## Decision Report – Cabinet decision

– 25<sup>th</sup> September 2019

Somerset: Our County – Joint Strategic Needs Assessment 2019 Data Integration Cabinet Member(s): Cllr Christine Lawrence – Chair Health and Wellbeing Board Division and Local Member(s): All Lead Officer: Trudi Grant, Director of Public Health Author: Pip Tucker, Public Health Specialist Contact Details: 01823 359449

	Seen by:	Name	Date	
	County Solicitor	Honor Clarke	15 July 2019	
	Monitoring Officer	Scott Wooldridge 15 July 2019		
	Corporate Finance	Peter Lewis	15 July 2019	
	Human Resources	Chris Squire	15 July 2019	
	Property	Paula Hewitt / Claire Lovett	15 July 2019	
	Procurement / ICT	Simon Clifford	15 July 2019	
	Senior Manager	Trudi Grant	15 July 2019	
	Commissioning Development Team	Vikki Hearn	15 July 2019	
	Local Member(s)	All	15 July 2019	
	Cabinet Member	Cllr Christine Lawrence	15 July 2019	
	Opposition Spokesperson	Cllr Amanda Broom	15 July 2019	
	Relevant Scrutiny Chairman Cllr Hazel Prior-Sank	Cllr Hazel Prior-Sankey	8 <sup>th</sup> May 2019 (pre-meeting)	
Forward Plan Reference:	FP/19/07/12			
Summary:	This year, the Somerset JSNA looks at a pervasive 'need' within health, care and wellbeing, rather than the needs of a population group. It examines the need for better quality information particularly about individuals, and at data integration to support health and care professionals – and communities, too – in order to make better decisions.			
	It describes how the integration of data is held back by decisions			

	being made at an organizational, rather than 'system', level. It suggests that the Information Governance Panel, recently set up by, and reporting to, the Health and Wellbeing Board, could play an important role in re-balancing how decisions are taken.		
Recommendations:	<ul> <li>That the Cabinet Member for Public Health and Well-Being approves:</li> <li>1. 'Somerset: Our County' Joint Strategic Needs Assessment 2019 - Data Integration.</li> <li>2. The responsibility for managing and balancing the risks associated with data integration taken on by the Health and Wellbeing Board in setting up the Information Governance Panel.</li> </ul>		
Reasons for Recommendations:	The JSNA shows how lack of data integration encourages working in silos and inefficiency in services, as well as perpetuating a focus on treatment rather than prevention of ill- health and social disadvantage. Integration of data is a necessary precondition for integrated, person-centred services.		
Links to County Vision, Business Plan and Medium Term Financial Strategy:	In particular, the JSNA relates to the element of the County Council Vision of a 'county where all partners actively work together for the benefit of our residents, communities and business and the environment in which we all live'. It also promotes a 'focus on improving people's lives', a reduction in inequalities and providing the right information. It has a particular contribution to make to the Business Plan's commitment to 'focus on prevention and early intervention', and to the 'Key partnerships' of the MTFP.		
Consultations and co-production undertaken:	The JSNA is produced through the JSNA Technical Working Group (TWG) whose membership includes representatives from the District Councils, the voluntary sector, health, public health and social care. Case studies relating to sharing information and data integration have been sourced through the Community Council for Somerset and additional information from the One Team representative in Public Health. The Business Intelligence Working Group members – from across the Somerset health and care sector - have provided much useful insight into current practice.		
Financial			

Implications:	There are no direct financial implications from the JSNA itself. Data integration project may have financial implications – which include savings from greater efficiency as well as cost – but are not considered here.				
Legal Implications:	The integration of data is subject particularly to the General Data Protection Regulations (2018). The JSNA discusses the implications of the GDPR which, in summary, normally allow the sharing of personal information in order to provide better services and to promote prevention. This legislation will be taken into account by the Information Governance Panel.				
HR Implications:	None.				
Risk Implications:	None associated with the report itself, although the risks associated with failure to share information between agencies, and the disclosure of personal information, as well as the management of risk, are discussed within.				
	Likelihood	Impact	Risk Score	<u>;</u>	
	<b>Equalities Implications</b> Properly applied, data integration can give agencies a more detailed and nuanced picture of need, and help reduce inequality of all kinds. Thoughtlessly used, such information can risk entrenching inequality by encouraging the identification of problems where they have been found previously ('profiling'). The Information Governance Panel will need to act as an 'ethics committee' in this regard.				
Other Implications (including due	Community Safety Implications				
regard implications):	The sharing of information should have a powerful, positive impact in relation to community safety, subject to the caveats described above.				
	Sustainability Implications				
	There are no direct implications for environmental sustainability, but, in principle, any decisions based on information on a wide range of sources are more likely to be sustainable than those taken on the basis of only one or two factors.				

	Health and Safety Implications			
	None <u>Privacy Implications</u>			
	Any projects related to the subject matter of the JSNA will require Privacy Impact Assessments, as are already in place for the current Information Sharing Protocols in the county. There are no direct privacy implications of the JSNA itself.			
	Health and Wellbeing Implications			
	Information sharing should enable actions that have a positive impact on health and wellbeing, in particular through identifying the causes of ill-health and preventing them. It should also help reduce health and social inequalities, subject to the caveats of 'profiling' described above.			
	In principle the sharing of information should be at a population level; in practice health and social needs of older people, and the social, emotional and health needs of younger people may mean that information sharing is more actively pursued for these than for working age people.			
	The 'person-centred' approach promoted by data integration should support all priorities identified in <i>Improving Lives</i> , especially 'Priority 4: Improved health and wellbeing and more people living healthy and independent lives for longer'.			
Scrutiny comments / recommendation (if any):	Not applicable.			

## 1. Background

- 1.1. Integrating data is an obvious 'good thing' in principle, and hugely complicated in practice. There is no single, simple solution. Excellent examples exist already in Somerset examples such as SIDeR and the innovative use of data in Brave AI. However, many problems remain, with children's data often held in silos, and even more distant from adult data. While the integration of health and adult social care is progressing well, the same cannot be said for the wider determinants of health and the voluntary sector, which will be vital to future health strategy.
- **1.2.** In particular, the JSNA for 2019 is concerned with how to join data from

different organizations to understand the complexity of individuals' needs, whilst adhering to the safeguards legally established in information governance. In legislation, the General Data Protection Regulations (GDPR) of 2018 make a legal case for the appropriate sharing of information where it can assist public bodies to undertake their statutory duties.

- **1.3.** This JSNA coincides with the development of a Somerset-wide Business Intelligence (BI) strategy, which addresses similar issues, focusing on specific improvements to be made in understanding individual health need.
- 1.4. Evidence that is used to support local decision making takes many forms. Some is qualitative, such as patient or customer satisfaction. Much quantitative information held within organizations is on available resources, such as finance or staffing, and as such is very much 'owned' by the organizations concerned. All such data contribute to the efficient provision of services.
- **1.5.** It is shown in the JSNA that whilst technically difficult, with appropriate integration software (and the necessary time, money and effort) different administrative systems can be integrated to produce, for instance, shared dashboards. The legal barriers are more complicated, but as a basic principle if joining datasets produces real public benefits then it can be achieved (and effort should not be wasted on data integration that does not produce such benefits).

## 2. Options considered and reasons for rejecting them

**2.1.** Production of a JSNA is a statutory requirement for Health and Wellbeing Boards. The choice of subject was agreed at the Board's meeting in September 2018, with other potential subjects, such as health protection and volunteering deferred for consideration in subsequent JSNAs.

## 3. Background Papers

**3.1.** The JSNA Annual Summary on Data Integration is published at <a href="http://www.somersetintelligence.org.uk/jsna/">http://www.somersetintelligence.org.uk/jsna/</a>, as are case studies from village agents related to the subject. The document includes a link to the Business Intelligence Strategy executive summary.