

{{!orglarge

}}

# Regional Health and Social Care Information Sharing Agreement

Data Flow – KA000035 – CMHTP/Mental Health Integrated Community Service

PCN: {{!PCNname\_es\_:font(name=calibri,size=10)}}

**Schedule K – Processing and Sharing Specification (signature required)**

**Schedule L – Data Protection Impact Assessment Summary (if a DPIA was required)**

Visit [www.regisa.uk](http://www.regisa.uk) for the narrative and the latest version of schedules

**Schedule K – Data Flow – KA000035 – Mental Health Integrated Community Service ({{!PCNname\_es\_:font(name=calibri,size=10)}})**

Sharing Requirement Identifier:	KA000035
Sharing Requirement Name:	Data Flow – KA000035 – Mental Health Integrated Community Service
Sharing Requirement Start Date:	15 <sup>th</sup> May 2020
Sharing Requirement End Date:	30 <sup>th</sup> April 2028
Sharing Organisation:	{{!org_es_:font(name=calibri,size=10)}} }
Direct Care or Other Uses:	Direct care
Risk Sharing and Indemnity:	Out of scope
Sharing Data Controllership:	Joint control with Surrey and Borders Partnership NHS Foundation Trust (SABP) as the lead controller
Data Processor(s):	GP Federation, GP clinical system supplier, NHS Digital (for NHS mail), Voluntary Sector and Social Enterprise providers
Status:	Active
Version:	v3
Primary Care Network:	{{!PCNname_es_:font(name=calibri,size=10)}}}

### Summary of the Processing and Sharing Requirement Purpose

The Community Mental Health Transformation Programme (CMHTP) and the Frimley Mental Health Integrated Community Service (MHICS) are designed to deliver support closer to communities by providing services focussed on Primary Care Network (PCN) populations, building on community assets and involving voluntary sector, housing & social care partners.

The model will improve access to NICE-recommended interventions where required with increased and easy access in and out of highly specialised psychological therapies for people with Serious Mental Illness and those with complex mental health difficulties associated with traits of or a diagnosis of personality disorder.

The patient groups within the scope of the joint processing and sharing arrangements are:

1. Service users in primary care with unmet needs:
  - a. Not meeting secondary care Community and Mental Health Recovery Services (CMHRS) and Improving Access to Psychological Therapies (IAPT) criteria, or where patients are not appropriate for IAPT
  - b. Difficulty accessing the right services
  - c. Utilise services in potentially chaotic patterns; physical health concerns, medication dependence, substance misuse, co-morbid physical long-term conditions contributing to poor mental health
  - d. 'Held' by GPs as frequent attenders, absorbing excessive non-medical short-term prop-up interventions;
2. People in secondary care mental health services that can alternatively receive recovery focused services in primary care:
  - a. Seamless step-up and step-down as required
  - b. With potential shared care arrangements for medication. These typically comprise stable psychotic and mood disorders, and emotionally unstable personality disorder; and
3. Physical health of SMI patients in primary care:
  - a. Supporting primary care to improve their delivery of physical health checks and facilitating bridging to evidence based interventions for people on the SMI registers

The approach will remove unhelpful thresholds and barriers through the deployment of a trusted assessor model.

Care can be stepped up and stepped down flexibly without the need for time-consuming referrals and multiple assessments processes.

Practices working together as Primary Care Networks (PCNs) have employed administrative staff (the "MHICS Administrators") through their respective GP federations to work within the practices as part of the CMHTP MHICS. MHICS operates under Surrey and Borders Partnership NHS Foundation Trust's (SABP) CQC registration.

## Summary of the Legal Basis for Processing and Sharing

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection(s) the legal basis for sharing and viewing the shared records includes provisions of Section 251B of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015):

2. The sharing organisation must ensure that the information is disclosed to:
  - (a) persons working for the sharing organisation
  - (b) any other relevant health or adult social care commissioner or provider with whom the sharing organisation communicates about the individual; and
3. So far as the sharing organisation considers that the disclosure is:
  - (a) likely to facilitate the provision to the individual of health services or adult social care in England
  - (b) in the individual's best interests.

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient's objection the legal basis for viewing the shared records is also provided by General Data Protection Regulation:

1. Article 6(1)e  
"processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller"; and
2. Article 9(2)h  
"processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services, on the basis of Union or Member state laws.".
3. The 'official authority' and the 'member state laws' establish the legal bases that organisations rely upon for the need to share and jointly process data to deliver care.

Where access to confidential data is legitimate, the common law duties of confidentiality are satisfied because consent to view a patient's record is implied where the patient concerned agrees to be referred to a service or where the patient concerned refers themselves or presents to a service.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods.

For MHICS, the individual patients and clients concerned are provided with a MHICS-specific information leaflet which includes key processing and privacy notice content.

## Summary of the Processing and Sharing Requirement Process

The processing and sharing requirement is described in terms of:

1. The roles involved.
2. The processing and sharing process.
3. The processing and sharing privacy arrangements.
4. The scope of the organisations involved in the processing and sharing arrangements; and
5. The scope of the data processed and shared.

### The Roles Involved

The roles involved in the joint processing and sharing arrangements and their employing organisations are as follows:

1. Practices (as data controllers) – Practice staff as appropriate in each case.
2. SABP (as data controller):
  - a. Clinical Lead
  - b. MHICS Administrator
  - c. Mental Health Practitioner (MHP)
  - d. Consultant Psychiatrist
  - e. Mental Health Pharmacist; and
3. Voluntary Care and Social Enterprise providers – Community Connections Link Workers (as data processors on behalf of SABP).

### The Processing and Sharing Process

The joint processing and sharing arrangements for MHICS are as follows:

1. Raising the Request for Service (RFS) [General Practice];
2. The RFS is emailed via NHS mail by the practice as an attachment to [General Practice];
3. RFS received / Create RFS record [SABP];
4. RFS review, assessment and allocation [SABP];
5. Assessment and allocation outcome [SABP];
6. Mental Health Pharmacist consultations [SABP];
7. Consultations [SABP and Voluntary Care and Social Enterprise providers];
8. Consultation outcome [SABP]; and
9. The systems used to process and store records related to the MHICS are:
  - a. Registered practice's GP clinical systems
  - b. Practices provide the MHICS Administrators with access to their GP clinical system
  - c. SABP SystemOne
  - d. The MHICS Administrators are provided with SABP user credentials, laptops and software including the EMIS Web Client.
  - e. Community Connections Link Workers are provided with SABP user credentials, laptops and software such as O365. However, Community Connections Link Workers do not have SABP SystemOne or GP clinical system access.
  - f. Access to EMIS via HSCN is provided through mobile phone tethering and VPN access into SABP's network.

### Processing and Sharing Privacy Arrangements

The joint processing and sharing privacy arrangements for MHICS are as follows:

1. All emails are sent using secure, encrypted email services.
2. No personal data is processed on or copied from the GP clinical system by the MHICS Administrator unless instructed to do so by a medical practitioner within the practice.
3. MHICS Administrator access to the GP clinical system is auditable by the practice.
4. All passwords must be complex (e.g. include numbers plus upper- and lower-case letters) and must be changed at least annually.
5. All individuals have been subject to appropriate vetting.
6. All data controller organisations comply with the ISA qualifying standard.
7. All data processor organisations are engaged using agreements that satisfy GDPR article 28(3).
8. Each organisation ensures that the staff nominated to access systems have a duty of confidence and have received appropriate training around the systems and the data protection considerations.
9. Where point 10 above is not achieved through employment contracts to a satisfactory standard, appropriate, formal confidentiality agreements or terms and conditions are in place.
10. Once no longer required, SABP Records Management are responsible for removing the data created by this service in accordance with SABP's retention policies and providing data destruction certificates where appropriate.
11. Practice data retention and destruction policies apply to data created and held within practices.
12. GP clinical system access is granted to SABP staff at the discretion of each practice.
13. SABP staff do not write into the GP clinical system record. Audits be carried out on a periodic basis to ensure no data is written to EMIS by these roles.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods. For MHICS, the individual patients and clients concerned are provided with a MHICS-specific privacy notice.

### The Scope of the Data Controller Organisations Involved in the Processing

The data controller organisations include all organisations that have signed a copy of this schedule.

The data controller organisations include all practice organisations that:

1. Have signed the Regional Health and Social Care Information Sharing Agreement; and

2. Is the patient's registered practice or are providing care on behalf of the patient's registered practice.

The other classes of data controller organisation are those organisations that have signed the Regional Health and Social Care Information Sharing Agreement and that are NHS mental health Trusts

### **The Scope of the Data Processed and Shared**

The scope of the shared and jointly processed data includes:

1. Requests for Service
2. Consultation Forms
3. The service diary/calendar
4. GP patient records.

### **Requests for Service**

Service requests created and shared by practices and viewed and processed by mental health service providers include:

1. Personal Details
2. Contact Details
3. Contact Permissions
4. GP Details
5. Medical Details
  - a. Diagnoses
  - b. Health Conditions
  - c. SMI register
  - d. Current medications
  - e. Reason for the referral
  - f. Risk issues or concerns
6. Other Details
  - a. Secondary care mental health service status
  - b. IAPT for LTC status
  - c. SMI check follow-up status
  - d. Date of SMI check
  - e. Interpreter requirement
  - f. Language
  - g. Disabled access requirement.

### **Consultation Forms**

Consultation notes are created for all consultations and may include:

1. Personal Details
2. GP Details
3. Date of Consultation
4. Name of Clinician
5. Type of Contact
6. Type of consultation
7. Carer status and requirements
8. Risk and/or safeguarding concerns
9. Summary statement of Presented Risk
10. Summary of needs
11. Action plan and advice
12. Outcomes.

### **The Patient Diary Sheet**

Diary entries are created for all consultations and may include:

1. Patient name
2. NHS Number
3. Date and time of consultation
4. Consultation status
5. Name of Clinician

6. Type of consultation.

### GP Patient Record

The data types accessed within GP clinical systems include:

1. Person Details and Demographics
2. Allergies
3. Events
4. Health Promotion
5. Medications
6. Preventative Procedures
7. Problems
8. Procedures
9. Results
10. Social / Family History.

### Roles, Data and Systems

The table below illustrates the data and system types accessed by each MHICS role.

Role	Request for Service	Patient Diary	Medication Review	Consultation Form	Other Access
Practice	EMIS and NHS Mail				
MHICS Administrator (SABP)	SABP mail and SystemOne (SABP)	SystemOne (SABP)	SABP and SystemOne (SABP)	SystemOne (SABP)	EMIS
Clinical Lead (SABP)		SystemOne (SABP)		SystemOne (SABP)	EMIS and SystemOne (SABP)
Medical Practitioner (SABP)	SystemOne (SABP)	SystemOne (SABP)		SystemOne (SABP)	EMIS and SystemOne (SABP)
Psychiatrist (SABP)		SystemOne (SABP)		SystemOne (SABP)	SystemOne (SABP)
Mental Health Pharmacist (SABP)			SABP mail		SystemOne (SABP)
Community Connection Link Worker				SystemOne (SABP)	

### Summary of the Data Protection Impact Assessment

It is the recommendation of the Data Protection Impact Assessment that the proposed solution for the joint processing and sharing arrangements required to deliver the Community Mental Health Transformation Programme (CMHTP) and the Mental Health Integrated Community Service (MHICS) is appropriately secure.

Eight areas of risk have been identified, documented and assessed in the DPIA and following further assessment of the risk mitigation measures the residual risk is considered low in all cases.

The DPIA has been approved by the Surrey and Borders Partnership NHS Foundation Trust Data Protection Officer on behalf of SABP as lead controller and by the Surrey Heath and North East Hampshire and Farnham DPOs on behalf of Frimley ICS practices.

A copy of the full DPIA can be [found here](#) (DPIA2016).

### Summary of Consultations

Surrey and Borders NHS Foundation Trust has been field testing the MHICS model in conjunction with Surrey Heartlands since March 2019. Prior to this a number of stakeholder workshops and clinical engagement events were facilitated, supported by the National Association of Primary Care.

Since receiving the NHSE funding in the autumn of 2019, a range of events and meetings have been held with over 320 individuals across both Frimley and Surrey Heartlands ICS' to socialise the Community Mental Health Transformation model and

seek feedback on the MHICS model. Participants have included people who use services, representatives from service user and carer groups; VCSE organisations; County, District and Borough authorities including representation from adult social care, housing, DWP, Public Health and Learning Disability; Housing Associations; Community Policing; and clinical and non-clinical workforce from PCNs. A separate event was held with youth focused stakeholders in programme design for 18-25-year olds.

Clinical Engagement Workshops have been held in some of the participating Wave 1 and 2 PCNs with 80+ Clinical and non-clinical staff from primary care in order to socialise and mobilise the service. PCN clinical meetings included representatives from place based mental health services (CMHRS; Single Point of Access; Recovery College; as well as Integrated Care Team representatives, Social Care and Housing representatives, IAPT and VCSE partners).

Communications are routinely circulated through the CMHTP Strategic Programme Board and through both ICS Mental Health Transformation Boards where there is representation from a wide range of mental health stakeholders including citizen ambassadors and other patient led organisations.

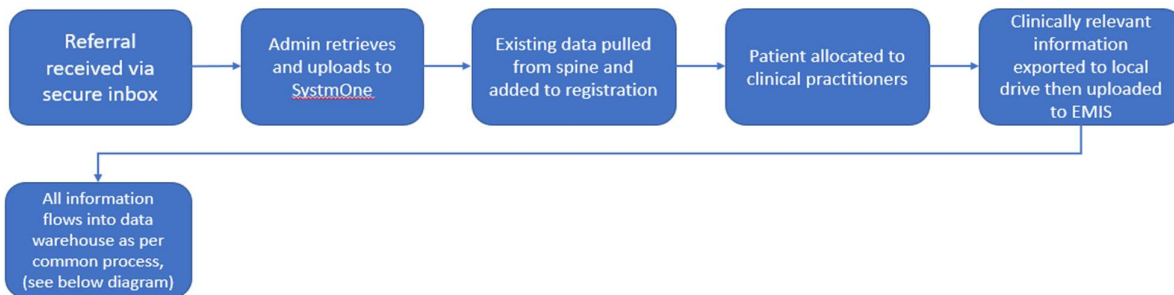
**Consultation and Stakeholder Engagement Table**

Table 1: Stakeholder(s):	Areas for consultation: What did you consult on?	Method of consultation How was it done?	Outcome/Action What were the results of the consultation?
GPs (Surrey Heartlands, Frimley South)	2 x Workshops pertaining to options appraisal re: how development of new system will meet GP's needs.	Via MS Teams meetings	Gained support of the GPs to buy into new idea of system development
IG	DPIA development	Via Teams Meetings	Anticipated completion of the DPIA
MHICS	User needs for new solution Existing processes and use of data	Via Teams Meetings Face to face in GP Practice	Design requirements for new solution

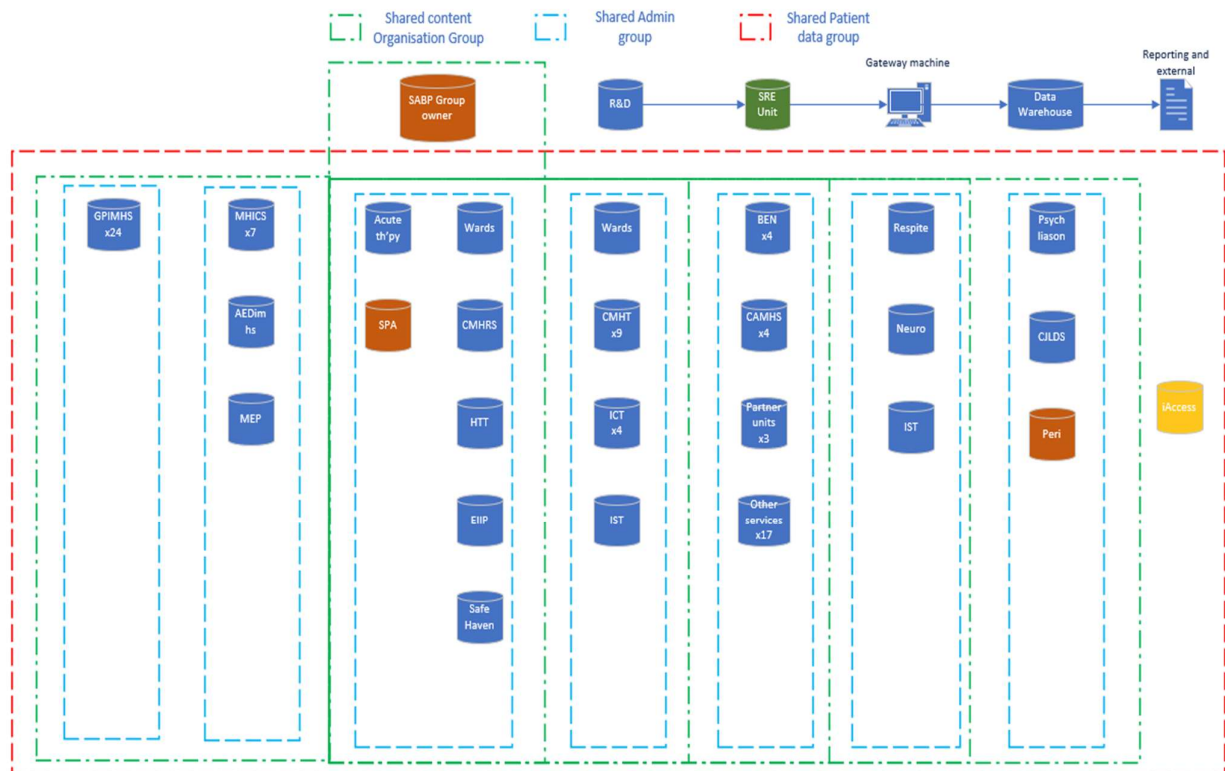
**Information Flows:**

**Information Flows:** how the data is created, stored, used, shared/transferred and disposed.

**DATA FLOW PROCESS**



**SystemOne Architecture Diagram**





## Architecture

There are several organisations involved within this programme, which can be broken down into the following categories:

### General Practices

Once all Practices involved in the processing have been identified, their compliance with the Data Security and Protection Toolkit (DSPT) can be reviewed to ensure that they have made submissions that their staff undertake appropriate training, and they have the appropriate information security, quality and governance policies and procedures in place.

### GP Federations

All GP Federations who process personal data on behalf of GPs must be working under contract as Processor and have suitable information governance policies and procedures in place, including the completion of the DSPT. Any staff employed by the GP Federation must only work under the instruction of the GPs.

### Surrey and Borders Partnership NHS Foundation Trust (SABP)

SABP will meet their requirement of DSPT for 19/20 and have a responsibility in terms of their hosting of the personal data used for the MHICS. The personal data will be processed on Office 365 servers via the Outlook and Teams products. Confirmation is required as to the backup, RBACs and penetration testing undertaken on this platform.

### Voluntary Sector organisations

There are three commissioned voluntary sector organisations working within this programme, all of which are commissioned by SABP. These are:

- Mary Frances Trust – MFT have achieved DSPT Accreditation and exceeded the required Standard. With staff only processing personal data of patients on equipment provided by SABP, the same reviews of staff training, contracts and privacy policies should be reviewed by the Commissioning organisation to consider whether these meet their commissioning requirements.
- Catalyst - have also achieved DSPT Accreditation for and have also Cyber Security Essentials Compliance certification
- Richmond Fellowship - have achieved DSPT Accreditation as well as Cyber Security Essentials Compliance Certification.

### Commissioners

Whilst commissioners will not have access to any personal data, they are responsible for ensuring any organisations they commission meet, and continue to meet, their requirements under General Condition 21 of the NHS Standard Commissioning contract. Where these are not being met, the commissioner should take appropriate assurance steps to contract manage any such organisation.

### Transparency and Data Subject Communication

Each Controller organisation has its own privacy notice which will be reviewed as part of this DPIA.

### Compliance risk (GDPR article 5(2): accountability)

A Data Protection Impact Assessment has been completed by SABP in relation to this processing which was signed off in January 2019. This new DPIA has had input from several key stakeholders, including a data flow mapping workshop with representatives from both the programme and information governance areas of several organisations involved in the processing. Further calls have occurred including those with the project team and IG representatives from key stakeholders. The risks identified with this processing are outlined in the overall assessment at the beginning of this document and will be updated periodically when further information is provided, or documentation is completed. Once this updated DPIA has been completed, it should be presented to the relevant information governance boards with the recommendations of the organisation's Data Protection Officer.

## Summary of the Data Protection Impact Assessment

It is the recommendation of the Data Protection Impact Assessment that the proposed solution for the joint processing and sharing arrangements required to deliver the Community Mental Health Transformation Programme (CMHTP) and the GP Integrated Mental Health Service (MHICS) is appropriately secure.

Eight areas of risk have been identified, documented and assessed in the DPIA and following further assessment of the risk mitigation measures the residual risk is considered low in all cases.

The DPIA has been approved by the Surrey and Borders Partnership NHS Foundation Trust Data Protection Officer on behalf of SABP as lead controller and by the Surrey Heartlands DPOs on behalf of Surrey Heartlands practices.

A copy of the full DPIA can be [found here](#) (DPIA2016).

## Summary of Consultations

Surrey and Borders NHS Foundation Trust has been field testing the MHICS model in conjunction with Surrey Heartlands since March 2019. Prior to this several stakeholder workshops and clinical engagement events were facilitated, supported by the National Association of Primary Care.

Since receiving the NHSE funding in the autumn of 2019, a range of events and meetings have been held with over 320 individuals across both Frimley and Surrey Heartlands ICSs to socialise the Community Mental Health Transformation model and seek feedback on the MHICS and MHICS models. Participants have included people who use services, representatives from service user and carer groups; VCSE organisations; County, District and Borough authorities including representation from adult social care, housing, DWP, Public Health and Learning Disability; Housing Associations; Community Policing; and clinical and non-clinical workforce from PCNs. A separate event was held with youth focused stakeholders in programme design for 18-25-year-olds.

Clinical Engagement Workshops have been held in some of the participating Wave 1 and 2 PCNs with 80+ Clinical and non-clinical staff from primary care to socialise and mobilise the service. PCN clinical meetings included representatives from place based mental health services (CMHRS; Single Point of Access; Recovery College; as well as Integrated Care Team representatives, Social Care and Housing representatives, IAPT and VCSE partners).

Communications are routinely circulated through the CMHTP Strategic Programme Board and through both ICS Mental Health Transformation Boards where there is representation from a wide range of mental health stakeholders including citizen ambassadors and other patient led organisations.

## Agreement Implementation Status

On behalf of the Sharing Organisation I confirm that the information sharing arrangements described in this schedule are agreed and the information described in this schedule is to be made available to the User Organisations and individuals identified in this schedule starting on the Sharing Requirement Start Date and ending on the Sharing Requirement End Date.

Agreed by {{!guardian\_es\_:font(name=calibri,size=10)}}  
as Caldicott Guardian / Designated Officer / Data Protection Officer, for and  
on behalf of {{!org\_es\_:font(name=calibri,size=10)}}  
{{!addr\_es\_:font(name=calibri,size=10)}}.

---

End of Schedule K

## Data Protection Impact Assessment Summary

The project has been designed to place the interests of patients uppermost. Concepts of informed consent and compliance with the Caldicott and Data Protection Principles have been incorporated into the design.

There is sharing of data through multiple stakeholders who utilise appropriately secured communication channels.

The users of this information would normally be expected to have access to this level of personal information as part of their normal working environment.

A data protection impact assessment has been conducted.

The data protection impact assessment for the sharing of clinical information and documentation has identified eight privacy and information security related risk topic areas. Following the implementation of appropriate mitigation measures for each privacy-related risk topic area the residual risk for all of these topic areas is now assessed as low.

The Data Protection Officers are satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

It is the recommendation of the DPOs that the proposed solution is appropriate for the joint processing and sharing arrangements required to deliver the Community Mental Health Transformation Programme (CMHTP) and the Mental Health Integrated Community Service (MHICS).

The DPIA has been approved by the Surrey and Borders Partnership NHS Foundation Trust Data Protection Officer on behalf of SABP as lead controller and by the Surrey Heath and North East Hampshire and Farnham DPOs on behalf of Frimley ICS practices.

A copy of the full DPIA can be found here (DPIA0028).

## End of Schedule L