BRIGHTON & HOVE CITY COUNCIL

SCRUTINY REVIEW PANEL - SHARING INFORMATION REGARDING VULNERABLE ADULTS

11.00am 7 NOVEMBER 2011

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor Buckley (Chair)

Also in attendance: Councillor K Norman and Robins

Other Members present: Andy Reynolds, ESFRS

PART ONE

5. PROCEDURAL BUSINESS

There were no apologies.

No substitutes were allowed on Scrutiny Panels.

There were no declarations of Party Whip.

There was no reason to exclude the press and public.

6. MINUTES FROM THE LAST MEETING

The minutes were agreed.

7. CHAIR'S COMMUNICATIONS

The Chair welcomed all the witnesses to the Panel. She explained that Scrutiny Panels were set up to carry out short, sharply focused pieces of work into one particular area. This Panel had been set up to look at sharing information regarding vulnerable adults.

The suggestion for this Panel came originally from East Sussex Fire and Rescue Service and Andy Reynolds, Director of Protection and Prevention was a member of the Panel.

This was the second public meeting of this Panel and the Panel would like to hear all views and experiences of sharing information regarding vulnerable adults. At the first meeting the Panel heard from the Sussex Police, Access Point and Housing.

8. WITNESSES

Councillor Jarrett, Cabinet Member for Adult Social Services

Councillor Jarrett noted that there was always the problem with large organisations and multiple working that information may get locked into different sections. There were very good reasons for this, in particular the Data Protection Act. (DPA) However, the DPA did not prevent data sharing. If the intention of the information sharing was to keep people safe, then the DPA did not prevent sharing. There were always issues around access to information and any system must be secure and multi-level. It can be useful for a wide range of council officers to know someone was vulnerable, but they would not need to access that entire person's data. There needed to be a system that flagged up simply that another organisation had information on this person. Then there could be a system to allow people to see what information was there, dependent on their requirement and level of access. Information sharing was always a good idea and can prevent deaths.

Information can not all be held in one place but a cross-referencing system would let people know what other organisations held information on a particular person. This was a long term issue and systems probably could be looked at and improved upon. Agencies are on 24 hour alert so information can be rapidly exchanged. In an emergency, information can be looked up on CareFirst 24/7 but care needed to be taken over what information was shared and why.

Denise D'Souza, Director of Adult Social Services and Lead Commissioner, People, expressed concern over the idea of a list of vulnerable adults being created. It would be quickly out of date and there were issues around how it was held and where. There was also the question of who was vulnerable: it was not possible to keep an updated list as needs changed and vulnerability can change on a daily basis.

Following a question on CareFirst, Brian Doughty, Head of Assessment Services, told the Panel that CareFirst was good at storing information and there was access 24/7. His team had limited access to the mental health database but this was improving. Ms D'Souza noted that CareFirst was okay, it did have some limitations and it only had a snapshot of the people known to Adult Social Services (ASC). There were a range of vulnerable people known to mental health services not known to ASC and the information on them was not available. Information was not available on people who leave A&E but were still vulnerable. GPs may have that information but it was not shared. For people known to ASC, there were protocols in place and information was shared. The belief was that they would rather be in court for sharing information than in the coroner's office for not sharing. But this must be justified.

Ms D'Souza explained that she was the Caldicott Guardian for adults and as such was the champion for confidentiality. Generally, the Caldicott role was used to seek permission for staff to share information with other agencies and to determine whether they could access information to CareFirst, and in the majority of cases the answer was no. The request for access often came from other parts of the Council e.g. Blue Badge Scheme. As a client database, it worked well but it can't be 'tiered'. Once someone had access, they had access to everything so there were issues around this and around people accessing it. Those accessing it now need CRB checks. It would be too expensive to change the system although there were issues to be addressed.

Childrens' Services were piloting a scheme called Patchwork which would allow people to see what other organisations were holding information on a person or family.

Ms D'Souza gave the example of how, in advance of bad weather, ASC look at who they are supporting and whether they needed a visit daily, or whether they could be alright for 2 or 3 days. Some people always needed daily visits, whatever the weather and others manage with a day or two with a visit as long as they had appropriate provisions.

Ms D'Souza felt that any vulnerability register was fraught with problems. How was the information kept, for what purpose was it kept? There were protocols in place to share some information but no consent to share with a wide range of organisations outside of this. There was also the issue of people not wanting their information shared: for example, someone with a mental health problem may not want that information shared.

Mr Reynolds noted that there had been a fatal fire in Kemp Town the previous day and other agencies had known about the person involved but the fire service had not. Information needed to be shared before a tragedy occurred. There may be other ways of working together that would allow the fire service to go into people's homes and see if they were vulnerable to fire: this was a very clear definition of vulnerability. For example, the more issues an individual has in terms of mobility, smoker, alcohol, substance misuse, mental health then the more vulnerable to fire that person was.

Ms D'Souza noted that ASC staff did a risk assessment but they did not share that information with the fire service. For example, she was not sure that the risk assessment was picking up those who had alcohol and substance misuse problems who also smoked. ASC needed to work more closely with the fire service to alert them to these people.

Mr Reynolds told the Panel that the new suppliers of oxygen now had a policy in place that a GP could only prescribe oxygen if that person agreed to share the information with the fire service. There must be a list of bariatric people and that information would also be helpful for the fire service.

Mr Doughty remarked that ASC could train staff to ask questions about fire safety and, with consent, could share the information. The risk assessments could be improved to include this information.

Mr Reynolds informed the panel that if they received an urgent referral the fire safety assessment was done that day. If they received a fire alert through the MARAC then this was flagged up to the responding crew. They would also put a flag on an individual if they knew that person was bariatric.

Ms D'Souza explained that if a person did not wish their information to be shared, it still could be if there was a public health risk if the information was not shared.

In response to a question, Mr Reynolds noted that problem of how to share information was likely to be a national one. The way forward was in terms of joint working and the use of secondments. Ms D'Souza agreed that the secondment from the ESFRS had worked well.

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Annette Kidd, Professional Lead and David Dugan, General Manager, Sussex Partnership Trust (SPT).

Mr Dugan headed the recovery teams that worked with around 1,400 people and provided outreach and mental health teams for homeless people. They had a Trust-wide policy for information sharing but this did not mention the fire service: he would examine this.

Recently colleagues in Brighton & Hove in the Access team had been working with the Anti-Social Behaviour team and were piloting a new protocol around information-sharing. This was based around the Caldicott principles but with clearly identified names in organisations. This would be a route into different teams and would provide an entry point to see if information can be shared. This was a pilot now and would be an interesting vehicle to build upon.

There were frustrations around the use of different systems with mental health teams using the CareProgram, an electronic clinical system that doesn't speak to CareFirst. There was a need to work pragmatically and know who to contact and how much information can be shared.

Mr Dugan noted that it may be easier for the police to find people who were vulnerable as they visited over time: for the fire service it was harder as they arrived when there already was an emergency. They were looking at whether the police had a way of recording how often they are visiting a person and if that can be formalised and shared.

There were protocols are round sharing information with carers although some social service users do not want their information shared.

On the subject of using secure email, this was improving and being further considered.

There were many specialist teams within mental health and people can get lost in the system occasionally. It was a case of looking at local contacts and working together. The information that was shared was based on a clear risk assessment.

Mr Dugan agreed with previous comments that there were problems with the concept of a shared database: vulnerability in mental health was very contextual and fluctuated. The best way forward was to examine how organisations and people linked together and how best to communicate. Conversations can take place on a case by case basis. They were piloting a more streamlined face-to-face approach.

Annette Kidd was the Head of the seconded staff in the SPT. Social workers were seconded into many areas including mental health, older people, and substance misuse. Ms Kidd noted that information sharing had improved over the years: in the past people felt bound by confidentiality not to share. Now there was a multi-agency approach for sharing information. The SPT were signed up to the Pan-Sussex Multi-Agency policy and procedures for safeguarding adults at risk.

Ms Kidd told the Panel that service users were very vulnerable. There was a large number of substance misusers who had mental health issues. To deal with substance misuse, there was a weekly hub meeting about the most vulnerable high risk substance misusers which also involved other organisations such as the police and housing. The idea was to look at 'softer' information available (such as what information the police may have) in order to prevent crisis happening. They had procedures in place for when something happened but they were now also looking at working together to prevent incidents happening. Ms Kidd noted that generally there was much more partnership working than previously and they were looking at finding better ways of working together. The mantra was it was better to share information than to end up in the coroner's because information wasn't shared.

Following a question about 2 sprinklers put in place in properties used by the SPT, Mr Dugan confirmed that the fire service had been involved in these cases. The issue of fire safety had been indentified when looking at independent living for these people and so the sprinklers had been put in. Mr Reynolds noted that there had been occasions when sprinkler systems were in addresses and the fire service had not been involved or informed.

The SPT worked with individuals who were unwell and prone to risky behaviour. In high risk cases, information was routinely shared, but this did not happen with more low-level cases.

Mr Reynolds told the Panel that the Staffordshire Fire and Rescue Service were in partnership with the RNIB and were asking individuals if they had an eye test recently or could read a card. If necessary, they then asked if they could refer that person to the RNIB.

Alistair Hill, Consultant in Public Health, noted that the prevention agenda involved information sharing for a lot more people on a different scale. This needed a systematic approach and designing a prevention programme which included data consent. The process around sharing information needed to be designed into programmes rather than expecting it to grow organically.

In response to a question, Ms D'Souza told the Panel she agreed that they were not sharing systematically for less high-risk people. The process and how systematic this was would be key to sharing further. Mr Doughty agreed that the systems were not perfect and it was about access to information such as how often had an individual been to A&E, or the police had attended and that information was hard to reach. This was about talking to people not databases. Mr Dugan remarked that it was about 'switches' when one event triggers another then allows something to happen.

Philip Tremewan, Safeguarding Adults Lead, Sussex Community NHS Trust

Mr Tremewan told the Panel that the Sussex Community Trust had a dedicated team that co-ordinated the information and clinical incidents reported by staff. For example, they would try and detect a trend of behaviour or a particular set of cases reoccurring.

Working across a number of local authorities with their own databases and systems was challenging. Some of that information needed to be co-ordinated and there was the question of how people communicated. There were always issues that arose. For example, a patient who appeared to have self-neglected, could information have been shared to prevent that?

Mr Tremewan told the Panel he would go back to colleagues and discuss what communication channels were open. Was there a system for bariatric patients? How did the Trust communicate with others?

Councillor Jarrett told the Panel that there was work to be done on picking up early signs, repeated referrals and setting some triggers. This needed to be discussed with partner organisations. When assessments were carried out, ASC can look for different things so there may be a way of sharing what information there was: looking more closely at how ASC and partners worked. Ms D'Souza agreed there was scope for including questions around fire safety in risk assessments and then (with consent) sharing that information.

Alistair Hill, Consultant in Public Health

Mr Hill informed the Panel that he was no longer the Caldicott Guardian as recent changes meant that there was now one single Caldicott Guardian for NHS Sussex. Gaining consent to share data is key to Caldicott principles but there were exceptions. These exceptions are set down in protocols and guidance, for example, where there is a public interest related to prevention of harm, abuse or serious crime.

Preventative interventions delivered to populations needed to have processes for gaining consent for data sharing built in where appropriate. Training and monitoring were important in designing a preventative system that worked across different agencies.

Robin Humphries, Civil Contingencies Manager, B&HCC

Mr Humphries worked in emergency planning. The Civil Contingencies Act 2004 created category 1 responders to an emergency (for example, fire, police, ambulance, local authorities etc) and category 2 responders (utilities, port authorities , telecoms etc). There must be plans in place to handle any emergency, based on knowing what the civil risks were for the city. The Act set out 43 Resilience Forums and Brighton & Hove were part of the Sussex Resilience Forum based in Lewes. The National Risk Register was translated into local risks. The local emergency planning group looked at the local significant risks. In one sense this looked from the opposite side to the Panel as they looked at premises not people, for example, where there were radioactive materials or chemicals so the high risk areas can be plotted. They also looked at private companies such as electricity suppliers. Generally organisations were willing to disclose information in an emergency, but not so willing before. For example, if there was snow, information is shared on who had meals on wheels, but not before. This was an issue,

The risk register was not a publicly available document but there was a meeting every 6 months to discuss it.

Following the power outage in Leach Close, there were different arrangements for different people so some stayed in their flats, some went to residential homes and some were provided with food in the building. There was an issue with communication at such times (for example, over using candles). Councillor Jarrett reported that he had requested a briefing about the incidents and also about the possibility of emergency lighting being installed in public buildings.

The Chair thanked everyone for a most useful and informative meeting.

9. DATE OF NEXT MEETING

The next meeting is Monday 28 November at 4.00pm in Hove Town Hall.

10. ANY OTHER BUSINESS

There was no other business.

The meeting concluded at 13.00

Signed Chair

Dated this day of