

Action notes from the Information Partnership Steering Group meeting held on 06 November 2018 at Community Action Suffolk, Brightspace, Ipswich

Present: Peter Richardson (Community Action Suffolk) Chair, Tracy Lindeman (SCC), Stephen Taylor (SCC), Andrew Gardner (Age UK Suffolk), Helen McNorton (Suffolk Mind), Dawn Godbold (WSFT), Ronnie Knight (DWP), David Walford (DWP)

Apologies: Kirsten Alderson (Suffolk Family Carers), John Troup (Ipswich and East and West Suffolk CCGs), Paul Howarth (Suffolk Libraries), Chrissie Geeson (SCC), Tania Farrow (Suffolk Local Pharmaceutical Committee), Jon Neal (Suffolk Mind)

1.	<p>Welcome, apologies and introductions</p> <p>Pete Richardson welcomed everyone to the meeting. Apologies as above.</p>
2.	<p>Actions from previous meeting (06 November 2018)</p> <p>Actions completed, and minutes approved.</p> <p>The Liquidlogic demonstration - agenda item for the next meeting.</p>
3.	<p>Alliances and integrated care and health</p> <p>Dawn Godbold gave an overview of the remit of the West Suffolk Alliance.</p> <p>Suffolk and North East Essex Sustainability and Transformation Partnership have developed 3 alliances, Dawn is the Director of Integration for the West Alliance and a further two dedicated leads are to be appointed.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Collaborative way of working - contract started in October 2017. • Created a memo of understanding to develop a health and care system to stop duplication and gaps in service provision. • Working with other partners – Borough Council’s, Healthwatch, hospices, VCSE and looking to do things more collaboratively. <p><u>System wide forums</u></p> <p>System executive group – they lead discussions on how to pool resources, money, people and local commissioning. The CCG is part of this integrated system. They are looking at moving people’s roles and money, being employed in different roles and involving partners to be more collaborative. There are different ways of accessing the system and spending resources. The group have developed a strategy and 5 year delivery plan.</p> <p>Dawn explained some work is taking place already with Suffolk Community Foundation, Healthwatch, Age UK Suffolk - need co-production with VCSE, e.g. social prescribing.</p>

	<p>Place based care – locality plan and what are the priorities, this is lead by a community group facilitated by the alliance.</p> <p>There is a challenge to create a system that works across Suffolk as a whole, as Waveney sits in a different STP – Great Yarmouth and Waveney.</p> <p>PR offered to help the VCSE to engage with the alliance and provide a conduit for information and feedback.</p> <p>End result – considerations</p> <ul style="list-style-type: none"> • Not defined and there are different options. • Differing accountability and this affects shared governance etc. • The changes could have political repercussions as there are statutory functions that need to be adhered to. • Integration of primary and secondary care. <p>Dawn will share any data she has available and was invited to make a presentation at next meeting.</p> <p>Tracy reported that SCC have completed a review of demand management of services delivering in alliance patches – data, early intervention, an add on to Customer First, focussing on prevention before crisis. If people are supported with care packages this could shift some money to other preventative services.</p> <p>Tracy offered to update at the next meeting</p>
<p>Actions: Dawn offered to provide a copy of the West Suffolk Alliance Strategy document. Dawn was asked to make a presentation at the next meeting.</p>	
<p>4.</p>	<p>Sharing information between sectors</p> <p>VCSE Engagement event – 12 December, to strategy plan.</p> <p>CAS Engagement Coordinator post, Pete circulated the post to the group for information. It was agreed there is challenge with recruitment at the moment, factors such as uncertainty with funding, Brexit, the housing market all have an effect.</p> <p>Dawn mentioned the West Suffolk Alliance have appointed a locality post for each of the 6 localities to facilitate conversations and connect with the various organisations in the health sector and pull together the locality plan and these posts would be linking with the CAS Engagement Coordinator.</p>
<p>5.</p>	<p><u>Meetings to be held on the first Tuesday of each quarter – all at Brightspace</u> Tuesday 5 February 2019, 9.30am – 11.30am Tuesday 7 May 2019, 9.30am – 11.30am Tuesday 6 August 2019, 9.30am – 11.30am Tuesday 5 November 2019, 9.30am – 11.30am</p>
<p>6.</p>	<p>GDPR <u>Consent and the SIP ISA</u></p> <p>Following guidance from SCC’s Data Protection Manager consent has been removed from the Warm Handover referral process, and “public task” is now the lawful basis for operation under the Care Act 2014. This has been reinforced by the Council’s lawyer and an explanation is below. Please note that this applies just to the WH Scheme and not generally to the way SCC works with partners.</p>

As a result the Data Protection Impact Assessment, Information Sharing Agreement and Privacy Statement have been rewritten and are currently with the DP Manager for her sign off. Kate will add to the SIP website when they are ready and send a link for you to view. She will also circulate the ISA to the relevant partners for signatures.

Please send comments and signed forms back to Kate Turner. kate.turner@suffolk.gov.uk

For more information please see Appendix A attached to these notes.

Actions:

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Tracy offered to circulate GDPR information –see above and Appendix A

7. Working Group updates

Suffolk Mind

- WAVE service is to be extended to additional day each week
- Small grants – waves for workers, evening groups starting shortly
<https://www.suffolkmind.org.uk/services/personality-disorder-service-waves/>
- Big lottery grant for employment work – Suffolk work well, helping people with mental health issues in the workplace.
- Quay Place – WW1 activities

Age UK Suffolk

- Core service delivery- information and advice, befriending, homecare
- SCC funding for advice ends in March 2019
- Working with AGE UK to make Suffolk sustainable, in commercial discussions

DWP

- Keen to work with local organisations around mental health
- Completed first social prescribing course with work link, need GPs to buy in
- Universal credit rolled out nationally by end of calendar year, the final sites will be live in Suffolk. Working hard to ensure clients move over in a smooth way.
- Happy to work with the VCSE to ensure clients receive the right information

West Suffolk Alliance

- Priority to plan to align statutory services to the locality
- Preventative money added to the system – e.g. roll out the social prescribing model to Haverhill.
- Making links with organisations, first engagement planning event in Mildenhall and asked for population health data – could share at another meeting
- Digital global excellence, sharing health records – rolled out programme, now most GP's can see hospital records and can be shared West Suffolk Hospital and Addenbrooks, positive effects of joined up working and sharing

Suffolk County Council - Tracy

- Budget setting at SCC
- Set a balanced budget and tough decisions next year as politically led
- 10 transformation themes – working collaborative to get better value
- Allocation from central government, officers present their range of options and build up story of services (challenging), split into services and then present back to cabinet. Now going to scrutiny committee
- Clients will receive grants - e.g. grassroots will know by 14 February 2019.

	<p><u>Suffolk County Council - Stephen</u></p> <ul style="list-style-type: none"> • Commission library service on behalf of SCC, agreement runs until 2022. • Libraries are delivering preventative work on mental health offer • Public health are developing social prescribing – what that model looks like • Reviewing HWB agenda and outcomes <p>Interim period – looking at how we can be more connected and ensuring the focus is then delivered</p>
8.	<p>Any other business</p> <p>There was no other business.</p>
9.	<p>Date of next meeting</p> <p>Tuesday 5 February 2019, 9.30am – 11.30am, Community Action Suffolk, Brightspace, Hadleigh Road, Ipswich IP2 OHH</p>

Belinda Couldridge
Community Action Suffolk
November 2018

Appendix A

Under data protection law organisations must have a valid lawful basis in order to process personal data. The GDPR provides six lawful bases for processing, which basis is the most appropriate to use will depend on organisations' purpose and relationship with the person whose data is being processed.

Consent is one of the lawful basis for processing and prior to the GDPR and DPA 2018 coming into force on 25 May 2018, consent was used as the lawful basis for processing referrals for vulnerable and frail people under the SIP Warm Handovers Referral Scheme (WHRS).

In compliance with the above legislation SCC's ACS has undertaken a data protection impact assessment (DPIA) in relation to the WHRS and a review of the current information sharing arrangements with Scheme's partner organisations.

One of the outcomes of the review is that where previously the WHRS has relied on consent as its lawful basis for making referrals on behalf of vulnerable and frail adults to its partner organisations, it will no longer use consent and will instead rely on public task in this respect. The reasons for this change are as follows:

- 1. The GDPR sets a high standard for consent which means offering people real choice and control over how organisations use their data. If an organisation would still process a vulnerable or frail person's data without consent, asking for it is consequently misleading and unfair. In addition, if an organisation makes consent a precondition of a service, it is also unlikely to be the most appropriate lawful basis for processing someone's data.*
- 2. The ICO guidance on consent also states that public authorities and other organisations in a 'position of power' over individuals should avoid relying on consent unless they are confident they can demonstrate it is freely given.*
- 3. Under data protection law, organisations that exercise official authority or carry out tasks in the public interest can rely on public task as a lawful basis for processing personal data. Whilst they do not need a specific statutory power to process personal data, their underlying task, function or power must have a clear basis in law, for example for the purposes of the WHRS project this basis would be the Care Act 2014.*