SIM Programme Response

1. What evaluation was used as the basis for the trust's uptake of this model?

ELFT (Bedfordshire and Luton) were introduced to SIM by our partners Bedfordshire Police and launched in 2019. The SIM service is part of a developed integrated police mental health hub which includes mental health nurses in the Force control centre and Mental health street triage all working towards providing a better coordinated response to how services support and respond to the public and those who may be in a mental health crisis so that the right care can be provided at the right time taken into account the holistic needs of the individual. With this enhanced support through mentoring the individual is able to get the care and support needed instead of behaviours being criminalised when there may be a clinical need.

The SIM model provides interventions that aim to help the service user by:
· Reducing risk of suicide, accidental suicide or serious harm
· Preventing offending or anti-social behaviour during a crisis
· Improving the quality of care that fits the service user's crisis
· Preventing harm to the service user from others
· Improving the quality of care to help prevent crisis and improve life outcomes and life expectancy

2. What data do you collect on improved outcomes for patients who are subject to this model? For instance do you monitor reductions in self harm?

Improvements are collected in the form of reduction in contacts with emergency services, and behaviours reported, which is achieved by creating crisis and emergency response plans. By doing this there is reduction in negative coping behaviours such as deliberate self harm or going to bridges, frequently calling 999 or attending to emergency departments. The metrics measured include:
- Total Police incidents per month involving the service user (all types)
- Total Ambulance Deployments per month (any reason)
- Total ED attendances requiring treatment per month (any reason)
- Total MH bed days per month (any duration/reason)
- S136 detentions and Mental Health Act Assessments

SIM Intervention aims to help the services by:
- Reducing clinically unrequired demand upon emergency teams
- Improving the integration between health and emergency services by providing a coordinated response to crisis and emergency health needs.

Performance is managed and reported via operational meetings (attended by CCG) and the high intensity user network. Assurance and quality is provided through routinely collecting and reviewing service user feedback, and case studies. The SIM service also reports into the Crisis care concordat operational delivery group, which is comprised of all partner agencies, commissioners and service user representatives for system assurance.

3. Are patients given a choice as to whether they are included within this programme? (the HIN website suggests they would be placed within the programme regardless of consent)

This SIM programme is for high need individuals who present with significant level of risks posing at significant harm to themselves and/or to others. The potential risk of services not intervening is risk of death due to misadventure. Co-produced individualised plans are completed in order to support them to reduce their heightened responses when they are experiencing a mental health crisis.

Referrals for SIM come from the teams involved in supporting and providing care to the individual. This is discussed in a multi-agency referrals panel and a decision made as to the need for the service. Due to the non-consent model, the threshold is high for accepting individuals onto the programme.

4. How much funding has been allocated to the programme by the trust?

- ELFT fund the Band 7 Mental health practitioner (1WTE).
- Bedfordshire Police fund the Police officer (1 WTE).
- Both organisations alternate the funding of the High intensity user network subscription, which is £6k per annum. Which provides regular training for the team, a network of support and reporting structure focused on improvements.