

▶ Culture and information sharing in mental health crisis care

Information sharing challenges when working with people in a complex partnership setting



Summary

The Centre of Excellence for Information Sharing has supported Surrey to explore the cultural factors impacting on information sharing for the various stakeholders working in mental health crisis care.

Through this work seven key themes have been identified around culture and information sharing:

1. Scaling up successful information sharing
2. Working in a complex partnership setting
3. Supporting assessment of risk for people in crisis and for organisations
4. Supporting out of hours working and people in crisis
5. Working together to identify and support people with complex needs
6. Monitoring and tracking outcomes for service user and supporting commissioning
7. Building the mind-set, capacity and willingness to share information

The report has been split in to the seven themes which are available from www.informationsharing.org.uk/hsc



2. What are the challenges to information sharing when working with people in a complex partnership setting?

Issues covered:

Engaging with people, communication, transparency, myth busting, perceptions and expectations, co-design

Local places have experience of working with citizens on different transformation projects and often in very complex partnership landscapes and in these circumstances it is understood that stakeholder engagement requires careful consideration and planning. With mental health crisis care this means considering engagement through the entire change process of the local mental health crisis care system, from scoping issues, developing solutions, making strategic decisions, co-designing new services, implementing changes and then on to the day-to-day operational delivery.

Learning and challenges

Without good public engagement there is a lack of transparency and understanding around what information is needed, who it is shared with, how it is used, for what purpose, and to what benefit for people and the wider community. This then presents the risk of leaving a local place's service transformation and associated information sharing vulnerable to intensive scrutiny from information rights activists and concerned individuals.

It is recognised that people already have beliefs around information sharing often expecting that their health and other personal information is freely and easily shared between partners. Because of such unrealistic levels of public expectation, and other myths and misunderstanding, people do not have knowledge of the boundaries and limits on information sharing. The risk is that without effective engagement and communication, people will become frustrated when their expectations are not met, such as when carers feel essential information about those they care for is not being shared with them.

Local mental health crisis care system partners need to consider the impact that people's perceptions around information sharing will have on their interaction and use of services, in particular people's understanding in relation to information sharing involving the Police can be a key area of concern. It is essential that these issues are shared and worked through by local crisis care partners to identify if highlighted risks are founded and if so what steps can be taken to address and mitigate them.

There is also the risk that without considering the perspective of those people who actually use services any new designs that are developed, whilst meeting the needs of the organisations who inputted in to their design, will not fully meet the needs of the people they seek to help.

Engagements and Co-design: Surrey and Borders Partnership NHS Foundation Trust undertook a review of mental health crisis contingency plans to ensure the reach, quality and content of these. This process had strong patient and professional engagement. Crisis plans provide core essential information that needs to be shared, as a direct result of engagement with patients a key improvement was that plans were personalised and made relevant to the person and therefore more effective. This also included the essential information on things that the person would not find helpful in a crisis as well as the actions that the person does find helpful. This is an on-going process which is being audited on a six monthly basis to identify further improvements.