

Child Protection - Information Sharing

Information Governance Framework

Information Asset Owner: [REDACTED]

Version: 1.0

Published:



Information and technology
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Document management

Revision History

Version	Date	Summary of Changes
0.1	26/08/22	Initial draft
0.2	02/09/22	Revised
0.3	08/09/22	Legal team review
0.4	08/09/22	Revised following review
0.5	09/09/22	Legal team review
1.0	12/09/22	Updated following review

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
██████████	Head of Information Law	12/09/22	1.0
██████████	Senior Associate Solicitor	12/09/22	1.0
██████████	Associate Director, Deputy SIRO & Audit Services	12/09/22	1.0

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Purpose of Information Governance Framework

The purpose of this document is to inform parties using the Child Protection – Information Sharing (CP-IS) system of the sharing arrangement and the legal basis of the parties involved in the commission, operation, and access to the system. It will identify the controllers in the sharing arrangement and their responsibilities for data protection. It sets out the scope and purpose of the system, the changes that have been made to the CP-IS system during the Covid 19 pandemic, and how CP-IS will be developed to meet the national strategies relating to the safeguarding and protection of children in England.

Background

CP-IS system was commissioned as a result the Lamming Report to allow health and social care bodies, responsible for child protection, to share information, as this was seen to be a systemic failure in the Victoria Climbié case.

The Commission

The Department of Health originally commissioned the system to be delivered on the NHS Spine. The delivery for this programme of work transferred to the Health and Social Care Information Centre, in 2013. DHSC later novated their responsibility for commissioning the CP-IS system to NHS England in 2014 and NHS England now agree an annual Provision of Service Agreement (POSA) and work package with NHS Digital for the operation and development of CP-IS.

Consultation

In response to the Lord Laming Report a working group was formed to agree the shape, scope, and methodology for a new system to share child protection information. Between 2010 and 2014 the group consulted extensively with representatives from a wide range of Health Care Providers, Royal Colleges, Local Authorities and Government Departments. It had previously been acknowledged that safeguarding extended beyond management of identified cases of abuse / neglect (child protection) to early identification for support and prevention.

The consultation asked stakeholders for their views on the types of plans that should be covered, the data items that should be shared, the types of healthcare sites that should be enabled and conducted options analysis for benefits, technical options, and governance frameworks.

The outcome was the scope as defined in the CP-IS business case (v2 2014). Between 2014 – 2021 the service has been rolled out to over 1,200 NHS care locations within 7 settings and to all the 152 Local Authorities with Children's services.

The CP-IS Programme is committed to on-going stakeholder engagement to ensure the current service meets user needs. A Local Authority User Group is in operation and one of its functions is to facilitate stakeholder engagement. Representatives cover Information

Governance, Business Intelligence and Children's Services practitioners. We have undertaken additional stakeholder engagement with Children and Young People's representatives; the Office of the Children's Commissioner and Children in Care Councils, Coram Voice, and Childline. They were supportive of the system and warned against offering an opt-out, as many adolescents prefer privacy over their own wellbeing. They did have concerns about it being used in all health settings as the information shouldn't be visible to people where it isn't relevant.

Post Covid-19 Consultation

In June and July 2021 extensive engagement was undertaken with key representatives in Local Authorities including Information Governance leads, Principal Social Workers, Caldicott Guardians and Business Intelligence leads. These sessions sought to secure support and agreement for the core service currently being delivered by CP-IS. There was unanimous support for the current service and a keen interest in supporting the development of CP-IS.

Discussion about which settings should be included as part of phase 2, whether prototypes should be extended, and the continuation of the 0-19 data flow was not included as the consensus was that the added complexity would jeopardise agreement on the core service. It was instead suggested that a change control process be set-up to speed-up the process next time. Following these sessions, engagement was undertaken with the National Strategic Information Governance Network (SIGN) Chairs' Group, Greater Manchester Local Authority Information Governance (GMLAIG), Information Governance for London (IGfL) and the National Performance and Information Management (NPIMG) Groups.

The outcome of these discussions has been that change control should be via acceptance of updated DPIA/DSA documentation via the Information Sharing Gateway. These documents should be produced following consultation with LA's, Proposed Settings, DfE, NHSEI and DHSC.

Although not part of the formal consultation, views were obtained on the Covid-19 response extensions. It was agreed that the 7 unscheduled health care settings listed below were "core" CP-IS and that although there are more unscheduled care services as part of the Health service, these should be considered for inclusion in the system separately to the agreed scope of "unscheduled care".

It was accepted that although child protection status should be included in any health referral, some referrals will have this information missing, and that CP-IS is a good back-up. However, it was agreed that any extension into scheduled care should happen after a non-alerting model can be implemented, as Social Workers would be overwhelmed by the number of alerts generated.

Future consultation should consider regarding the use of CP-IS by Great Ormond Street hospital (as this is a scheduled care setting) and whether this needs to move to a non-alerting model.

It was agreed that no extension/decommissioning of the prototypes should take place until further consultation has been completed on them.

It was agreed that the 0-19 dataflow, via CHIS, was necessary during the pandemic, but questioned whether CP-IS was the best vehicle for LAs to communicate with them, as

parallel data flows exist and there are known issues getting all children onto the CP-IS system.

Scope and Purpose

The purpose of processing the data in the Child Protection - Information Sharing (CP-IS) system via the NHS Spine is to allow health and social care professionals to share key information regarding protected children, as they have a statutory responsibility and professional duty of care to safeguard the welfare of children.

This data, shared by local authorities, is needed to allow health organisations to assess the risks to the child and determine the right care and support pertaining to their health and welfare, and any appropriate actions that may be necessary. The health data shared back to local authorities will allow opportunity for the social worker to be informed of the attendance in a health setting and to assess whether an intervention may be necessary to safeguard and protect the child.

Sharing this data will provide care professionals with information from the CP-IS system about children subject to a Child Protection Plan (CPP), pregnant people with an Unborn Child Protection Plan (UCPP) and children who are designated a Child Looked After (CLA). Child protection plans are made under (section 47) of the Children's Act 1989. These are the data subjects for CP-IS.

Healthcare practitioners are in an opportune position to identify welfare needs or safeguarding concerns regarding individual children when they present to services and can provide support where appropriate. This includes:

- understanding risk factors,
- communicating and sharing information effectively with children and families,
- liaising with other organisations and agencies,
- assessing needs and capacity,
- responding to those needs and contributing to multi-agency assessments and reviews.

Those working in care settings and health professionals have safeguarding children defined as part of their professional responsibilities. Section 11 Children's Act 2004 sets out the services to be provided to and for young people by LAs and others. It sets out under section 11 that NHS Commissioned services, including NHS Trusts hospitals establishments and facilities, have arrangements to ensure that their functions are discharged having a regard to the need to safeguard and promote welfare of children. Health practitioners have a critical role to play in safeguarding and promoting the welfare of children including:

- GPs,
- paediatricians,
- nurses,
- health visitors,
- midwives,
- school nurses,
- allied health practitioners,
- those working in maternity,
- Great Ormond Street Hospital (unscheduled admissions & emergency transfers),

- unscheduled and emergency care settings.

The scope of Phase 1 (2014 – 2020) covered:

Unscheduled care in NHS England:

- Local Authority Children's Services
- Emergency Departments
- Walk-in Centres
- Minor Injury Units
- Ambulance services
- GP Out of Hours & 111
- Direct access to Paediatric wards

Covid-19 Response (2020 – 2022)

The access to the CP-IS system and information was extended to more health services during Covid, this allowed health staff to be able to view child protection information that was needed for monitoring vulnerable children that were now more hidden due to the lockdowns and school closures. These were areas that had already highlighted a need for CP-IS access due to existing information sharing gaps, but the urgency was increased due to the pandemic.

- Great Ormond Street Hospital (unscheduled admissions & emergency transfers),
- 0-19 Services (Health Visitors and School Nurses) via Child Health Informatics Services (CHIS)
- 11 Prototypes across 8 sites – Mental Health, Paediatrics, Dentistry and Sexual Health as per the table below. The closure/expansion of these will be agreed during the Phase 2 review. For more information, please refer to Appendix E

Additional information highlighting the benefits of CP-IS can be found in Appendix A - Case Studies.

The purpose of CP-IS is to ensure that those that are responsible for safeguarding the welfare of children have access to child protection information when they need it. However, the processing of child protection information must be proportionate, and the privacy rights of the individuals must also be protected. Therefore, to extend the scope of access to CP-IS further, to cover the sites that were included during Covid and any other services that may be included in the CP-IS system, further consultation with the LAs and other stakeholders will be carried out to establish necessity, proportionality and legal basis. This consultation will seek to establish a consensus across the LAs and health organisations.

The next steps in terms of baselining the scope and purpose of CP-IS, and moving into a change control process will be;

1. Document the agreed CP-IS Information Governance Framework (this document) and issue to Health and Local Authority sites.

2. Update the Letter of Release (LoR) which was provided to Child Health Information Services (CHIS) informing them of the new basis for the 0-19 services flow,
 3. Baseline the current scope by issuing Data Sharing Agreements to each LA via the Information Sharing Gateway (ISG)
 4. Update the Direction being used by NHS Digital to include these new CP-IS arrangements
- 4a. Initiate further rollout using the following agreed 3-step change control process.
1. Consultation of the extended data sharing that will cover
 - lawful basis to share between the parties
 - Identify necessity, explicit purposes, justification of the wider sharing, how this will protect children balanced against the risk of sharing further which can become a safeguarding risk leading to children being targeted
 - Appropriateness of technical and organisational controls in place
 - Proportionality in respect of the data subjects right to private life under the HRA 98 –this intrusion must be proportionate to its aims
 2. An updated DPIA will be completed and shared with Local Authorities setting out the findings of the consultation
 3. Agreement by the parties to a Data Sharing Agreement held on the Information Sharing Gateway (ISG)

Description of Processing

The CP-IS system allows Local Authorities to safely upload data onto the NHS Spine. NHS Digital then validates this data against a schema to ensure data quality, and against the Patient Demographics Service (PDS) to match the child to the health record. NHS Digital then integrates with Health suppliers and maintains access controls.

NHS Digital manages the system delivery of CP-IS by maintenance of a set of business rules creating a data quality “front door”. If a data item does not meet NHS data standards, then the Local Authority record is rejected, and it is not uploaded. If the test passes, then the data is uploaded into the clinical store on the NHS Spine. The data is never altered or amended unless the LA sends an update.

The CP-IS Operations Team will contact the top ten Local Authorities with the highest number of errors to investigate and provide support to enable a new file to be uploaded. Local Authorities need to have processes in place to check and resolve their data quality issues.

- **Plan Data** – provided by LAs, created from the social care case management systems, and uploaded onto NHS Spine
- **Event Data (Health alert)** – created from the RBAC profile of the person accessing the record, the organisation details and sent back to LAs
- **Event Data (Audit logging)** – created from audit data held on the Spine and displayed in the CP-IS alert

Record Data

This is the child protection data entered by the Local Authority for any child that is in scope for CP-IS. This is the data regarding the protection plan/looked after status for the child (as detailed in section 8 below). This includes the NHS Number (unique identifier), plan type, start date, end date and local authority contact details. This data originates from the social worker who inputs the data directly into their Local Authority ICT product. The Local Authority ICT product automatically uploads this onto the NHS Spine CP-IS system on behalf of the Local Authority. The frequency of uploads varies according to local processes. This is available, when a child presents for care, to NHS healthcare professionals.

Event Data

This is the summary data of any presentation of a child to unscheduled care. It includes the NHS Number (unique identifier), event timestamp, organisation code and contact details for the person that accessed the CP-IS record on NHS Spine. This event data is used to create a health alert for the originating LA and the NHS ICT product (or SCRa) then automatically displays the last 25 audit records each time the screen is generated (Audit logging).

The Local Authorities and healthcare organisations are independent controllers for their processing of CP-IS data (both record data and health data) for their processing of such data for their statutory functions.

There are three main options available to Health sites currently to view and share data.

1. Access to the clinical record via the Summary Care Record application (SCRa)
2. Access via an integrated system supplier-Integrated with the health care PAS system
3. Manual data flow

Audit data and Power BI Dashboard

NHS Digital operates as a platform to allow LA's and Health to share data. One of the purposes of the CP-IS system is also to provide reporting and monitoring data about the Child Protection Information Sharing (CP-IS) system nationally. This is required both to provide the CP-IS Board with data to manage delivery/benefits and to provide Healthcare and Local Authorities with a single national and regional view of safeguarding data and visibility of what data is held on the NHS Spine.

A Power BI dashboard will present the information in aggregate data in the form alongside full access control and small number suppression.

1.Summary Care Record Application

SCRa can be achieved in two ways.

Summary Care Record Application (SCRa):

The Summary Care Record Application (SCRa) is NHS Digital's web portal viewer for NHS Spine data which enables authorised health care professionals to access if their local IT

systems do not offer CP-IS functionality. This is not to be confused with the NHSx Connecting Your Care Shared Care Record, or any other local data sharing system.

This web portal complies with the same requirements as the integrated systems. Data is pulled automatically from the national CP-IS spine service as above, as part of the existing SCRa functionality on an individual child basis. If a member of staff has CP-IS permissions enabled on their smartcard, then a CP-IS tab will display alongside the PDS results. When a search is completed and a plan exists, the SCRa displays a red dot on the tab for CP-IS. If no CP-IS record exists, then there is no red dot. On clicking on the tab, if there is a positive result, the CP-IS record and event details are provided and an alert (ASN), is automatically sent back to the social care worker. The event is recorded on CP-IS as part of the unscheduled healthcare encounter history for the child. The last 25 unscheduled encounters are visible to NHS and social care staff through SCRa and their direct connect systems. If there is a negative result, then the text on the CP-IS tab will state this.

SCRa provides both Record and Event Data. The current SCRa systems support unscheduled care interactions, with scheduled care interactions to be provided in a subsequent iteration.

1-Click Service

Expanding on the SCRa functionality, it is possible to 'click through' to the SCRa from within a local NHS system. Further details can be found [1-Click Service support for system suppliers - NHS Digital](#).

2.Integrated with the health care PAS system:

Integration can be achieved in one of two ways:

SMS (Spine Mini Service)

NHS systems using a 3rd party Spine mini service provider to query the CP-IS service, on the NHS systems behalf. Spine Mini Services are a specification to enable suppliers of third-party software to provide solutions that provide a greatly simplified interface for accessing a subset of Spine services. It uses the NHS Digital self-certified approach to address clinical safety, operational readiness and information governance issues.

Direct

Direct access to CP-IS: From endpoint systems that already have access to Spine services, are smartcard enabled and are capable of generating compliant ITK messages.

A care providers' IT system can have CP-IS functionality built-into it. The system supplier will engage NHS Digital via the onboarding pipeline team. There is a list of functional and non-functional requirements which describe how the CP-IS functionality must operate and allows the supplier to develop against the external facing CP-IS API (Application Programming Interface). Once a supplier has developed the functionality it is assured via the NHSD accreditation processes to ensure clinical and technical compliance.

Once a system is accredited, it will automatically query the national CP-IS spine service whenever an authorised care professional conducts a PDS search. Local business processes state for this to only happen when a child is presenting in front of them. The NHS Spine will then return a near real time view of the Record Data and Event Data. At the same time the NHS Spine will also capture audit data about the look-up (query) and use that to update the Event Data. An Access to Service Notification (ASN) is created by the NHS Spine and automatically sent to the LA that uploaded the plan.

The healthcare IT system contains a “suppression engine” to ensure that only one alert is sent to the LA and one new Event created per episode/24-hour period, per setting. The current integrated systems support unscheduled care interactions, with scheduled care interactions to be provided in a subsequent iteration.

3.Manual Covid dataflow

Data is extracted automatically from the national NHS Spine CP-IS service as a.csv file extract on a fortnightly basis. The CP-IS team then split this file for distribution. These extracts are provided as separate files, covering each Local Authority that supplies data to the NHS Spine CP-IS service. Data is then shared via the NHS Digital SEFT portal. This manual data flow was created during Covid to facilitate sharing to those organisations that needed child protection data but did not access NHS Spine CP-IS services. This extract was shared with to NHS England section 7a commissioned CHIS Hubs, for processing and onwards distribution to 0-19 Health Visiting and School Nursing services via local secure transfer mechanisms. The csv file extracts are not stored. The collection covers around 205,000 records of children in England. The collection contains special category data. This extract will continue for safeguarding purposes until access to the NHS Spine CP-IS system can be put in place.

Organisational and technical controls

Access Restrictions

Only trusted systems can connect to CP-IS on the NHS Spine. There is endpoint security in the form of SSL Client Certificates, which are managed by SPINE.

The User Interface has security based specific Application security implementation. CP-IS is only visible to staff that have the appropriate Role Based Access Control (RBAC) codes added to their profile by the local organisations RA Manager.

- B0264 – Access SCRa (Perform patient trace)
- B0107 – View Child Protection Plan

As access is role based, the tab will be visible when a member of staff is working in another setting e.g., Nurse working A&E shifts over multiple hospitals, but not in other roles e.g., GP authorised to view in “out of hours” but not in “normal practice”. Where a role covers an out of scope setting e.g., Nurse working the same role but in A&E and CAHMS, they will have guidance and standard operating procedures not to activate the CP-IS tab in SCRa as that

automatically creates an alert event to the social care worker as if a child had presented at unscheduled healthcare.

It is the responsibility of local health sites to train staff, apply appropriate access levels and ensure compliance with CP-IS protocols. There is an auditing function within SCRa to allow sites to monitor how CP-IS is used.

Legal basis for the processing

Legal basis for NHS Digital

In September 2012 the Department of Health and Social Care (DHSC) commissioned the Child Protection Information Sharing system (CP-IS) to be delivered via the NHS Spine. This Commission was to the Directorate of Informatics to establish and operate a system for Local Authorities and healthcare organisations to share child protection information. This Commission transferred to NHS Digital in 2013 and responsibility for the commission was novated from DHSC to NHS England in 2014.

NHS Digital is commissioned annually by NHS England on behalf of DHSC to operate the CP-IS system. NHS Digital relies on its power under s270 (1)(d) of the Health and Social Care Act 2012 (HSCA) to setup and run the CPIS system. Section 270 gives additional functions to NHS Digital enabling it to supply a service to any person and provide new services. In addition to its additional functions under s270, NHS Digital also has powers under para 10 (1) of Schedule 18 of the HSCA to do anything which appears to be necessary or expedient for the purposes of or in connection with the exercise of its functions. These are the statutory powers that NHS Digital relies upon in order to setup and run the CPIS system in response to the commission from NHS England.

The information, including child protection data and health audit data, which the Local Authorities and the healthcare organisations choose to share with each other via the CP-IS system is held within Spine. This is because NHS Digital utilises Spine in order to operate the service. NHS Digital operates Spine as a Joint Controller with the Secretary of State – under a Direction issued to NHS Digital by the Secretary of State. NHS Digital is, therefore, a Joint Controller with the Secretary of State for the personal data, contained within the clinical records held on Spine, which the Local Authorities and healthcare organisations share with each other. Personal Data is shared by LAs and healthcare organisations through their utilisation of CP-IS as controllers to meet their respective statutory functions. NHS Digital determines how the CP-IS system operates and the arrangements for processing the personal data by CP-IS subject to the limited use of the data for the operating, management, and governance of CP-IS. NHS Digital's controllership includes the determination of the technical and organisational measures for security of the personal data on Spine. On this basis, NHS Digital are joint controller with the Local Authority or healthcare organisation who makes data available through CP-IS for the processing of personal data on CP-IS. However, NHS Digital's processing of the CP-IS data as a Joint Controller is **limited**. It is limited to processing of the data that is necessary for operating the CP-IS system only. It is limited to just determining the means of processing for the operation, management, and governance (including producing aggregated reports shared with NHS England who commission the system) of the CP-IS system and to allow the Local Authorities and healthcare organisations to meet their statutory obligations.

NHS Digital is responsible for the operation, development, and audit functions of CP-IS. Local Authorities upload the child protection data onto the NHS Spine CP-IS system, which is operated by NHS Digital, to make this available to health bodies. This sharing between LAs and health bodies via the Spine is for safeguarding purposes. LAs add the child protection data to the clinical record on Spine as Joint Controller for the child protection data.

NHS Digital collects the audit data of the healthcare workers who have accessed the child protection data held in the clinical record on the NHS Spine CP-IS system. This health audit information is shared with local authorities to alert them that a child has attended an unscheduled care setting. The child protection information and the health audit information are available on the clinical record and the record holds the last 25 accesses.

NHS Digital's legal basis for this processing under UK GDPR is Article 6(1)(e) - Public Task - I.e., the processing is necessary for performance of a task in the public interest or for official functions, and the task or function has a clear basis in law.

NHS Digital's condition for processing special category personal data for these purposes is Article 9(2)(g) - Substantial Public Interest plus DPA 2018, Schedule 1, Part 2, para 6 statutory and governmental purposes, plus DPA 2018, Sched 1, Part 1, para 2, health or social care purpose.

As NHS Digital only processes confidential data about the data subjects to facilitate the sharing of data between the Local Authorities and the healthcare organisations and as NHS Digital does not *share* such confidential data itself, NHS Digital's processing does not engage the common law duty of confidentiality.

Covid-19 Response (2020 – 2022)

Access to the CP-IS system was extended during the Covid 19 pandemic at the request of NHSE due to reports of increased risk to the safeguarding and protection of children.

This involved extending access to the CP-IS system to additional healthcare organisations, however, NHS Digital's role in this context remained unchanged i.e., NHS Digital simply facilitated the data sharing between Local Authorities and the additional healthcare organisations. This allowed Great Ormond Street Hospital (unscheduled admissions & emergency transfers) and 11 Prototypes across 8 sites allowing Mental Health, Paediatrics, Dentistry and Sexual Health to be able to access the CP-IS system. NHS Digital's legal basis for operating CP-IS is, therefore, as described more broadly for the CP-IS system described above.

In addition, a collection of CP-IS information is performed and disseminated by NHS Digital to 0-19 Services (Health Visitors and School Nurses). This was in direct response to concerns that children were not attending school during the Covid-19 pandemic and were, therefore, not in contact with school nurses and health visitors. The relevant CP-IS data was, therefore, collected by NHS Digital and disseminated to child health organisations providing NHS 0-19 services.

Data was (and continues to be) extracted automatically from the national CP-IS spine service as .csv file extracts on a fortnightly basis. These extracts are provided as separate

files, covering each Local Authority that supplies data to the CP-IS system. Data is then shared via the NHS Digital SEFT portal to NHS England section 7a commissioned CHIS Hubs as processors of the 0-19 service providers for processing and onwards distribution to them for health visiting and school nursing services via local secure transfer mechanisms. The csv file extracts are not stored.

NHS Digital performs this collection for Covid-19 purposes (understanding information about patient access to NHS services as a direct or indirect result of COVID-19 and the availability and capacity of those services / monitoring and managing the response to COVID-19 by NHS bodies) as Joint Controller with NHS England pursuant to the Covid-19 Public Health NHS England Directions 2020, which includes a system delivery direction under Regulation 32 of the National Institute for Health and Care Excellence. A copy of the Covid-19 Public Health NHS England Directions 2020 is published here. [The Covid-19 Public Health NHS England Directions 2020 continue to apply because](#) public health teams are still dealing with the impact of Covid such (as missed children's vaccinations). As such, the above-mentioned purpose (as set out within the Directions) continues to apply.

The dissemination of the data to the 0-19 service providers was performed pursuant to the NHS Digital and NHS England COPI Notices – issued by the Secretary of State to both organisations pursuant to the Health Service (Control of Patient Information) Regulations 2002 (COPI).

This dissemination continues to date, however, following the expiry of the COPI Notice, the dissemination is now performed pursuant to s261(5)(d) of the HSCA 2012 – which allows NHS Digital to disclose information where disclosure is made to any person in circumstances where it is necessary or expedient for the person to have the information for the purpose of exercising functions of that person conferred under or by virtue of any provision of this or any other Act. Additionally, this is data which the receiving organisations could lawfully have received directly from the organisations who had input the data on to the CP-IS system from which NHS Digital collected it.

NHS England will be consulted on these arrangements, then the relevant Letter of Release to the 0-19 service providers (which originally set out the terms under which the data was being released), will be updated urgently as required to reflect the fact that this data is no longer being shared for a Covid-19 purpose but, instead, continues to be shared pursuant to s.261(5)(d). On this basis, the recipients of this data can continue to receive it for the purposes of meeting their own statutory obligations relating to safeguarding.

The UK GDPR Article 6 Lawful basis for collection of the personal data for Covid-19 purposes is Article 6(1)(c) processing is necessary for compliance with a **legal obligation** to which the controller is subject by virtue of the Covid 19 Direction and Article 6(1)(e) **Public task** the processing is necessary for the performance of a task in the public interest, and the task or function has a clear basis in law. The **Article 9 conditions for processing special category data are** Article 9(2)(g) processing is necessary for reasons of substantial public interest, plus DPA 2018, Schedule 1, Part 2, para 6 statutory and governmental purposes and Schedule 1 Part 2 para 18 Safeguarding of children and of individuals at risk and Article 9(2)(h) – provision of health or social care or treatment, plus Part 1 Sched 1 DPA18, para 2 health or social care purpose.

The collection of the data continues to be performed pursuant to the Covid-19 Public Health Directions 2020 (which remain in force) because public health teams are still dealing with the

impact of Covid-19 such as missed children's vaccinations. The data is still, therefore, required for the purposes of understanding information about patient access to health services as a direct or indirect result of COVID-19 and the availability and capacity of those services as well as for monitoring and managing the response to COVID-19 by NHS bodies. The UK GDPR legal basis for the sharing of the data is Article 6(1)(e) Public Task and the conditions for processing special category personal data are Articles 9(2)(g) (Substantial Public Interest) and Article 9(2)(h) (the provision of health or social care or treatment). The confidential patient information can be shared because it is for a direct care purpose (for NHS commissioned services).

Going Forward

The Covid-19 Public Health Directions 2020 will not be relied upon going forward. NHS Digital will, instead, seek to operate the CP-IS system pursuant to a Regulation 32 NICE Regs (2013/259) system delivery direction. NHS Digital will be a Joint Controller of the data with the Secretary of State under such a direction, however, the scope of the controllership will be limited to running the CP-IS system only. NHS Digital's role will be limited to making the data available to the Local Authorities and healthcare organisations involved, with some aggregate data also being provided to NHS England.

Longer term, it is anticipated that all organisations that currently receive CP-IS data will ultimately move onto the CP-IS system and, therefore, the Covid specific collection will cease. Arrangements for this will be covered within a Requirements Specification (with appropriate consultation taking place) and performed under either the existing Data Interoperability Platform Direction or the Spine Services Directions (or both).

A Requirements Specification is currently being developed by NHS Digital and NHS England that will set out the role and responsibility of CP-IS. This will be considered by DHSC for acceptance under existing Direction(s). This will be published on the NHS Digital website. Once covered by the Direction(s), NHS Digital's legal basis for the operation of the CP-IS system and the processing of data, including the collection of personal data as set out above, shall be provided by the Direction rather than s270 HSCA powers.

Once covered under Direction(s), NHS Digital's legal basis for processing of personal data will be Article 6(c) (legal obligation), and the conditions for processing special category personal data will be Article 9(2)(g) - Substantial Public Interest plus DPA 2018, Schedule 1, Part 2, para 6 statutory and governmental purposes, plus DPA 2018, Sched 1, Part 1, para 2, health or social care purpose. For reference, links to the existing Data Interoperability Platform and Spine Services Directions can be found here:

[Establishment of systems: digital interoperability platform 2019 - NHS Digital](#)

[Spine services \(no 2\) 2014 Direction - NHS Digital](#)

Legal basis for Local Authorities

The Children Act 1989 places a statutory duty on Local Authorities to promote and safeguard the welfare of children in need in their area. Section 17(1) states that it shall be the **general duty of every local authority**: (a) to safeguard and promote the welfare of children within their area who are in need; and (b) 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 places a duty on health bodies to provide support where called upon. Where it appears to a Local Authority that any authority or body mentioned in section 27(3) could, by taking any specified action, help in the exercise of any of their functions under Part 3 of the Act, **they may request the help of that other authority or body**, specifying the action in question. An authority or body whose help is so requested must comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions. The authorities are: (a) any Local Authority; (b) any local housing authority; (c) NHS England; (d) any clinical commissioning group, Special Health Authority National Health Service Trust or NHS Foundation Trust; and (e) any person authorised by the Secretary of State for the purpose of section 27.

Local Authorities within England (152) are individual independent controllers for the personal data relating to the children known to social care and each individual Local Authority is responsible for their own data and determining whether the information is made available on CP-IS to health organisations. Local Authorities choose whether to share this data and have access to the Spine to add data and change it as necessary. When a Local Authority adds personal data to Spine for CP-IS purposes, they are a Joint Controller of that data, for the CP-IS purposes, with NHS Digital.

The Children Act 2004 gives Local Authorities and NHS commissioned services legal responsibility for arrangements to safeguard and promote the welfare of children in the discharge of their functions, these services include but are not limited to the Commissioning Board (NHS England) and NHS Trusts. This gives Local Authorities a basis to share Child Protection information with healthcare settings and for those healthcare settings to process such data as independent controllers.

The sharing of child protection information and health data is, therefore, for the purposes of enabling these organisations to meet their statutory duties under the Children Acts. **The UK GDPR Article 6 Lawful basis for processing personal data** is therefore Article 6(1)(c) Processing is necessary for compliance with a **legal obligation** to which the controller is subject – Safeguarding of children and individuals at risk and Article 6(1)(e) **Public task**: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law. The **UK GDPR Article 9 conditions for processing special category data for** safeguarding children and individuals at risk are Article 9(2)(g) processing is necessary for reasons of substantial public interest, plus DPA 2018, Schedule 1, Part 2, para 6 statutory and governmental purposes plus Schedule 1 Part 2 para 18 Safeguarding of children and of individuals at risk and 9(2)(h) – provision of health or social care or treatment, plus Part 1 Sched 1 DPA18, para 2 health or social care purpose

Legal basis for Healthcare Organisations

Healthcare organisations have a legal responsibility under the Children Act 1989 and the Children Act 2004 for the safeguarding and promotion of children's welfare in the exercise of their functions. The information shared in CP-IS by the Local Authorities is necessary for the healthcare organisations to fulfil this duty and support the Local Authorities in fulfilling theirs.

CP-IS enables certain relevant information, including the name of the healthcare organisation that has accessed a child's record, to be shared with the Local Authorities for the purposes of informing the relevant Local Authority of the health services that the child has accessed. When such data is made available on CP-IS, the healthcare organisation are a Joint Controller of that data for CP-IS purposes with NHS Digital. This enables the Local Authority to meet their legal duties and consider whether the child may be at risk as a result of their interaction with the healthcare system. It allows a healthcare organisation to inform the Local Authority of an at-risk child's attendance at an unscheduled setting and gives social care the information needed to consider whether an intervention is necessary to protect the child. This sharing of information is necessary for the healthcare organisations and the Local Authorities to meet their legal duties. The legal basis for the healthcare organisations to process personal data for these purposes under **UK GDPR Article 6** is, therefore, Article 6(1)(c) - Processing is necessary for compliance with a **legal obligation** to which the controller is subject – Safeguarding of children and individuals at risk under the Children Act 1989 and 2004 and Article 6(1)(e) **Public task**: the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.

The UK GDPR Article 9 conditions for processing special category data are Article 9 (2)(g) - Substantial Public Interest, plus Schedule 1 Part 2 Para 18 of the DPA18 - Safeguarding of children and of individuals at risk and Article 9(2)(h) – provision of health or social care or treatment, plus Part 1 Sched 1 DPA18, Para 2 health or social care purpose.

Duty of Confidentiality

In respect of confidential information, the sharing of such information, by the Local Authorities and the healthcare organisations for these purposes, is compliant with the common law duty of confidentiality by virtue of the legal obligations (as set out above) to which the aforementioned organisations are subject.

Appendix A

Case Studies

Case study - North East Ambulance Service

In April 2020, the Emergency Operations Centre at North East Ambulance Service received a 999 call from a parent [REDACTED]. The health advisor attempted to call back, and on the 3rd attempt made contact with the parent, who stated that Child A [REDACTED] and that everything was fine.

[REDACTED]
[REDACTED]
[REDACTED]
The health advisor requested some details to log the call and close the episode of care. After doing so the health advisor sought advice from their team leader, due to the changing story provided by the parent.

Upon further investigation, they established that a CP-IS flag was present on Child A's record, stating that they were on a child protection plan. Given this new information, an ambulance was dispatched to check the welfare of Child A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Child A was subsequently transported to hospital by the ambulance crew and police and placed into the care of the local authority. [REDACTED]
Following the event, both the health advisor and team leader expressed that they had felt a sense of unease around the explanations provided during what was a very brief 90 second phone contact. The presence of the CP-IS flag aided their clinical decision to send an ambulance crew to check on the wellbeing of the child.

Case study: protecting children when out of area

The inner London borough of Hackney is one of the most densely populated in the capital, and the second most deprived local authority area in England. Hackney Council went live with CP-IS in December 2016. At the time, 640 children in the area were either looked after or subject to a child protection plan (including unborn children). Joanne Ridgley, the Social Care Practice Lead at Hackney Council during the implementation of CPIS, describes how CP-IS automatic notifications are helping to protect children when they present for care in other parts of the country.

"Child C was a looked after child who went to visit family in the south of England. Whilst there, Child C presented at an unscheduled care setting [REDACTED]
[REDACTED]

"On checking the demographic details, a staff member saw that there was a CP-IS childcare alert on Child C's record. The childcare alert showed that the young person was a looked after child. Knowing this additional information, more probing questions were asked about [REDACTED] At this point Child C disclosed [REDACTED]
[REDACTED] This disclosure resulted in the

staff member having a conversation with a social worker and making a safeguarding referral to the local authority."

"As Child C had presented at an unscheduled care setting that had implemented CP-IS, an automatic notification was sent to the child's originating local authority (Hackney). The child's social worker contacted the unscheduled care setting to find out about the incident and the action that had been taken.

[REDACTED]

Without CP-IS being in place, this young person may have been seen, treated and discharged without a safeguarding referral being made. The information sharing between the two local authorities may not have happened and appropriate follow up may not have occurred. When contacted by their social worker the family failed to mention the incident.

"The fact that the CP-IS automatic notification came from another part of England, combined with the fact that this made the staff member there probe more, meant that the social worker had a more holistic view of Child's C's case."

Case study: protecting unborn children subject to child protection plans

East and North Hertfordshire NHS Trust provides acute healthcare services to a population of approximately half a million people living in and around Stevenage, Hertford and Welwyn Garden City. The trust went live with CP-IS in April 2015.

We met with Christina Kelly, the trust's Named Nurse for Safeguarding, to hear about how CP-IS had helped them work with the local social care team to care for a vulnerable girl and her unborn child.

"What we've found really helpful is that CP-IS will alert us if a child we're treating has a child protection plan in place, including unborn children that are subject to a plan."

The system will also tell us if a child is looked after by the local authority, along with when and how often that child has attended for emergency treatment regardless of where they are in the country. This can help us identify any patterns of abuse or neglect as well as form a better understanding of their personal circumstances.

"We had a recent case where [REDACTED]. She was brought in by ambulance and taken to our emergency department. At the point of entering her details into our IT system, CP-IS alerted us that she was a looked after child. There was also a second CP-IS flag that told us she was pregnant, and the unborn child was subject to a child protection plan.

"The girl had not told the ambulance crew she was pregnant and did not have an obvious baby bump. Without CP-IS making the information available to us, we wouldn't have known about her condition.

"As soon as we discovered she was pregnant we were able to make a better-informed clinical assessment and ensure that both the girl and her unborn child received the safest, most appropriate multi-agency care.

"As well as providing important child protection information, CP-IS also provides a contact number for the social care team responsible so it is clear who to contact. In this case, the triage nurse called the social care team right away. Information was shared and a decision was taken to admit the girl so the allocated social worker could visit and review the situation before she was discharged.

"In this case, CP-IS played a significant part in supporting multi-agency efforts to achieve the best outcome for the young person and her unborn child."

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