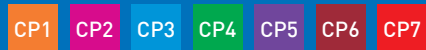


Data sharing between the Police and health services for care purposes

Case Study

The Leicestershire triage car: reducing the number of people detained under section 136



Caldicott Principles covered

The example within this case study is governed by the Data Protection Act (1998) but will be updated from May 2018 to reference any changes made to comply with the introduction of the General Data Protection Regulation (GDPR).

Overview

Local statistics for Leicestershire showed a high number of people in mental health crisis being detained by the Police under Section 136 of the Mental Health Act because of insufficient access to the support they needed.

Leicestershire Police felt their officers' time was being taken up at the accident and emergency department, getting mental health assessments and that the lack of understanding between the services and ways that they shared information was having a negative impact on the people they were trying to support.



View at www.informationsharing.org.uk/healthandpolice

The solution was a combined initiative, between Leicestershire Police and Leicestershire Partnership NHS trust mental health crisis services. The approach enabled mental health practitioners access to individuals at their first point of contact with the Police, to assess if their situation was due to poor mental health and determine the most appropriate treatment. Since being developed, this process has become business as usual for the police and health commissioners from the local clinical commissioning groups (CCGs).

The Leicestershire approach

At the Euston Street custody suite, in Leicester, a police officer and mental health nurse are co-located and operate alongside the liaison and diversion service. This gives opportunities for police officers responding to a callout to receive information and advice through the mental health triage nurse who has access to the trust's electronic patient record. If the individual has engaged with mental health services previously, or has a current mental health care plan in place, the nurse is able to discuss relevant information and work with the police officer to ensure a better outcome. The approach also allows for mobile assessment - police officers and triage nurses attend incidents, making assessments and referrals based upon the immediate needs of the individual. The nurse, following an assessment of the person's mental health, can arrange for hospital admission, refer to the mental health crisis team or pass care back to the GP or community health team.

Relationships between Police and mental health workers have developed through the approach into a trusting and informed working partnership. This allows for advice and expertise to be shared and further mental health training given to the Police. This has led to preparation of more informed assessments and more options for alternative care pathways, as well as lowering the risk for all involved.

Why is information sharing necessary?

By sharing information during a live situation, there are better outcomes for vulnerable people as a consequence of better informed decision making. The approach has also allowed for better partnership understanding and has led to further opportunities within this field.

What does this mean for vulnerable people?

Vulnerable people gain access to the right support in the right place, quickly. This means that there is a reduced chance of them spending time in a cell unnecessarily waiting to be assessed and possibly detained under a section 136.

How is information shared?

Information is shared through discussion between the police officer and mental health triage nurse. They are able to communicate with their own organisations and share relevant information with partner organisation as necessary. This builds up the specialist knowledge of team members and improves practice and positively affects the culture of both organisations to share information. There is no physical exchange of data and the Police are given only contextual clinical information necessary to understand risk and how a person may present. The mental health nurse has no access to Police records but again are given contextual information based on risk.

Information sharing barriers and how they were overcome

- a lack of understanding for the organisational cultures towards information sharing by both organisations; and
- a non-service user centred approach to information sharing.

These barriers were overcome by:

- strong and consistent leadership to co-locate police officers with a mental health triage nurse; and
- better understanding of other organisations' views on information sharing and provision of training.

Management of consent

Consent to share is dictated by the circumstance and seriousness of the incident. Where explicit consent is appropriate it is sought. In situations where there is a specific safety risk or it is impossible to seek consent, a judgement is made by the police officer and mental health nurse. In the absence of explicit consent, the nurse will need to judge the current capacity of the patient or service user to make decisions and act in their best interests where they lack this capacity. If the patient or service user is capable of making decisions but will not consent, then the nurse will need to determine whether the public good that would be provided by sharing proportional information outweighs the individual's right to confidentiality.

By following the Caldicott Principles and ensuring information sharing is necessary, proportionate, relevant, adequate, accurate, timely and secure - correct information sharing occurs.

What are the benefits of information sharing?

Health services

- practitioners are able to deal with more mental health crisis situations at an earlier stage to prevent hospital admissions;
- it reduces the number of patients being held inappropriately in police custody awaiting assessments; and
- it has reduced the amount of doctors' time needed, as there is less need for such assessments.

Police

- officers are no longer required to spend time waiting for vulnerable people to be assessed which removes them from other duties for considerable lengths of time; and
- police officers have access to advice and information from a mental health practitioner in order to support how they manage vulnerable people at the scene.

Joint benefits

- over a three-year period the number of people detained under the section 136 of the Mental Health Act³² has reduced by around 80%; this indicates more appropriate outcomes have been achieved for people who are in crisis;
- in 2016, with a small increase in mental health related contacts, less than four people are detained by the police per month;
- an estimated reduction of 554 hours per week for officers spent involved with mental health related incidents; and
- both organisations have seen positive cultural change through joint working. Staff surveys of Leicestershire Police reveal an overwhelmingly positive support for the approach.

³² Section 136 of the Mental Health Act - www.legislation.gov.uk/ukpga/1983/20/section/136

Governance of the work

The scheme is managed through a partnership between Leicestershire Police and the Leicestershire Partnership NHS Trust. An ISA supports detailed procedures and staff training. Outcomes are audited which enables the partnership to monitor performance.

Cultural issues affecting information sharing

Embedding information sharing across partnerships invariably highlights a number of cultural issues between organisations which need to be addressed. The main issue here was to enable practitioners to feel confident in sharing information. This was achieved through co-location, training and also strong governance. This approach has subsequently been adopted in other areas of England.

How the Caldicott Principles are applied in this case study

CP1 Justify the purpose(s)

Police are able to share with nurses in the triage team for purposes of early intervention, prevention and safeguarding and for the care of the individual. These arrangements are set out in the ISA between Leicestershire Police and Leicestershire Partnership NHS Trust.

CP2 Don't use personable identifiable information unless it is absolutely necessary

Service users are identified to see if they are known to either Police or the mental health team. The necessity to share information further is governed by the situation and the individual.

CP3 Use the minimum necessary personal confidential data

Sharing of information is based on the situation, the risks to the individual(s) and following advice from any existing mental health care plan or/and possible restrictions put in place by the criminal justice system; for example, bail conditions.

CP4 Access to personal confidential data should be on a strict need-to-know basis

As neither organisation can access the other's records all information is shared on a 'need to know' basis by each member of the team.

CP5 Everyone with access to personal confidential data should be aware of their responsibilities

Both police officers and mental health triage nurses are trained in the standing operating procedures which are based on the ISA.

CP6 Comply with the law

The team is aware that they are sharing highly confidential information. Depending on the situation, it could be of high or low importance to disclose information as there may or may not be a significant risk of harm to an individual(s). There is team training in the procedures based on the ISA and legal gateways.

CP7 The duty to share information can be as important as the duty to protect patient confidentiality

The sharing of information in appropriate ways is essential to the function of the triage team as they support individuals in crisis. For the professionals involved, an understanding of their duty of care to the individual enables them to decide whether, when and how to share.

Good practice

This case study is of a joint triage team of Police and mental health nurses set up to respond to the immediate needs of individuals in crisis. Good practice is illustrated in terms of:

- providing the best possible care to people in crisis as soon as practical;
- the triage team allows Police to share information for the purposes of early intervention, prevention and safeguarding and for nurses to share for care on the basis of consent, if there is a care plan, or best interests if the individual lacks capacity and otherwise on the basis of public interest; and
- privacy notices of both Police and health service organisations state how information is held and shared and an ISA summarises the arrangement.

If you have further questions on this case study, please contact:

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If you have found this resource useful and are planning to start work on improve information sharing between health and Police in your area, please let us know so we can track the impact of this work by emailing info@informationsharing.org.uk