Case Study

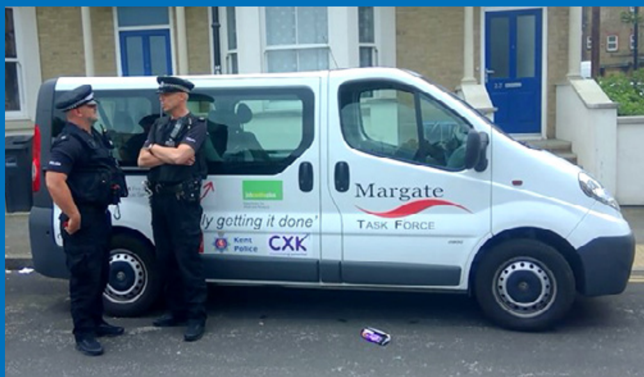
The Margate Task Force 999 frequent callers

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

The Margate Task Force is a multi-disciplinary, co-located team working with local people to improve lives by tackling health and social issues. Focussing on the most deprived wards in Thanet, the team is made up of professionals from the Police, Community Safety, Fire, Health, Department for Work and Pensions (DWP), Early Help, Troubled Families and Housing. These wards have high caseloads for a number of these teams and engagement at street level has identified mental health as a priority.



View at www.informationsharing.org.uk/healthandpolice

In 2013 the Police, Turning Point (commissioned drug/alcohol treatment providers) and South East Coast Ambulance Service (SECAMB),[33] identified a number of frequent callers (five calls or more in a month to 999 or 101 services). These callers were effecting service delivery and draining resources. The majority were known to mental health services.

At the same time, relationships between mental health teams and the Police were poor due to a clash of organisational cultures. Police officers identified that they were ill equipped to deal with these individuals because there was little access to advice or to mental health triage workers. This resulted in vulnerable people being inappropriately detained in Police custody or not being referred.

In a pilot, details of a number of frequent callers were passed to the adult mental health team. If callers were a known patient, appropriate information from the care plan was shared with the Police and the patient's care co-ordinator was informed and:

1. a joint visit was made to the caller, led by their care co-ordinator.
2. the care plan for the patient was reviewed and additional support from other agencies was offered; reducing calls to emergency services was added to the objectives of the care plan.

If the caller was not a patient:

3. the adult mental health nurse visited with a police officer to discuss the reasons for the frequency of calls.
4. the services available through the Margate Task Force were offered to the individual.

Many of the callers were suffering from substance misuse, dementia and/or poor mental health. Providing appropriate packages of care proved effective in reducing the number of subsequent calls to emergency services. As a result, this approach became "business as usual" for the task force.

[33] South East Coast Ambulance Service - www.secamb.nhs.uk/

Why is information sharing necessary?

Information sharing allows better support for someone who is reaching crisis point. The task force is able to develop care packages through a holistic understanding of needs of the individual. With early identification and then assessment, people suffering with poor mental health are less likely to get to crisis point. Such intervention reduces the number of people detained under the Mental Health Act.

What does this mean for vulnerable people?

It means vulnerable people are able to access appropriate services and wider social care issues can be addressed through the multi-agency partnership.

How is the information shared?

A list of names and dates of birth of frequent callers are compiled monthly by Police and by ambulance call-handling teams. These lists are shared with the adult mental health worker to see if any of the callers are an existing patient and has a case worker.

Information concerning callers is recorded separately by each organisation; no detailed clinical information is recorded by the Police. Similarly, police information is not recorded on the clinical care record. However, if the caller is thought to pose a risk to staff then a warning marker is created on both Police and ambulance call-handling systems.

Information sharing barriers and how they were overcome

There were significant cultural barriers between the Police and the mental health crisis team, which prevented them from discussing cases effectively; these included:

- mistrust between the two services and also between practitioners;
- no understanding of joint working and resource pressures; and
- both services working at cross purposes, without a shared language.

These were addressed by:

- the creation of the Margate Task Force which is co-located and has shared objectives and procedures;
- developing a shared language through the work of an embedded adult mental health worker. This role is a conduit for the task force into the wider mental health team and other services;
- understanding of mutual organisational roles and responsibility at every level, helped by the shared experience of working with service users; and
- the creation of a partnership ISA and procedures for the task force.

Management of consent

There is clear evidence that repeated high levels of 999 and 101 calls by an individual is an indication of a need for care. Initial sharing of a list of frequent callers by the Police and also the ambulance service is on the basis of public interest. Once it is established that the frequent caller is an existing mental health patient, their case manager approaches them. If the callers are not known, a home visit is made by a police officer and a mental health nurse to offer help. Should the person agree to proceed, consent is sought as the basis for information sharing between the care agencies to develop a care package.

What are the benefits of information Sharing

Health services

- identification of frequent 999 and 101 callers to allow prevention strategies to be developed;
- assessment of frequent callers who can benefit from drug or alcohol related support; and
- fewer call outs for SECAMB.

Police

- fewer people inappropriately processed through the criminal justice system; and
- information on crimes committed against vulnerable people; this has led to arrests and other community issues resulting in referrals to other services within the task force.

Joint benefits

- less drain on emergency services both financially and also time spent;
- better access to local services for vulnerable people;
- a reduction in stress and anxiety for the frequent caller, and improved care plans;
- police officers and adult mental health crisis workers are able to draw on each other's experience and knowledge; and
- police officers are now better able to support people in difficulty.

Governance of the work

Kent and Medway partnership provides governance for the task force and there is an ISA for partnership and safeguarding. All staff are Police vetted and act as the designated officer (DOs) for their data. The two joint lead officers from the Police and Kent Fire and Rescue Service perform the function within the integrated services environment of primary designated officers (PDOs).

Cultural issues affecting information sharing

In Margate the formation of a co-located task force was crucial to tackling cultural factors. Strong leadership from the agencies meant clear outcomes were established within a clear governance structure. Joint working has allowed for the development of a high level of trust, shared understanding and awareness. Strong and balanced leadership and communication of a shared vision has enabled the task force to improve services and outcomes for service users.

How the Caldicott Principles are applied in this case study

CP1 Justify the purpose(s)

The purpose of sharing information is to provide appropriate care package to vulnerable, repeat callers to 999 or 101 service. For identification, the purpose for sharing information for the Police is early intervention, prevention and safeguarding and for the ambulance service, public interest.

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

Great care is taken to ensure identification of frequent callers is systematic and justifiable.

CP3 Use the minimum necessary personal confidential data

The minimum of information is shared to enable accurate identification and to check if there is already a care package in place.

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

Initial sharing is restricted to police officers and the mental health team, but information is not shared with the wider task force unless consent is agreed with the person.

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

Staff are made aware of their responsibilities through training. The partnership and each care agency is led by professionals with codes of practice and personal accountability.

CP6 Comply with the law

An ISA is in place between the partnership agencies that defines the purpose for sharing information, legal gateways used and secure channels of communication with procedures and staff training in place to reflect this arrangement.

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

The focus is accurate identification of frequent callers to allow care agencies to develop appropriate care packages for these vulnerable people.

Good practice

This case studies illustrates good practice from a local initiative between care agencies to help vulnerable people who repeatedly call emergency services:

- frequent 999 and 101 callers are identified for purposes of early intervention, prevention and safeguarding by the Police, and on the basis of public interest by the Police and ambulance service; the assumption is that these individuals are vulnerable and in need of help;
- if the callers are existing mental health patients, their care co-ordinator visits and develops a new package of care for them through a collaborative approach with local care agencies;
- if the callers are not known, a home visit is made by a police officer and a mental health nurse to ask them about their personal situation and to offer the chance of help; 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:

Margate Task Force

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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