BUSINESS CASE

Version 2 (March 2018)

WINNER
HRH Prince of Wales Award for Integrated Approaches to Care

HIGHLY COMMENDED
Partnership Working

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1. Executive Summary

In 2013, a new and integrated model of care called ***Serenity Integrated Mentoring (SIM)*** was piloted on the Isle of Wight. SIM brought mental health professionals and police officers together. In joint mentoring teams, they began to intensively support service users who were struggling to manage high frequency and high-risk crisis behaviours. By combining the clinical expertise of a mental health professional with the boundary setting skills of a police officer in a personal, relational and consistent approach, the pilot showed that service users could start to change their key crisis decisions and consider healthier and safer responses to often highly complex emotions. The result was fewer 999 calls, fewer ED attendances and fewer hospital admissions.

By combining the clinical expertise of a mental health professional with the boundary setting skills of a police officer in a personal, relational and consistent approach, service users could start to change their key crisis decisions and consider healthier and safer responses to often highly complex emotions. The result was fewer 999 calls, fewer ED attendances and fewer admissions.

Once the pilot had proven that the concept had worked, further work was then completed to identify the reasons why it worked and to record all the quantitative and qualitative benefits. These were published in a pilot report in Feb 2015.

In July 2015, the SIM model of care was formally acknowledged and commissioned by IOW CCG as a permanent component of their crisis pathway and in 2016, a team led by Sir Bruce Keogh (Clinical Director of NHS England) reviewed SIM and decided that it was ready and fit for national scaling across the NHS. As a result, SIM is now one of 8 health innovations being supported by the ***NHS Innovation Accelerator*** programme (2016/2017 cohort).

As part of the NIA programme it was identified that a professional network was required to connect the increasing number of SIM teams together so the *High Intensity Network* was launched; an online community that enables all SIM teams to use the same training resources, collect and analyse the same patient data and connect practitioners each month with clinically themed webinars.

This network meets all the key recommendations of the current ***Five Year Forward View for Mental Health*** strategy (as outlined on page 37).

The online network can be found at www.highintensitynetwork.org.

SIM is now a multiple award-winning model of care, having won the ***HRH Prince of Wales Award for Integrated Approaches to Care*** at the ***Nursing Times Awards 2016*** and more recently, both the ***Mental Health*** category and the ***Clinical Support Services*** category at the ***HSJ Value Awards 2017***.

By commissioning your Mental Health provider to launch a SIM team and connect with other teams through the High Intensity Network, your NHS will be joining an international community of health practitioners and police officers all determined to achieve a standard of care for some of the most vulnerable people using the NHS.

2. The SIM Model of Care

THE PROBLEM

Every day across the UK, many people experience a mental health crisis. Many of them can learn to cope on their own, most use friends or family at the key moments or will visit their GP and some will call 999 or make contact directly with mental health crisis teams. Calling for help is wholly acceptable in most circumstances but some people in crisis ask for help repeatedly and then when offered support, do very little to help themselves (or even refuse to make any effort to resolve their problems) There is a small but highly impactful cohort of service users with these behavioural patterns that exist in every community.

There is no reliable national data that measures this problem. The Isle of Wight project team collected their own data locally and based on their findings now believe that:

there are over 3500 people across England and Wales who regularly require crisis intervention (either on a weekly or monthly basis).

They also measured how much money repeat service users cost police, ambulance, ED and MH services a year and concluded the minimum costs per service user per year is at least £19800pa.

We currently estimate that the national cost of repeat callers is £63 million.

In addition to the financial costs of these more frequent patients, there are also other common problems associated with them. When in crisis, they often demonstrate behaviours that put themselves and others at a higher risk than most. They are more likely to die from accidental suicide because they take bigger risks to receive the response they need. They often have poor social and friendship networks and in most cases family members too have burnt out from supporting them and have left the scene. This is often why these service users turn to the emergency services.

There is often a significant link between these types of repeat callers and wider social risks.

Highly intensive service users are more likely to be victims of crime, they are also more likely to act in an anti-social manner, they are more likely to go missing and they are more likely to be the subject of multi-agency safeguarding.

Their mental health crisis in many ways are the surface behaviours being driven by multiple and complex issues.

THE SIM MODEL

Developed in 2013, SIM is a model of care that addresses some of the fundamental problems associated with supporting high intensity cases:

- It provides a new type of **compassionate but consistent and resilient support** to people struggling with complex, chaotic and dysregulated behaviour.

- It provides **an extra intensity in support** that conventional secondary services cannot provide.
- It mentors the individual to find their **own solutions and agree their own behavioural rules** which are then recorded on multi-agency response plans.
- It works with the individual to address the **complex needs and problems** driving their behaviour.
- It promotes **self-worth and self-esteem** through re-engagement activities in the community.
- It provides frontline emergency responders with very specific advice on decision making for different types of crisis through **response plans** co-written by the individual service user. This helps the service user to understand the probable outcomes if they chose specific behaviours before they happen.

HOW DO SIM TEAMS OPERATE?

The High Intensity Police Officer works on a full-time basis Monday to Friday 0900-1700 alongside the community nurses using the SIM model. The officer never works with the service users without a clinician being present. The officer and the clinician jointly lead the session but the clinician remains primarily responsible for the clinical risk assessment during each session and clinical documentation. Typically, the officer can manage anything between 3 and 20 service users (this varies greatly on how long the project has been running, the intensity of the service users being managed and the experience of the teams). The officer is given an honorary NHS contract, an NHS line manager (as well as retaining their police line manager) and an NHS clinical supervisor. The officer works around 95% of the time within the NHS teams and 5% of the time at the police station liaising with other officers to brief and advise on clinical matters that affect operational demand and risk management.

3. The Outcomes

IMPROVED LIFE OUTCOMES

By focusing consistently on the causes of the crisis and encouraging each service user to find sources of self-esteem and purpose, the SIM model slowly removes the need and desire to reach crisis point. These journeys are built on transparent conversations which understand and validate the individual’s feelings whilst being very clear on the short term, mid-term and long-term risks of each crisis behaviour as well as the impact on other people and likely consequences of repeating the same behaviours. The presence of a specialist police officer in the team has proven to be the key factor in securing new behaviours that are less anti-social, risky, impactive and sometimes potentially criminal.

Improvements in life outcomes include:

- Securing safe accommodation
- Volunteering and employment
- Access to children
- Repairing relationships with family and friends
- New network of friends
- Support with gender re-assignment treatment

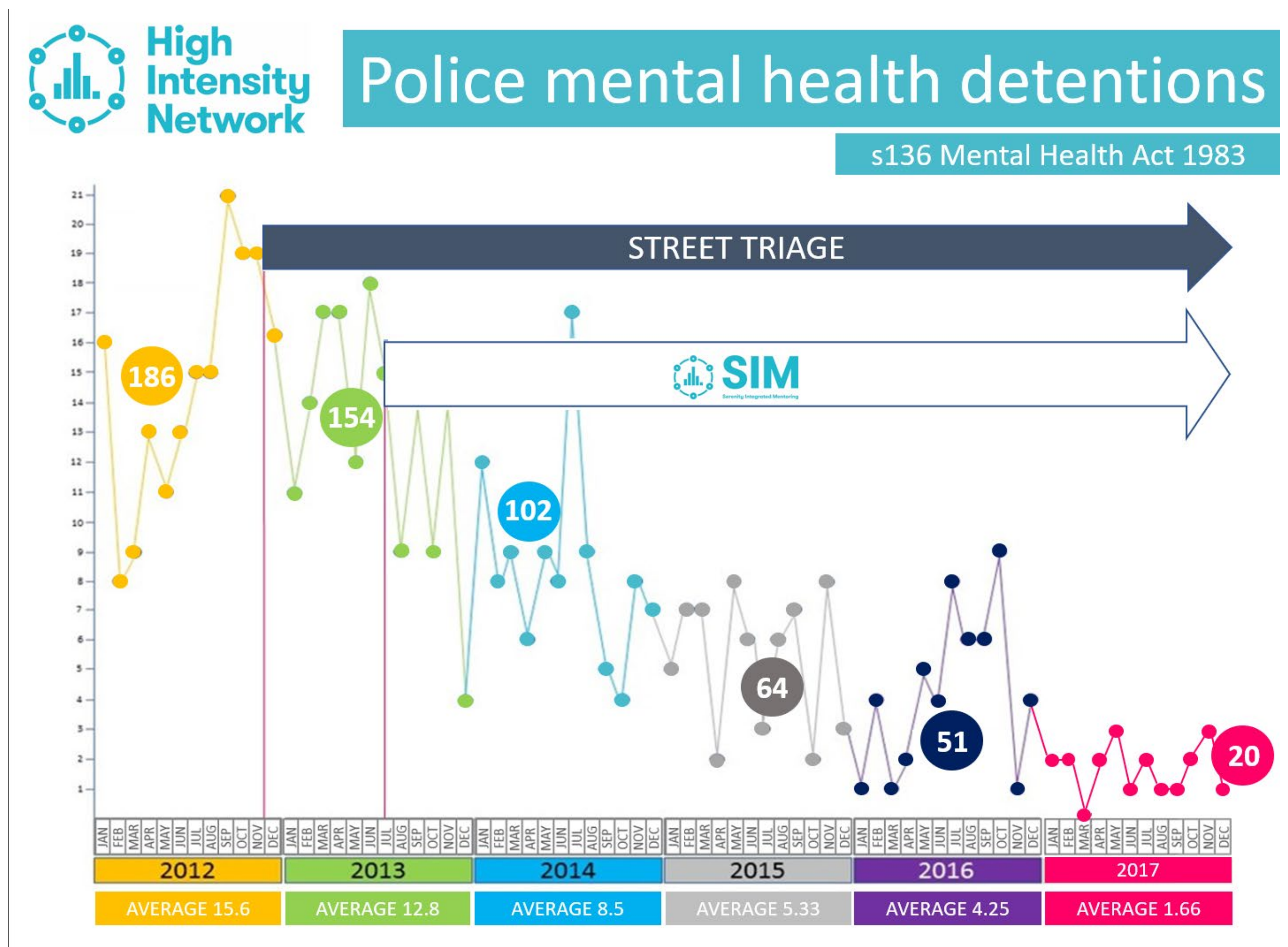
- Referrals to physical health teams
- Avoidance of serious criminal justice systems

DEMAND REDUCTION AND FINANCIAL SAVINGS

SIM mentoring teams have proven to make a significant difference to the behavioural choices of most service users who engage with the programme. With time and consistent support, the need for the individual to use crisis behaviour as a way of coping is removed. This can take up to a year to achieve but a 100% reduction in crisis calls is wholly possible. As newly established SIM teams move into their second and third years of operation, they can also start to focus on service users who are starting to show the first signs of crisis so SIM also becomes a preventative tool as well which reduces the total number of people reaching crisis that requires a 999 response.

Demand reductions include:

- A 53% reduction in all 999 crisis incidents within a SIM managed community
- A 90% reduction in demand by each service user on the programme
- A significant reduction in the use of s136 (and therefore in Mental Health Act assessments)
- Less ward beds used for crisis, creating more therapeutic ward environments



The SIM model can over time radically reduce the intensity of the s136 pathway. This can change the way in which places of safety can be managed.

EMERGENCY DEPARTMENT DEMAND

SIM can have a significant effect on the demands placed on Emergency Departments too. By writing response plans with the service user and sharing the plan with ED team's, much more consistent responses and decisions around the treatment and care of the individual when attending an ED can be achieved. Specifically, they can give doctors and nurses the confidence NOT to treat or respond in ways in which they would have felt compelled to before, such as:

- Not requesting scans/x-rays/MRIs/blood tests
- Not keeping the individual in the ED for observation
- Not pursuing the individual if they decide to discharge themselves
- Not requesting the police to find the individual or conduct a welfare check at home

By providing detailed response plans, ED staff are encouraged to respond in ways that are consistent with other emergency responders. This reinforces the message to the individual that crisis behaviours that once worked no longer work, which then promotes safer and more responsible behavioural choices and an improved chance of long term recovery through the support of the SIM team.

This is what ED consultant **Dr Rob Andrews** says about SIM:

"The SIM program has presented an incredible opportunity for police, mental health services and emergency and urgent care services to work together in managing some highly complex patient behaviours. In addition to reducing the requirement for mental health patients presenting in crisis to be detained under section 136 of the mental health act (a proportion of whom are presented to our already overcrowded emergency department), SIM has been invaluable in managing high intensity users of the Ambulance and Emergency services. High intensity users represent a subset of Emergency Care patients whose needs are highly complex and predominantly not met by traditional healthcare responses. Within this group are patients with chronic physical and mental health problems, personality disorders, and patients who engage in generally antisocial behaviours to the detriment of other service users. They require careful management to see their needs are effectively met and their behaviours are managed. This requires a consistent multi-agency response and we have found an approach where Health manages individual clinical risks and SIM/Police set personal boundaries that encourage positive behaviours in these individuals has been very effective.
We have seen drastic reductions in service usage by many patients where the joint approach has been applied without harm or adverse effects. The approach has been beneficial to the recovery of

many of our high intensity users and has effectively rationalised their care. The effectiveness of the approach has been set out in several reports and case studies.

I truly believe for the small minority of patients that fall into this category this is the only effective approach that does not deny them health care but ensures this care is matched to their real needs.

This multiagency care planning, working across boundaries, and utilising the unique skills of the components of the team has the potential to dramatically improve the management of a highly problematic group of patients who are resistant to traditional models of care delivery.

In short, the traditional system approach does not work for this group so the system needed to be changed and tailored to their needs for their individual benefit and for the benefit of other service users. SIM/Serenity is a crucial part of this modified response and I look forward to the further development of the model and its expansion to include more patients with physical health needs (rather than predominantly mental health needs) as I believe this will be possible with community based health practitioners such as community matrons and ambulance emergency care practitioners working alongside SIM and community mental health teams.

The potential to avoid hospital attendance and admission and the gratification that accompanies that, with no clear benefit, for some High Intensity Users, is a productive step on the road to recovery for these patients. This would be impossible without the boundary setting function that SIM offers".

MENTAL HEALTH TEAMS - CLINICAL BENEFITS

SIM provides a significant and safer step forward for mental health care coordinators who report clinical benefits in many areas of their work, as follows:

PROPORTIONALITY: "We only introduce a police officer when we agree it would be helpful"

RISK MANAGEMENT: "The NHS no longer manages these risks alone"

RISK MANAGEMENT: "Mental Health teams no longer work blind – we are told of all risk related behaviour"

OVER-DEPENDANCE ON THE NHS: "A fresh start for all. SIM redefines and re-sets the *clinician-service user* relationship"

BEHAVIOURAL BOUNDARIES: "Service Users understand that all risks and behaviours are reviewed and discussed"

BEHAVIOURAL BOUNDARIES: "A more consistent approach towards behavioural responsibility"

BEHAVIOURAL BOUNDARIES: "Consequences: we say, 'It could'…..but police say, 'It will'"

USE OF WARDS: "Our use of hospital admissions has changed"

CRIMINAL JUSTICE: "SIM gives my service users a real fighting chance to avoid the criminal justice system"

CRIMINAL JUSTICE: "We can achieve a much more consistent application of criminal justice sanctions"

PREVENTION: "We are now working upstream with service users who are beginning to show habitual signs of repetitive crisis behaviours"

LEAST RESTRICTIVE PRACTICES: "Through our response plans, police can adopt less controlling responses"

PATIENT SAFETY AND CORONERS COURTS

SIM provides a welcomed step forward in achieving a more consistent approach in the risk management of service users. It seeks to find a healthy balance in how much responsibility is taken by the service user and the public services in making individuals safe at times of crisis. It is led by the principles of 'Least Restrictive Practice' and 'Positive Risk Taking' in encouraging service users to self-care and self-manage through a culture of open, transparent and mutually agreed response plans. It provides frontline responders with the confidence to trust response plans which advise them not to intervene. By encouraging service users to self-care (whilst simultaneously providing positive support in other ways that promotes recovery) risky behaviour can be prevented.

In the unlikely event of an accidental death, SIM demonstrates clearly to families and to the coroner that public services had a comprehensive understanding of the challenges being faced by the individual and that he/she had been supported by a tailor-made care package that was promoting personal responsibility to achieve better life outcomes in ways that were supportive, lawful, proportionate and least restrictive.

Through the professional practices of the SIM model, any review or enquiry of a patient death will be supported by well documented records.

In the event of a sudden death, Serious Case Review or Coroner's court process, the national leadership team for the High Intensity Network can help to present the model of care to any reviewing or decision-making party.

In July 2017, SIM was recognised at the **Patient Safety Awards 2017** as follows:

WINNER: Managing Long Term Conditions

HIGHLY COMMENDED: Best Innovation in Public Sector

4. Delivering National Strategy

SIM teams are now connected through our new *High Intensity Network*; created specifically to deliver key requirements of the most current national strategy, most notably:

THE FIVE-YEAR FORWARD VIEW FOR MENTAL HEALTH 2016 (page 37)

"Alongside new standards we need to see further innovation in three areas:

1. **New models of care to stimulate effective collaboration** between commissioners and providers to develop integrated, accessible services for all - for example Integrated Personal Commissioning
2. Expanding access to **digital services** to enable more people to receive effective care and provide greater accessibility and choice - for example the digital initiative in London that will be operational later this year
3. **A system-wide focus on quality** improvement **to support staff and patients** to improve care through **effective use of data**, with support from **professional networks**.

THE CRISIS CARE CONCORDAT 2014

The Concordat focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

NHS ENGLAND – KEY LICENSING OBJECTIVES

Our work also meets all four license objectives for NHS England support:

Focus on the needs of the population.

SIM is a new model of care for a cohort of NHS patients who need highly specialist staff to assist in their recovery and development. It is service user driven.

Speed up adoption, outcomes and improved patient experiences.

SIM has proven that it can trigger new sets of clinical outcomes for service users formerly struggling to make headway within traditional pathways.

Build culture of partnership and collaboration.

SIM is built on partnership skills. It cannot operate without collaborative work. It is an integrated mentoring model that seeks to build a partnership with the service user.

Create Wealth.

1. It is predicted by our Health Economist that a full national model would save the UK around £81 million in the first 3 years.
2. High intensity mental health crisis is a universal problem that spans every modern policing country. The potential for income generation is substantial.

5. Delivering STP Priorities

SIM teams and the High Intensity Network can help local Trusts and CCGs to meet 16 of the strategic priorities of the 44 STP Footprints.

They are:

SIM changes the way in which high risk cases are managed across mental health services. We remove the need for multiple multi-agency case conferences that cost incredibkle amounts of money to arrange but are more often than not risk assessment processes and talking shops with few actual, proactive solutions. SIM personally and intensively manages the risk on a day to day basis.

SIM won the **Clinical Support Services** category at the **HSJ Value Awards 2017**. The SIM officer supports clinicians in managing extreme, chaotic, risky and challenging behaviours that nurses and doctors cannot manage on their own. Combining police and nursing ensures that the team has all the tools it needs.

SIM not only encourages service users to be discharged from wards so that they can be more effectively managed in the community, but it also has a high rate of success in preventing any future admissions. One of the key messages that SIM

teams drive home is that behavioural health problems rarely belong in ward settings.

At the heart of the SIM methodology are carefully written response plans that are written alongside the service users themselves. They are more response agreeements signed by the service user and the service teams than plans written in isolation by the teams themselves. Over time this reduces the service user's choice to put themselves in situations that require an emergancy response.

The SIM model of care removes the burden of responsibility on the NHS to manage these kind of cases alone as it accepts that police and other agencies are also responsible for managing people who often cause as much risk and impact in public places as they do in clinical settings. SIM is a compassionate but resilient form of policing. It won the **Nursing Times Awards 2016** for **Integrated Models of Care**.

Every SIM session with the service user focusses on 2 strands of the person's life: Personal Behaviour and Personal Need – this ensures that as much focus is given to the factors driving the crisis as the crisis itself. It is also a great way of ensuring that the service user knows that the professionals helping him/her understands that there is a '*Cause and Effect'* pattern in their life.

SIM won the **Mental Health** category at the **HSJ Value Awards 2017** and is the only mental health related project being supported by the NHS Innovation Accelerator programme. This means that it has been assessed for its clinical results and its scalability. NHS England would like SIM to be used across the entire health service.

We believe that SIM is the only model of care in the world that uses a specially trained police officer within mental health on a permanent basis, commssioned specifically by health services. We believe that using untrained police officers who do not fully appreciate the complexities or behavioural health crisis and who do not have the skills needed is an unsafe and unprofessional model of care.

SIM can completely emlimate in-patient care for personality and behavioural health cases. It is estimated that between 25 and 40% of all mental health ward beds are occupied by these types of cases. We believe that SIM can start a revolution in mental health care that can change how wards are used across the UK, which will in turn enable every Trust to save millions of pounds in costs.

SIM can prevent cycles of crisis from reoccurring in cases where the cycle is already well established (Tier 1 Cases) but it can also work with new service users who we believe are at risk of developing unhealthy patterns (Tier 2 cases). It is predicted that by the 3rd or 4th year of using SIM, around 75% of Tier 1 cases will have been solved and around 75% of all cases being managed will be Tier 2.

Without SIM, NHS teams and 999 responders use different risk tools and risk management decision making. This causes inconsistency in care and allows patterns of behaviour to persist and engrain. SIM uses a single risk management approach so that both the service user and the SIM fully understand how risks will be measured and reacted to. The service user expects X response from Y risk.

At the heart of the SIM approach are core messages of hope and responsibility. These messages encourage each service user to find their own paths using new levels of confidence and new forms of self esteem. Slowly we build new identities that are more positive and optimistic and require crisis behaviours less and less.

SIM can help each mental health service user to see that their future does not lie within institutional care but outside within society, being confident and productive members of the community. The presence of a police officer can re-negotiate the unseen, unwritten contract between patient and nurse and steadily reduce the over-dependance on professional staff and services.

We believe that SIM represents a game changing moment in the future of mental health care, combining the bio-medical approach of conventional medicine with the psycho-social interventions of policing whilst integrating these 2 core public services to form a team with all the skills needed to help complex cases.

SIM provides hope to service users stuck in addicted patterns of crisis. Hopelessness is arguably the most powerful emotion that drives people to end their life in the final moments. SIM staff are trained to bring hope into the room every time they do so. In 4 years, we have only lost one service user to an accidental suicide.

SIM was ***Highly Commended*** at the **HSJ Value Awards 2017** in the **Workforce Efficiency** category. SIM can relieve pressure on police, ambulance, ED and Mental Health demand as well as reduce staff sickness and absenteeism.

6. Benefits of joining the High Intensity Network

By the end of the NIA year, the High Intensity Network will be providing the following resources:

www.highintensitynetwork.org

The website that provides information to both services and service users about the SIM model and the benefits of professionalising services specifically focused on our most frequent and high-risk crisis patients. Users of the website will be able to learn about the network through a series of video briefings and access to all our written reports and promotion material

Project Set Up Video Resources and Universal Governance

Accessed from the homepage of the website, teams who wish to set up a SIM team will be able to access a password protected portal which will lead them through the 9 steps of Set Up as well as a full library of project governance document templates to use and a series of videos that leads the teams through each of the 9 steps.

Set Up Workshops

Alternatively, teams can opt for our Set Up Workshops which leads them through the Set-Up phase personally. We run a TASKING WORKSHOP and a FINISHING WORKSHOP.

Training Courses

As each team completes their set up phases, two CPD approved training courses are provided:

Course 1 – A classroom based course for the new SIM team staff. This course aims will ensure that the police and NHS staff know how to launch properly, know which cases they will be focusing on initially and why and know how to work together effectively.

Course 2 – An online course tailor made for new practitioners, ensuring that all core skills and knowledge are embedded. This course is completed at the practitioner's own pace and consists of video modules and short knowledge checks.

Monthly Webinar Programme

Each SIM team operating round the UK will connect once a month to participate in a schedule of interactive webinars. The subjects of each webinar will be published on the website and will include the following:

- 30 minutes of clinical training by clinical leads followed by 30 minutes of open discussion
- Mentoring and Risk Management specific subjects
- Case specific discussion (all personal identifiable data will be removed)
- Case studies showing best practice or learning points

7. Future Development of the Network

As the network grows we will be able to develop the following additional activities:

National Data Set

For a team to join the network, they must make a simple commitment to gather the same basic crisis data and provide that data to the High Intensity Network leadership team each month for each service user. This means that for the first-time good quality data to form a national data set for high intensity cases can be gathered.

Annual Conference

Once the network is fully established there is an aspiration to hold an annual conference in the Autumn of 2018, allowing teams from all over the network to share best practice.

8. Funding a SIM Team

The most commonly used model involves a CCG/NHS Trust paying for a police officer to work full time within the Community Mental Health Team (with an NHS Honorary contract). The recommendation is that the police force from which the officer is sourced receives at least 50% of the officer's salary and on-costs **(approx. £25000).**

In return, the officer works on a full-time basis Monday to Friday 0900-1700 alongside the community nurses using the SIM model. Typically, the officer can manage anything between 3 and 20 service users (this varies greatly on how long the project has been running, the intensity of the service users being managed and the experience of the teams).

In some teams, the police officer is donated for free by the police service for 6 -12 months to assess the effectiveness of the model.

The recommendation is that senior leaders within NHS commissioning and Police reach a local agreement for funding.

9. Future Proofing the High Intensity Network

Teams that commission the SIM model must also make a professional commitment to support the ongoing work of the High Intensity Network which will support the continuous professional development of all staff using the SIM methodology. The High Intensity Network is currently funded in the 2017/18 Financial year by NHS RightCare. It is likely that once the network is grown sufficiently with multiple trusts reporting improved quantitative and qualitative outcomes, that funding shifts to a subscription-based income model, where individual NHS providers, CCGs and police organisations pay a small annual fee for the services of the network.

10. Projected NHS and Health Financial Efficiencies

Mental Health Act Assessments

As the SIM model is used more and more effectively, mental health services can expect a slow but reliable reduction in s136 police detentions and a more consistent response to other types of crisis incidents. This will discourage the use of police, ambulance, ED attendance and MH beds as the 'default' response option expected by both service users and service providers. Over time, the number of people in a community reaching critical levels of crisis reduces because the SIM team can engage with each crisis patient at an earlier stage of their medical journey and are able to prevent further crisis events from occurring. This means that the number of Mental Health Act assessments (following s136) will reduce; a direct saving for commissioners if we prevent the extra costs of out of hours assessments. s136 detentions have reduced in the original SIM area resulting in savings of over **£50000** in assessment charges per year.

Ambulance deployments and ED attendance

In areas where the CCG pay their ambulance service for each medical deployment and their ED departments for each patient attendance, there will also be a reduction in these commissioning costs as the SIM teams will divert, prevent and discourage service users from using these two critical services.

Reduced costs of sickness absence/agency costs

During the pilot, NHS staff also reported less sickness absence as they felt more supported, optimistic and hopeful for their clinical relationship with their service user.

Less use of ward beds for behavioural disordered service users

In time, as SIM teams promote self-care, out of hospital care and social prescribing, there will be less service users needing hospital admissions. With less intensive demands placed on ward beds, bed occupancy will start to ease allowing the re-organisation of wards and re-patriation of service users from private facilities. For larger Trust areas with multiple ward facilities, the gradual and consistent reduction of behavioural patients from all s136 suites and wards may even allow facilities to merge or become more specialist for services users needing specialist care that can only best be achieved as an in-patient.

Legal and Reputational Risk Reduction

SIM teams can also ensure that clinicians are better protected from legal threats and complaints with some volatile and litigious clients because the police officer can in many instances regulate the service user and simultaneously protect their clinical colleague by openly supporting and reinforcing their decision making.

11. Benefits of operating SIM high intensity teams to the police service

Mental Health is core police business

Around 2010-2012, police organisations collectively began to talk differently about mental health. This has been a ‘slowly burning’ conversation, evolving over time but policing is finally shifting its perspective (with some degree of reluctance) towards a new view of its role and function with mental health related demand. The original position was “Mental Health is not our job – we fight crime. We shouldn’t be even responding to mental health incidents”. This silo driven perspective compartmentalized mental health as a category of risk and demand that ‘other agencies’ were responsible for. It refused to explore the correlation between mental/behavioural ill-health and crime and disorder.

We then progressed to a second perspective where officers acknowledged and accepted a limited role in dealing with mental health in the community. Officers would typical say “We respond to a lot of mental health demand, but we are not equipped to deal with it as we aren’t trained”. This small evolution served a purpose and led to the development of integrated approaches, most notably Street Triage and Control Triage Nurses. Triage teams have been developing since 2011/12 and now 40 out of 43 forces in England and Wales have some form of embedded triage process. Responding to mental health calls has now finally become accepted as core business for police officers. There may still be significant blockages and inefficiencies in how agencies handle crisis care but the police are atleast no longer refusing to accept that they have a vital part to play. Mental health is a community risk and community risk is a core policing role.

SIM teams are created to deal with the highest levels of mental health related risk and demand, by managing the most intensive service users.

Reducing crisis call demand and unnecessary use of s136

SIM teams focus primarily on a small number of service users, typically working with less than 10% of all people who experience a mental health crisis in their communities. These small number of service users can often cause up to 40% of all crisis calls in the same community. Street and Control Room Triage teams identify them and manage them when they go into crisis, but triage is only a response service, so these teams have minimal ability to influence demand reduction. SIM teams work alongside triage teams to intensively support this small number of service users and with time they eliminate the demands placed upon emergency services.

Consistent decision making: from a culture of fear to a culture of confidence

A challenge faced by police officers all over the UK is knowing what is best for the service user when in crisis. They often lack the operational knowledge and confidence to make a decision that is best for the service user. They therefore gravitate to using s136 of the mental health act as a safety net decision. SIM recruits a local officer into this specialist post. A core part of this role with the service user is to write a personalised response plans and to brief frontline teams to have the confidence to follow through with the recommended response for each type of crisis (a response that will be in the best interest of the patient). Consistency is paramount to the behavioural recoveries of these patients.

Wider Education & Training

As leaders, SIM officers play a dynamic role in helping to lead local policing teams towards more consistent decision making in a crisis. In doing so, they will be giving officers new levels of knowledge about behavioural health and personality disorders. These training moments will enable officers to see more clearly the trauma and behavioural coping habits of people living in their communities and they will start to make more reliable 'cause and effect' connections with all the people they help or deal with. 80% of people in prison have a mental or behavioural illness or disorder. Many of them can avoid prison if the criminal justice system can identify mental health problems earlier and intervene/divert in a different way.

Opportunities for Prevention

Crime prevention is best conducted, not through preventing the commission of an offence by an adult but by preventing the adult from ever becoming a person with a propensity to offend. The SIM model will first deal with adults with behavioural health and personality disorders but the ambition for this model of care is to evolve it to support children and young people showing the first signs of conduct disorders that could eventually lead to diagnoses of personality disorders as an adult.

Standards of Care and Reputational Risk

SIM teams are considered best practice for the management of high intensity patients for the following reasons:

1. The model is designed to meet the core recommendations of the National Institute for Clinical Excellence (NICE)
2. The model of care is being designed and evolved in conversation with the CQC and the IPOC.
3. SIM is considered best practice for policing high frequency crisis callers by the MH lead at HMIC. By operating Sim within your force area, officers will be making key decisions in line with best practice.

12. Contact Details

For more information on the SIM model of care or the High Intensity Network, please feel free to contact the High Intensity Network at any time:

PAUL JENNINGS

NATIONAL PROGRAMME MANAGER

Email: paul@highintensitynetwork.org

Or you can make contact through the website: www.highintensitynetwork.org

FACEBOOK: https://www.facebook.com/highintensitynetwork

TWITTER: @simintensive