Lincolnshire COUNTY COUNCIL *Working for a better future*		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Derek Ward, the Director of Public Health, Lincolnshire County Council

Report to:	**Health Scrutiny Committee for Lincolnshire**
Date:	**9 November 2022**
Subject:	**Integrated Care System Clinical Care Portal Data Sharing**

Summary:

The purpose of this report is to provide an update about the activity to date in the ICS Clinical Care Portal programme, which was last considered by this Committee in January 2022. Whilst officers were able to report on the Lincolnshire County Council's involvement at the last meeting, this report provides a further update as requested by the Committee and answers to the questions predominantly related to the NHS that were asked in the meeting. David Smith, Digital Programme Director for the Integrated Care System (ICS), has provided the initial responses to the questions, and is attending this meeting to provide further information as required.

Appendix A to this report provides data of weekly Care Portal record views by social care practitioners using Mosaic (Feb 2021 – Oct 2022) and weekly Mosaic record views by health practitioners using the Care Portal (Apr 2022 – Oct 2022).

Appendix B provides answers to the questions from the Health Scrutiny Committee from the meeting on 19 January 2022. The report to that meeting can be found at: Clinical Care Portal - Jan 2022

Actions Requested

The Health Scrutiny Committee for Lincolnshire is asked to receive the Integrated Care System Clinical Care Portal Data Sharing update report and note its content.

1.   **Background**

The Clinical Care Portal (product – HealthShare, supplier - InterSystems) enables organisations to share their recorded patient data with other partners in health and social care, via an online patient record populated from multiple source systems. The intention is that this will evolve to include data from: United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Community Health Services NHS Trust (LCHS), Lincolnshire Partnership NHS Foundation Trust (LPFT), East Midlands Ambulance Service (EMAS), Lincolnshire County Council (LCC), Primary Care, and End of Life Care.

Phase 1 – Health data viewable by practitioner staff via Mosaic[1]: Since February 2021, approximately 850 Adult Care Mosaic users have had access to view an agreed dataset of patient health data (read only) in the Care Portal via an in-context viewer tab in Mosaic. Data is retrieved in real time from source systems, with the NHS number as the common patient identifier.

Phase 2 – Social care data viewable by practitioner staff via Care Portal: An agreed dataset from Mosaic has been shared (read only) via a Social Care tab in the Care Portal. Data is retrieved in real time from Mosaic, with the NHS number as the common patient identifier. This has been live since end of April 2022.

Additionally, LCC's Adult Care and Community Wellbeing Hospital Teams have access to input to shared care planning via the Care Portal, alongside NHS colleagues at Lincoln County Hospital and Pilgrim Hospital, Boston. These users have direct Care Portal access.

The ongoing benefits of integrating Mosaic and the Portal are:

- o   Holistic view of the service user/patient record for all professionals involved
- o   *Tell Us Once / Make Every Contact Count* approach
- o   Shared data to inform social prescribing in health and care
- o   Accurate, up to date, timely, relevant information sharing
- o   Standardised datasets
- o   Reducing delays caused by requests for information from/to other agencies
- o   Sharing of alerts and warnings (within a common dataset)
- o   Reducing duplication of effort in contact with the service user/patient and seeking information
- o   Increased security in data sharing – historically via physical transfer of paper files, email attachments, or verbal communication (telephone)

This programme was implemented as a result of the NHS Digital requirement for regional and local shared health care records; minimum viable product, version 1 = connecting NHS providers and use of unstructured data by end of Sept 2021; minimum viable product, version 2 = NHS Digital requirements to be confirmed, but expected to include a move to structured data, including social care and care planning capability. Lincolnshire achieved Phase 1 ahead of the expected minimum viable product, version 2 target.

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[1] Mosaic is an adult social care case management IT system.

Organisations with access to Care Portal are: NHS Lincolnshire Integrated Care Board, Primary Care, LCHS, ULHT, LPFT, Neighbourhood Teams, LCC Adult Care and Community Wellbeing, St Barnabas, and North West Anglia NHS Foundation Trust (NWAFT) (Peterborough City; and Stamford, Rutland and Hinchingbrooke Hospitals).

Current Care Portal data sources are: Child Protection Information Sharing (CP-IS), Summary Care Record, LCHS, LPFT (Rio), ULHT, GP Connect (EMIS/SystmOne), EMAS, NWAFT, LCC (Mosaic), and Care Homes (Whzan).

The future portal development programme includes a Patient Portal (Personal Community) and an analytics module to support direct care (Health Insight).

2. Consultation

This is not a consultation item.

3. Conclusion

Shared access to service user / patient data is of great benefit to our frontline practitioners and managers, to enable a more holistic view of the person and more efficient information sharing. The various areas of development across the Portal programme will combine to create a hub for multiagency case management, informing and improving health and care services.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Total weekly Care Portal record views by Mosaic users (Feb 2021 - Oct 2022)
	Total weekly Mosaic record views by Care Portal users (Apr 2022 - Oct 2022)
Appendix B	Responses to Health Scrutiny Committee Questions from January 2022

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Samantha Francis, Information and Systems Manager, who can be contacted at Samantha.francis@lincolnshire.gov.uk

David Smith, Digital Programme Director (ICS), can be contacted at david.smith11@nhs.net

Figure 1: This chart shows the number of weekly Care Portal health record views by social care practitioners with access via Mosaic, from February 2021 to October 2022.

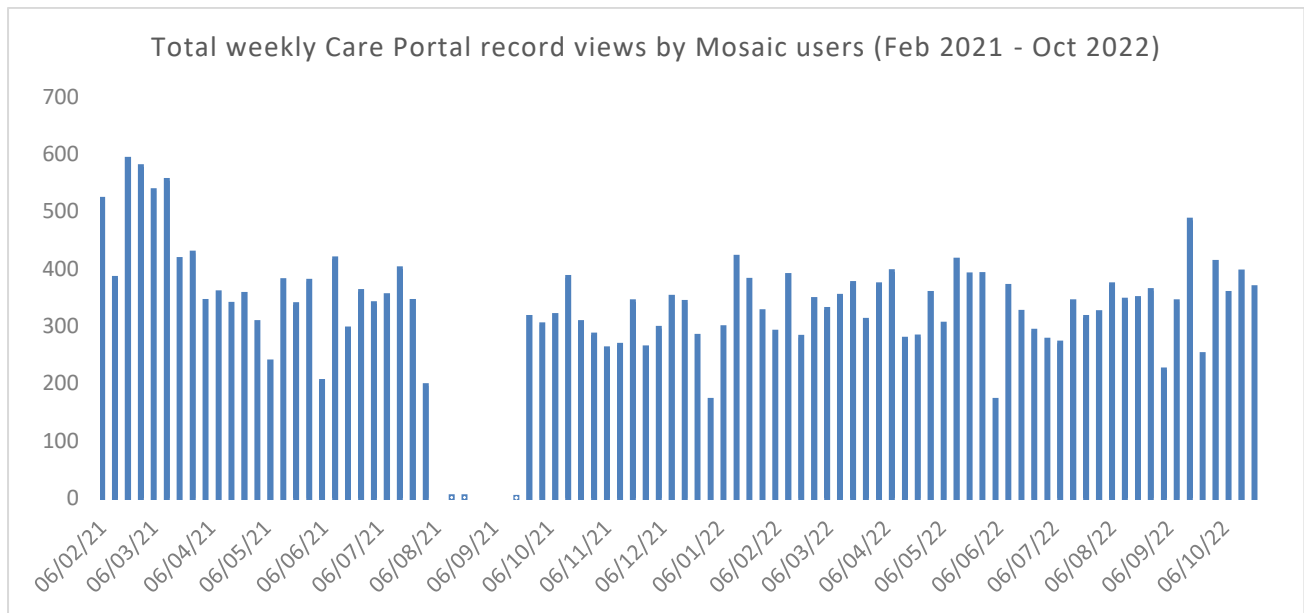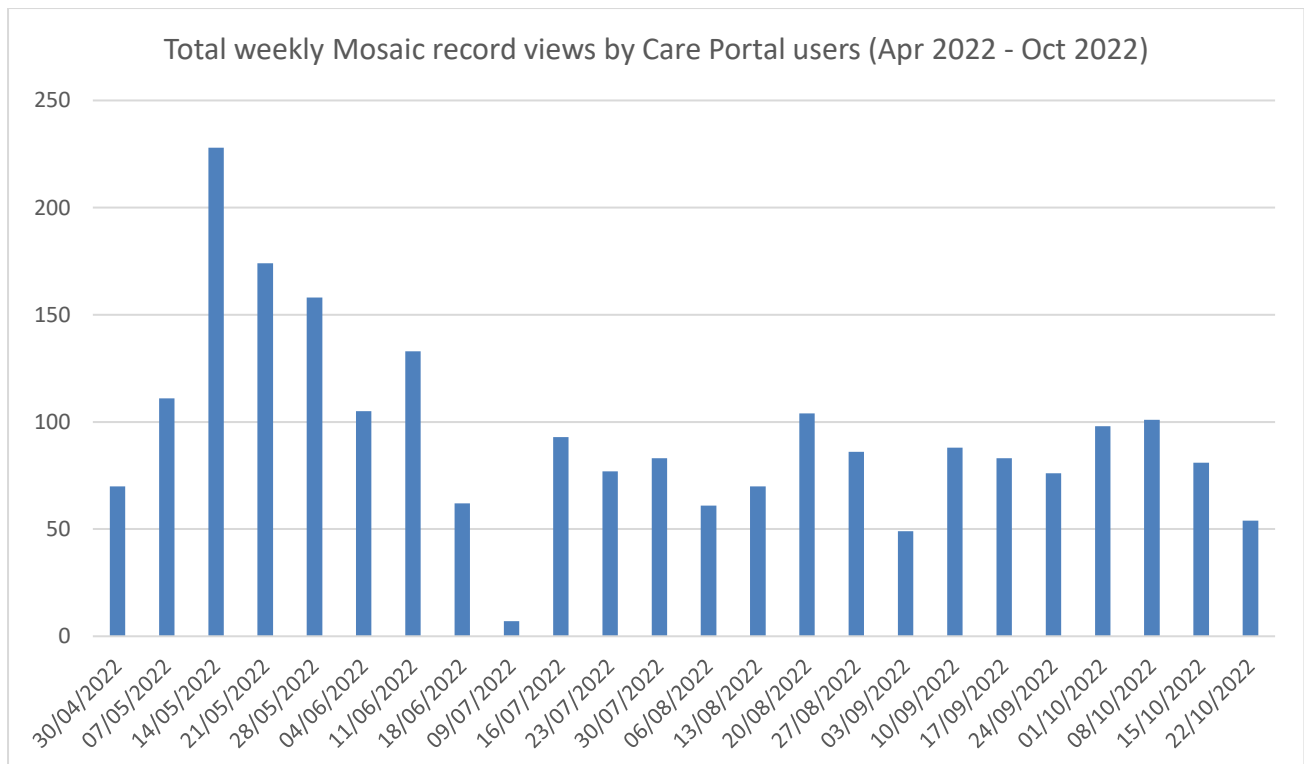Total weekly Care Portal record views by Mosaic users (Feb 2021 - Oct 2022)

Figure 2: This chart shows the number of weekly Mosaic social care record views by health practitioners with access via the Care Portal, from April 2022 to October 2022.

Total weekly Mosaic record views by Care Portal users (Apr 2022 - Oct 2022)

Questions – Clinical Care Portal – Health Scrutiny Committee – from January 2022

No	Question/Comment	Response
1	Is there a need for social care staff to receive training to understand the data and language/ terminology/ acronyms/ codes used on health records? (and similarly for any other non-health partners in the future?)	Training on the Portal was not deemed necessary when implemented with social care staff, as the system was intuitive for staff already using electronic case management systems to navigate and understand. In setting up the view of Portal records for multiple parties to access, the Clinical Reference Group (CRG) discussed and designed the field and column headers with a focus on reducing, removing or simplifying the health-specific terminology and acronyms as much as possible. The areas that social care staff can view were also determined based on "need to know": some tabs are not visible to social care staff as it was deemed unnecessary or inappropriate. This could change in future as more data sources are added, and representatives on the CRG will review this as necessary for each of the user groups. We will also collate user feedback to inform future developments.
2	Asked to see an improvement in the figures presented re: weekly visits to Portal by Mosaic users.	The figures are set out in Appendix A, where Figure 1 shows a small increase in the average number of views by Mosaic users in the Sept/Oct 2022 period (approx. 350 a week), compared to the Nov/Dec 2021 period (approx. 300 a week). Whilst the numbers have fluctuated, it shows a relatively consistent usage for a core set of social care staff viewing the Care Portal.
3	What is process and timescale for digitisation of patient records? There was an understanding that ULHT and other health partners are still using paper records in some areas. Is this correct?	ULHT is due to be fast tracked for an electronic patient record, but not until circa September 2023. LCHS/LPFT – Electronic patient records are in place, internal gap analysis in progress to review achievement of Healthcare Information and Management Systems Society Level 5.
4	Is there a planned post-implementation review of the Portal to measure success/benefits?	This has already happened and is ongoing. National ICS Shared Care Record (ShCR) metrics reporting as of June 2022 indicates Lincolnshire ICS has third highest number of ShCR views (out of 44 ICSs).

No	Question/Comment	Response
5	Confirmation of GDPR compliance, consent to share patient information, Information Assurance/Governance.	Yes – this is part of the ongoing programme.
6	Accuracy of records – Who is checking the data and at what level (locally)?	This needs to be strengthened in terms of Data Quality resource, which has been requested in the Digital Transformation Investment Plan.
7	Analytics – When will this be available, and who will it be available to?	This is available now. EMAS/A&E examples have been produced to illustrate what is possible, with a view to securing support and resource, which has been requested in the Digital Transformation Investment Plan.
8	Are community nurses and health visitors accessing and sharing data via the Portal?	Yes
9	Does EMAS have access to the Portal?	Not currently. This has been offered, but EMAS's decision was to not to use it as they would currently need to view multiple ICS shared care record systems across the region. We are working with EMAS to see if we can support with the objective of one single interface.
10	Can Primary Care at practice level choose whether to share their data via the Portal?	Yes. At a practice level, patients can opt-out of sharing. This means we do not see their data.
11	When will North Lincolnshire and Goole NHS Foundation Trust (NLaG) data be available via the Portal?	This is unknown at present. NLaG is on the roadmap. This will be dependent upon capacity and priorities within the Portal programme.
12	Out of county health care partners – is there a plan to share/transfer data regionally/nationally between systems?	Yes, we are sharing to NWAFT already, and plan to share to Norfolk for those patients admitted to Holbeach and Kings Lynn. There is work ongoing regionally regarding the East Midlands Regional Shared Record Project.
13	Private Sector – Are there plans to share private health records?	This is not on the roadmap currently.

No	Question/Comment	Response
14	Sharing of data for child protection purposes e.g. Do/will the Police (and other blue light services) have access to the Portal?	No, not currently. Process to progress would be for them to provide a business case and submit to Clinical Reference Group for approval in principle before then going to the ICS Information Governance group.
15	Reassurance of the security of the system being used. It was acknowledged that there are tools in place to check for malicious use of systems, question was more focused on the security of the system itself from outside attacks/leaks etc.	At the last meeting we explained about the NHS Digital approval and regulation regime, information security (information assurance / information governance), audit trail, claiming legitimate relationships in the system, and data sharing agreements. Using an onion layer analogy, the live system is hosted by ULHT at Lincoln County Hospital, this is then surrounded by Lincolnshire's private Community of Interest Network (aka private WAN), and the next layer is Health and Social Care Network, and this Health and Social Care Network layer then interfaces to the internet.

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