

Minimum standards for Mental health information sharing

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Contents

- Where did it come from
- How did we do it
- What are the conclusions
- Relationship to protocols
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Origins

- Work with local mental health trust
- Pan London IMT directors
- MHIS and IMHER definition
- Pan-London procurement
- Community Mental Health Teams
- Assumption - Trust based recording

Aim

- To enable social workers to work within a Trust system and still have the essentials of their work available to people with a need to know in the local authority.
- Essentially to deal with the establishment of joint community mental health teams and avoid multiple information systems

How

- Joint project board
- Project manager
- Volunteers from across London
- Establish areas and methods of sharing
- Consider the constraints of consent and confidentiality
- Document the results
- Provide some methods for implementation

Minimum standards and protocols

- Protocols set overall principles
- Protocols set governance and rules for change
- Protocols now need to be multi agency
- Minimum standards define at very specific level
- This provides the lowest level for protocols

Conclusion – sharing reasons

(Rec 1 Para 5.5.)

- To provide **assessment and care** for the service user through agencies working together.
- To **protect** staff and others (where we have a duty of care) from risk or actual harm.
- To **manage the care activity** for service users, ensuring cost effectiveness and quality (mainly a management information role).
- To **charge** a service user for services received (in the few cases where services are chargeable).

Actual sharing

- **Identification** access + who is involved
- **Case access** – ASW and emergency duty
- **Exchanging case details** – professional practice
- **Cross referrals** (bit like contact assessment in SAP)
- **Management information** (CPA process)
 - RAP type – aggregate
 - Ad hoc - authorised contact with access
 - Data standards where exist (Rec 2)
- **NHS number** for the future (Rec 9 Para 8.2)
- **Budgeting, charging** left (Rec 3 Para 6.9)

Implementation 1

- Joint discussions (Rec 12 Para 10.3)
- Common objectives
- Handles one trust to many SSD problem
- Needs money – SCA?
- Information sharing protocols (Rec 10 Para 9.4)
- National collections need change (Rec 5 Para 6.13)
- Some problems can wait
 - Budgeting (Rec 6 Para 6.14)
 - Charging (difference in culture) (Rec 3 Para 6.9)

Implementation 2

- Changes to MH trust systems – access as main method (Para 7.4)
- NHSnet connection, or Virtual Private Network (Rec 7 Para 7.6)
- 2-way connections (intranet, personnel, finance, client index)
- E-mail for ad-hoc (NHS mail) (Rec 8 Para 7.7.)
- Some RAP? (App 5)
- Budgeting, charging manual (wait for future) (App 6)

ICRS relevance

- Analysis for one way of working
- Identification of common problems
- Identification of common attitudes
 - To care
 - To security
 - Professional codes of practice
 - Need for access
 - To management information
- Need to solve budgeting and charging (LA charging?)
- Confidential e-mail is (will be) important
- London social care strategy evolving
- LAs need to work together as well