

Data sharing between the Police and NHS for care purposes

Case Study

Seaview voluntary organisation for rough sleepers: access to services

CP1 CP2 CP3 CP4 CP5 CP6 CP7

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

Seaview is a charity based in St Leonards-on-Sea that offers open access for rough sleepers and a range of services addressing isolation including substance misuse, learning and physical disabilities. A mental health street triage team of police officers and nurses visit the centre and there is a close working relationship with the local housing department; this case study illustrates how a charity provides a safe place of trust and how information is shared with formal care agencies to allow the provision of services.

The Seaview approach

Homeless people often have bad experiences of the Police and poor outcomes in terms of service usage. Many are the victims of violence, some are violent and many have problems of addictions and substance abuse and suffer both physical and mental health issues. Seaview has been running since 1985 and has grown year on year seeing an increase in impact, and the number of people it can help. In 2014/15 the charity supported 92 new homeless individuals and helped two thirds of those find secured housing options. In 2015/16, Seaview saw 1392 individuals across all areas of support, 147 of whom were rough sleepers.



View at www.informationsharing.org.uk/healthandpolice

The partnership of Seaview with care agencies is aimed at providing a safe environment where trust of service users develops and they are then able to access services. The Seaview centre provides access to a wide variety of statutory and voluntary sector support services. St Johns Ambulance operate a primary care nurse-practitioner, and podiatrist clinic through the centre. Sussex Police fund a mental health nurse who works with a liaison officer to provide a street triage service in the area.

The team create a safe environment in which the trust of the service users is established and maintained. A service user-centred approach underpinned by consent is normal; however, there are rare occasions when information is shared without consent for safety, public interest or safeguarding reasons. The Seaview team follow the Caldicott Principles in training staff from different agencies in working with this service user group who are often excluded from care environments because of their behaviour. All staff sign a declaration based on these principles.

For service users a layered approach to consent is followed. Sometimes service users come in only for a meal, a shower and a chat. Once it is clear they wish to move forward, a discussion is held of what services are appropriate in which consent is sought and a form is signed. In terms of sharing outside the centre, aside from the street triage team, this is centred on verification of eligibility for housing services.

Seaview have explicit rules for service users and act to maintain a safe environment. Use is made of the police liaison officer and East Sussex County Council safeguarding team to share concerns when they arise. On occasion action is taken to ban an individual from the wellbeing centre in order to protect the welfare of others. In those circumstances the individual can still access health and professional appointments via the side entrance.

Why is information sharing necessary?

Service users have multiple health and social needs and Seaview provides an environment where partner care providers are available. The referral process for the different providers requires information to be shared.

What does this mean for vulnerable people?

Interventions are available to service users at the right time delivered by the appropriate service in a place of trust and safety.

How is the information shared?

Information is shared on a need to know basis wherever possible with full participation of service users. The mental health triage nurse and the police officer attend morning meetings in order to discuss and manage any risk concerns and the potential for any mental health referrals for the street community.

For housing access services, Seaview and other partners participate in a monthly case conference focussed on entrenched rough sleepers. This is chaired and hosted by the council housing department to review complex issues for the current service users and new members. A confidentiality agreement is signed by all attending each meeting with an action plan agreed and owned by the Hastings Borough Council housing team.

Health services are available in the centre currently through St Johns Ambulance Service, soon to be expanded to include the GP services. Service users self-refer and information is shared with health practitioners is shared with direct involvement of the individual concerned. If the 'house rules' are broken the Seaview team will contact the Police through agreed procedures.

Information sharing barriers and how they were overcome

- the tension between service criteria and goals of the different partner organisations;
- when sharing with local authority services (e.g. housing) that the same information cannot be used for another purpose (i.e. another service);
- the need to balance provision of trust with management of behaviour; and
- as the centre grows, the need for training new staff and volunteers to a common set of procedures for this distinctive approach.

These issues were addressed by:

- developing a strong vision for information sharing across the partnership; discussion continues on terms of reference and development of an ISA;
- establishing, a consent model for access to health and housing services;
- transparent rules are followed for behaviour and there is rapid response to problems with clarity of roles in emergencies between partner organisations; and
- there is a close working relationship of police liaison officers and mental health nurse who provide the street triage service.

Management of consent

Service users give consent for access to health and housing services. For the mental health triage service the police officer shares information for early intervention, prevention and safeguarding and the nurse with consent, where it is recorded in care plans, or on the basis of public interest or best interest where the individual is considered to lack capacity.

What are the benefits of information sharing?

Health services

- improvement of service provision to a difficult to reach group of service users and patients many of whom have complex mental, physical and social needs.

Police

- improved integrated and collaborative working with service users and better early intervention in mental health crisis for individual service users.

Voluntary sector organisations

- earlier access to shared information can result in less stress to service users in repeating distressing information. This also creates more holistic planning and faster referrals with improved outcomes for individuals .

Joint benefits

- provide better access to services for a historically difficult to reach group and to lower demand on individual teams through collaborative working. Outcome measures are yet to be determined but the intention is to establish these as the commissioning process continues to develop allowing services to be more targeted and to maximise impact.

Cultural issues affecting information sharing

Embedding information sharing across partnerships invariably highlights a number of cultural issues between organisations that need to be addressed. In this example the fractured relationship between care agencies and rough sleepers meant that a new approach had to be found. Clear and trusted communication channels and procedures have been developed to allow service users to access support on a consensual basis but for this to be balanced against safeguarding. The Caldicott Principles are used by the Seaview Project to breakdown cultural barriers.

How the Caldicott Principles are applied in this case study

CP1 Justify the purpose(s)

The sharing of information within Seaview is for the purpose of progressing service users from rough sleeping into health care and housing services. For the street triage team, Police share information for purposes of early intervention, prevention and safeguarding and nurses share on the basis of either consent, where it is recorded in care plans, or public interest, or best interest where the caller is considered not to have capacity.

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

The necessity to share information is governed by the situation of the individual. All staff are trained in the multi-agency approach to sharing based on the Caldicott Principles.

CP3 Use the minimum necessary personal confidential data

The sharing of information for an individual is based on enabling a progression toward a more conventional life which includes access to care services. On that basis, at times, risk information is shared.

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

Information shared is relative to the situation e.g. need to know basis led by the practitioner's knowledge and service user disclosure. Access to Police and care information systems is limited to officers and registered health care professionals.

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

Confidentiality and data protection is the responsibility of each staff member. All information about individuals, that several agencies may be supporting, is treated as confidential and used only for the purposes for which it was given.

CP6 Comply with the law

Staff are aware that they are sharing highly confidential information and gaining consent is normal practice, however, in some situations where there is significant risk of harm to an individual, confidential information is shared without consent. Service users are made aware of this possibility through 'house rules'.

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 an essential way of working for the Seaview team as they seek to support service users back into main stream life. 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 practices

This case study concerns a voluntary organisation that provides a safe environment for rough sleepers where service users can choose to access services including housing and health. Police work closely with the team to make sure that, whilst the trust of the service user is gained, at the same time, safety is maintained. The following good practice is illustrated:

- establishing a trust environment for vulnerable individuals can be disruptive in care environments;
- a common approach to professional development for all staff through training in confidentiality and the use of consent for sharing in a multi-agency context;
- clear procedures for exceptions to consent-based sharing, e.g. safeguarding of the individuals, their family and children and the wider public;
- for the Police and mental health triage service - the police officer shares information for early intervention, prevention and safeguarding and the nurse with consent, where it is recorded in care plans, or public interest or best interest, where the individual is considered to lack capacity;
- there also continue to be negotiation of the mechanisms for information sharing and of consent for the different partner organisations as the collaborative care model is developed; 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:

Annie Whelan

Project Manager, Seaview Project

A.WheLAN@seaviewproject.org.uk

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