Information Sharing Policy

# Document Control:

| **Document Control Information** | **Details** |
| --- | --- |
| Policy Name | Information Sharing Policy |
| Policy Number | MSEICB 011 |
| Version | 1.2 |
| Status | Approved Final Version |
| Author / Lead | Information Governance Lead |
| Responsible Executive Director | Director of Resources and Senior Information Risk Owner |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | 20 June 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | April 2025 (review date extended by Audit Committee, 21 January 2025 ) |
| Target Audience | All ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers), contractors engaged by the ICS Body, Staff from other MSE ICS Partnership organisations (including those working within ICS Body facilities), Patients and members of the public (visitors, individuals on work experience). |
| Stakeholders engaged in development of Policy (internal and external)  | * Information Governance Team.
* Information Governance Steering Group.
* Audit Committee.
 |
| Impact Assessments Undertaken | * Equality and Health Inequalities Impact Assessment – completed.
 |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 1 | 01.07.22 | Iain Gear, Information Governance Lead | First version of the policy |
| 1.0 | 01.07.22 | David Triggs, Governance Lead | Final review against policy checklist. |
| 1.1 | 23/07/24 | Helen Chasney, Corp Svcs & Gov Support Officer | Review date extended to 1 January 2025 by Audit Committee (23 July 2024) |
| 1.2 | 21/01/25 | Helen Chasney, Corp Svcs & Gov Support Officer | Review date extended to April 2025 by Audit Committee (21 January 2025) |
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## Introduction

In a healthcare setting sharing Information in line with agreed protocols can add a number of benefits. It can contribute towards making services more efficient and accessible to those in need. It ensures that all patients, including the vulnerable, are provided with the protection they need. It also enables collaboration amongst different organisations so that they can deliver the care that all patients, including those with complex needs, may be reliant upon.

Sharing information can present risks which must be adequately managed at every stage. Information systems are consistently becoming more complex and widespread with the potential for more information about our private lives, which is often highly sensitive, to become known to more and more people.

This Information Sharing Policy and accompanying set of procedures details the obligations and commitments that staff must follow at all times to ensure that legislation is not breached and that patients /families / carers / staff / employee’s confidentiality is maintained at all times.

Mid & South Essex Integrated Care Board (the ICB) will be added as an authorised member of The Wider Eastern Information Stakeholder Forum (WEISF), an agreement in principle to share information between authorised partner organisations, further information on WEISF can be accessed on their website: <https://weisf.essex.gov.uk/>

The Data Protection Act 2018, the Common Law Duty of Confidentiality and Human Rights Act 1998 play a major role in the use and protection of information used in healthcare.

The Freedom of Information Act 2000 provides the right for anyone to request non-person identifiable information held within a public authority, to be told whether the information is held and for it to be provided to them within 20 working days of the request being issued, unless a relevant exemption applies preventing that disclosure.

## Purpose / Policy Statement

The main objectives of this policy are:

* To provide a framework to clarify ICB procedures relating to the safe sharing of information.
* To ensure that everyone working with personal information fully understands the importance of information sharing, where it improves care for service users and for the direct continuing care of service users.
* To ensure that only the minimum amount of information deemed necessary for the purpose of the delivery of a care episode is, and should be, shared.
* To ensure that when information sharing occurs, this complies with the law, stipulated guidance, best practice and agreed protocols to ensure that service users’ rights are respected.
* To ensure that confidentiality is adhered to unless there is a robust public interest in disclosure or a legal justification to do so.
* To outline the importance and associated benefits of effective information security and confidentiality training.
* Any action taken to comply with Information Sharing guidance will not amount to discrimination because of protected characteristics as set out in the Equality Act 2010.

## Definitions

* Personal information – Any of the following information that may be obtained during the course of a care episode of a service user’s care will constitute as being person identifiable information:
	+ - Name.
		- Address.
		- Post code.
		- Date of birth.
		- NHS Number.
		- National Insurance Number.
		- Employee Number.
		- Carer’s details.
		- Next of kin details.
		- Contact details (phone number / e-mail addresses).
		- Bank details.
		- Lifestyle.
		- Family details.
		- Voice and visual records (for example photographs, tape recordings).
* Sensitive Information – During a care episode, further sensitive personal information that may also be recorded within a service user’s record may be:
	+ - Racial or ethnic origin.
		- Political opinions.
		- Religious beliefs.
		- Trade union membership.
		- Physical or mental health condition.
		- Sexual life.
		- Offences alleged or committed or the sentencing from any court proceedings.

## Roles and Responsibilities

### All ICB Employees and Board members

* + 1. Most staff handle information in one form or another. Staff that in the course of their work create, use, or otherwise process information have a duty to keep up to date with and adhere to relevant legislation, case law and national guidance.
		2. The ICB policies and procedures will reflect such guidance and compliance with these guiding principles and will ensure a high standard of information governance compliance within the organisation. All staff and officers, whether permanent, temporary or contractors are responsible for ensuring that they are aware of their responsibilities in respect of information governance.
		3. Information sharing will almost, in every circumstance require some form of consent. Every member of staff contemplating sharing information should contact the Information Governance Team to discuss and determine the best method available.

### Integrated Care Board

* + 1. The ICB, as a member of the Whole Essex Information Sharing Framework, will ensure that information sharing protocols exist for all transfers of person identifiable information outside of the NHS (and within the NHS where appropriate), in accordance with the overarching Information Sharing Protocol (ISP).
		2. To ensure that at all times there is a safe and secure environment for sharing information, the ICB agrees to oversee / do the following:
* Always keep information confidential, ensuring it is effectively protected against inappropriate disclosure at all times.
* Seek patient consent for disclosure of information wherever possible unless there is a legal requirement, or an overriding public interest in favour of the release.
* Develop processes that encourage the sharing of good information management practices to help organisations work in collaboration and to support the aims of the Whole Essex Information Sharing Framework.
* To ensure that those partners providing requested information also permit us accordingly with the permission to share it where authorised
* Implementation of a common set of goals for information sharing for use by all.
* Work towards achieving and maintaining compliance towards ISO 17799:2000, the technical standard for information security.

### Senior Information Risk Owner (SIRO)

* + 1. The role of the Senior Information Risk Owner (SIRO) is further described within the ICBs Information Governance Framework and Policy.
		2. The SIRO is responsible for leading on Information Risk and for overseeing the development of an Information Risk Policy.
		3. The SIRO is also responsible for ensuring the corporate risk management process includes all aspects of information risk and for guaranteeing the ICB Board is adequately briefed on information risk issues.

### Caldicott Guardian

* + 1. The role of Caldicott Guardian is further described within the ICBs Information Governance Framework and Policy.
		2. The Caldicott Guardian has particular responsibilities for protecting the confidentiality of patients / service-users information and enabling appropriate information sharing.
		3. Acting as the 'conscience' of the organisation, the Caldicott Guardian will actively support work to enable information sharing where it is appropriate to do so, and for advising on options for lawful and ethical processing of information.

### Chief Executive

* + 1. The Chief Executive, as the Accountable Officer, has overall responsibility for information governance within the ICB. The Chief Executive is responsible for the management of Information Governance and for ensuring appropriate mechanisms are in place to support service delivery and continuity.
		2. The Chief Executive has delegated operational responsibility for information governance to the Senior Information Risk Owner (SIRO).

### Data Protection Officer (DPO)

* + 1. DPOs monitor internal compliance, inform and advise on your data protection obligations, provide advice regarding Data Protection Impact Assessments (DPIAs) and act as a contact point for data subjects and the Information Commissioner’s Office (ICO). The DPO must be independent, an expert in data protection, adequately resourced and report to the highest management level.

## Policy Detail

### Deciding Whether to Share or Withhold Personal Information

* + 1. Any information sharing must be both absolutely necessary and authorised. Information that is shared must be relevant and not excessive. Before sharing information with anyone you should decide:
* Why do you need to share personal information?
* Do you need to share information in a personally identifiable form or would anonymised, pseudonymised or statistical information be sufficient?
* What legal provisions exist that require or permit you to share the information, if any?
* What subsequent negative consequences may arise as the result of sharing confidential or sensitive information?
* Is consent from the individual required and, if so, how would you obtain consent and record it appropriately?
* What action/s would you take if consent is not given as requested?

### Legal Duties and Powers to Share Information in Relation to Children and Young people

* + 1. In addition to legislation about information sharing, there are many specific acts of Parliament that give a duty or power to share information about children and young people for various purposes.
		2. Appendix B provides further information about these statutory duties and powers.

### Process for Information Sharing

* + 1. For the ICB to meet its legal obligations and to achieve compliance with the standards stipulated within the Information Governance Toolkit, the ICB has devised appropriate information sharing protocols with all non-NHS organisations and, where appropriate NHS organisations.
		2. All staff prior to sharing person identifiable information must ensure that a protocol exists and that it is in effect valid before any information is released.
		3. Any information that is to be shared in an electronic format, (for example, by e-mail or on disc and so on) must first be encrypted (compliant to encryption standards as stipulated within encryption policy and in line with NHS Digital standards).
		4. When submitting an information sharing protocol request for consideration, staff should provide all details of the methods in which data may be shared so that the ICB can ensure the information is secured in transit.

### Secondary Uses of Information

* + 1. Health professionals may receive requests for disclosure of patient information from those who are not directly involved in the patient’s care. Such secondary use of patient information falls into three broad categories:
* Use within the NHS for administration, planning, auditing, commissioning, and payment by results (PbR).
* Use by agencies commissioned by the NHS to carry out such roles on its behalf.
* Use where identifiable information goes beyond health care provision in the NHS to include research and education.
	+ 1. Patient data may be disclosed to an appropriate and secure authority and used for secondary purposes when:
* The information has been effectively anonymised or pseudonymised.
* The information is required by law.
* The patient has given their explicit consent to the disclosure.
* The health professional is satisfied, in some limited circumstances, that the patient is aware of the use and has not objected to it and so has effectively provided implied consent.
* Disclosure is authorised by the Ethics and Confidentiality Committee of the National Information Governance Board under S251 of the NHS Act 2006.
* The health professional is satisfied that the legal and professional criteria for disclosure without consent in the ‘public interest’ have been met and has sought advice from the Caldicott Guardian, professional body or defence organisation in the case of any doubt.
	+ 1. In the absence of patient consent, anonymised or pseudonymised data should be used for any secondary purpose in which it is practicable to do so. Some secondary uses of patient data are for social purposes unconnected with the provision of health care, for example for insurance or employment purposes. Such disclosure does require explicit patient consent.

## Monitoring Compliance

The ICB will use a variety of methods to monitor compliance with the processes in this policy, including as a minimum the following two methods:

IG Incidents – Information Governance compliance will be monitored quarterly through the review of reported IG incidents by the IG Steering Group.

The IG Steering Group has a responsibility to provide assurances that this framework is adequate for providing clear guidance in the event of significant changes which may affect it. The designated IG Manager will ensure that adequate arrangements exist for:

* Reporting incidents, Caldicott issues.
* Analysing and upward reporting of incidents and adverse events.
* Reporting IG work programs and progress reports.
* Reporting Data Security and Protection Toolkit (DSPT) assessments and improvement plans.
* Communicating IG developments.

Information Asset Registers – The ICB undertakes regular monitoring and gap analysis through the Information Asset Register work-stream.

This policy will be published on the ICB website. Managers are required to ensure that their staff understand its application to their practice. Awareness of any new content or change in process will be through electronic channels for example through e-mail, in bulletins and so on.

Where a substantive revision is made then a separate plan for communicating and implementing this change will be devised by the SIRO.

## Staff Training

All staff (permanent, temporary, contract or seconded) likely to be in post for 3 months or longer, are required to complete the online mandatory IG training module- Data Security Awareness Level 1 within the first month of employment (or within two weeks of joining if they work with person identifiable information).

The Data Security Awareness Level 1 e-learning module can be accessed either through ESR (https://my.esr.nhs.uk/) or e-learning for health (<https://www.e-lfh.org.uk/>).

Further training is required for staff who process personal information, and staff within specific roles. A Training Needs Analysis (TNA) has been developed for staff in key roles, as part of effective delivery of training program.

## Arrangements For Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance And Documents

The following documentation relates to the management of information and together underpins the ICB’s Information Governance Assurance Framework. This policy should be read in conjunction with other IG policies & the IG Resource Guide:

* Information Governance Framework and Policy
* Access to Information Policy
* Information & Cyber Security Policy
* Information Sharing Policy
* IG Resource Guide

## References

* Provide a list of references of the documents that have informed or contributed to this policy.

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

#### Assessor’s Name: Iain Gear

#### Assessor’s Job Title: Information Governance Lead

#### Date: 15th June 2022

#### Outcomes

Briefly describe the aim of the policy and state the intended outcomes for staff

The Information Sharing Policy will support the organisation and its staff to achieve legislative requirements in relation to the effective sharing of records or personal information.

#### Evidence

What data/information have you used to assess how this policy might impact on protected groups?

The ICB regularly monitors the make-up of the workforce and patient population, including protected groups.

Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?

#### Mid and South Essex Information Governance Steering Group; MSE Audit Committees meeting in common

#### Analysis of impact on equality

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups.
* **Negative outcome** – protected group(s) could be disadvantaged or discriminated against.
* **Neutral outcome** – there is no effect currently on protected groups.

Please tick to show if outcome is likely to be positive, negative or neutral. Please fill all boxes, any that aren’t applicable enter N/A.

Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | X | The policy refers to ensuring that “Any action taken to comply with Information Sharing guidance will not amount to discrimination because of protected characteristics as set out in the Equality Act 2010.” |
| Disability(Physical and Mental/Learning) |  |  | X | As above |
| Religion or belief |  |  | X | As above |
| Sex (Gender) |  |  | X | As above |
| Sexual Orientation |  |  | X | As above |
| Transgender/Gender Reassignment |  |  | X | As above |
| Race and ethnicity |  |  | X | As above |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | X | As above |
| Marriage or Civil Partnership |  |  | X | As above |

#### Monitoring Outcomes

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

What methods will you use to monitor outcomes on protected groups?

The ICB undertakes regular monitoring and gap analysis through the Information Asset Registers, Data Protection Impact Assessments and IG related incident investigations.

#### Review

How often will you review this policy / service?

Every two years.

## Appendix B – Legal Duties and Powers to Share Information in relation to Children and Young People

**Statutory Provisions to Information Sharing – Child Protection**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Any agency or public body | There is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm | Social Care | Section 47 Children’s Act 1989 |
| Children’s Services | To undertake enquiries to decide if action should be taken to safeguard or promote the child’s welfare | Any agency who may have information | Section 47 (1) Children’s Act 1989 |
| Local Housing Authority, Special Health Authority, NHS Trust, ICB?  | Children’s Services request for information to decide if action should be taken to safeguard or promote the child’s welfare | Children’s Services | Section 47 (9) Children’s Act 1989 |

**Child Protection – People Unsuitable to Work with Children / Vulnerable Adults**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Any organisation employing a person in childcare position | An individual has been found guilty of misconduct (whether or not in the course of his/her employment) | Department of Education and Skills, Department of Health | Protection of Children Act 1999 Section 2A |
| Any organisation dealing with childcare | The organisation wishes to offer a job to a person in a childcare capacity | Department of Education and Skills, Department of Health | Protection of Children Act 1999 Section 3 |
| Any organisation employing a person in a care of vulnerable people position | A person is found to be unsuitable to work with vulnerable people | Department of Health | Care Standards Act 2000 Section 82 |

**Children with a Disability**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Children’s Services / Local Authority. | To compile and maintain a register of disabled children. | Health. | Children’s Act 1989 Section 17 (2). |
| Any Local Authority Service. | There is a need for health or housing provision and Health or Housing can assist with the assessment. | Primary Care Trust, Health Authority or Local Housing Authority. | Section 47 National Health Service Act and Community Care Act. |
| Children’s Services / Local Authority. | To compile and maintain a register of blind, partially sighted, deaf with speech, deaf without speech, hard of hearing and general classes (those whose primary handicap is neither visual nor auditory). | Health Services. | National Assistance Act 1948 Section 29. |

**Children with Special Educational Needs**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Education/Health | To assess a child’s special educational needs (SEN). | Health, Education, Children’s Services. Also they should seek advice from child’s parent, Head Teacher, the teacher who taught the child, the person who the authority are satisfied has experience of teaching children with SEN. Medical advice from the Health Authority. Psychological advice. Advice from social care. Any other advice which the LEA considers appropriate. | Section 322 Education Act 1996Education (Special Education Needs) (England) (Consolidation) Regulation 2001 (SI 3455/2001) Regulation 7(1) |
| LEA | Considering making an assessment of SEN. LEA under obligation to send copies of the notice stating they are considering an assessment of SEN. | Children’s Services, Health Authority, Head Teacher of school pupil registered with (if any). If the child receives education from an early education provider to the head of SEN in relation to that provider. | Education (Special Education Needs) (England) (Consolidation) Regulation 2001 (SI 3455/2001), Regulation 6. |

**Children and Young People involved or likely to be involved in Crime and Disorder**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share/request information** |
| --- | --- | --- | --- |
| Police, Housing, National Park Authority, Health, Probation; Youth Offending Team. | Have reasonable belief that a child or young person is likely to commit a crime and therefore to prevent crime occurring. | Any appropriate agency that can assist the child or young person to prevent them from committing a crime. For example, Health, Youth Offending, voluntary agency if appropriate. | Crime & Disorder Act 1998 Section 115; Section 17 (1); Section 37 and Section 38. (Information disclosed must be on a need to know basis and minimum amount provided). |

**A Child or Young Person who is in the Care of the Local Authority**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Children’s Services. | Because a Looked-After Child (LAC) is being accommodated at an establishment at which education is provided.Because parents / carers of a LAC have moved to another area and have another child.To inform an assessment of a child. Because a judge has made a finding of fact which has implications for other children. | The Local Education Authority of the area in which the establishment is located.Social care in the new area.LEA, Health Authority, relevant agencies. | Children Act 1989 Section 28.FPC rule 23 Family Proceedings Court (Children Act) Rules 1991 CC10.20(3) rule Family Proceedings Rules 1991.For documents before a Court in any proceedings under the Children Act or Adoption Act leave must always be obtained prior to disclosing (sharing). |
| Any Health Authority or Local Education Authority. | Because a child is being accommodated by them and they are obliged to inform Social Care of this fact Social Care has to ensure the child’s welfare is being adequately safeguarded and promoted. | Children’s Services in area where the child is being accommodated. | Children Act 1989 section 85. |

**A Child or Young Person who is Leaving or Has Left Care**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Children’s Services. | Because a young person is entitled to leave care services and Social Care has a duty to keep in contact with such a young person and to provide advice and assistance.A young person is eligible if he / she has been in care for a period of 13 weeks or more since he / she was 14 and has left care after 16 but is still under 21. It does not include children who have received respite care or if the young person has returned home. | Any agency who may have any information about the young person which enables the LA to undertake its statutory duty.Most likely to be Health Services but could by any agency (GP registration). | Children Act 1989 Section 23 and Section 24, as amended by Children (Leaving Care) Act 2000 sections 24, 24A to 24D. |
| Children’s Services. | Because Children’s Services has lost contact with a care leaver and has to take reasonable steps to locate them. | Any agency who has this information, most likely Health. | Children Act 1989 Section 23 and Section 24, as amended by Children (Leaving Care) Act 2000 sections 24, 24A to 24D. |

**General Functions, Powers and Duties (Implied Statutory Powers)**

**To use implied statutory powers, stronger justification is required to demonstrate that it is necessary to share sensitive data without explicit consent**

| **Agency** | **Why do you want to share / request information?** | **From whom do you wish to share / request information?** | **Legal basis to share / request information** |
| --- | --- | --- | --- |
| Any Local Authority Department. | Because the department has a statutory duty to carry out a particular function, for example. filling in the Pupil Level Annual School Census by the LEA. | Other agencies (including voluntary agencies) that hold relevant information to enable the LA department to carry out its statutory duty. Without the information they would not be able to carry out the particular function. | Section 111 of the Local Government Act 1972, gives LAs “power to do anything which is calculated to facilitate, or is conducive or incidental to the discharge of any of their functions”. |
| Any Local Authority Department. | Because the local authority considers that with the information it can:(a) promote or improve the economic wellbeing in their area(b) promote or improve the social wellbeing of their area(c) promote or improve the environmental wellbeing of their area. | Any other agency who holds relevant information. | Section 2 of the Local Government Act 2000, which gives the LA “a power to do anything they consider is likely to achieve any one or more of the objectives” as set out in column 2. So long as there are no restrictions or prohibitions or limitations in other enactments, that must be compatible with the requirements of the Data Protection Act and Human Rights Act and Common Law Duty of Confidence. |
| Any Health Service within the NHS. | To provide a comprehensive health service in England and Wales to improve the physical and mental health of the population and to prevent, diagnose and treat illness. | Other NHS practitioners working within the Health Service and practitioners from other agencies for example Social Care, who are carrying out health service functions that would otherwise be carried out by the NHS. | National Health Service Act 1977, Section 2. |
| Any Health Service within the NHS and Local Authority. | In order for Health to exercise their Health Service functions and for the LA to exercise its functions in order to secure and advance the health and welfare of the people of England and Wales. | Other NHS practitioners working within the Health Service and practitioners from other agencies for example Social Care, who are carrying out health service functions that would otherwise be carried out by the NHS. | National Health Service Act 1977, Section 22. |
| Any Local Authority, any Local Education Authority, any Local Housing Authority, any Health Authority. | Because is felt that a child or young person or family is in need of services to safeguard and promote the welfare of a child or young person. Section 17 of Children’s Act states a child is in need if:(a) He / she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for him / her of services by a local authority under this part(b) His / her health or development is likely to be significantly impaired, or further impaired, without the provision for him / her of such services(c) He / she is disabled. “Family” includes any person who has parental responsibility for the child and any other person with whom he / she has been living. | Other agencies within this partnership who are involved with the child, young person or family and with any other agency that may provide the appropriate services (including voluntary agencies). | Children’s Act 1989. Part III:* Section 17 (1) (provision of service)

This places a general duty on every LA “to safeguard and promote the welfare of children within their area who are in need and so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs”* Section 27 (1)(2) and (3) (other agencies acting on behalf of the LA)
* Section 17(5) (voluntary agencies) Section 17(10) and (11) (definition of a child in need) Section 2 Local Government Act 2000.
 |
| Health Service. | A child or young person has physical or mental health problems which require extra services. | Any agency that can provide appropriate health services (that could be voluntary agency providing a health service). | National Health Service Act 1977, Section 1. |
| Children’s Services. | Because it is felt that another organisation could assist them to provide support for children in need and or their families.Any authority to whom such a request is made has duty to cooperate provided that the request is not incompatible with the performance of its own obligations or unduly prejudice the performance of their own functions. | Other local authorities, any local education authority, any local housing authority, any health authority. | Children Act 1989, Section 27. |
| Children’s Services. | Record involvement of agency with child or young person, investigate suitable service provision to improve the wellbeing of children so far as relating to:(a) physical and mental health and emotional well-being;(b) protection from harm and neglect;(c) education, training and recreation;(d) the contribution made by them to society;(e) social and economic wellbeing. | Districts, Police, Probation, Youth Offending Team, any health authority, local education authority, schools, probation board, Youth Offending Team providers under section 114 Learning and Skills Act 2000; the governor of a prison or secure training centre in England (or, in the case of a contracted out prison or secure training centre, its director); the British Transport Police Authority; a person registered in England for child minding or the provision of day care; a registered social landlord; a voluntary organisation. | Children’s Act 2004, Section 10 & 11. |
| Children’s Services | A Database:(a) name, address, gender, DoB(b) a number identifying him / her(c) the name and contact details of any person with parental responsibility who has care of him / her at any time(d) details of any education being received by him / her(e) the name and contact details of any person providing primary medical services in relation to him / her under Part 1 of the NHS Act 1977 (c.49)(f) the name and contact details of any person providing to him / her services of which description as the Secretary of State may by regulations specify(g) information as to the existence of any cause for concern in relation to him / her (h) information of such other description, not including medical records or other personal records, as the Secretary of State may by regulations specify | Districts, Police, Probation, YOT, any health authority, local education authority, probation board, YOT providers under section 114 Learning and Skills Act 2000. | Children’s Act 2004 Section 12 (1,2,3,4). |

**HEALTH SERVICE**

**General functions / powers / duties**

| **Section/Regulation** | **Description** |
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| Section 1 National Health Service Act 1977 | “1(1) It is the Secretary of State for Health’s duty to continue the promotion in England and Wales of a comprehensive health service designed to secure improvement:1. In the physical and mental health of the people of those countries, and
2. In the prevention, diagnosis and treatment of illness,

And for that purpose to provide the effective provision of services in accordance with this Act”. |
| Section 31 Health Act 1999 | This section allows the Secretary of State for Health to make regulations in connection with enabling the NHS bodies and local authorities to enter into prescribed arrangements in relation to prescribed functions on the NHS bodies and prescribed health related functions of local authorities. |
| Adoption Agencies Regulations 1983 (S.I. 1983/1964) | Regulation 6(5) obliges the adoption agency to consult its medical adviser in relation to arrangements for access to and disclosures of health information which is required or permitted by virtue of regulation 15. |
| NHS (General Opthalmic Services) Regulations 1986 (S.I. 1986/975) | This requires opticians to keep records and imposes an obligation to disclose to the Secretary of State for Health on request. |
| Section 47 Children Act 1989 | S47(9) provides,“Where a local authority are conducting enquiries under this section, it shall be the duty of any person mentioned in subsection (11) to assist them with those enquiries (in particular by providing relevant information and advice) if called upon by the authority to do so”. |
| Section 85 Children Act 1989 | Description? |
| Section 47 National Health Service and Community Care Act 1990 | This section concerns the assessment of needs for community care. It provides that when a local authority is assessing need and it appears that there may be a need for health or housing provision, the local authority shall notify the or local housing authority an invite them to assist, to such extent as is reasonable in the circumstances, in the making of the assessment. |
| NHS (General Dental Services) regulations 1992 (S.I. 1992/661) Schedule 1 Para 25 | These regulations place an obligation on dentists to keep records and to disclose to NHS E, the Secretary of State for Health, the Dental Practice Board or a dental officer on request. |
| Section 31 Health Action 1999 | S31(3)(g) provides that regulations may make provisions as to the sharing of information between NHS bodies and local authorities. |
| Section 60 Health and Social Care Act 2001 | This allows for the SoS to make regulations in respect of the processing of prescribed patient information for medical purposes if he / she considers it necessary or expedient:1. In the interests of improving patient care.
2. In the public interest.
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| Heath Service (Control of Patient Information) Regulations 2002 (S.I. 2002/1438) | These regulations are made under 260 of the Health and Social Care Act 2001 and provide circumstances when confidential patient information may be processed for medical purposes. |
| NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (S.I.2000/617) | These regulations are made under s31 Health Act 1999 and allow NHS bodies and local authorities to enter into partnership arrangements in relation to the exercise of any NHS functions if the partnership arrangements are likely to lead to an improvement in the way in which those functions are exercised. |