



Report to Policy Committee

Author/Lead Officer of Report: Dominic Sleath,
Head of Service – ICT&DI

Report of: Strategic Director of Adult Care and Wellbeing

Report to: Adult Health & Social Care

Date of Decision: 19th June 2024

Subject: Commission of Social Care Case Management System

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? (2706)				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-				
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>				

Purpose of Report:

This report sets out the arrangements for Sheffield City Council to participate in the Yorkshire Shared Care Record. This report also sets out the estimated costs of the system.

Recommendations:

That the Adult Health & Social Care Policy Committee approves Sheffield City Council's participation in the Shared Care Record at an estimated initial cost to the Council of £10k and a cost of £35k per annum.

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Laura Foster (10/06/24)
		Legal: Sean Reynolds
		Equalities & Consultation: Ed Sexton
		Climate: Dominic Sleath
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	SLB member who approved submission:	<i>Alexis Chappell</i>
3	Committee Chair consulted:	<i>Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Dominic Sleath</i>	Job Title: Head of Service, DI&ICT
	Date: 8 th May 2024	

1. PROPOSAL

- 1.1 It is proposed that the Council carries out the work to enable participation in the Yorkshire and Humber Care Record (YHCR). This will involve working with the regional project to set up the required secure IT Infrastructure and agreed governance arrangements.
- 1.2 This includes identifying data to be securely shared with our partner organisations (as a Data Provider) and improving our processes to take advantage of enhanced access to NHS data (as a Data Consumer).

Background

- 1.3 Currently, individuals' data is not shared consistently between the NHS and other organisations that play a role in health and social care, such as care homes, social services, and private clinical care organisations.
- 1.4 The Yorkshire and Humber Care Record is being developed to address the problem of data sharing. It is a digital care record which enables clinical staff and social care workers to access "near real-time" health and care information across health and social care providers and between different systems where such access is legally appropriate. It brings together a core of information about patients who have used services provided by their GP, local hospitals, community healthcare, social services or mental health teams.
- 1.5 Responsibility for delivering the shared care record is with the South Yorkshire Integrated Care Board (ICB) and Sheffield is a key participant.
- 1.6 Future arrangements and plans include making shared care records link together regardless of where you live or receive care in England.

Shared Care Record (ShCR)

- 1.7 Data from patient health and adult social care records helps us to improve individual care, speed up diagnosis and plan local services. The Yorkshire and Humber Shared Care Record will bring this data together to make it accessible for professionals working with an individual patient or person receiving care.
- 1.8 As a Council, we are committed to keeping people's data safe, sharing it securely and lawfully and protecting their confidentiality. Controls are in place to make sure only authorised users can access the shared care records, for direct care purposes only. Any other use of this data must have a clear and lawful basis. There is an audit system of for access and use.
- 1.9 Sheffield City Council will be working with a wide range of partners to deliver the ShCR in South Yorkshire. This includes all 4 Local Authorities, all NHS Trusts, GPs across the region and the Yorkshire

Ambulance Service. The initial use will be in Adult Care and Wellbeing, with Children and Families information sharing following on as an extension project.

- 1.10 The data to be shared follows strict criteria. It is proposed to share the foundational data as part of the target Minimum Viable Product (MVP) initially. This includes basic individual and practitioner details, locations and organisations involved in care and details of episodes of care and appointments. This will then be followed by data maturity projects, enabling further data sharing.

Developing the System

- 1.12 The Yorkshire and Humber Care Record (YHCR) is underpinned by Interweave technology and processes. Interweave is an NHS owned version of the underpinning “open platform” YHCR technology.
- 1.13 To provide data Sheffield City Council will need to set up a secure server that will interact with the Interweave Portal. A copy of the MVP data will be updated from the Social Care System (Liquid Logic) each night, to be accessed by authorised practitioners for direct care.
- 1.14 For practitioners to access (consume) data it is proposed that the Interweave Portal is “launched” directly from the Liquid Logic Social care system. This will open “in patient context”.
- 1.15 In other words, a practitioner reviewing an individual person’s case in Liquid Logic will be able to click directly through to that person’s Shared Care Record. This will be enabled using the key identifier which is a person’s NHS number. Authentication (sign-on) will be automatic and there is no need to search for the individual. This improves efficiency and data security.
- 1.16 There is a significant amount of work to do to map the various data fields between our systems and the Interweave Portal as well as to match NHS numbers to people in our system.
- 1.17 Set up and support will be provided by the Council’s Digital Innovation and ICT Service, with specialist support from the Interweave team.
- 1.18 The initial set up costs are estimated at up to £92,500. This is anticipated to be funded by the ICB, and work is being undertaken to confirm this. It is likely that the Council will require technical consultants with specialist expertise in setting up Interweave connectivity. This is likely to be a cost to the Council of £10k.
- 1.19 There will be ongoing annual costs estimated at up to £35,000, which will have to be covered by the Council. This will cover Third Party integration (Liquid Logic), Support and Maintenance (Interweave/Synanetics) and virtual server support and licensing.

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 This helps us meet the Care Act (2014) responsibility to promote health and care integration. It particularly supports the Adult Social Care Strategy (2022 to 2030) Outcomes of “Safe and Well”, “Active and Independent” and “Efficient and Effective”.
- 2.2 Providing health and care professionals with access to shared electronic records allows them to understand the needs of patients/service users and helps make the best decisions for their wellbeing. We want to ensure data is collected consistently and is made available across South Yorkshire and the wider region, to support joined up and safer care on a day-to-day basis.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There has been national consultation carried out by the Professional Records Standards Body (PRSB). This can be found at [Local health and care records programme – archive – PRSB \(theprsb.org\)](https://www.theprsb.org) and key outcomes were that more than 90% of respondents felt sharing core information would improve quality, safety, efficiency, integration and planning and research. More than 80% of respondents believe sharing core information will support people who access services to take more control and manage their own care.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality Implications

- 4.1.1 Taking part in the Shared Care Record does not affect the Council’s duty and ability to monitor and act in order to reduce inequalities.
- 4.1.2 The Equality Act 2010 identifies groups as protected characteristics: of which age and disability; apply in this proposal.
The Council recognises a wider range of categories. Of which for the purposes of this proposal Health and Unpaid Carers apply.
- 4.1.2 The project team has drafted and will regularly update an Equality Impact Assessment (EIA), to ensure that any negative impacts are mitigated where necessary. This will include ensuring IT software is accessible for users and is compatible with any assistive technology users of the software may have. We will also look at including the use of plain language to mitigate any barriers for those using assistive technology or those where English may be a second language. It is paramount that IT changes made do not result in users being prevented from accessing services. We will also adopt ethical procurement standards as part of our tendering process.

4.1.3 The project will adhere to GDPR standards as we recognise the importance of this when retaining information about our residents of Sheffield. We also recognise this may affect some groups more than others, such as those who are known to us through safeguarding services.

4.2 Financial and Commercial Implications

4.2.1 The Project Team have identified initial set-up costs of up to £92,500 which is anticipated to be funded by the ICB. Work is ongoing to confirm funding arrangements before we proceed. The ICB are committed to supporting SCC with this project and should any further costs be incurred relating to these items, the appropriate process will be followed to request additional funds.

4.2.2 There is likely to be a further £10,000 technical consultancy cost that the Council will be liable for, as well as ongoing annual costs estimated at £35,000 to support the delivery of this project. There is no budget available for this work. The costs of delivering this project will need to be met within existing resources in 2024/25. For future years, the pressure will need to be considered during the Business Planning process and managed within the budget envelope.

4.2.3 This activity may result in various contracts being created or modified for each element of the project. For example, the server contract, 3rd party linked software may require to be modified and a new contract created for the 3rd party mandated project management. These values are deemed to be low and therefore will not breach PCR2015 regulations nor Regulation 72.

4.3 Legal Implications

4.3.1 The Council processes personal data and gathers and uses confidential information about its service users, persons towards whom it has a statutory duty of care and those with whom it comes into contact while undertaking its numerous functions. It stores and uses this information in accordance with the principles established by the current data processing legislation and the law of confidentiality. Sharing information with a third party is both a form of data processing and involves considerations of confidentiality.

4.3.2 The information that will be included in the shared care record will certainly include sensitive personal and confidential data. It follows that for the Council to participate in the creation of such a scheme and to contribute information to it will necessitate careful consideration of the legal framework that underpins it and which determines permissible data access and use.

4.3.3 The Council is required to gather information about potential and actual service users under a variety of statutes. Health and social care data is most likely to be assembled while undertaking its duties and functions

under the Care Act 2014 and the Children Act 1989. Both statutes provide a legal justification to the Council for assembling and processing relevant personal data that will facilitate or enable the delivery of its services.

4.3.4 Sharing such data is permissible provided that appropriate controls are imposed in the form of data sharing agreements that ensure that the data is used for permissible purposes, processed in a manner that is consistent with the Council's own data processing policies and is subject to scrutiny by its Data Controller. The creation of a shared care record for an individual that merges health and social care information is capable of compliance with data processing law if, in each case (as there are no generic authorisations for processing personal data) there is a clear rationale that establishes a legal basis for processing and, where necessary, that consent has been given.

4.3.5 Provided that the arrangements which establish the shared care record are compliant with the above restrictions and conditions, then the commissioning of the services described in this report will both facilitate and enable the Council to undertake its relevant statutory functions. It is suggested that further consideration be given to the Council's status within the YHCR project and whether it has the necessary levers of control to continue to exercise appropriate scrutiny over how the data it shares is used.

4.3.6 The contracting arrangements required to establish the shared care record through the YHCR are not mentioned in this report, and Legal will be happy to review them when they are shared.

4.4 Climate Implications

4.4.1 The main impact on CO2 emissions arises from Data Centre processing. There is a small change in the infrastructure commissioned by Sheffield City Council, and as such we would not expect there to be a significant difference in carbon footprint. The infrastructure is hosted in Microsoft's Azure platform, which is carbon neutral.

4.4.2 The CO2 emissions will be minimal as the hardware will be managed remotely and periodic meetings typically via internet and occasionally face to face.

4.4.3 There will be a slight reduction in paper use and postage due to more information sharing being electronic. There may be a slight reduction in duplication of appointments and hence of journeys made by clients and professionals.

4.4 Other Implications

4.4.1 None.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 Do nothing.

This is not a viable option – the Council is a key partner of the Integrated Care System, who's Board have a responsibility to participate in this national programme. Not to participate would have an impact on the data available to other partners and fail to take advantages of capabilities that could improve the wellbeing of Sheffield residents.

5.2 Develop our own system.

This would be a significant undertaking, requiring skills and resources that the Council does not have. Those resources would have to be retained for future updates and functional changes as statutory requirements and business needs changed. Integration with the wider YHCR would not be guaranteed and may indeed form a significant barrier to participation as well as vastly increased cost.

6. REASONS FOR RECOMMENDATIONS

- 6.1 This decision will enable the Council to participate in a regional and national programme that will benefit people receiving care and treatment in Sheffield, across South Yorkshire and the Yorkshire and Humber Region. Eventually the benefits will be seen nationally.