



JOINT WORKING

NHS**The
Information
Centre**

for health and social care

**INTEGRATING INFORMATION TO
DELIVER SEAMLESS CARE**

CONTENTS



Supplement editor
Sarah Dahlgren
Subeditor
Jess Moss
Design Nicola Kerr

FOREWORD

To meet the dual challenge of an ageing population and growing expectation, health and social services need to work more collaboratively than ever before. And that means sharing information across systems, say the Department of Health's Glen Mason and The NHS Information Centre's Tim Straughan.

Page 1



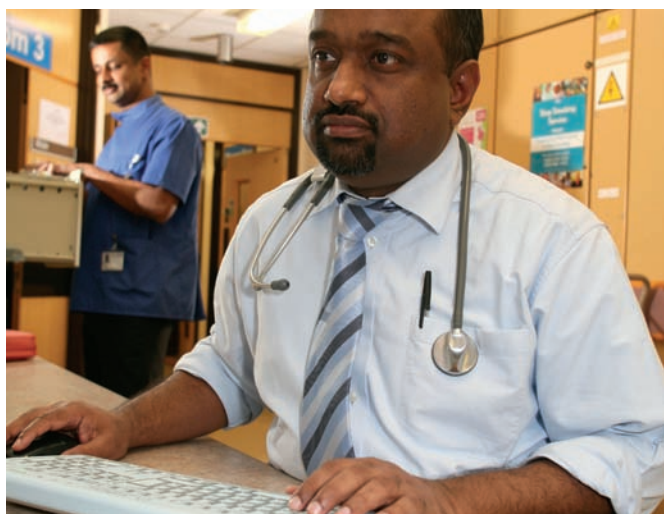
INFORMATION SHARING



To deliver Darzi's vision for personalised care, health and social care are working together to improve the way they exchange information, with a new strategic board leading the way.

Page 4

CARE RECORDS



In their effort to deliver personalised, joined up care, more localities are following the example of Wigan and Lincolnshire by using the NHS number as a common identifier for people across health and social care.

Page 8

CASE STUDY: MANCHESTER



A collaborative initiative spanning health, social care and the criminal justice system is helping to ensure offenders with mental health needs do not slip through the care net.

Page 11

OPINION

'Information in itself is not a judgement and this is a step away from how it has been perceived in recent times in health and social care'

The Care Quality Commission will analyse all the information available about care providers to pinpoint the areas on which its inspections will focus, says the CQC's Richard Hamblin, pictured, and David Johnstone.

Page 3



CASE STUDY: TORBAY



Torbay's care trust developed an integrated information system spanning health and social care to deliver its services.

Page 10

SOCIAL CARE DATA

The new National Adult Social Care Intelligence Service (NASCIS) is making it easier for health managers to get a better understanding of the social care element of care pathways that go beyond NHS services.

Page 12



**GLEN MASON AND
TIM STRAUGHAN**
FOREWORD

Joining up to deliver personalised care

As our population ages and public expectations grow, the health and social care sectors face more challenging times. The looming pressures are huge:

- By 2026, one in four of us will be over 65.
- By 2040, there will be just two people of working age for every one person in retirement – compared to a ratio of four people of working age for every one person in retirement today.
- By 2030, 1.7 million more people will have care and support needs and the cost of disability benefits will have increased by 50 per cent.

Against this backdrop, people's expectations will continue to rise, with growing demand for greater choice, control and more personalised services.

To meet these challenges, it is clear that health and social care will need to work more collaboratively than ever before.

For many people, such as those who are older or have long term conditions, the support they receive typically spans health and social care.

By working more closely, the NHS and social care will be able to develop joined up interventions that tackle people's needs at the earliest stage – pre-empting any deterioration that could lead to loss of independence and quality of life as well as expensive hospital stays.

Collaborative commissioning will clearly play a key role. We are already seeing the benefits this can reap in the localities which have developed joined up solutions to problems such as falls among the elderly.

In Tameside and Glossop, for example, where a joint strategy has been in place since 2004, the number of older people falling and breaking a leg has been reduced from 360 to 134 per year, saving up to £7m.

In recognition of this, The NHS Information Centre is developing more integrated information at national level. Later this year, it will publish new analyses that link data from health and social care to provide a cohesive picture of dementia care. It will also launch a set of ready made joint strategic needs assessment data spanning health and social care to support localities in their commissioning.

This will be available via its new National Adult Social Care Information Service, which makes high quality information about social care more accessible and should help health managers be better informed about the social care elements of care pathways for older people, those with mental health problems and many more.

This supplement has been sponsored by The NHS Information Centre to highlight the work under way to integrate health and social care information.

It includes a contribution from the new regulator for health and social care the Care Quality Commission about its work to develop its use of information to underpin regulation.

It also presents the experiences of places such as Wigan and Torbay, which have developed pragmatic, localised solutions to sharing data.

“
It is clear that health and social care will need to collaborate more than ever before
”

Work to support the mental health needs of repeat offenders in Manchester is featured too, to showcase joined up working which goes beyond health and social care to the criminal justice and other agencies.

However, the supplement's main focus is the work taking place nationally to standardise and improve social care information so that it can be linked to NHS systems.

Increasingly, social care is embracing the NHS number as its common identifier – enabling its records to be read in conjunction with health records.

Progress is also being made to develop a common assessment framework for self-assessment and individual directed social care.

The Department of Health has commissioned The NHS Information Centre to lead the Strategic Improving Information Programme Board for Adult Social Care, which is driving much of the change needed to integrate health and social information.

We know that better information will be needed locally and nationally to enable people to plan and manage their own care – something they increasingly say they want.

But more vital still will be an openness among health professionals – and those in social care too – to think and work in ways that break down the old barriers and embrace a new way of working. ●

Glen Mason (left) is director of social care leadership and performance at the Department of Health and Tim Straughan is chief executive of The NHS Information Centre.



WANT ACCESS TO A WIDE RANGE OF TIMELY SOCIAL CARE INFORMATION?

The National Adult Social Care Intelligence Service (NASCIS) is a free national resource of useful information for social care services in England.

NASCIS aims to provide more timely and comprehensive management information as a supportive, customer-focused service. It is intended to be the preferred first point of contact for planners, managers, researchers, commissioners and policy makers.

Available online and open to all, the NASCIS provides a wide range of high quality social care data including activity, expenditure and user experience information along with analytical processing tools, reports and resources.

November 2009 will see key health and well-being information added including core Joint Strategic Needs Assessments (JSNA) indicators.

Register for access to NASCIS tools today
www.nascis.ic.nhs.uk

The NHS Information Centre is England's central,
authoritative source of health and social care information.

NHS

The
Information
Centre

for health and social care



Information is opportunity

The Care Quality Commission formally started its work on 1 April this year. For the first time, health and adult social care, whether provided in the public or private sector, will be brought together under the same regulatory regime.

What does this mean in practice for those who use services, for those we regulate, and the public at large? How will we go about our job? Just what is it that we want to do?

Our role is to help make sure people get good care, whether within the adult social care or healthcare sectors. We will do this in a number of ways.

As well as periodic review of organisational performance (similar in principle, though not necessarily in form, to current schemes such as the annual health check and annual performance assessment) and “special” reviews, which undertake deeper dives into specific areas of care, often concentrating on the whole pathways of care, we have, for the first time, a common registration system.

Under this system, all providers of health and social services will be required to register with us, confirming they meet a number of common standards.

But simply getting through a process of registration is not the end of regulation. We will constantly monitor all the intelligence we have about all providers, for example care homes, so that if we see anything of concern we will respond rapidly to make sure improvements happen, using our new range of enforcement powers.

To do this we will bring together all information available to us – whether from large numeric data sets, judgements derived from our or other’s activities or, especially, what people who use services think about the quality of care they receive – and organise this according to a clear set of criteria so that we know what each individual piece of information is about, who it is about, and what we should conclude from it.

This will allow us to aggregate the individual pieces of information around themes to provide a prompt for inspection, on which the judgements we make and actions we take will be based.

In this system, the information itself is not a judgement, and this is a step away from how information has often been perceived in recent times in health and social care.

Rather than providing a fixed answer, we will use information as a way of asking questions. In doing so, we build on methods developed by our predecessor organisations the Healthcare Commission and the Commission for Social Care Inspection.

This approach applies equally to social care and healthcare. An unhelpful distinction is sometimes made between health and social care, with the healthcare sector being seen as much more data rich than social care. This view is simplistic and misleading.

While health data is often, in theory at least, more easily comparable (as the NHS is a single national system), social care departments often have

“
One priority of the Care Quality Commission is to ensure health and social care services work together
”

much useful information concerning individuals and their experiences of care.

The challenge in the next few years will be to encourage comparability of data across the country. Such an approach will allow local authorities to strengthen their commissioning capabilities still further in an increasingly complex and cash strapped world.

The great opportunity the CQC has, as regulator of both health and social care, is to make sure services work together better, so individuals see all their health and social care needs being considered and met, no matter which part of the system has been caring for them at any one time.

Reflecting this, one of CQC’s priorities is to consider how well care is “joined up” between social and health services. One important way of doing this is to capture how successfully joint working avoids gaps in services, and ensures quick and convenient access to appropriate services early, to avoid more expensive crisis intervention later on.

To do this successfully it is vital information developments in both social care and health services recognise each other. So we are delighted there is an emerging information revolution in the sectors we regulate. The first step towards improving care is to understand what it is really like. Good information, including, critically, information from those who use services, is vital to achieve this. ●

Richard Hamblin (left) is director of intelligence and David Johnstone is director of operations at the Care Quality Commission.

BREAKING DOWN

Delivering Darzi's vision of integrated and personalised care has been challenged by incompatible information systems. But all that is about to change, says The NHS Information Centre's Robert Lake

With its move towards more personalised care, the health service has much to learn from social care.

There, self-assessment, personalised budgets and self-directed care are already taking root. The aim is to put service users firmly in the driving seat – something ministers are increasingly eager for the NHS to do too.

Early next year, personalised budgets will become part of the NHS offering, particularly for those with long term conditions. When this happens, the health service will have to broach many of the issues that social care is grappling with now – central among them being how to capture as meaningful information the myriad ways people spend their personalised budgets.

This information is essential because it will help commissioners understand what services people most want, encourage companies in the care business to provide them and even help stimulate new services where needed.

The body charged with devising ways of capturing data about personalised budget spend is the Strategic Improving Information Programme Board for Adult Social Care. Created by the Department of Health, it is jointly chaired by the department and the Association of Directors of Adult Social Services and facilitated by The NHS Information Centre.

While personalised budgets will be an important area, the board's broader remit is to deliver a step change in the accessibility, consistency and



Lord Darzi: sharing information across services is vital to his vision

relevance of social care information so that it can be aligned with NHS data to provide a complete picture of care and need.

Joined up health and social care information is vital to delivering Lord Darzi's vision of a more personalised system. It is also needed to support the new regulatory approach being introduced by the Care Quality Commission from April next year (see page 3).

Joint working

With a demand for personalised care that supports longer and healthier lives, the strategic focus across health and social care is on joint assessment, planning and delivery.

But while that has been the stated direction of travel for some time, it is still only happening in a limited way. A main limiting factor is that our approach – nationally and locally – to handling and sharing information does not yet support truly integrated ways of working.



Coming together: health and social care staff and patients will all benefit from integrated information systems

THE BOUNDARIES



‘With a demand for personalised care, the strategic focus is on joint assessment, planning and delivery’

To tackle this, the board is working to improve the quality, consistency and relevance of adult social care data so that better comparisons can be made between local authorities’ activity; and also, crucially, so that social care information can be read in tandem with health information. Several challenges need to be overcome.

Local authorities capture different information in different ways – ranging from relatively simple databases and spreadsheets to more complex service user databases. There is no consistent view about what they should record and only a small amount is shared at national level.

There are also problems in correlating social care data with health data. The NHS uses different terminology and definitions from those used in social care. Even more critically, the strict information governance standards mandatory for the NHS are only advisory for social care.

The board’s priorities are:

- To review the content and

structure of the social care record – the data captured by social care providers about people’s needs and support – so that it complements the NHS electronic patient record.

- To ensure health and social care information systems use a common language of definitions and standards so they can exchange data, and also so data between local authorities can be compared.

- To promote the use of the NHS number as the common identifier used by social care – so people’s health and social care records can be accessed by professionals irrespective of which types of organisation they belong to.

- To establish the principles that should underpin assessment and planning processes under a project to develop a common assessment framework.

The newly launched National Adult Social Care Intelligence Service will continue to be developed as the single definitive national information resource for social care – improving access to social care data for health managers as well as social care staff (see page 12).

The board’s work to improve adult social care information will bring benefits on all sides.

For health managers, its work means they will soon have easier access to vastly enhanced social care information, enabling them to be far better informed about care pathways that span health and social care, helping them make better commissioning decisions on areas such as dementia, falls and end of life.

For frontline healthcare staff,

Steady improvement: a successful strategy is preventing falls in Tameside and Glossop PCT



TAMESIDE AND GLOSSOP PCT: REDUCING FALLS IN OLDER PEOPLE

A falls prevention strategy spanning health and social care, statutory and voluntary organisations may have helped save up to £7m in the area served by Tameside and Glossop Primary Care Trust.

That is the scale of savings estimated from reducing the number of older people falling and breaking a leg from 360 a year in 2004 to 134 per year most recently.

"Tameside and Glossop used to have twice the national average rate of fractured neck of femurs – a break typically suffered by older people who have a fall," says PCT falls co-ordinator Joy Kelly.

"To tackle this, we implemented a strategy which has led to a whole systems approach involving the local council, crime prevention unit,

Age Concern Tameside, care homes, the ambulance service and the social housing team."

Since its launch, the strategy has cut the number of falls and serious fractures, with rates now below the national average.

"This has obviously brought massive benefits to many older people who have avoided serious injury as a result," says Ms Kelly.

"It has also saved resources because we calculate that a typical break of this type requires up to 10 days in hospital and extensive rehabilitation.

"Over 12 months, we reckon it could cost up to £30,000 a year per person needing extensive care following a fractured neck of femur."

As part of the PCT led strategy, a falls prevention

steering group is in place to ensure work is widely embedded in community based activities.

For example, the crime prevention unit now runs regular Crucial Crew events to raise awareness of some self-protection issues among older people.

As a result of the strategy, the event was extended to include a session about how alcohol can increase the chance of a fall.

Age Concern Tameside has introduced an eight week programme to teach people how to avoid falls and how to deal with their effects if one happens.

It also organises events at which members of the public can meet representatives from the different organisations involved in falls prevention locally.

better integration of health and social care information will result in getting appropriate access to a patient's social care plan. This will give them a more holistic understanding of the person's needs and aspirations and enable them to make better informed decisions on issues such as discharge arrangements – potentially avoiding problems such as unnecessary bed blocking.

For people using health and social care services, the closer integration of information systems will help deliver better and more seamless care. Currently people often have to give the same details to each care professional they deal with. That is not only a nuisance, it stops them feeling they are getting a personalised service.

Better sharing of information across sectors will mean care professionals have a common and fuller understanding of a person's care needs.

The NHS and social care are operating in demanding times. Our aging population is increasing demand on limited resources. The board's work will put in place important foundations to support a new but long heralded way of delivering care. ●

Robert Lake is director of social care information delivery for The NHS Information Centre.

FACTFILE

What are the benefits of joined up health and social care information?

NHS and social care services are inextricably linked and cater, primarily, for largely the same groups of people – the elderly and those with long term conditions. Research by Nuffield Trust showed that in a typical locality 90 per cent of elderly social care users had been admitted to hospital in the previous three years (see chart).

What will integrated health and social care information achieve?

It will potentially give commissioners a fuller picture of care pathways that span health and social care, such as falls, dementia and end of life. Better access to social care information will enable hospital staff to discharge people more promptly and better understand people's total needs.

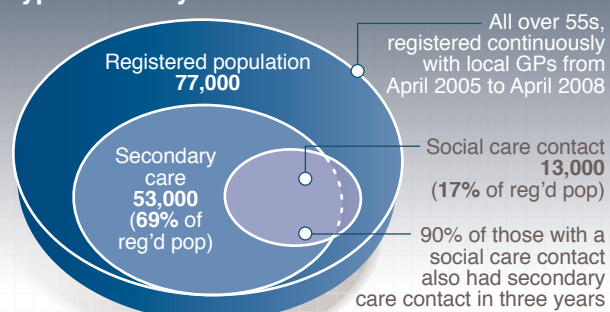
How will it improve care?

Closer integration of health and social care will ensure people get a seamless package of care irrespective of which organisation delivers the individual components.

What are the policy drivers?

They include the *NHS Plan* (2000), *Our Health, Our Care, Our Say* (2006), *Putting People First* (2008)

Overlap of health and social care users in typical locality



Source: Nuffield Trust

and the green paper *Shaping The Future of Care Together*.

What does *Shaping The Future of Care Together*, published in July, propose?

The green paper sets out the issues involved in designing and delivering a new care and support system to meet the needs of an aging population. Among its proposals are prevention services to help people stay independent, personalised care, access to information and access to joined up services. Information on the green paper is at www.careandsupport.direct.gov.uk

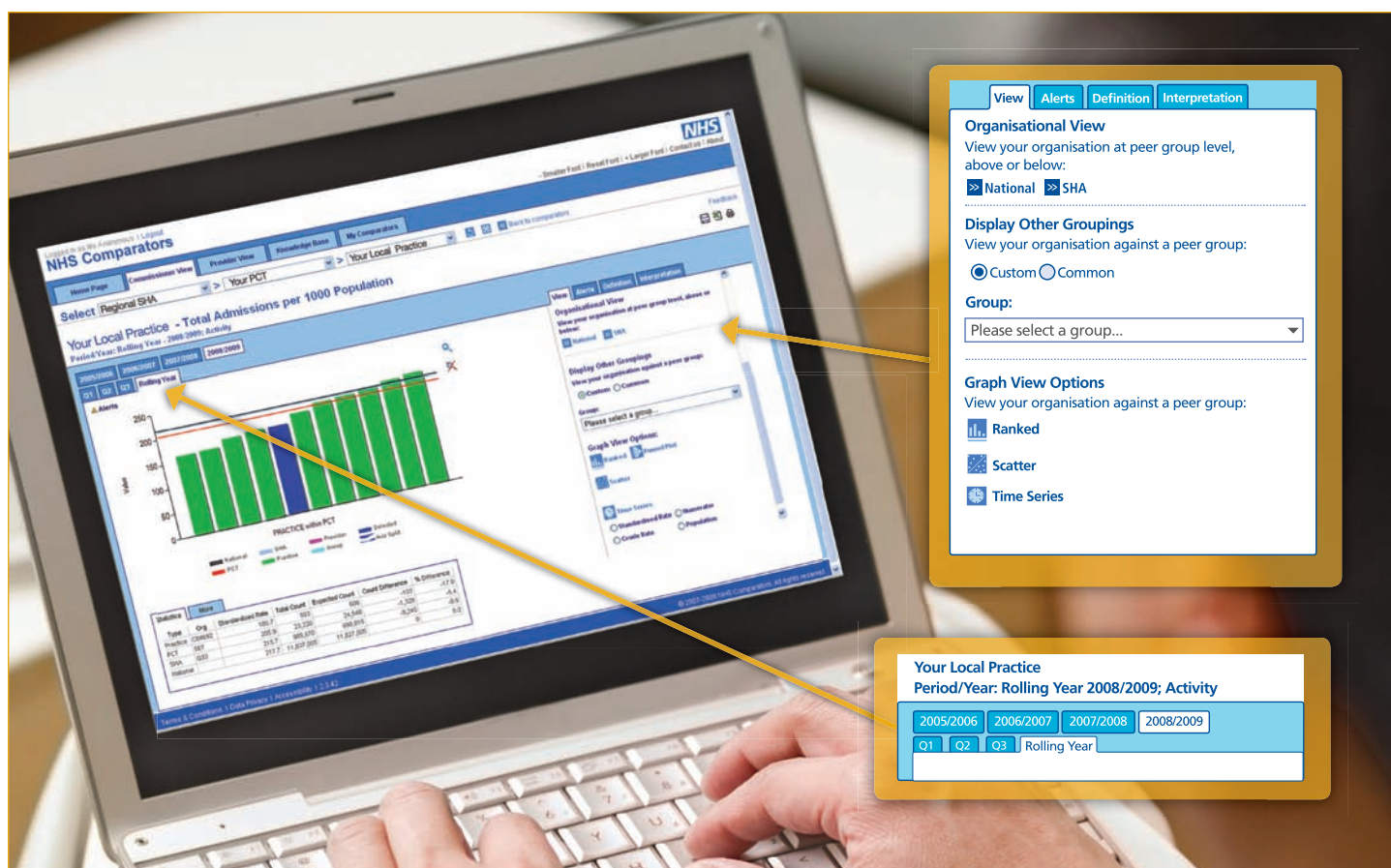
What other drivers exist for joined up information?

The Care Quality Commission has

been created as the independent regulator of health and adult social care. It will look at all of the care delivered in a locality and this will encompass the way organisations work together to help people achieve the health and wellbeing outcomes they say they want.

What information is available nationally to support better joint working between health and social care?

The NHS Information Centre has launched the National Adult Social Care Intelligence Service to make social care information more accessible and easier to analyse. This new service is at www.ic.nhs.uk/nascis Further information on the service is on page 12 of this supplement.



WANT FREE COMPARATIVE DATA TO IMPROVE THE HEALTH OF YOUR POPULATION?

NHS Comparators is a free online resource which allows you to examine local and national patterns of care, including disease prevalence, referrals and prescribing rates, costs and outcomes compared to your peers.

It includes over 160 comparative measures and focuses on a number of preventative health areas including asthma and diabetes. NHS Comparators is designed to be used by all, not just information specialists and is supported by several online learning tutorials. With NHS Comparators you can begin to get an overview of the care pathway and identify where improvements can be made.

NHS Comparators examines activity and costed data through the Payment by Results (PbR) tariff from the Secondary Uses Service (SUS), together with Quality and Outcomes Framework (QOF) information, GP practice demographic population profile data and now prescribing data.

www.ic.nhs.uk/nhscomparators

Get access to NHS Comparators today
Call 0845 300 6016 or email enquiries@ic.nhs.uk

The NHS Information Centre is England's central, authoritative source of health and social care information.

NHS

**The
Information
Centre**

for health and social care

WE'VE GOT YOU

Use of the NHS number as the common identifier across health and social care offers an array of benefits for staff and service users alike

When consultant Appu Suman is deciding whether to discharge an older or dependent person, he knows at the click of a mouse what social care and family support his patient can rely on at home.

For consultants in many places sourcing such information can be time consuming and laborious. In Wigan it has been made easy by the fact that selected health professionals have direct access to their patients' social care plans held on the social services' computer systems.

The information this provides plays an important role in helping them make vital decisions about a patient's future care.

For example, if sufficient social care is in place, a consultant may decide a patient can be discharged earlier from hospital than otherwise – preventing an unnecessarily prolonged hospital stay.

"It's a very useful tool in the right environment and certainly helps in planning the care of older patients because it provides information about their dependency level before they were admitted," says Dr Suman, who specialises in geriatrics.

Wigan has been developing its own, localised solution to sharing information across health and social care.

Its work has been based on the use of the NHS number as the common identifier for people using social care services. It has also involved social services linking to the NHS network via the N3 connection.

"By doing this, we're making it possible to track people accurately across the various health and social care records systems," says Steve Corns, Wigan's programme manager for health and social care integration.

At national level, the Strategic Improving Information in Adult Social Care Programme, led by The NHS Information Centre, is working to define a path which could eventually mean every locality in the country will be able to join up health and social care information in a secure and standardised way.

Its starting point has been to identify the core elements local authorities will be expected to include in their social care records, partly so they can be harmonised with health records held by the NHS.

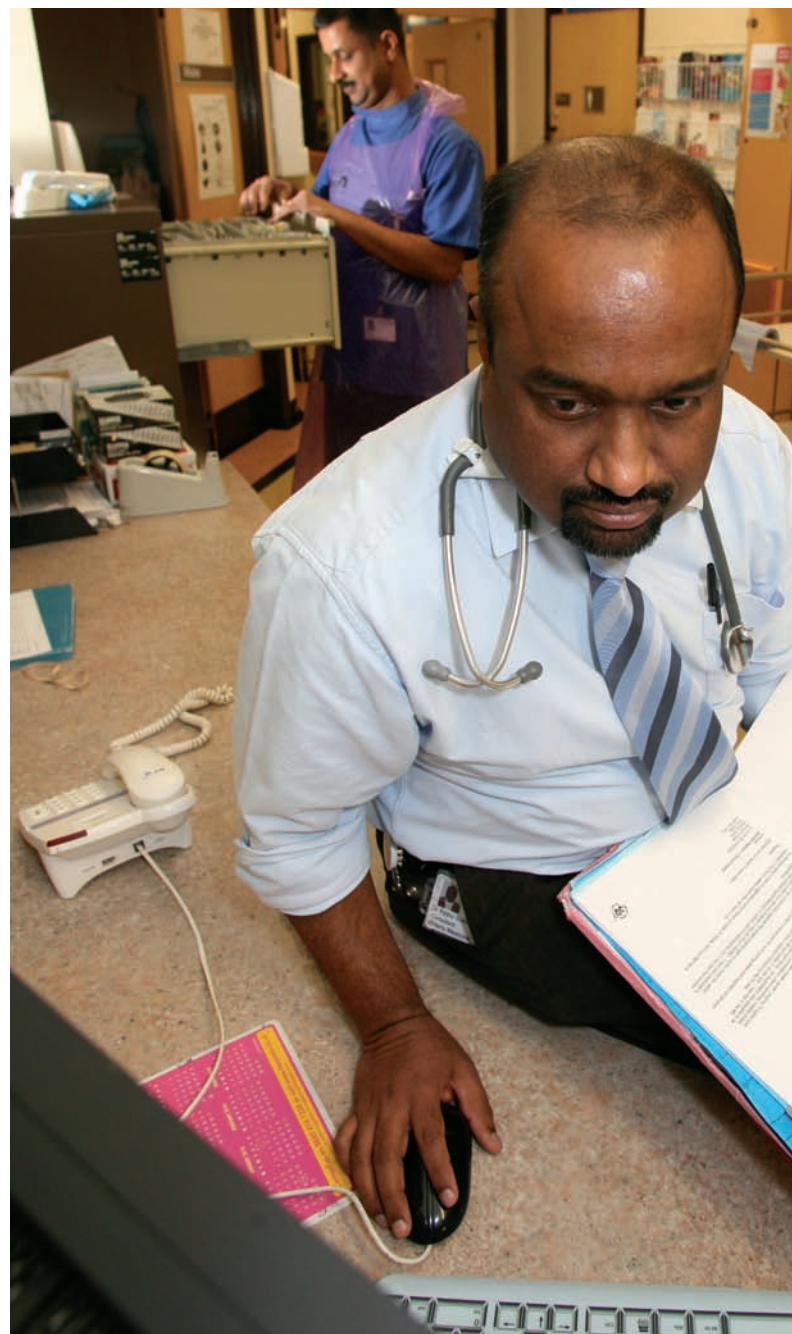
It is also developing the governance and security standards which will support a social care record guarantee which will be similar to the care record guarantee operated in health.

Personal choice

In developing the new approach to social care records, the programme is establishing how information should be used and shared across the local care community, within a framework that supports personal choice and control.

As services become increasingly personalised, putting the individual at the centre of their own care, it is also looking at ways in which the social care record can capture "non-structured" information, such as letters and images, alongside more structured records, such as how people are using their personal budgets to buy support.

At the heart of the new approach will be the use of the NHS number as the common identifier for service users – which will enable social care and health records to be matched for any individual,



and for practitioners to easily share information with the person's consent.

Work is also under way to develop a common assessment framework for adults, with nine demonstrator sites looking at ways of implementing approaches to support self-assessment and individual-directed care.

Although Wigan's experiences will not necessarily provide a

template for how integrating health and social care information will work nationally, it does give an indication of the potential benefits.

Quality improvement

"The benefits of information and systems sharing have already led to considerable improvements in the quality of care we are able to deliver and has been well received by health and social care

R NUMBER



Wigan consultant Appu Suman: "The benefits of information sharing have improved quality"

practitioners alike," says Mr Corns.

"As the programme rolls out, patients will no longer have to repeat the same bits of information to different care professionals they may come into contact with."

He concludes: "That is a big step in helping them feel they are getting a personalised, seamless service from the agencies involved." ●

CASE STUDY: SUPPORTING PERSONALISED CARE IN BARNSELEY

By this time next year, residents in Barnsley will be able to use an online portal that will give them access to a full range of health and social care services.

From the comfort of their home – or, if they wish, from their local health centre – they will be able to fill in an online self-assessment of their needs which, once validated, will tell them how much their personal budget will be.

It will also create a personalised portal which will display their individual care plan, a shared diary of their appointments and give a real time view of their individual personal budget.

"The project is about putting the individual at the centre of their own care and wellbeing, irrespective of which organisations are involved in delivering their



Barnsley: greater control

support," says Barnsley Council business information manager Ian Fereday.

"The portal will give residents far greater control. For example, they will have one health and wellbeing plan, be able to see how much

money they have left in their personal budget and be able to use the service to network with other people with similar conditions."

For professionals, the portal will provide a holistic view of a person's needs as well as the services they receive.

It will help workers from different organisations avoid duplication, for example, when a social care professional carries out a similar assessment to one already done by an NHS community care colleague.

The shared diary function will avoid appointments needing to be rearranged because a podiatrist has arranged a visit at the same time as a home help, for example.

"From a practical point of view, it will help avoid duplication and make services more seamless for the person," said Mr Fereday.

CASE STUDY: BOOSTING EFFICIENCY IN LINCOLNSHIRE

"Health professionals currently spend a huge proportion of their time redoing tasks that have already been done by their colleagues in social care – and vice versa," says David Clarke, common assessment framework manager for Lincolnshire County Council.

"Not only is that inefficient, it is annoying for people using the services and it can mean professionals from different organisations don't have a shared understanding of a person's care."

However, as a demonstrator site for the Department of Health's common assessment framework programme, Lincolnshire has ambitious plans to tackle this problem by developing new systems for information sharing across organisations.

The Lincolnshire partnership includes Lincolnshire County Council, Lincolnshire Primary Care Trust, Lincolnshire Partnership Foundation Trust and United Lincolnshire Hospitals Trust.

Its work means that by September 2010, the NHS number will be the common identifier in social care as well as health.

This is an important step because

it will ensure each organisation in Lincolnshire has access to the same demographic information and can accurately identify the correct client or patient.

By January 2011, social care systems will upload client data onto the summary patient record on the Spine – the NHS's national database for all patient records.

The practical benefits of this will be immense because it will mean social care staff will be able to see relevant health information about their clients from their own computer.



Lincolnshire: less duplicating

'This will help avoid duplication and make services more seamless for people'

Similarly, health professionals will be able to see what involvement a patient has had with social care – something of huge relevance in areas like accident and emergency and intermediate care.

"Sharing information between organisations will enable health and social care to work collaboratively to support individuals and to reduce the considerable duplication that exists between services," said Mr Clarke.

"It will also open up huge possibilities for re-engineering cross-organisational business processes to develop new, more streamlined ways of doing things."

ALL SHARE THE PICTURE IN TORBAY

Torbay Care Trust has an integrated information system to enable it to deliver both health and social care

Before Torbay Care Trust was created, work was carried out to find out exactly what residents most wanted from their community health and social care services. Among their priorities were a single point of contact for all services and an organisation in which professionals talked to each other and residents did not have to tell their story twice.

Some five years on and the trust has delivered on both of these, transforming residents' experience of care. Its achievement is down to use of an integrated information system which spans both health and social care.

Extended service

The system was delivered by extending the inherited social care information service PARIS to include health data.

The new integrated system means care professionals have access to a complete picture of a person's needs and also that people using the trust's services do not have to give the same information every time they come into contact with a new professional group.

The service captures demographic information, details the resident's circumstances and needs and itemises all care they receive – be it physiotherapy, home adaptations, home help, meals on wheels or district nursing.

"The benefits for the patient are huge," says Torquay general manager for health and social care services Sonja Stefanics.

"It means any professional they deal with has access to a holistic picture of their care and needs. It also means they don't have to give the same information time and time again



Torbay Care Trust's staff are working together to share information across services

'Patients don't have to give the same information time and time again'

and get speedier access to services and advice."

As an integrated care trust, Torbay delivers its community health and social care services from five centres, each serving a designated zone.

Each centre is base for a complete range of health and social care staff and the one in Torquay North also provides a base from which local GP practices operate their triage services.

When a person receiving care calls the trust their initial

contact is with a trained health and social care co-ordinator who can view their full community health and social care records and answer many practical inquiries straight away.

If the person needs to speak to a specific type of professional, the care co-ordinator can see which worker to put them in contact with and arrange a call.

"The approach makes accessing care advice and support considerably easier," said Ms Stefanics.

Supporting GPs

Externally, the trust's information systems can be viewed by local GPs when triaging patients from one of the trust's local centres.

"Seeing the trust's information gives us a much more joined up understanding of a patient's needs and circumstances and supports a

more holistic approach to care," says GP Elizabeth Thomas of Chilcote Surgery, Torquay.

"Our next step is to make the trust's systems available at our practice so that our specialist nursing teams can make sure they are working as effectively as possible with the district nurses to support patients with chronic diseases."

The trust's information system is also accessible to the hospital discharge team based in the accident and emergency department of Torbay Hospital. This allows the team to see if a patient has ready access to community support at home and details contacts.

Access to this information is important in reducing bed blocking.

"Over the course of a year, this helps us make considerable efficiency savings," says Ms Stefanics. ●

DOING CARE JUSTICE IN MANCHESTER

A new initiative spanning health, social care and criminal justice is tackling repeat offenders' mental health needs. Good information is vital to the process

Staff serving Manchester's health and criminal justice organisations were used to a familiar cycle of events involving offenders who showed signs of a possible mental health condition.

After committing a crime, an offender would usually be arrested by police and spend a night in the cells before appearing in front of magistrates. After serving their sentence in prison or the community, they would return to the start of the cycle all over again; often within days.

A range of community and care professionals, including police officers, social workers and charity workers, repeatedly came into contact with the offenders and often suspected they could be suffering from untreated mental health problems. But the information was typically never shared beyond a single organisation.

"Information about offenders with possible mental health problems was fragmented, inconsistent and not typically passed between organisations," says primary care trust head of joint mental health commissioning Craig Harris.

"We knew many of them could have an undiagnosed mental health condition from both our own experiences and from conversations with other professionals. But there was no concrete information to show the extent of the problem.

"As a result, we piloted a new service with joint partnership as the focus. Obviously, good information, both quantitative and qualitative, was vital to gain better insight into the scale of the issue and measure the impact of the service."

In 2008 Greater Manchester

'Information about offenders with possible mental health problems was fragmented'

West Mental Health Foundation Trust began piloting the new mental health criminal justice liaison service on behalf of NHS Manchester and Manchester Drug and Alcohol Strategy Team.

A team of mental health specialists formed the core of the service, supported by representatives from organisations across Manchester that would come into contact with repeat offenders.

Representatives included social workers and probation officers, with an intention to include others such as the police.

Its main role was to support organisations involved in the criminal justice system who suspected an offender in their care had possible mental health needs. A rota system was implemented so at least one person from the team was available day or night to answer requests from such organisations, and arrange to visit the offender as soon as possible to assess their needs and decide on interventions.

Reduce offending

Matt Paterson is nurse consultant for the service, Manchester Offenders: Diversion Engagement Liaison based at the mental health foundation trust.

"Vitality, information about assessments, recommended packages of care and outcomes is now stored on an online database called ICIS, which can be accessed by members of the service and shared with others, like the police, probation and other health staff, if

appropriate," he says. "As well as quantitative information, there is a significant emphasis on qualitative data from user surveys, to ensure the service is making a difference to offenders themselves. This relates to our overarching objective to reduce reoffending and improve community safety in Manchester, on which there is a big focus.

"The aim was not to tick boxes about integration. It was to create a service which would bring organisations together and make a real difference to people.

"The individual needs of an offender are now recorded effectively and communicated at every stage of their journey through the criminal justice system, and also to relevant organisations following their release.

"This makes sure they get the appropriate package of care. Good, up to date information, which is easily accessible to authorised staff, is obviously vital to the process." ●



Nurse consultant
Matt Paterson: the
aim has been to
bring organisations
together

INTELLIGENCE AT YOUR FINGERTIPS

An online service launched by The NHS Information Centre will provide health managers with easy access to social care data

Until now, anybody wanting adult social care data has had to look at a number of online sources.

For even the most assiduous health commissioner, this would have deterred them from getting a full picture of the social care elements of care pathways that extend beyond the NHS.

But that could now be changing with the launch by The NHS Information Centre of the National Adult Social Care Intelligence Service.

Single source

The service, available now at www.ic.nhs.uk/nascis, is being developed to become the single, authoritative source of social care data for practitioners and commissioners. Designed in partnership with the Department of Health, the Association of Directors of Adult Social Services and other national bodies, it aims to support benchmarking with up to date, consistent data and indicators.

"NASCIS is a collection of data, tools and resources designed to meet the needs of service planners and managers and help drive improved service delivery," says The NHS

Information Centre director of information Brian Derry.

"As well as social care managers, we want to particularly target health managers because we feel the information will give them a much more complete picture of care pathways that span health and social care – such as dementia, falls and care for older people generally. It will help health managers be far better placed to engage in productive and well informed discussions with their colleagues in partner organisations."

The service includes:

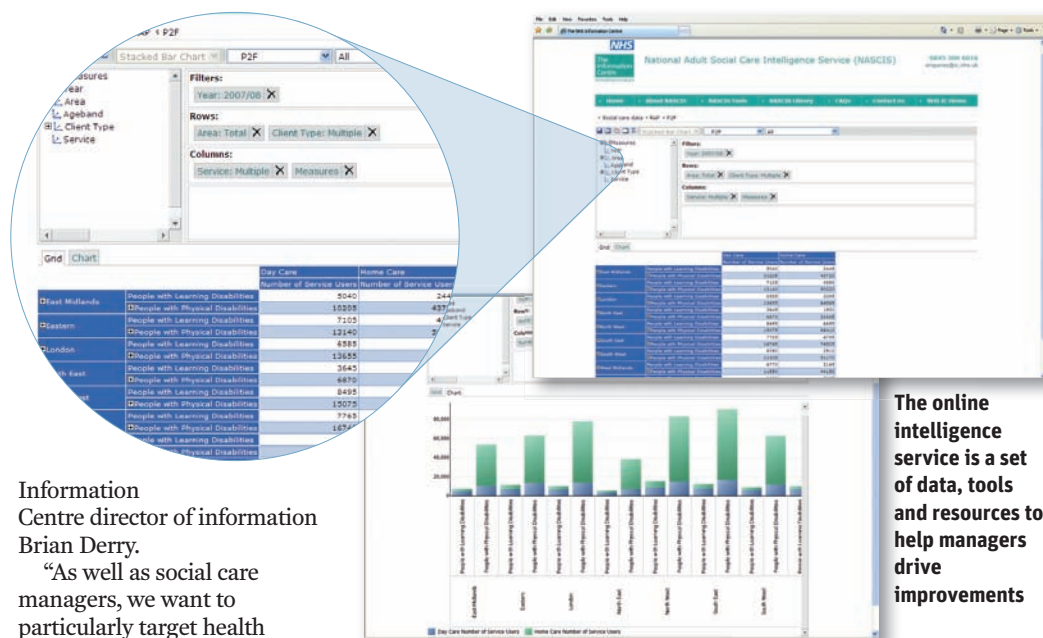
- an online analytical

JOINING UP HEALTH AND SOCIAL CARE INFORMATION

The National Adult Social Care Intelligence Service is designed for health managers wanting a rich and holistic local picture of need and provision. The plan for NASCIS is to draw together information from healthcare, social care, public health and lifestyles, incorporating:

- Some of the data set for the joint strategic needs assessment

- Non-social care activity which indicates future need such as the percentage of people age 65-plus who are discharged into residential care; or information about occupied bed days for people over 75, with more than two urgent admissions
- Information on particular areas, such as dementia, falls, or stroke
- Information from other services, such as housing



The online intelligence service is a set of data, tools and resources to help managers drive improvements

processing tool providing easy access to a range of social care information – enabling you to use an authoritative, common set of data for performance management and benchmarking;

- standard reports, showing the different elements of adult social care data in comparative, thematic and profile reports;
- additional tools, including projecting older people population information; projecting adult needs and service information; forecasting length of stay and cost – developed by the Care Service Efficiency Delivery programme;
- a library – the latest key documents, combined with an intuitive, intelligent search facility that focuses on nearly 200 carefully selected social care and health web resources.

With this new service, users can access all the annual social care data, including:

- number of people receiving referrals, assessments and packages of care from 2005-06 onwards
 - initial 2008-09 national indicator set measures specific to social care
 - information about personal social services expenditure data
 - key health and wellbeing information to support joint strategic needs assessment, including demographic information, based around the joint assessment dataset.
- "NASCIS will play a major role in improving the way we access and use health and social care data," says Mr Derry.
- "By doing so it will help health service and social care organisations make better use of their resources by giving open access to data, and helping make better use of the relatively scarce informatics and analytics skills available to them." ●



CONFIDENT WITH COMMISSIONING?

The NHS Information Centre is helping frontline organisations access the information, intelligence and analytical skills they need to become world class commissioners.

As part of our ongoing programme, we are providing the **WCC Data Packs** on behalf of the Department of Health to support PCTs during the world class commissioning (WCC) assurance process and in their commissioning activities.

This free online resource brings together data from multiple sources to provide a profile of your organisation and national averages to help monitor trends and make comparisons.

The pack provides around 250 indicators and the data is regularly refreshed, providing an essential resource for commissioners throughout the commissioning cycle.

Meet our experts on stand 12 at this year's NHS Alliance event in October to find out more about how we can support you.

Visit www.wccdatapacks.ic.nhs.uk for more information or to register for the data packs*

* There may be some restrictions on who can access the data outside of the NHS

The NHS Information Centre is England's central, authoritative source of health and social care information.

NHS

The
Information
Centre

for health and social care



The
Information
Centre

for health and social care