

East London Foundation Trust (East London NEL) SIM/HIN review

In light of the growing concerns about the SIM/HIN project nationally, ELFT have undertaken a review for consideration by the ELFT Executive.

The review was conducted by;

Paul Binfield- Associate Director of People Participation (ELFT)

Carrie Kilpatrick- Deputy Director Mental Health and Joint Commissioning (NEL)

Ravi Rana- Director of Therapies (ELFT)

Viral Kantaria- Programme Director, Community Mental Health Transformation (ELFT)

Millie Smith- Head of People Participation

The review consisted of the below questions and the [answers in blue](#)

1. What is SIM

The specified model is based on the integration of clinical mental health care coordination with behavioural interventions from a specially trained Police Officer, with the patient group determined through a monthly meeting of a high intensity user panel. Detailed crisis plans are co-produced and shared with other professionals and the service aspires to developing a national platform for the sharing of care plans/crisis plans. The aim is to develop strategies for self-care and emotional tolerance skills via a mentoring type approach. There is a strong emphasis in their literature on the need to have a service that works across geographical areas in order to “discourage patients from deliberately travelling for treatment”.

2. Overview of the current position.

SIM was originally funded by NHSE for a one year pilot across London, having been supported by the Health Innovation Network. Their costs were covered for borough roll-outs with local systems asked to sustain them following the pilot year. All CCG's in NEL entered into a one year contract with them that ended mid May 2021.

The model in INEL boroughs was piloted in Newham during 2020-21 and ONEL boroughs covered by NELFT (where it was much more embedded. At the time of review we were aware of 3 people using the service in Newham.

The contract was based on a full evaluation taking place during year one to inform commitments to the service thereafter. The evaluation was to be conducted by UCLP.

The growing concerns and campaigns regarding SIM/HIN had prompted official responses from NHS England stating that the SIM/HIN project was never meant for national rollout and that as a minimum local systems should undertake a full and detailed clinically led evaluation of the model.

A national petition by survivor/service user organisations has raised many concerns and issues about the evidence, efficacy and potential misuse of SIM/HIN.

A number of professional bodies had released statements raising concerns.

The SIM network paused all activity in response to these concerns and requested a continued commitment from all key partners before continuing the service; this was not forthcoming.

3. What is the evidence base for the SIM approach –agreeing the evaluation/review framework, overall principles and timelines?

Upon reviewing the literature and evidence gathered so far, it was unclear to the review of the service user based outcomes. It was not clear as to what the goals were for the service user and how any benefits would be measured. There was no standard way of gathering PREMS or PROMS. The evidence so far seemed to be focused on money saved or staff hours saved. This evidence was not presented well and tended to just say that – service A had saved £50,000. There was no breakdown of costs and the numbers included were highly speculative.

There also appeared to be no timelines or guidance.

During the pilot phase performance and activity information had not been shared with Commissioning and Contracting leads to inform the evaluation.

4. What is SIM trying to achieve, and if we think an initiative is needed to achieve those goals, what an alternative might look like.

The review recognised that both the people who would likely be signposted to SIM/HIN and the complexity of the situations does need a solution. There was a willingness to sit down with our police colleagues and see how we can provide a robust service for some of our most vulnerable people but the review didn't believe that SIM/HIN was the right way. As the outcomes from SIM/HIN were unclear, a new approach was needed.

All present wanted to better understand the relationships with existing high intensity user/ frequent attender services.

5. Does it meet GDPR requirements in terms of info sharing?

This was not clear either via the documents or evidence. Post review- it was discovered that SIM/HIN hadn't been registered with the Information Commissioners Office.

6. Are there any clinical/ethical concerns about consent?

Even though it believed that the consent of each individual person must be sought by the SIM/HIN team, it did raise concerns about the language used in the document released by Paul Jennings (SIM/HIN) regarding not needing consent and the tone of the language used. Concerns were also raised about the capacity to provide consent and the lack of clarity regarding limitations regarding sharing.

All present had concerns about the ethics regarding this.

Questions were also raised as to whether this approach was in line with trauma informed care and meets the needs of those with complex and emotional needs.

7. Are there any clinical/ethical concerns about the original papers call to withdraw or withhold services as part of SIM?

There was a great deal of concern regarding the language and tone of the document regarding withholding or withdrawing services in a way that intended to influence behaviour and might discourage people to access services in times of need.. All present could see no justification for withholding or withdrawing services.

8. Is it something we are comfortable defending?

The review could see no reasonable way to defend SIM/HIN with the lack of robust evidence, guidance and the ethical concerns.

9. Also organisational/system reputation for carrying on versus stopping.

The review believed there was a potential for reputational damage if we continued with SIM/HIN. It could appear that we haven't listened or worse ignored the concerns raised.

One area of concern was how do we review or greenlight a similar project in the future as it was not clear how this project had been cleared for frontline use.

Post Review

Since the review, The SIM/HIN network has been closed by Paul J.

The website has closed down and any support, data and guidance is no longer available.