THE IMPLEMENTATION OF SIM LONDON:

Sharing best practice for spread and adoption

Aileen Jackson - Head of Mental Health

Josh Brewster - Project Manager

June 2018

Contents

Executive Summary

This report is designed to inform the spread and adoption of SIM nationally and provide guidance to AHSNs supporting the national delivery of the programme.

The implementation of the SIM London pathfinders was led and supported by the Health Innovation Network the Academic Health Science Network for south London.

Many of the top tips echo the findings of the Kings Fund Report, Adoption and Spread of Innovation in the NHS January 2018

- Boots on the ground
- Access to appropriate funding
- Adoption of service innovation as service improvement rather than the process of 'rolling out' a 'proven' approach
- Supportive leaders and workplaces
- Senior clinician engagement
- Project management skills
- Data
- Communication
- Service user and carer engagement

Background Information

Serenity Integrated Mentoring (SIM) is an innovative mental health workforce transformation model that brings together the police and community mental health services, in order to better support "high intensity users" of Section 136 of the Mental Health Act (MHA). These individuals have complex needs and frequently use a range of high cost public services. The SIM model delivers significant benefits to these individuals, their families and communities, as well as a reduction in section 136s and associated costs.

SIM was first developed and introduced on the Isle of Wight by Sergeant Paul Jennings (NHSE National Innovation Accelerator fellow 2016/17), and is being adopted in other areas of England, and some international sites. Based on the data from SIM Isle of Wight, cost savings and delivery of improved outcomes for individuals and their families are estimated to be circa £20k per reduction in S136. SIM Isle of Wight has impressive results on a range of metrics including a dramatic reduction in the level of mental health detentions under S136 in police custody; pre-SIM S136 totalled 175 a year (c16 month) to year four of SIM a total of 51 S136 (4 a month), with this downward trend continuing.

In November 2017 supported by the Health Innovation Network, the Metropolitan Police Service and 4 Mental Health Trusts in London; Oxleas NHS Foundation Trust, Camden and Islington NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, South West London and St Georges Mental Health NHS Trust agreed to test the model as "pathfinder" sites across London.

The London Mental Health Transformation board endorsed the SIM London Pathfinder programme November 2017.

In April 2018 the Academic Health Science Networks selected SIM as of one of seven programmes for national adoption and spread across the AHSN Network during 2018-2020.

Overview of the role of the AHSN

The role of the AHSN is to work with the national programme manager (Paul Jennings) and the Mental Health Trust(s) and police to complete all the High Intensity Network steps to implement SIM within an agreed time frame alongside collating agreed AHSN metrics.

GOVERNANCE

The AHSNs are advised to find a suitable local strategic board to endorse the implementation of SIM. The Health Innovation Network requested and secured the approval of the SIM London pathfinder sites at the London Mental Health Transformation Board. The board consists of senior leaders representing London AHSNs, the Mental Health Trusts, Metropolitan Police, London Ambulance Service, Emergency Departments, Local Authorities, Health Education England and Healthy London Partnership. The programme continues to report into this board.

AHSN TEAM

The size of the AHSN team to support SIM implementation will be determined by the number of Trust sites implementing SIM, it is recommended to include a project manager and a clinical lead within the team. The HIN engaged the guidance and support of Dr Geraldine Strathdee.

LEADING STAKEHOLDER MEETINGS

The Health Innovation Network, brought together senior leads from each of the four pathfinder Trusts, the London Ambulance Service, Metropolitan Police and Paul Jennings (National Programme Manager, High Intensity Network) for regular monthly meetings during the implementation phase. These meetings provided an opportunity to update on the progress of each of the pathfinder sites with the police and to discuss any issues that may impact on the programme as a whole. The meetings were well attended and highly valued.

The Health Innovation Network attended all the local SIM meetings this approach enabled Paul Jennings to focus on national priorities. This boots on the ground approach was crucial to building relationships and was seen as particularly supportive to the Trust project lead to maintain progress against the project plan. AHSNs can regularly update the Trusts with their progress and chase and trouble shoot if any actions become delayed. Weekly email updates on the actions that need to be taken was also reported as helpful by the Trust project leads.

AHSN COST CONSIDERATIONS

AHSNs are advised to discuss with Paul Jennings if a venue for training and launch event cannot be sourced for free. The design and printing of the local SIM service user and carer leaflet also needs to be costed and agreed. The SIM London leaflet can be replicated and or used to inform a local leaflet. Please click here for the SIM London leaflet template.

Additional detail of the AHSN role is within the section on the High Intensity Network steps below.

Completion of High Intensity Network steps

ACTIVATING THE PROJECT PLAN

There are 9 stages in the High Intensity Network's process to implement SIM. It is essential for AHSNs to review the resources and guidance that are available on the website (an account can be acquired from Paul Jennings). The Health Innovation Network developed a project plan which details the actions required for a Trust to launch SIM. The Health Innovation Network was supporting 4 Trusts. A combined project plan was developed allowing easy comparison. This also had the added benefit of promoting healthy competition between the Trusts to ensure project time lines were met. Templates for the joint project plan can be downloaded here and the individual Trust one here.

The steps and actions on the plan are for the most part in chronological order. An owner needs to be allocated to each task. The AHSN is advised to include progress against the project plan at each local SIM meeting.

The Trust project lead has ultimate responsibility for the delivery of the project plan.

GETTING STARTED: STEPS 1-3

SIM Presentation

Engage with Paul Jennings SIM National Programme lead to establish if the Trust, police and CCG commissioners have already received the SIM presentation. Within the pathfinder sites the Trusts and Met police had either received a dedicated presentation or been at an event where Paul had presented on SIM. Engaging Paul to deliver the first presentation is highly recommended.

Local project lead and identification of implementation site

Each pathfinder Mental Health Trust was required to identify a SIM project lead. The project lead is required to set up, chair and coordinate local SIM project meetings. A guide of who to invite to these meetings was provided by the Health Innovation Network, click here to view. Project leads coordinated fortnightly local SIM meetings in the borough of implementation which the Health Innovation Network attended.

Lessons and Tips:

•   Agree a time frame (3 – 4 months) to implement SIM
•   Set the launch date and stick to it
•   AHSNs to coordinate and support one large monthly meeting with the Mental Health Trust(s), police and ambulance service with a standing invitation to Paul Jennings to attend. This meeting provides a forum to discuss and share concerns and solutions which saves time
•   The AHSN can add value by coordinating, chairing, and providing a central venue for these meetings. The Health Innovation Network also provided administrative support; writing and circulating minutes and actions
•   Joint meetings create a sense of wanting to be included (healthy competition)
•   Resist the temptation to implement SIM with a big bang approach (implementing SIM in several boroughs at the same time). The implementation of SIM in one or two boroughs per Trust was regarded as essential in terms of time, financial commitment, resourcing and learning prior to consideration of rolling out SIM Trust wide
•   The Mental Health Trust leads were predominantly clinical (Team/Service managers) and had significant other demands on their time. Each Trust needs to identify administrative support from the onset or appoint a non-clinical project lead/manager
•   Do remind the Trust project lead to ensure all the project team roles are represented in the local project meetings. This includes service users and carers, communication and IG representatives, all of which are crucial to the successful implementation of SIM

Funding Source

The main cost to implement SIM is the funding of the SIM police officer. The AHSN needs to have a clear understanding of the full costs and early discussion with the relevant Police lead is encouraged. In London the Metropolitan Police lead for mental health secured funding from the Met to fund the SIM London Pathfinder sites. Other funding models include a Mental Health Trust/police partnership funding, Mental Health Trust funding or Trust/CCG mental health funding. The Mental Health Trust will need to fund a laptop, mobile, office space and clinical supervision for the SIM Police officer alongside access to relevant Trust training.

The Health Innovation Network led a successful bid on behalf of the 4 London pathfinder Trusts for Health Education England funding to implement SIM.

Risk and Mitigations

The project plan includes risks and mitigations. Some of the major risks that were encountered throughout the life of the SIM London implementation project were a CQC inspection, a re-organisation, fidelity to the model, the stigma people may associate with the police being involved and the police officer not integrating into the mental health team. Discussions were held with the project leads to mitigate these risks.

Documentation

SIM is a new service. An Equalities Impact Assessment (EIA), Privacy Impact Assessment (PIA), Operational Guide, Memorandum of Understanding (MOU), Information Sharing Agreement (ISA) and Data Protection Impact Assessment (DPIA) need to be completed. (DPIA is new under GDPR). A completed example for each document can be accessed by clicking the relevant link above.

Each Trust may have their own templates for the EIA and PIA. The Health Innovation Network researched the national data for the EIA and PIA, AHSNs may want to review and update the content for both documents. The local information and data was completed by the Trusts.

General Data Protection Regulations (GDPR)

SIM is required to comply with GDPR. The Health Innovation Network facilitated meetings with Paul Jennings and the Information Governance leads from the Trusts, police and ambulance to produce the DPIA and ISA which have now been approved by legal counsel. AHSNs are advised to review these documents with the Mental Health Trusts and Police, as local information will need to be added. The Information Commissioners Office (ICO) provides up to date guidance on data regulations.

Privacy Notices/Data Sharing

Each organisation needs to update their respective privacy notices to include SIM. The Trust IG lead is usually responsible for updating the Trust privacy notices. *Privacy Notice to be added when available.

Lessons and Tips

•   Do use the project plan, the feel-good factor experienced by the Trust project lead of tasks turning green is not to be underestimated
•   Trusts need to own the project. Meeting with the project leads to go through the project and assigning members of their team encourages ownership. Fortnightly local meetings chaired by the Trust project lead are essential to ensure the project stays on track

- AHSNs are advised to provide vital boots on the ground. The Health Innovation Network attended every local meeting, assisting to set agendas and if required wrote meeting notes and actions. The Health Innovation Networks active participation at these meetings was regarded by all organisations as extremely valuable
- If an AHSN is working across multiple Trusts, sharing progress with each other fosters learning, mutual understanding and healthy competition to keep to the implementation schedule
- Do carefully read each of the completed documents provided; they provide vital how-to information, e.g. the DPIA requires all organisations to set up a secure dedicated SIM email address
- Do use the documents provided to inform local documentation. They have been provided to be shared and adopted
- Do discuss possible risks and mitigations

STEPS 4-7

Data analysis: Identification of SIM cohort

The SIM London pathfinder Trusts covered several London boroughs. The project lead analysed their Trust Mental Health Act data for the previous year to define which borough/geographical area had the highest proportion of high intensity users of S136 (i.e. persons who have been subject to S136 several times within the time-period defined). The police then identified the police single point of contact for the borough identified. The police single point of contact attended all local meetings. It has become clear that the police and the Trust S136 data did not match, this has highlighted an issue for central collection of S136 data. It is envisaged that the partnership working of SIM will assist in understanding and reducing this discrepancy going forward.

Trusts are advised to review the cohort against their clinical records to check for example if individuals still reside in the borough.

Team Selection

The mental health team to host SIM was selected and informed by the data on the SIM Cohort. Engagement and leadership of the relevant clinical lead was crucial in this process. SIM Care coordinators were either interviewed for the new role or had already expressed an active interest in the SIM model.

The Police single point of contact coordinated the recruitment of the SIM Police officer, there are interview questions and a template job specification on the High Intensity Network.

Communication

Good communication is vital to the successful implementation of SIM. Communication should begin early. Opportunities to announce the new model of care included Trust wide intranet announcement and Trust newsletters. Examples can be found here and here.

Service user and carer information

The service and carer representatives were supported by each Trust to contribute to the design of the SIM London leaflet. This leaflet can be used as a national template or a basis for a local version. You can view the SIM London Leaflet here.

Lessons and Tips

- It may be challenging to define the location of the first SIM team, this is OK as there is unlikely to be a perfect fit

- It is important to involve service users and carer representatives, communicate about the project early and frequently
- Trust wide formal communication via the Trust intranet/newsletters is imperative to the success of the timely implementation of SIM
- Do listen to service user and carer feedback and respond to any concerns, they are your ambassadors
- In London the Met police followed their local recruitment procedures to recruit the SIM police officer. The Met police started this process early by asking for expressions of interest
- Once the police have identified suitable candidate(s) for the SIM Police officer. The MH Trust can set up a meeting with both the SIM host team and service users' representatives
- Visit a live SIM site, a visit to Surrey informed us that not all care coordinators will be suitable for the role. SIM London pathfinders used this insight to select SIM care coordinators
- Cohort data changes, going forward this needs to be monitored monthly by the SIM project team (MH Trust, Police, Ambulance and if possible Emergency Department)

STEP 8

Training of SIM staff

There is an initial 3-day classroom training requirement which is joint with Mental Health Trusts and police. This is facilitated and led by Paul Jennings. Ongoing training will be accessed through the High Intensity Network.

Celebrate

SIM is a new service that demonstrates significant partnership working to improve the outcomes for people with significant mental health issues.

Learning and Tips

- Training dates and venue need to be agreed early with Paul Jennings and partners
- An event to mark the launch with all the relevant partner organisations, service users and carers cements relationships and recognises the hard work by all to reach the 'go live' date.
- Local project leads are responsible for contact details of who to invite to training and launch
- Do invite service and carer representatives and relevant clinicians alongside SIM care coordinators and SIM police officers to both the launch and training
- Eventbrite can be used to manage both training and launch events
- Coordinate the date and venue for the launch event early with Paul Jennings and agree invitations to senior speakers from all main organisations. Coincide the launch event with the training to maximise attendance (early evening time worked well in London)
- A communication strategy needs to be agreed for launch with Paul Jennings (NHS RightCare) and circulated to all relevant comms leads prior to the event. Access the agreed communications strategy for the SIM London pathfinder sites here
- Share the communication strategy with Police, Mental Health Trust and Local Authority communications leads

STEP 9

Post Implementation

Embedding the SIM model remains a live project for the Health Innovation Network. We plan to host SIM pathfinder meetings every two months to share learning and monitor the impact of SIM in terms of activity, quality of life outcomes and cost savings.

The Health Innovation Network will continue to report on the SIM London pathfinders to the London Mental Health Transformation Board.

The Health Innovation Network will continue to share useful templates with the AHSN network as they are developed.

Acknowledgements

We would like to thank and acknowledge the following people and organisations whose support has allowed us to produce this report:

- Paul Jennings, High Intensity Network
- The Metropolitan Police Service
- Oxleas NHS Foundation Trust
- Camden and Islington NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- South West London and St Georges Mental Health NHS Trust
- London Ambulance Service
- Dr Geraldine Strathdee
- Healthy London Partnership
- Health Education England
- NHS RightCare
- London Mental Health Transformation Board

Appendix

All Documents Page

SIM London Leaflet template

Trust Project Plan Template

Joint Project Plan Template

Invitation guide to meetings

Equalities Impact Assessment (EIA)

Privacy Impact Assessment (PIA)

Operational Guide

Memorandum of Understanding (MOU)

Information Sharing Agreement (ISA) *To be added when available

Data Protection Impact Assessment (DPIA)

Privacy Note *To be added when available

Communication One

Communication Two

Communications Strategy