>NB This must include 3rd sector organisations who do not have secure e-Mail</strong></td>
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<tr>
<td><strong>7. There is a requirement for the Lead Professional to add a new partner to a plan and advise other partners.</strong></td>
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<tr>
<td>MoSCoW rating - M</td>
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<tr>
<td>This will entail a LP being aware of a new partner and securely sending/receiving data with them.</td>
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<tr>
<th><strong>Miscellaneous</strong></th>
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<tr>
<td><strong>8. There is a requirement for integration into line of business systems</strong></td>
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<td>MoSCoW rating - M</td>
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<tr>
<td>The scale of any future integration has as yet to be decided. As a minimum the system must have the capability to import data in respect of — Demographic information and previous matching from a LoB system. This is to negate the need to double key data already held within LoB.</td>
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Data Sharing Technologies Board

Time/ Date: 10:30 – 14:30, 8 May 2012
Location: Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF

Agenda

1. Welcome Murdoch Carberry 10.30 – 10.40
2. Minutes of Previous Meeting Murdoch Carberry 10.40 – 10.45
3. Presentation from Ayrshire & Arran Denise Brown 10.45 – 11.15
4. Lanarkshire eCare Study Alan Lawrie 11.15 – 11.45
5. Discussion on Principles Murdoch Carberry 11.45 – 12.15
6. Lunch 12.15 – 12.45
8. Collaborative Working with Third Sector Paul Rhodes 13.00 – 13.15
11. Reports from Supported Partnership Initiatives Mark Darroch 14.00 – 14.10
                                 John Sturgeon 14.10 – 14.20
                                 Highland 14.20 – 14.30
Welcome

Murdoch Carberry welcomed all to the meeting.

1. Minute Of The Previous Meeting

This was agreed as an accurate record.

2. Presentation from Ayrshire & Arran – Ayrshare
Shared Child Assessment

Denise Brown and Andy Hardy gave a presentation giving an overview of their locally developed Ayrshare system which allows completion of a shared child’s assessment. The Ayrshare Programme Board first met in October 2011. Ayrshare aims to reduce duplication, complexity and the time taken to carry out assessments by standardising processes and adopting national standards. The system shares the donor systems consent model. It uses an indexing system based on but separate to the indexing and matching system developed in support of eCare. The decision was taken not to reuse the national ecare matching services as the local variant is seen to provide easier access for change and maintenance. This is seen to be a cost effective approach. SW systems integrate through an ensemble layer – again, this was seen to
provide more flexibility and to be more cost effective than reuse of existing eCare adapters.

4. Lanarkshire eCare Study

Kathy Shilliday thanked Alan Hyslop and Karen O’Hanlon for their recent review of Lanarkshire’s information sharing initiatives. She gave a brief history of the development of Lanarkshire’s solutions – resulted from key practitioners with good ideas working with talented developers, whilst ensuring that robust governance was in place with the involvement of senior managers to make sure that funding was made available. She stressed that information sharing is all about enabling outcomes.

Currently liaising with ACPOS and Strathclyde Police on having them contribute to their shared chronology. Other work now being undertaken to ensure compliance with GIRFEC principles. They have developed a new consent and confidentiality model which is much more granular. Work is underway to look at how requests for assistance may be shared in the future. They are developing proof of concept demonstrators to enable cross boundary sharing based on a scalable technical solution. Also looking at sharing with MiDIS and INPS Vision. Murdoch noted that the areas which have made most progress in regard to sharing information are those areas which developed local solutions. The national eCare solution has not been seen as being useful although there may be a central role in working collaboratively with areas in the development of cross boundary sharing solution.

5. Discussion on Principles

Murdoch explained that the groups Terms Of Reference aimed to establish a shared language and shared goals. The group should act as a forum to facilitate shared learning. He suggested that the Board consider a change of name, perhaps to ‘Informing Integrated Care’ to signal a move away from Data Sharing Partnership terminology without losing the benefits of previous work. The Board agreed and suggested that a set of nationally recognised outcomes would be a driver towards cross boundary sharing and convergence. Johan Nolan offered to visit localities, she has an interest in business processes and will looking for commonalities and at ways that supplier engagement may be made more effective. Several members expressed an interest in this. A meeting will be arranged between eHealth and NSS to discuss this. She will report back to the next Board. Kathy and David Robertson agreed to meet to discuss changes to SEEMIS in support of GIRFEC.

Feedback on the principles along with suggestions on pieces of work the group could consider supporting and ideas for a change of name to be sent to Gary Johnston.

6. Lunch

7. Management Information Conference

The Scottish Government is sponsoring a seminar on 6 June examining the
value of improved availability of real time and near real time information for service improvement and service integration. It aims to establish what appetite managers have for deploying management information/business intelligence solutions to gather real time/near real time information and what the priorities are for improvement. Target Audience is Clinicians, Social Worker and Service Managers. Objectives of the day are -

- To consider the value that is created by better use of information rather than the technology used;
- To investigate the use of real time and near real time to improve client outcomes, improve service management and improve strategic service design and planning;
- To provide an opportunity to discuss the wider outcomes and indicators for Health & Social Care integration and how real time information can help with that.

The day will feature case studies from Dumfries and Galloway, Lanarkshire and Tayside. Delegates will also hear from a LA/NHS Trust partnership which has been successfully using real time management information to improve performance. An overview of the H&SC integration outcomes will be provided as part of a workshop to discuss that.

8. Collaborative Working With The Third Sector

eHealth have commenced a piece of work with Erskine to investigate collaborative work with the third sector. This is still in the early stages but suggestion that other similar pieces of work may follow across a geographically spread range of organisations. The DSTB may fund future work in this area; suggestions for suitable organisations to be engaged to be sent to Gary Johnston.

Jane Cluness said that Shetland Islands Council have carried something similar around single shared assessments, now known as ‘With You For You’. She will share this with the group.

9. NISG Priorities, eCare Review & Solution Stewardship Update

Andy Robertson gave a presentation highlighting progress to date. This was circulated separately. He confirmed that NISG now have appropriate contacts across the country and that they receive a monthly progress update. Several Board members noted that they were not receiving these updates – Andy Robertson will investigate. The Board agreed that the commissioned work to investigate the national eCare Framework should progress. The Board agreed the membership of the Assignment project Board and agreed that membership of the Stakeholder Assurance Group will comprise of appropriate members of the DSTB, selected as required.

10. Finance Paper

Paul raised the possibility that the group may receive additional funding to take forward work on the Health and Social Care IT Strategy. NISG have confirmed that as things currently stand, eCare costs for the next 3 years will be
approximately £1.25m which frees up a further £250k on top of the £500k previously discussed. Kathy will come back to the next meeting with proposals.

11. Reports From Supported Partnership Initiatives

Written updates were received from the three supported partnerships, these were circulated separately. Murdoch suggested collaboration between Glasgow and Lothian to compare design and approach – Johan will co-ordinate. Eddie noted that CHI is mentioned in two of the reports; new CHI guidance which has the approval of Caldicott Guardians, Directors of Public Health, Information Commissioners Office states that CHI can be embedded in social care systems so long as it is not the sole identifier.
## Data Sharing Technologies Board

**Time/ Date:** 10:30 – 14:30, 21 August 2012  
**Location:** Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF

### Agenda

<table>
<thead>
<tr>
<th>Number</th>
<th>Item</th>
<th>Presenter(s)</th>
<th>Time</th>
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<tbody>
<tr>
<td>1</td>
<td>Welcome</td>
<td>Murdoch Carberry</td>
<td>10.30 - 10.35</td>
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<td>2</td>
<td>Minutes of Previous Meeting</td>
<td>Murdoch Carberry</td>
<td>10.35 - 10.40</td>
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<td>3</td>
<td>Data Sharing Enabled by Clinical Portal Technology Protocol Development</td>
<td>Mark Darroch / George Lynch</td>
<td>10.40 - 11.10</td>
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<td>4</td>
<td>Fife Information Sharing Protocol Development</td>
<td>Leslie Gauld</td>
<td>11.10 - 11.40</td>
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<td>5</td>
<td>Workstream Updates – Lothian, Highland, Lanarkshire</td>
<td>John Sturgeon, Steve MacGregor, Kathy Shilliday</td>
<td>11.40 - 12.10</td>
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<td>6</td>
<td>Health &amp; Social Care IT Strategy</td>
<td>Karen O’Hanlon</td>
<td>12.10 - 12.20</td>
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<td>7</td>
<td>Third Sector Sharing – Erskine Veterans Update</td>
<td>Karen O’Hanlon</td>
<td>12.20 - 12.30</td>
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<td>8</td>
<td>Management Information Conference Feedback &amp; Next Steps</td>
<td>Paul Rhodes</td>
<td>12.30 - 12.45</td>
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<td>9</td>
<td>Lunch</td>
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<td>12.45 - 13.15</td>
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<td>10</td>
<td>Existing Assets Report on NISG eCare Commission Solution Stewardship Update</td>
<td>Andy Robertson</td>
<td>13.15 - 14.00</td>
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<td>11</td>
<td>Principles &amp; Priorities</td>
<td>Murdoch Carberry</td>
<td>14.00 - 14.30</td>
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Data Sharing Technologies Board - Minute

Time/ Date:  10:30 – 14:30, 21 August 2012

Location: Scottish Health Service Centre, Edinburgh

1. Welcome

Murdoch Carberry welcomed all to the meeting.

2. Minute Of The Previous Meeting

This was agreed as an accurate record.

3. Data Sharing Enabled by Clinical Portal Technology

George Lynch & Scott Hendry jointly delivered a presentation and demo of the NHS Greater Glasgow & Clyde / Renfrewshire Council Portal. They noted the following points:

- Conforms to recognised standards;
- Uses easily portable building blocks;
- Accessible from existing line of business applications;
- Role based access controls;
- Access audit logs are created by both health and council sides;
- Interoperability is key.
Data Sharing Technologies Board - Minute

Focus is currently on children’s services but easy to add capability for adults. Noted that there is no technical reasons why the third sector could not be involved, but that there would be licensing issues to be considered.

John Sturgeon noted the similarities with Lothian’s portal. Arrangements to be made to look at collaborative work between GGC/Renfrewshire and Lothian in the autumn with a view to exploring how to then spread to other partnerships.

5. Workstream Updates

John Sturgeon provided the Board with a written update on progress made with NHS Lothian’s Care4X Interagency Portal Proof Of Concept. He explained that a key benefit is that data is collected then a view of that data is built and displayed within the Portal, rather than simply sharing data as PDF. He then demonstrated the HealthCareX Social Care Portal proof of concept. This was an extension of the existing South East Consortium Clinical Portal (Fife, D&G, Borders, Lothian) adding a first Swift feed from City of Edinburgh Council. NHS Lothian was also working on a Patient portal through the same infrastructure. Two user profiles were demonstrated:

A) An NHS Imact nurse, giving full access to Clinical Portal clinical content from Trak, all regional SCI Stores; ECS (medication / Allergies) and shared Social Care / NHS summary

B) A Social Care user portal with more limited NHS encounter and appointment information and the shared Social Care / NHS summary. This solution, like Glasgow’s, relies on seeding Social Care systems with CHI for record linkage. The Social Care user search criteria would also be limited to CHI.

The combined social and NHS summary screen holds demographics / NOK contact details from each system, concerns, teams involved, services delivered, assessments, reviews, notes and correspondence, Trak referral, diagnosis and GP / HCP information was also provided. Currently only high level assessment details were shown, but as NHS Lothian enables it’s Trak adult and child assessments, and Swift/Carefirst does the same, the plan is to open up views of
Data Sharing Technologies Board - Minute

the detailed assessment and plan data in XML portlet views, much as was demonstrated for accessing Referral letters from SCI Store. The proof of concept would run from Mid Sept and a write up planned in October to inform a wider business case for deployment (production integration for all Lothian local authorities). A scalable architecture would need be defined to enable multiple local authority systems to interface consistently to portals and cross board, cross regional linkage to be possible. Further work on Integration standards / Ensemble licensing is required here.

Both Glasgow (Orion) and Lothian (Harris) approaches were very similar, using underlying Ensemble driven system integration (existing SCI Store web services, and evolving national integration data standards for other systems such as Trak and ECS). Further collaborative work between regions is planned in the coming months.

Steve MacGregor provided the Board with a written update on progress made with Highland’s Sharepoint Child’s Plan. Configuration of this has taken longer than planned and this has been exacerbated by the need to build an additional layer of security. Despite this they are confident that they will be in a position to run a limited pilot at the end of October, and could provide a demo to the next meeting of the DSTB if this was deemed useful.

Kathy Shilliday sought the Board’s approval of two proposals which were provided to the Board –

- The first project will look at sharing public protection alert messaging across partnership boundaries. They are currently looking for two more partners. The Board noted the importance of adherence to national standards and gave ‘in-principle’ support whilst awaiting a detailed proposal;
- The second project will look at viewing and sharing alert messaging and shared care information with the third sector. Again, the Board gave ‘in principle’ support whilst awaiting a detailed proposal.

6. Health & Social Care IT Strategy

Karen O’Hanlon provided an update on development of a Health & Social Care IT Strategy. She explained that she will be developing a skeleton strategy over the next few weeks, identifying particular priorities and themes and will then build on that. She noted the similarities with the development of this Board’s Principles and Priorities.

7. Third Sector Sharing – Erskine Veterans Update

Karen O’Hanlon will prepare a meeting on the Erskine Veterans work for the next meeting. She also informed the Board that she has spoken with Tayside Fire Service who are working with a local mental health charity who are referring vulnerable people to have fire safety checks carried out on their homes. There was some discussion on whether this would be the right time to invite Police and Fire Service representation to the Board and although the importance of
Data Sharing Technologies Board - Minute

discussion in relation to their tie in with GiRFEC the decision was that the immediate priority is the decommissioning of eCare. Local partnerships should ensure that they engage with all local agencies, including Fire and the Police and bring their views to this Board.
Jane Cluness reminded the Board about the work done in Shetland to enable the third sector to share information regarding single shared assessments – With You For You. A paper on this was circulated to the Board. Karen O’Hanlon will engage with Shetland to find out more.

8. Management information Conference Feedback & Next Steps

Paul explained that funding has been made available for developments that utilise real time or near real time information so that data can be visualized in innovative ways which may have greater impact and inform better decision making.


Andy Robertson and Stephen Pratt presented the findings of the recent review of the existing national eCare framework. They had some difficulties getting all the information which had been requested in the commission as Atos were unwilling or unable to give some information. However the findings painted a clear picture –

- eCare hardware is approaching the end of it’s maintainable life;
- Interviews with partnerships revealed a consensus that eCare does not provide the functionality required, does not fit with local business process, is inflexible, and creates too many dependencies;
- eCare usage is very low with no likelihood of this increasing - Child Protection Messages (CPM) are shared within 5 partnerships using eCare but is not fully rolled out in 3 of these. There is no hope of cross partnership sharing using eCare;
- Single Shared Assessments were shared in only one Board using eCare; however this sharing has now ceased;
- Due to the low use of eCare, individual transaction costs are extremely high;
- It is impossible to make meaningful savings by maintaining limited eCare functionality as eCare is architected in such a way that many assets are required to perform each function.

As a result of these findings the report suggested 4 options for eCare going forward –

1. Encourage all DSPs to use eCare SSA and CPM to its maximum extent and so reduce the per transaction costs.
2. Accept the level of usage by the five eCare-using DSPs and utilise NISG Solution Stewardship to reduce the cost of the service to a minimum.
3. Retire the eCare service and decommission the entire eCare
Data Sharing Technologies Board - Minute

Framework, so saving all the costs.

4. Adopt option 2 as an interim step, assist the DSPs that use eCare to develop their own replacement local IT solutions, then adopt option 3 and decommission eCare.

After some discussion the Board decided to take option 4 as a short term measure. Steps will be taken immediately to discuss with the 5 Partnerships currently using eCare how the Board can best support them to move to alternate arrangements. Unless any major obstacles are encountered with this, it is expected that the Board will instruct NSS to inform Atos that eCare should be decommissioned. There is a 6 month notice period during which the Board will continue to assist the Partnerships who were using eCare to transition. It was noted that the Boards priority this financial year is to assist Partnerships in this transition.

NSS provided a separate update on progress made with the iACT commission. This will provide the GIRFEC Programme Board with the necessary information to allow an objective understanding of the gap between the iACT phase 1 delivery and the business requirements. The iACT Stakeholder Engagement Group have reviewed these arrangements and Atos have commenced work on the gap analysis. It was noted that iACT has a dependency on the eCare central matching service and that if eCare is decommissioned that iACT would have to use an alternative matching service.

10. Principles & Priorities

Murdoch Carberry introduced this paper. The Board noted that privacy & confidentiality become important for those below most vulnerable and that there is a need to better define what is meant by health and social care, it is broader than sometimes imagined. The paper will be revised before being circulated around Chief Executives' Police, Fire Service and Children's Reporters.

The Board agreed to commission a piece of work on defining an information architecture and mapping work flows.

The Board again briefly discussed a change of names – suggestions to go to Gary Johnston.
Data Sharing Technologies Board

Time/Date:  10:30 – 14:30, 30 October 2012

Location: Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF

Agenda

Welcome  Murdoch Carberry  10.30

Minutes of Previous Meeting  Murdoch Carberry  10.35

NISG Update  Andy Robertson  10.40

eCare Discussion  Johan Nolan / All  11.10

Ayrshare Presentation  Andy Hardy  11.50

LUNCH  12.20

SOPRA Information Architecture Presentation  Cheryl Trigg / Phil Young  12.50

Updates from Pilot Sites  Steve MacGregor  13.05
John Sturgeon
Mark Darroch
Kathy Shilliday

Principles and Priorities Paper  Murdoch Carberry  13.45

Relationship Manager Role  Murdoch Carberry  14.00

Use of CHI in Health & Social Care Systems  Eddie Tumbull  14.15

Date Of Next Meeting  14.30
Data Sharing Technologies Board - Minute

Time/ Date:  10:30 – 14:30,  30 October 2012
Location:  Scottish Health Service Centre, Edinburgh

Murdoch Carberry (Chair)  Renfrewshire Council
Paul Rhodes  SG eHealth Programme Director
John Sturgeon  NHS Lothian
Robin Wright  NHS Lanarkshire
Denise Brown  NHS Ayrshire & Arran
John Barrett  NHS Ayrshire & Arran
Andy Hardy  NHS Ayrshire & Arran
George McCaig  Highland DSP
Boyd McAdam  SG Children & Families
Alan Small  Fife Council
Martin Kotlewski  SG Children & Families
Jenny Bodie  NHS Tayside
Steve MacGregor  Highland DSP
Gary Johnston  SG eHealth Programme Support
Johan Nolan  eHealth Architecture & Design
Andy Robertson  NHS NSS
Karen Young  NHS NSS
David Robertson  West Lothian Council
Anne Martin  eHealth Strategy & Policy Lead
Scott Hendry  NHS GG&C
Mark Darroch  NHS Greater Glasgow & Clyde
Jane Cluness (VC)  Shetland Islands Council
Alison Hawkins (VC)  NHS Grampian
Gayle Findlay (VC)  Comhairle nan Eilean Siar
Jane Watson (VC)  Comhairle nan Eilean Siar

1. Welcome

Murdoch Carberry welcomed all to the meeting.

2. Minute Of The Previous Meeting

This was agreed as an accurate record.

3. NISG Update

Andy Robertson gave a presentation to the Board the main focus of which was on eCare. The main focus in the period since the last update has been working with Johan Nolan on post eCare succession planning with the five Partnerships who make some use of aspects of eCare. Atos have not yet produced a CCN giving costs associated with decommissioning although they have provided an estimate. The CCN is due on 1 November and NISG will circulate when it is
Data Sharing Technologies Board - Minute

received.

NISG have made preliminary investigation into the reuse of eCare adapters and their understanding is that this will be possible. This will be investigated further and an update provided at the next meeting.

The iACT gap analysis commission report will be available in time for the GIRFEC Programme Board in November.

There was a broader discussion about the possibility of extending investigations into cross border sharing to consider the feasibility of sharing with England. It was agreed that it is still early days but this was noted as a possibility for the future.

There was further discussion about ensuring that the police and fire services are represented on the Board and it was agreed that this will be looked at as the Board goes forward.

After initially informing the Board that there was no way that meaningful financial savings could be made to eCare costs, Atos have now produced outline proposals which could potentially lead to cost savings. These would involve major reductions to existing functionality and the level of service, including removal of the GSX line and removal of any disaster recovery. The Board noted that it was unfortunate that these outline proposals were introduced at the eleventh hour, but agreed that limiting the functionality of a system which was already seen to be functionally not fit for purpose did not provide benefit to any Partnership and would not lead to increased use.

4. eCare Discussion

Johan Nolan gave a detailed update on progress achieved to identify a solution for Child Protection Messaging post eCare by the five Boards currently using eCare. This has gone well – four out of five Partnerships have identified solutions and submitted bids for funding and the final bid is expected in December. These bids were circulated to the Board along with a summary paper. The Board supported all the proposed solutions and approved the allocation of funding. It was noted that it would have been better if these papers, and Board papers more generally, were made available in good time to allow Board members to consider fully prior to the meeting.

The Borders Partnership are in discussion with Grampian about possible collaboration and expect to finalise plans and submit a funding bid in mid December. It was agreed that the bid will be circulated around Board members to seek funding approval with the aim of entering the six month decommissioning period in early January.

Jenny Bodie asked whether recurring funding will be available in the future. The Board agreed that current focus should remain on supporting dependent Partnerships to develop viable solutions away from eCare. The DSTB will have responsibility for the allocation of the funding which had been earmarked for eCare for the remainder of this spending review period. An assessment of local
Data Sharing Technologies Board - Minute

benefits will need to be made then to determine the best way forward.

5. Ayrshare Presentation

Andy Hardy gave a presentation detailing the development of the Ayrshare system and John Barrett gave a demonstration of the system. This was well received by the Board. It was confirmed that it is likely that Ayrshare could be configured for mobile devices as it is a browser based.

6. SOPRA Information Architecture Presentation

Phil Young gave a presentation on the work done to date to produce a high-level Information Architecture that describes and models the major information holdings and flows that exist between Local Authorities and Health Boards. The Board welcomed this piece of work and recognised the value this will have going forward. Due to time restrictions it is recognised that SOPRA cannot meet with every area but they will ensure that they meet with a representative cross section. Highland, Grampian, Shetland and Western Isles representatives noted that no meetings had taken place yet with them. Phil Young will ensure that this is remedied in the final report. The final report will issue towards the end of November.

7. Updates From Pilot Sites

The four partnerships which have been allocated DSTB funding so far provided written progress updates. These were circulated prior to the meeting and are available separately.

Steve MacGregor explained that development of the Child’s Plan Sharepoint site has been delayed as they have run into issues deploying claims based authentication. They have also encountered an issue, yet unresolved, with Microsoft, who have suggested that new licenses may be required by other public bodies who wish to collaborate if they have a different version of Sharepoint. This is currently being investigated.

Previous meetings have suggested that Lothian and Glasgow should meet to discuss their prospective approaches. This has not taken place yet but will be arranged.

Renfrewshire Council / NHS GG&C Portal was demonstrated to the Joint Information & Health Systems Group who were pleased with what they saw.

Lanarkshire have made good progress with West Lothian in regard to cross boundary sharing, and encourage other partnerships who would like to be involved to get in touch.

8. Principles & Priorities

Murdoch Carberry introduced the latest iteration of this paper. He explained that the intention is that it will indicate to key stakeholders the difference in approach that is being taken going forward. It is recognised that stakeholder mapping work is required. There was agreement that the DSTB should arrange a
Data Sharing Technologies Board - Minute

seminar to examine the information requirements between health and social care sectors that will enable collaborative working and that the stakeholder mapping exercise must be done prior to this.

9. Relationship Manager Role

A draft job description has been drafted for this role. The intention is that the job holder will work closely with key stakeholders to guide the development and delivery of collaborative partnership working. This role will be funded by the DSTB but there is still work to be done to determine the mechanics of the employment.

10. Use of CHI in Health & Social Care Systems

An information paper was issue to the Board which explains the role and remit of a recently set up short life working group looking at uses of the CHI to support integrated health and social care. It will examine likely use scenarios and try to identify potential pitfalls. This has been endorsed by the Positive patient Identification Steering Group. The DSTB noted its support and recognised the benefits of having representation on the group. John Sturgeon volunteered to be that representative.

11. Date Of Next Meeting

It was agreed that the engagement seminar should take place prior to the next meeting of the DSTB. Investigations are under way to secure a suitable venue for the seminar for the end of January or beginning of February. Once received, the Borders funding bid will be circulated for agreement by email and a date will be set for the next meeting, likely to be late February or early March.
1. Data Sharing Technologies Board

<table>
<thead>
<tr>
<th>Time/ Date:</th>
<th>10:30 – 14:30, 24th January 2013</th>
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<tbody>
<tr>
<td>Location:</td>
<td>Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF</td>
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</tbody>
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**Agenda**

24. Welcome/ Minutes Of Previous Meeting: Murdoch Carberry | 10.30
25. Update from Strategy Board: Murdoch Carberry | 10:35
26. NISG Update: Andy Robertson | 10.45
27. eCare Decommissioning - update from transition sites: Jon Harris, Jenny Bodie, Andy Hardy, Alasdair Paterson | 11.00
29. GIRFEC – iACT update: Alan Small | 11.40
30. SOPRA Information Architecture Review: Cheryl Trigg / Phil Young | 11.50
31. Proposed Roadmap for 2013: Johan Nolan | 12.20
32. LUNCH | 12:30
33. Engagement Conference | Murdoch Carberry | 13:00
34. CHI Short-life Working Group - Update: John Sturgeon | 13:15
35. Updates from Pilot Sites: George McCaig, John Sturgeon, Robin Wright, Kathy Shilliday | 13.30
36. Relationship Manager Role: Murdoch Carberry | 14.00
37. AOCB | 14.20
38. Dates Of Next Meetings | 14.30
1 Welcome / Minute Of The Previous Meeting

Murdoch Carberry welcomed all to the meeting.

The minutes of the previous meeting were agreed with a couple of minor changes.

2. Update from Strategy Board

Murdoch Carberry explained that he had given a presentation to the eHealth Strategy Board in December which explained the DSTB’s role and remit and the progress which has been achieved transitioning from a ‘one size fits all’ eCare system to locally led initiatives. The Strategy Board noted the progress that the DSTB had made and gave unambiguous support for its principles and direction of travel. Derek Feeley, the Chair of the Strategy Board and Lorraine McMillan,
Chair of the Local Government ICT Sectoral Board have agreed to jointly open the Engagement Conference scheduled for 24 April. George McCaig advised that Bill Alexander will write to Alan Hyslop regarding the governance of the DSTB.

3. NISG Update

Andy Robertson gave a comprehensive presentation which is available separately. Atos have now been notified of the intention to withdraw the eCare service with an effective date of 30 June 2013. Any intention to extend the service beyond this date must be notified to Atos before the end of April. No extension will be possible if they are not notified by then. Extending the GSX line will also only be possible if notification is given before the end of April. Jenny Bodie has been contacted by Edison who have concerns that the eCare GSX line was to be decommissioned. She has informed them that, in her view, they have been in a privileged position for the last several years, in that they were able to share the eCare line without contributing to the associated costs and that eCare is under no obligation to continue to supply this facility when it's primary function is no longer required.

Currently, charges associated with eCare for the first quarter of 2013/14 are estimated at £323k which includes the breakage charges relating to decommissioning.

4. eCare Decommissioning

Those sites presently involved with moving from eCare provided progress updates. Highlight included –

Western Isles
Focusing engagement with practitioners to ensure that business requirements, including GIRFEC, are considered and fed into whatever technical developments are deemed appropriate. Currently redrafting their PID to make it more process based.

Tayside
Jenny Bodie supplied a written progress update which is available separately. She explained that they have set up a steering group which has already met several times. Their initial priority is CPM. A CPM technical Overview document has been distributed to the steering group along with a data sharing framework. This framework provides the principles required for implementing a CPM messaging service and has been approved by the group. No concerns were raised by the group over the technical design or the timescales of CPM replacement and they are confident that this will be in place by the end of June. They have a Business Analyst in place looking at future data sharing requirements, including those related to GIRFEC. Their aim is to develop a solution which will work with any client group. They will soon be renaming their DSP and setting up task-specific sub groups.

Ayrshire & Arran
Initial discussions to assess the impact of decommissioning with key stakeholders in NHS Ayrshire and Arran and North Ayrshire Council have been completed. They are now confident that Ayrshare is a suitable replacement and that they will have this in place by 30 June.

Borders
Alan Geake stressed the involvement of Education in their processes. Are in discussion with Grampian about the possibility of reusing eCare adapters. Borders do not have a DSP but are governed by the pan-Lothian ISP. They have slight concerns that they may have not completed development of a replacement CPM solution by 30 June but are confident that they can put an interim manual solution in place if required to mitigate any risk.

The DSTB accepted the Borders funding bid in principle. However, Borders were asked to follow up three points:-

- The Borders request was for a one-off capital allocation of £185,000. The DSTB only has a revenue budget so the bid should be amended to reflect this.
- The original request included recurring costs. In line with allocations given to the other four existing eCare users, the DSTB expects DSPs to meet all recurring costs.
- The DSTB asked for assurance that Borders have an adequate contingency plan should their new solution not be ready by 30 June 2013 (the planned switch off date for eCare).

Grampian
No Grampian representative was present but they have informed the DSTB that NHS Grampian have agreed a specification with Intersystems and are currently awaiting a final formal quote. A representative of Borders Council has met with NHS Grampian to discuss the solution.

It was suggested that the decommissioning partnerships get together outside of the DSTB meetings, to ensure there is no duplication of effort etc.

5. Finance Paper

Eddie Turnbull prepared a paper which proposes a set of Financial Governance Principles and Arrangements that the DSTB could adopt for the next two years. This paper was circulated separately. He explained that as things stand, the DSTB will have a budget of £2m for each of these years. The SG eHealth division have agreed that it is appropriate for it to fund the Relationship Manager post covered atr item 13; it already funds a similar post which works for and reports to the eHealth Leads.

The Board made the following points—

- From the Paper, it isn't clear how Local Authorities can channel funding towards the provision of integrated data sharing;
- The DSTB should put in place more formal procedures for the disbursement of funding, rather than the 'case by case' consideration
which has been used up until now;
- Important that the Board moves away from funding pilots to developing mature solutions which are adopted as business as usual.
- Need to ensure that funding is distributed equitably, bearing in mind the different levels of maturity of the Partnerships. Example given was Lanarkshire who already have a solution in place which is funded locally.
- Noted the proposal that £50k be allocated to each to DSP to fund a local dedicated “enabler/co-ordinator” but thought that to ensure buy-in and longevity, this post should be match-funded.

There was a suggestion that the full £2m should be allocated to the Partnerships at the beginning of each year but it was agreed that we are not yet at that level of maturity; we need to ensure a degree of convergence. Agreed that this situation can be reconsidered once the Health and Social Care IT Strategy is in place. It is expected that a draft of this document will be available by the summer.

DSTB members were asked to share this paper within their partnerships and send comments to Eddie so he can revise the paper in time for the next DSTB meeting on 21 March.

6. GIRFEC – iACT Update

- Draft GIRFEC legislation has been prepared, the legislation imposes statutory duties on public bodies to share information with a named person;
- Have strategic guidance groups in place;
- Formal notification given to the DSTB from the Chair of the GIRFEC Programme Board that as a result of the iACT Gap Analysis which was carried out it has been decided that no further iACT development will take place. The SG owns the IP of the code and documentation already completed and this is being appropriately stored.
- Have had conversation with the ICO to clarify consent issues; Boyd McAdam will share details with DSTB members.

7. SOPRA Information Architecture Review

Phil Young gave a presentation summarising the Review paper which was circulated to the Board. This paper is available separately.

8. Proposed Roadmap for 2013

Following on from SOPRA’s Information Architecture review, it is proposed that the DSTB develop a roadmap of activities. Johan Nolan has prepared a draft along with a cover paper which was sent to the Board and is available separately. The Board were asked to send comments and suggestions on how this can be developed to Johan.

9. LUNCH
10. Engagement Conference

A draft letter informing of the progress made by the DSTB and giving notice of the Engagement Seminar was sent to the Board for approval. It explains the background to the decommissioning of eCare. The DSTB agreed the letter should issue.

11. CHI Short-life Working Group

A paper was sent to the DSTB which provided an update from the December meeting of the CHI Positive Patient Identification Steering Group. It includes the Group’s principles and those parts of the guidance pertinent to using CHI to support integrated health and social care. The Board noted the work undertaken.

12. Updates from Pilot Sites

Highland
Still have issues with authentication of their Child’s Plan Sharepoint site, which they believe is being aggravated by lack of Fujitsu resource. Steps have been taken to escalate this problem and they hope to have the issue resolved soon.

Lothian
Provided an Evaluation Report on the Lothian Interagency Portal Proof of Concept. This was circulated to the DSTB and is available separately. Work is still required to harden the system for business use, e.g. account administration, etc. The Board agreed that a business case should be developed to take this further.

NHS Glasgow and LA Partners Clinical Portal
Robin Wright informed the Board that there is a need to regroup locally to take things forward. He will have a better picture at the next meeting.

Lanarkshire
Provided written updates on both the sharing with the 3rd Sector project and the cross-boundary alert messaging project which were sent to the Board. These are available separately. Lanarkshire and West Lothian have an agreement in principle, and Lanarkshire are looking to involve other partnerships – particularly partnerships where there are no systems of electronic sharing.

13. Relationship Manager Role

A draft job description has been prepared and sent to the Board. It is agreed that this post will be funded by the SG eHealth Division but the person will work for and report to the DSTB. They will be recruited and employed by Renfrewshire Council. The Board suggested that the job description should explicitly include an understanding of policy requirements.

14. AOCB
Eddie Turnbull mentioned that the Board would need to be sighted on progress to procure and implement the Scottish Wide Area Network (SWAN) service. SWAN would be a key platform for transmitting information between local Data Sharing Partnership organisations and, as envisaged by the John McClelland review of IT infrastructure in the Scottish public sector, the Information Governance barriers that exist at the moment from multiple networks should be lowered.

While the single SWAN network service will be capable of securely carrying sensitive personal information, it is important that Health Boards and Local Authorities have a shared understanding of the sensitivity levels of information that they may wish to exchange over the network. At the moment organisations using the GSX (eg local authorities) and GSI networks (eg central government departments and agencies) classify their information in a different manner from health. Furthermore, codes of connection to the GSI/GSX are not the same as those used within health for N3. This could lead to the situation where, although a common network is being used, it is still not straightforward to transmit information end to end when there is a need to do so. The objective is to obtain equivalence in levels of security and trust between the two sectors.

The SWAN project is addressing this issue, but will likely look to the DSTB for assistance and guidance.

15. Dates Of Next Meetings

It was agreed that the DSTB will meet on the following dates –

21 March 2013  
23 May 2013  
25 July 2013  
26 September 2013  
21 November 2013.

As per previous dates, these meetings will run from 10.30 until 14.30 at the Scottish Health Service Centre.
# Data Sharing Technologies Board

<table>
<thead>
<tr>
<th>Time/ Date:</th>
<th>10:30 – 14:30, 21&lt;sup&gt;st&lt;/sup&gt; March 2013</th>
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## Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter/ Speaker(s)</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Welcome/ Minutes Of Previous Meeting</td>
<td>Murdoch Carberry</td>
<td>10.30</td>
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<tr>
<td>2. SWAN overview</td>
<td>Andy Robertson/ Eddie Turnbull</td>
<td>10.35</td>
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<td>3. NISG Update – eCare Decommissioning</td>
<td>Andy Robertson</td>
<td>10.50</td>
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<tr>
<td>4. eCare Decommissioning - update from transition sites</td>
<td>Jon Harris, Finlay Stewart, Andy Hardy, Alison Hawkins, Stewart Meldrum</td>
<td>11:05</td>
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<td>5. Updates from Pilot Sites</td>
<td>George McCaig, John Sturgeon, Robin Wright, Kathy Shilliday</td>
<td>11:30</td>
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<td>6. GIRFEC</td>
<td>Alan Small</td>
<td>11:50</td>
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<td>7. Health and Social Care Strategic Direction, Engagement and Governance</td>
<td>Anne Martin</td>
<td>12:00</td>
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<td>8. LUNCH</td>
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<td>10. Maturity Model</td>
<td>Johan Nolan</td>
<td>13:30</td>
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<td>12. CHI PPI</td>
<td>Blythe Robertson</td>
<td>13:50</td>
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<tr>
<td>13. Engagement Conference</td>
<td>Murdoch Carberry</td>
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<td>14. Relationship Manager Role</td>
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<td>15. AOCB</td>
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<td>14:25</td>
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<tr>
<td>16. Date Of Next Meeting</td>
<td>23&lt;sup&gt;rd&lt;/sup&gt; May 2013</td>
<td>14:30</td>
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1 Welcome / Minute Of The Previous Meeting

Murdoch Carberry welcomed all to the meeting.

The minutes of the previous meeting were agreed.

2. SWAN Overview

Andy Robertson gave a presentation which is available separately. He explained that SWAN is:

- A secure, high availability version of the Intranet for the Scottish Public Sector
- A true shared service infrastructure
- Something that utilises common, open, standards, with a customer-centric operational model and flexible approach
- Increasing responsiveness and opportunity for cross-Public Sector cooperation and collaboration
- Reducing costs and simplifying procurement
- An infrastructure that will transition to become PSN compliant once
Vanguard is delivered
The SWAN Vanguard is the first tranche of SWAN users.

It would be cost prohibitive for SWAN to meet full PSN standards and these are not required at the moment so they are taking a two tier approach to compliance. Anne Moises and Andy Williamson from Scottish Government Information Services & Information Systems Division are currently trawling Scotland to inform, engage and encourage others to join the vanguard.

The SWAN procurement process started in October 2012 and is currently on schedule. Now in dialogue with three bidders - British Telecom, Cable & Wireless/Virgin Media and Capita/Updata. It is hoped to identify a preferred bidder and sign the contract in September/October of this year with the new service going live in February 2014.

A working group has been set up looking at main needs – initially Health and Local Authorities. The operational model will be presented to the next meeting of the DSTB.

The Board commented that timescales look ambitious, Andy explained that migration on to the new service is scheduled for March 2014 with a phased roll out beginning then.

3. NISG Update – eCare Decommissioning

Andy Robertson gave a presentation which is available separately. He explained that the focus in the last period has been on working with Johan Nolan and those DSPs currently using eCare to coordinate their move to the alternative systems they have identified.

NISG have circulated a list of the eCare physical assets (servers, switches etc.) to see if Boards have any appetite for taking parts over. They are also in the process of getting eCare source code from Atos. Following negotiation, eCare breakage charges have reduced to £17k. Eight weeks’ notice is required if a decision is made to extend the service, with a continued service charge of £86k a month.

4. eCare Decommissioning – updates from transition sites

Brief verbal updates were given to the Board –

- Western Isles – PID agreed and development has started on new solution;
- Tayside – Project underway – employed business analyst. They have identified two potential delays have made arrangements for a manual backup as contingency;
- Ayrshire & Arran – have now finished CPM process analysis and are confident that they can replicate locally. Have completed an evaluation piece looking at future local plans which will they circulate around DSTB
members;
- Borders – have now completed PID which reflects the broader GIRFEC approach, not just CPM. Have established key supplier contacts and are in close dialogue with Grampian;
- Grampian – Have experienced delays with Intersystems in completing PID. These delays are being actively managed and they are confident that they will have the PID in a matter of days. SG are providing assistance to arrange tripartite meeting with Intersystems, Grampian and Borders. Some concern that, due to initial delays, timescales will be challenging and they have not yet made contingency plans.

5. Updates From Pilot Sites

Brief verbal updates were provided from pilot sites –

- **Highland** – due to problems they have encountered with both Fujitsu and Microsoft – they have decided not to progress their Sharepoint Child’s Plan solution;
- **Lothian** – now have a new governance structure; core Portal Project Board and an interagency group which work together. Have started decommissioning the legacy pilot site and will learn lessons from that. Work on the business case continues.
- **Orion Portal** – local pilot is now complete; broader role out has been delayed, now planned for April. There is broad agreement but more detail around costs are needed for the stakeholder group to be fully convinced of its merit.
- **Lanarkshire** cross boundary project – Visionware have now amended their design document to make it clear that development will remain Crown Copyright. Have had local discussions with Northgate about the possibility of reusing the existing eCare adapter but have run into issues as it only works with specific versions of SWIFT. A bid for DSTB funding has been submitted to further develop this project. The Board agreed that this project has the potential for further re-use and is exactly the kind of thing that the DSTB should be supporting. The funding was approved. Kathy explained that they will continue to fund support costs.
- **Ayrshire & Arran** - AYRshare, the local Ayrshire eCare solution, went live in March, sharing data between the NHS and South Ayrshire Council social work. Talks have been held with Northgate regarding the readiness of SWIFT in East Ayrshire Council. A draft proposal has been received by OLM in North Ayrshire Council for the replacement of CPM to AYRshare. Plans to have CPM messages switched to AYRshare by June are on course. A draft strategy paper has been submitted to our local DSP which included a response to a survey from over 100 practitioners regarding where the priority areas should be for stage 2 of AYRShare. The results of the survey may be of interest to DSTB as it had a broad range of responders including over a dozen headmasters/mistresses.

6. GIRFEC Update
Alan Small and Supt Barry Blair, the GIRFEC Police Advisor both gave presentations which are available separately.

Alan Small said that it is likely that the Children and Young People Bill will go before parliament before summer. He explained that the GIRFEC Programme Board is now chaired by Aileen Campbell, Minister For Children & Young People. They have set up an Implementation sub-group which is chaired by Bernadette Malone, Chief Executive of Perth & Kinross Council. They have obtained advice from the ICO on sharing concerns which is currently being shared with stakeholder groups. A PIA is being carried out which will be shared shortly.

Barry Blair explained that a Vulnerable Persons Index which deals with Children's and Adult's concerns is currently being piloted prior to being rolled out nationally by the end of the year. The system has the potential to be developed to also record offences.

7. **Health & Social Care Strategic Direction, Engagement & Conference.**

Anne Martin supplied a paper which is available separately. She asked the Board to help identify any other key stakeholder groups which should be targeted as part of the strategy development and asked for suggestions for case studies, both things which worked well and things that didn’t work quite so well.

David Robertson and Kathy Shilliday said that their areas have large information sharing repository which they will share with the Board.

Murdoch suggested that now that we have an emerging agenda that the DSTB should consider holding developmental events as well as the usual business meetings.

8. **LUNCH**

9. **Finance Paper**

Eddie presented this paper, explaining that it further develops the financial governance principles. Future meetings will be presented with a financial statement detailing actual and intended spend.

Murdoch suggested that the Board should now be considering how it develops a broader funding pool.

There was discussion around the most appropriate and beneficial way for funding to be utilised in the coming year. It was agreed that the previously suggested proposal to provide partnerships with an equal amount of funding for a local coordinator may not be the most effective way forward. It was suggested that the maturity model potentially offers a framework which could be used to identify areas for investment.
It was agreed that a package of funding would be made available for DSPs to bid for in the early part of the year. Bids should be evidenced with proof of potential for reuse. A balance will be struck ensuring funding is available during the course of the year for further developmental proposals. The possibility of areas receiving funding from multiple sources was raised, Alan Small advised that some areas would receive financial support from the Scottish government to assist GIRFEC implementation, there was therefore a possibility that some areas could receive funding for information sharing systems from both GIRFEC and the DSTB. It was agreed that this situation would be monitored as funds were allocated.

10. Maturity Model

Johan Nolan explained that on the back of the Information Architecture review carried out on behalf of the DSTB, there may be merit in developing a maturity model allowing partnerships to self-assess their progress against a range of key processes. A draft maturity model was circulated ahead of the meeting and it is proposed that Board members and other key stakeholders develop this further. It was stressed that this should not be seen as an evaluation or audit tool.

The Board agreed that this was a most useful tool and that a subgroup would be setup to progress this further.

11. Interoperability Working Group

Johan presented two papers which are available separately and gave a brief update on the work of this group. It reports to, and is directed by the DSTB. It has evolved from the various local pilots that the DSTB has supported.

There was discussion around concerns about SEEMiS SLIDE developments. It was suggested that a joint meeting should be arranged between existing users and SEEMiS to ensure there is no duplication of effort.

12. CHI PPI

Blythe Robertson introduced this paper and gave a brief update. He explained that the paper on the use of the CHI number to support integrated care has now been revised in light of comments received from the stakeholder group during the recent consultation and that CHI guidance has been amended and now conveys the message that CHI can be used to support shared working. The CHI PPI Steering Group have approved both.

13. Engagement Conference

Johan Nolan gave a brief update on progress with the organization of this event. Most speakers have now been confirmed and the National Museum Of Scotland has been booked. The event is on track to attract around 100 attendees, as planned.

14. Relationship Manager Role
Murdoch apologised for the delays in the advertising of this post. He hopes that this will be advertised before Easter with appointment shortly after.

15. AOCB

Kathy Shilliday informed the Board that Donald Wilson has now been appointed chair of the Lanarkshire DSP.

16. Date Of Next Meeting

Next meeting is 30 May 2013
Getting it right for every child – Information Sharing

Alan Small - GIRFEC Information Sharing Lead
Supt. Barry Blair – Police Advisor GIRFEC & Youth Justice
Scottish Government

www.scotland.gov.uk/gettingitright

Business as usual and future planning

BAU
- GIRFEC Programme Board
- Implementation sub group
- Information Sharing sub sub?
- GIRFEC Information Sharing Best Practice Group (formerly known as IAG)
- Minimum Business Requirements for ICT support of GIRFEC

www.scotland.gov.uk/gettingitright
Business as usual and future planning

BAU
- Named Person
- Concern Management
  - Minimum Data Set for a wellbeing concern
- 2011/12 - Police generated 56,000 wellbeing concerns
- Police Scotland
- VPD Schedule
- Offending/wellbeing

www.scotland.gov.uk/gettingitright

Business as usual and future planning

- Assessment/analysis National Practice Model
- Lead Professional
- Child’s Plan
- Chronologies Minimum Data Set – Practice Paper 8
- Consent (ICO advice)
- ICT !
Legislation

Future Planning
- Child’s Plan – Minimum Data Set
- Opportunity for Data Collection?
- Children and Young People (Scotland) Bill
- Guidance Groups
- Information Sharing Duties
- Privacy Impact Assessment

www.scotland.gov.uk/gettingitright

Questions?

I COULD HAVE E-MAILED YOU MY POWERPOINT DECK, AND YOU COULD HAVE READ IT IN FIVE MINUTES.

BUT I PREFER MAKING YOU SIT HERE FOR AN HOUR WHILE I READ EACH BULLET POINT IN SLOW MOTION.

P-O-I-N-T
N-U-M-B-E-R
O-N-E...

YANK THIS AS HARD AS YOU CAN.

www.scotland.gov.uk/gettingitright
All Community Planning Partnership Managers

08 April 2013

Dear CPP Managers

Information sharing between services – guidance and clarity

The GIRFEC Programme Board recently met with Ken Macdonald, Assistant Commissioner for Scotland with the (UK) Information Commissioner’s Office (ICO). Information sharing in response to wellbeing risks and the matter of consent was discussed. To provide clarity the ICO has produced the attached advice, which specifically relates to information sharing where a child’s wellbeing is at risk and the concern is less than that required to trigger child protection procedures The GIRFEC approach promotes engagement with the child and family at all stages during which practitioners will want to keep them informed and seek their views obtaining consent to the disclosure of information as appropriate. But where circumstances exist such that consent may not be appropriate or required, the Data Protection Act 1998 provides conditions to allow processing to proceed. Importantly the advice dispels the common misconception that the Act is a reason not to share information.

The advice will be important reading for:
- Professionals who work with children and young people
- Professionals who work with adults who impact on the lives of children and young people
- Senior managers and data controllers

Information sharing between services is vital to ensure that our children’s life chances are maximised and that Scotland is the best place to grow up in.
Whilst the ICO in its capacity as a regulator does issue substantial penalties for breaches of the Data Protection Principles, Ken Macdonald emphasises that these penalties are aimed at systemic failures and not practitioners making good faith decisions to share information in the best interests of children.

Please circulate the attached advice around chief officers, within your Community Planning Partnerships.

If you need further advice, please contact Boyd McAdam, Head of the Better Life Chances Unit at the Scottish Government on 0131 244 5320.

Yours sincerely

Martin Crewe
Deputy Chair of the Getting it Right for Every Child Programme Board
C/o Life Chances Unit, Children’s Rights and Well Being
The Scottish Government,
2B North, Victoria Quay, Leith
EDINBURGH
EH6 6QQ

Attached – Information Sharing Advice from ICO
# Data Sharing Technologies Board

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**Agenda**

- Welcome/ Minutes Of Previous Meeting  
  Murdoch Carberry  
  10.30
- Relationship Manager  
  Murdoch Carberry  
  10:35
- NISG Update – eCare Decommissioning and Edison  
  Andy Robertson  
  10:40
- Engagement Conference Feedback  
  Johan Nolan  
  10:55
- eCare Decommissioning - update from transition sites  
  Jon Harris  
  Jenny Bodie  
  Andy Hardy  
  Alison Hawkins  
  Alan Geake  
  11:05
- Updates from Pilot Sites  
  Robin Wright  
  Kathy Shilliday  
  John Sturgeon  
  Marina Copping  
  Alan Small  
  11:30
- Lothian Trak Support for GiRFEC  
  John Nolan  
  11:40
- GirFEC  
  Martian  
  11:55
- Police Vulnerable Person Database  
  Alan Moffat  
  12:20
- LUNCH  
  12:40
- Health and Social Care Information Sharing Governance and Strategy Update  
  Anne Martin  
  13:20
- Financial Support Proposal  
  Johan Nolan  
  13:45
- Architecture Vision Commission  
  Johan Nolan  
  14:05
- AOCB  
  Murdoch Carberry  
  14:20
- Date Of Next Meeting  
  25th July 2013  
  14.30
Time/ Date: 10:30 – 14:30, 30 May 2013
Location: Scottish Health Service Centre, Edinburgh

Murdoch Carberry (Chair) Renfrewshire Council
Alan Moffat GIRFEC Adviser Police Scotland
Justin Fluger SPA
Alan Small SG Children & Families
Boyd McAdam SG Children & Families
Simon Haston Improvement Service
Gary Johnston SG eHealth
Johan Nolan SG eHealth
Anne Martin SG eHealth
Blythe Robertson SG eHealth
John Sturgeon NHS Lothian
Marina Copping NHS Lothian
Andy Robertson NHS NSS
Karen Young NHS NSS
Jenny Bodie NHS Tayside
David Robertson West Lothian Council
John Allan Clackmannanshire Council
Alison Hawkins NHS Grampian
Andy Hardy NHS Ayrshire & Arran
Grant Cunningham DSTB Relationship Manager
Robin Wright (VC) NHS Greater Glasgow & Clyde

1. Welcome / Minute Of The Previous Meeting

Murdoch Carberry welcomed all to the meeting.

The minutes of the previous meeting were agreed.

2. Relationship Manager

Murdoch introduced Grant Cunningham, the newly appointed Relationship Manager. Grant will be formally starting in post on Monday 3 June 2013.

3. NISG Update

   eCare

Andy Robertson gave a presentation which is available separately. He explained that the decommissioning of eCare continues as planned – NISG have made arrangements to take ownership of the eCare source code.
EDISON
NISG have not yet received the CCN from EDISON so continue to work with Atos on
driving the estimated costs down. These costs do not include GSI accreditation – as
the accreditation was linked to the eCare application the line will need to be
reaccredited for EDISON. Investigation is underway to see whether a move to a
single line could provide a substantive saving without causing unacceptable risk. It
was noted that set-up costs currently look high and Andy confirmed that this is part
of the negotiations that are underway. Atos have confirmed that they can ensure
continuity of service but he Board were reminded that this will have associated costs.
Andy committed to ensuring that EDISON users are kept in the picture.

4. Engagement Conference

110 delegates attended the conference. Feedback has been very positive with
the majority of those attending rating the presentations the highlight of the day.
Johan Nolan thanked all those who presented on the day. Collated feedback from
the workshops has now been published at
http://www.ehealth.scot.nhs.uk/?page_id=2617. This is helping inform development
of the Health and Social Care Strategy. Feedback from the conference included a
suggestion that the Board should reconsider its name to remove the implied focus on
technology. The Board agreed to rename itself the Information Sharing Board.

5. Lothian Trak Support for GIRFEC

Marina Copping gave a presentation which is available separately. She noted
that in 2002, the First Minister said, “Every child in Scotland, regardless of their
background, should be able to reach their potential. No child must fail or be
damaged because professional barriers, funding inflexibility or poor information
exchange let them down. To achieve this we must ensure our children’s services are
fully integrated and working effectively together for the good of all Scotland’s young
people.” It seems that we are now in a place where the technology is available to
make this a reality. Lothian are working collaboratively through Trak and the Portal
and are working with West Lothian through the C-Me programme.

They now have Lead professional and Named Persons in place and well being
indicators are being used. The Chronology is proving particularly useful should a
child visit A&E – they may not have had previous contact with a child and this
information could lead them to consider different actions than they otherwise might
have.

Marina stressed the importance of getting clinical data standards in place to help
simplify system development. The SG mobile device funding they received was used
to trial a variety of devices – they have decided that laptops are currently the best fit
for their local requirements as these allow access to all desktop systems.

6. eCare Decommissioning Updates

Western Isles – have agreed common concern form and are now working on
how to share this electronically.
Tayside – have encountered some issues and delays but have workarounds in place. Local DSP is now chaired by their Deputy Chief Executive. They have identified a local requirement to put a data sharing manager in place again to work with local authority colleagues.

Ayrshire & Arran – on track

Grampian – are taking a cautious approach and only replacing the functionality that was provided by eCare and bringing messages into Trakcare. Need to get Governance in place and would appreciate a message being issued by SG encouraging people to share information. Ensemble aspects are in place and they are now carrying out a gap analysis with Tayside to assess possibility of adapter re-use.

Borders – Intersystems Ensemble development, similar to Grampian. Interoperability Working Group tasked with ensuring that a standard is given to the developer to simplify future development and minimise version dependency, etc. Although some delays have been experienced with adapter development, manual processes are in place to ensure continuity of service come the eCare shutdown on 30 June.

7. Updates from Pilot Sites

Orion Portal – NHS Greater Glasgow & Clyde still planning to meet with Renfrewshire Council to take development to the next phase – hope to have a fuller update on this at the next meeting – target for the next phase is middle of June.

Lanarkshire X-Boundary – a progress report was circulated separately. Renfrewshire Council and the Ayrshire & Arran DSP have both expressed interest in becoming involved in the pilot.

8. GIRFEC

Alan Small gave an overview of the Children and Young People (Scotland) Bill which was introduced to Parliament on 17 April 2013. This presentation is available separately. He explained that the Bill deals with children from birth up until the age of 18. A group is to be set up to look at the Bill in detail.

9. Police Vulnerable Person Database

Alan Moffat, GIRFEC adviser for Police Scotland gave an overview of the Police Vulnerable Person Database. He explained that –
• the 8 previous Scottish Police Forces had disparate systems which could not easily communicate with each other
• over 50% of Police resources involve vulnerability concerns
• 16 is a fully integrated solution which will deal with the full business process
• Planning to build a single database, shared by all 14 Divisions to hold concerns
• Concern reports are being shared as PDF in a trial involving Grampian, Fife, Northern and Dumfries & Galloway Divisions. There is a realisation that this format
does not the information to be readily re-used and talks are underway about the best way forward.

- Police Scotland are now starting national training on vulnerability

10. Health & Social Care Information Sharing Governance & Strategy Update

Recently met with the Police, Improvement Service and ADSW; outcomes from these discussions are being fed into the paper which will be circulated as part of the draft strategy consultation.

Caldicott 2 report has recently been published which includes a proposal to move to more standardised information sharing agreements. Currently developing a response to this report which will address both the actual and perceived barriers to information sharing. Noted that a seventh Caldicott principle has been added which places a duty to share.

As regards governance, Murdoch suggested it may be beneficial to set up an Information Sharing Executive comprising of Chief Executives, Service Director and equivalent level representation. A meeting is arranged with Lorraine McMillan, Chair of ADSW, to assess the viability of this, or to explore alternatives.

11. Financial Support Proposal

Johan Nolan introduced a paper, circulated earlier, which provided an update on the progress made on developing a funding support package to assist with information sharing initiatives. The paper describes funding that would be available in three categories –

1. Foundation – to put information sharing capability in place where none currently exists;
2. Increment – to allow progress through the maturity model; and
3. Innovation – to fund proof of concept pilots that may offer information sharing benefits not previously envisaged.

It was recognised that the maturity model needs some more work and a sub-group will be set-up to take this forward.

There was some discussion around these proposals and the Board decided that the paper should be reworked to be less reliant on the DSP structure as these are not extant in all areas. Various alternative ideas were mooted including –

- directly supporting alternative models of partnership working like CHPs;
- providing funding explicitly for the purpose of funding a local information sharing co-ordinator;
- distributing the money nationally on an NRAC basis, or similar.

Johan asked for comments and suggestions to be sent to her and will feed these into a revised proposal which will be presented to the next meeting.

12. Architecture Vision Commission
Johan introduced this paper which introduced the idea of commissioning a piece of work to follow on from SOPRA’s recently delivered Information Architecture review. The previous review captured the ‘as-is’ picture and the proposed piece of work will capture stakeholders business goals, policy objectives and priorities to define the information to be shared and the standards required in a ‘to-be’ architecture model which can be used in the development of future information sharing initiatives.

The Board agreed that this piece of work should be commissioned on the assumption that the cost would be in line with the previous review, i.e. circa £30k.

13. AO CB

SEEMis SLIDE standards are being considered by the IWG to see where else they may be applicable.

14. Date Of Next Meeting

Next meeting is 30 July 2013
TrakCare GIRFEC Compliance

Marina Copping
Clinical Information Manager
30th May 2013

Every child in Scotland, regardless of their background, should be able to reach their potential. No child must fail or be damaged because of professional barriers, funding inflexibility or poor information exchange let alone down.

"To achieve this we must ensure our child’s services are fully integrated and working effectively together for the good of all Scotland’s young people."

First Minister July 31st 2002
16,000 Users

Population 800,000

Midwifery Trak

Hospital Trak

Community (Child Health Records)

180,000 children across 4 Council Areas
- City of Edinburgh, Mid, East and West Lothian
Transition from HV to SN (CHR Transfer from HV caseload)

Transitions note uses the Scottish Patient Safety Handover Format – SBAR – Situation, Background, Assessment and Recommendations

The Picture Emerges
GIRFEC ....

Lead Professional and Named Contact

[Table with details]

Copyright (C) 2002. McKesson Corporation. All Rights Reserved. Proprietary and Confidential.
Children and Young People (S) Bill

- Consultation – 4 July to 25 September 2012
- Analysis of responses – 4 December 2012
- Scottish Government Response – 22 March 2013
- Bill Introduced to Parliament on 17 April 2013

www.scotland.gov.uk/gettingitright
Wellbeing

Section 74 - Provides a holistic definition 'wellbeing' (based on the SHANARRI Wellbeing Indicators) that underpins the Bill's provisions
Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included
Amends Children (S) Act 1995 by placing duty on local Authorities to exercise functions to safeguard, support and promote wellbeing not welfare.

www.scotland.gov.uk/gettingitright

Service Planning and Reporting

Section 8 - Prepare a children's services plan
A local authority and each relevant health board must in respect of each 3 year period prepare a children's services plan for the area of the authority.
Section 9 - Aim of the plan
That children's services in the area concerned are provided in a way which –
Best safeguards, support and promotes the wellbeing of children in the area concerned.

www.scotland.gov.uk/gettingitright
Service Planning and Reporting

Section 13 Reporting on children’s services plan

(1) As soon as practicable after the end of each 1 year period, a local authority and each relevant health board must publish (in such manner as they consider appropriate) a report on the extent to which—
(a) children’s services and related services have in that period been provided in the area of the local authority in accordance with the children’s services plan, and
(b) that provision has achieved—
(i) the aims listed in section 9(2),
(ii) such outcomes in relation to the wellbeing of children in the area as the Scottish Ministers may by order prescribe.

www.scotland.gov.uk/gettingitright

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Named Person

- Section 19 (5) sets out the functions of a Named Person –
- These are to promote, support or safeguard the wellbeing of the child or young person by
- Giving advice and support to the child or parents
- Helping the child to access a service or support
- Discussing or raising a matter about the child with the Named Person’s own service or other authority

www.scotland.gov.uk/gettingitright
**Named Person**

- Section 20 - Place duties on health boards to provide for children from birth up to school age and

- Section 21 - Places a duty on local authorities to provide for school children up to 18 or until they leave school and places a duty on relevant establishment to provide for children at independent/grant-aided school or in secure

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**Duties to help Named Person**

- Section 25 - when a Named Person considers that another service provider could by doing a certain thing help in the exercise of any of the Named Person functions, then they must comply with any such request unless it is incompatible with their duty or would unduly prejudice their function

www.scotland.gov.uk/gettingitright
Information Sharing Duties

- Section 26

(1) The service provider or relevant authority must provide to the service provider in relation to a child or young person (Named Person) any information which the person holds which falls within subsection (2).

(2) Information falls within this subsection if the information holder considers that—

(a) it might be relevant to the exercise of the Named Person function in relation to a child or young person and

(b) It ought to be provided for that purpose.

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Information Sharing Duties

- Section 26

(3) The service provider in relation to a child or young person must provide to a service provider or relevant authority any information which the person holds which falls within subsection (4).

(4) Information falls within this subsection if the information holder considers that—

(a) it might be relevant to the exercise of any function of the service provider or relevant authority which affects or may affect the wellbeing of the child or young person...
Information Sharing Duties

- Section 26

(3) The service provider in relation to a child or young person **must provide** to a service provider or relevant authority any information which the person holds which falls within subsection (4).

(4) Information falls within this subsection if the information holder considers that—

(a) it might be relevant to the exercise of any function of the service provider or relevant authority which affects or may affect the wellbeing of the child or young person...

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Information Sharing Duties

- Section 27 – states that – the provision of information under this act is not to be taken to breach any prohibition or restriction on the disclosure of information where

- A person provides the information in breach of a duty of confidentiality, and

- In providing the information, the person informs the recipient of the breach of duty

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Child’s Plan

- Section 31 – Require health boards and local authorities to ensure a Child’s Plan is created for every child or young person who needs one.
- Section 32 – states that a child’s plan must contain details of – the child’s wellbeing need – the intervention (s) required to meet the need – the authority that is to provide each intervention – the manner in which the intervention is to be provided – the desired outcome for the child. Section 32(2) allows Scottish Ministers to by order state what other information is to be in the plan (minimum data set).

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Child’s Plan - Duties

- Section 38 (1): Places a duty on other public bodies to cooperate as required in the production and maintenance of the Child’s Plan by
- Providing information, advice or assistance for that purpose - unless by doing so it is incompatible with any duty or would unduly prejudice their function
- Section 38 (3) provides that in this respect the provision of information in pursuance of section38(1) is not taken as to breach any prohibition or restriction on the disclosure of information, where a person provides information in breach of a duty of confidentiality.

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Who do these duties apply to

- Health Boards
- Local Authorities
- Independent Schools
- Scottish Prison Service
- The Scottish Ministers
- NHS 24
- NHS National Services Scotland
- Scottish Ambulance Service Board 30
- State Hospitals Board for Scotland
- Skills Development Scotland Co. Ltd (registered number SC 302659)
- Social Care and Social Work Improvement Scotland
- The Scottish Sports Council
- The chief constable of the Police Service of Scotland
- The Scottish Police Authority
- The Scottish Fire and Rescue Service
- The Scottish Court Service
- The Commissioner for Children and Young People in Scotland
- The Mental Health Tribunal for Scotland
- The Mental Welfare Commission for Scotland
- A body which is a "post-16 education body" or a "regional strategic body"

for the purposes of the Further and Higher Education (Scotland) Act 2005

www.scotland.gov.uk/gettingitright

Questions?

Children and Young People (Scotland) Bill –
http://www.scottish.parliament.uk/S4_Bills/Children%20and%20Young%20People%20(Scotland)%20Bill/b27s4-introd.pdf

www.scotland.gov.uk/gettingitright
Finance 2012 – 2013

The Board will agree disposition of funds for 2012 – 2013

Budget expected to be £1.5m. Broadly two thirds of this fund support existing costs. This sum is not fixed though reductions would require agreement that certain features were no longer required and negotiation with existing suppliers about those reductions. The contractual position supporting any increased spend on the existing assets is already clear. The remaining third is allocatable to support the overall sharing agenda. This can support assessment, consultancy, facilitation type work or investment in existing or new national capability or support local activity. The Board will need to consider how such funds can best be deployed to accelerate the pace of joint partnership working.

<table>
<thead>
<tr>
<th>£0.5m</th>
<th>To be allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td>£1.0m</td>
<td>Accounted for – Managed Technical Service – Solution stewardship</td>
</tr>
</tbody>
</table>

The Board will also wish to be aware of other streams of activity and spend.

The eHealth Strategy includes objectives for Boards around for instance shifting the balance of care and citizen eHealth. The projects Boards pursue toward these objectives may be of relevance to the work of the Board. The GIRFEC workstreams are of clear relevance to the Board along with any changed requirements that might arise.

SG eHealth will be assisting with issues related to Health and Social Care integration and will have funding in 2012-13 expected to be £0.5m. It is likely that activity in this area will have relevance to the Board.
Child’s Plan – minimum data set

Demographic section
- Plan status – draft/final/sign off person/date
- Plan type – single/multi agency
- Dates – plan, last plan, review, last review
- Name, DoB, Age
- Unique reference numbers such as
  - CHI number
  - SW Number
  - SCN Number
  - Education number
- Gender
- Ethnicity
- First + preferred language of child/young person
- Has address or info to be withheld? – Y/N
- Home address, postcode
- Current address, postcode
- Other parent/carer address, postcode
- Name and contact details for other such as –

Public Health Nurse, GP, SW Child and family team, School
- Named person + contact details
- Lead professional and contact details
- Why this child needs a Child’s Plan – SHANARRI tick boxes and brief details
- Statutory measures – Yes/No and details including CSP
- Details of people living at child’s home address – name, dob and relationship, parental rights
- Details of other significant family/people – name, dob, relationship, parental rights
- Preferred language or form of communication for meetings
- Partners to plan details – name, role, contact details (duplication??)

Assessment
- Section to record Assessment and Analysis
  - Include in the form – NPM diagram + 5 key questions
  - Open text boxes for – who has contributed to assessment and how; what has been tried so far (Could be appendices)
  - Strengths and pressures on individual, family and services
  - Needs and risks identified
  - Child/young person’s view
  - Parents/carers views

Action Plan
In relation to each of the SHANARRI indicators required –
- Needs and risks
- Desired outcomes
- Action to be taken
- Person(s) responsible
- Timescales
- Child/young person’s view of plan
- Parental view of plan
- Comment box for note of disagreements
- Review arrangements – where and when, who

**CSP**
- Only if required -
- Educational objectives
- Additional support required
- Additional support provided by
- Nominated school section – name, address, postcode, telephone, HT name
- Parental advice + info officer
- Signoff and date of Review

**Chronology**
- Chronology of significant events / changes
- Date
- Contact with agencies

**Compulsory Measures of Care**
- A link to CSP paralleling this for Education Compulsory measures?

- Only if required
- Are compulsory measures recommended? – yes/no
- Why? What is the evidence to support recommendation?
- What specific conditions would be supportive?
- Why?
Purpose

The purpose of this paper is to:

- update the Getting it right for every child Programme Board on progress towards option appraisals to inform the business case for electronic information sharing and whether to further develop the iACT system
- invite the Board to endorse the developed business requirements agreed to date with potential users.

Background

Business Requirements

As reported to the Programme Board in December 2011, business requirements to support information sharing under the GIRFEC approach were being further developed and expanded to provide more context and detail. We were advised by the eHealth team that this work was essential if any attempt were to be made by ATOS - the design architects for eCare/ iACT - to undertake a gap analysis of where iACT is now and where it needed to be to fully meet the requirements. This exercise would then inform the option appraisal advice.

The requirements have subsequently been developed with the iACT Advisory Group which comprises over 70 practitioners from the range of services working with children. The requirements have been signed off by the Group Chair (Steve MacGregor, Highland DSP Manager).

A Data Sharing Technologies Board (DSTB) has been established to provide Governance for the service management of all eCare assets including iACT. The National Information Systems Group (NISG) part of NHS National Services Scotland (NHS NSS) is now to be responsible for the delivery of the eCare Solution Stewardship Service, including management of the vendor(s) involved; i.e. they will look at what can usefully be progressed from the eCare Service, how it is managed and how it fits with the pre-existing contracts.

The remit of the DSTB clearly states that it will be accountable to the GIRFEC Programme Board for its activities and consistency with direction and objectives of the GIRFEC programme.

This has a direct impact on the iACT system as part of the eCare suite. Whilst the GIRFEC Programme Board will still retain a decision making role for all policy related to GIRFEC, the DSTB will provide assurance and guidance and will have a significant role to play. In parallel with this, NSIG is undertaking a review of all the eCare/ iACT assets and functions over the next 3+ months to reach a view on what might be reused in future IT development across health and social care. This is to help inform the emerging eHealth and social care IT strategy on which the DSTB will in future advise what technological options might be appropriate.
Next Steps

Acting on advice from eHealth NISG has been commissioned to investigate and report on the gaps in functionality between the developed phase 1 iACT system and the updated business requirements.

Their report will cover the following:
1. Costs
2. Timescales
3. List of stakeholders/partners involved in delivering the outcome
4. Existing agreements that affect the delivery of the outcome
5. An opinion on the feasibility of using iACT as a vehicle to share information securely, within and across boundaries when compared to alternative means
6. Detail of functionality gaps broken down into a percentage of the likely cost of further development.

There is a risk that ATOS, on studying the detailed business requirements, may require them to be translated into more detailed functional requirements before that gap analysis and the associated costs for completing the gap can be identified.

If no further breakdown is required we may receive an update just ahead of the Board on 13-March 2012: this cannot be guaranteed.

If further work is required we will need the services of a business analyst (cost estimated at £400+ a day for up to 20 days before ATOS can complete the gap analysis). To support this, funds will have to be from any underspend within the Division.

Whenever the GIRFEC Board is in a position to reach a decision on iACT – or instructs us to explore alternatives to iACT – a detailed business case will need to be put to the DSTB over the allocation of resources to explore pilots/ options. The eHealth and social care IT strategy will also advise on how IT might best be rolled out across Scotland: the eHealth model is primarily to agree the business requirements and leave decisions on which system(s) to be deployed locally to DSPs.

Future Issues

An issue for the GIRFEC board will be the extent to which minimum data and system standards will be necessary at a national level to ensure that information about children and young people can flow across boundaries and that whatever IT solutions are developed (e.g. locally, in the absence of a nationally supported model) key information can be exchanged across boundaries.
Conclusion

The creation of the DSTB and the further involvement of NISG is regarded as a positive move to support the eCarè/iACT investment. The lack of an accurate cost for further development of iACT prevents the GIRFEC Programme Board from making an informed decision. Progress is being achieved, albeit at a slower pace than desired. The DSTB will advise in future on technological options suitable to meet policy objectives, which may include iACT.

It is recommended that:

- the Board endorse the Developed Business requirements for an information sharing system to support GIRFEC practice
- the Board note the role of the DSTB and NISG
- the Board note this update report.

Alan Small  
Information Sharing and Technical Solutions Lead  
GIRFEC Team  
24 February 2012