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TEAM LOGOS HERE

OPERATIONAL DELIVERY GUIDE

Version 10

JULY 2018

The Purpose of this Document

This Operational Guide is the recommended policy document for all High Intensity teams across the UK using the SIM mentoring model as the foundation of their methodology and training. The vision behind this document is simple: to make all high intensity work as universal across health and policing as possible so that we can:

Train together, compare data together, evolve together and stay safe together.

What do we need you to do?

Read through the 11 sections together as a team (preferably in a one-day workshop) and decide which elements to keep, which to discard or which to simply edit. This document should be considered a template. It is not compulsory to use but we do encourage you to replicate it as closely as you can because you will be networking and learning alongside teams from all across the UK and even other countries who will be using the same guide.

Can we add new sections, paragraphs or sentences?

Yes! Please add whatever elements you feel is missing. You may think of something we haven't thought of and as a result, we may update this template to include your recommended additions.

Can we disagree with something that is written?

Yes! If you feel something any element of the project needs improvement, then please challenge us to improve it and let's re-write that section together.

What do we do when we have completed our own document?

Simply add your team logo to the front of the document and then send us a copy and we will add your document to the website so that other teams can see how you have developed your policy and procedures.

Can we change our Operational Guide as we move forward?

Yes! We encourage you to make as many amendments as you wish. Your document should be considered a live document that should evolve continuously. All we ask is that we have a copy of your most updated version.

SECTION 1 - PROJECT OVERVIEW

1. Summary of the SIM Model

The _____ team will design and implement a high intensity partnership project between police and mental health that is based largely on the design of the SIM programme. SIM was developed from July 2013 by Hampshire Constabulary and Isle of Wight NHS Trust in response to the problem of high intensity and frequent caller mental health patients, most notably the most intensive and risky cases that health staff alone are unable to manage.

The SIM model introduces a specialist trained police officer into the mental health care pathways of specific services users so that a new model of care can be delivered, combining the best of nursing with the best of policing. This integrated model provides the support team with all possible supervision tools they may need; encouraging service users to better self-manage their behaviour, to consistently de-escalate and to find better coping mechanisms that pose less risk to themselves and others, that avoids the criminal justice system and that places less unnecessary demand on emergency and healthcare services.

2. Directive to spread SIM - Sir Bruce Keogh, Clinical Director of NHS England

In November 2016, in recognition that SIM delivered all the key requirements of the Five Year Forward vision, Sir Bruce Keogh requested that SIM be expanded across all NHS Mental Health Trusts in England and Wales as part of the *NHS Innovation Accelerator* Fellowship.

The _____ team acknowledge the recommendation by Sir Bruce Keogh to be part of a scaled up national programme that addresses the needs of high intensity mental health patients.

3. National High Intensity Network

The objectives therefore of the SIM team (now supported by the NIA programme, is to support all NHS Mental Health Trusts who wish to use this model of care and to establish a national network of these high intensity teams that promotes continuous professional and achieves economies of scale where possible.

The _____ team is fully committed to joining the High Intensity Network to support continuous professional development and to achieve economies of scale amongst its partner organisations.

SECTION 2 - FORMING TEAMS

4. Task and Finish Group

The local Partnership Group creating this project and team will need to form a Task and Finish Group which will meet periodically until the team becomes operational. It is up to the team leader to decide if the Group will remain in existence for a period after the launch to iron out early operational problems. If not then please see Point 5 below (for an alternative arrangement).

5. Operational Group

Once the Task and Finish Group is officially closed, there needs to be an ongoing Operational Group that reviews the effectiveness of the team on the frontline. This group is especially important as there will be early problems identified by both Clinicians and Police mentors in relation to a wide range of issues, such as cultural differences/resistance, speed of change, embedding relationships and new processes, miscommunication of the mentor's, operational forms and governance etc

The _____ team agree to adopt both Task and Finish Groups which will merge into an Operational Group. How these two groups blend into each other will be down to local decisions.

6. Service User Consultants

It is widely acknowledged that all new Mental Health related partnership teams should include service users in a spirit of 'collaboration' and 'co-design'. This is to ensure that the evolution of commissioning and service delivery becomes more led by the needs of people with lived experience.

Ideally, the service users invited to participate in the leadership teams should have personal experience of experiencing a level of crisis that involves 999 emergency services and on a repeat basis. If no service users with this specific behavioural traits can be found, then the project team should recruit other service users willing to co-lead. The ethos of collaboration should be strong and reflect the 'Nothing About Us – Without Us' culture (see the 4Pi National Involvement Standards produced by the National Involvement Partnership for better guidance on what constitutes strong involvement and coproduction).

The _____ team agree to adopt a strong co-production framework within their project planning and ensure that all project design and review processes have strong and effective service user involvement.

7. Senior Sponsors

As the High Intensity Network has been created to address problems caused by historic and complex problems that create long term conditions, the Network will support each team for many years so that service improvements evolve and embed over time. This long-term planning framework does not fit with Commissioning time frames (which are often completed in 1-3 year periods). Therefore, each team needs to consider how the work of their team will be supported over several

commissioning periods. We recommend that senior staff within the local CCG are identified who can make this commitment on the behalf of their NHS Trusts and that they are officially declared as a Project Sponsor so that teams are protected as much as possible as each new commissioning period ends.

The _____ team agree to identify a project Sponsor with their CCG and to request that they sign the Project Sponsor form found within the Set-Up Portal.

8. Media and Corporate Communication

The High Intensity Network recommends that all teams involved with the project are supported as early as possible by their respective Corporate Communications Department, most notably because

A) The project team will be dealing with service users with often high risk, malicious and litigious behaviours.
B) The use of a police officer to manage mental health patients within clinical settings to some is a controversial method of care.

The public messages sent from the project team must be well managed.

The _____ team will ensure it has a designated Corporate Communications lead officer and that this officer will work in partnership with all other officers from other High Intensity projects to maximise the voice of the High Intensity Network and develop public awareness of the network and its work both locally and nationally.

SECTION 3 - ALLIGNING WITH NATIONAL STRATEGY

9. Meeting the *Five Year Forward View*

SIM is a new model of care that meets all the requirements of the Five Year Forward View for Mental Health published by NHS England. On ***page 37***, the strategy highlights the need for new innovations. It states:

"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.
2. Expanding **access to digital services** to enable more people to receive effective care and provide greater accessibility and choice.
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 _____ team acknowledges its duty to develop new models of care, using digital platforms driven by quality data that are developed as part of wider professional networks.

LINK TO FIVE YEAR FORWARD:

https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

10. Mental Health Crisis Care Concordat Group

The High Intensity Network recommends that all teams involved with the project are supported at a Strategic level by the local Crisis Care Concordat and that all teams in each area are recognised within the planning and management documents of the CCC governance. It is also recommended that High Intensity teams are regularly reviewed on the CCC agenda.

The _____ team agree to approach the Chair of the Crisis care Concordat group to request that their work be formally acknowledged and supported by the group.

11. Local Mental Health Strategy

Similarly, it is recommended that the High Intensity team(s) are formally adopted into any local area Mental Health Strategies.

The _____ team agree to approach the Chair of all Mental Health Strategy Groups to request that their work be formally acknowledged and supported by the group.

12. Local Suicide Prevention Strategy

Similarly, it is recommended that the High Intensity team(s) are formally adopted into any local area Suicide Prevention Strategies.

The _____ team agree to approach the Chair of all Suicide Prevention Strategy Groups to request that their work be formally acknowledged and supported by the group.

SECTION 4 - TEAM IDENTITY

13. Partners

The following organisations/teams are vital to the effectiveness of the project teams:

CCG Commissioner for Mental Health

Mental Health Service Managers

Mental Health Community Team Leaders

Police Mental Health Team

The following organisations/teams are not vital but strongly recommended:

Local Ambulance Service

Representatives from every Emergency Dept in the area you are operating

Corporate Communications Teams from NHS and Police

Police and Crime Commissioner's Team

The _____ team will design their team membership in line with the above advice.

14. Branding Logo and Network Affiliation

1. **PROJECT NAME AND LOGO**

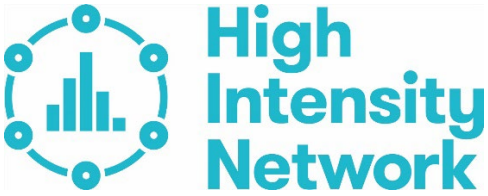
Each Trust that wishes to join the network must agree to use the network branding logo as below, although they can call their team/project by whatever name they chose. The network logo is below:

The _____ team agrees to use this logo alongside its own team name.

2. **AFFILIATION TO NATIONAL NETWORK**

Each project team must also identify its project name with the wider national programme branding to help the promotion of the national network and encourage new teams to join. This co-branding should be clearly visible on:

- Front covers of any formal documents affiliated with your project
- Home page of any website affiliated to your project
- Home page of any Social Media platform affiliated to your project



All HIN design work and website construction is carried out by Rockit Designs in Southampton, although each local team has no obligation to use Rockit for the design of their own team logo.

The _____ team agrees to co-brand its own project name with the H.I.N logo.

SECTION 5 - FINANCIAL MATTERS

15. Funding the Police Officers

One of the key decisions that needs to be made is who pays for the police officer(s). As they will be working full time within the NHS, they will not be operationally deployable on a daily basis so consideration should be made as to how much the NHS/CCG contributes towards their monthly pay and on-costs. A senior constable with on costs is roughly £50,000 to employ.

As 3 of the 4 crisis teams who benefit from cost reductions are NHS based teams (ED/Ambulance/MH), consideration should also be made to the low proportion of cost reductions experienced by the police service. We currently estimate that of all costs that can be saved, around 90% of costs reductions benefit the NHS.

However, operating a High Intensity Team also has significant operational benefits to the police service too, most notably:

- Reduction in crisis calls
- Reduction in risks faced by officers
- Reduction in malicious investigations
- Reduction in the use of police cells for people in distress (and therefore the reduction of deaths in custody)

We recommend that at least 50% of each officer's salary is paid for by the CCG.

The _____ team agree to negotiate and find a solution that fits both the police and NHS in view of all the factors above.

16. Network Membership

Once the issue of who pays the officer's salary has been agreed, the only other potential ongoing cost of operating this team is the cost of the national co-ordination and network. At the time of writing, all the costs of supporting 6 new High Intensity teams are covered (until 31st October 2017)

If you are one of the original 6 teams then there will be no costs charged by the High Intensity Team in this period. If you are launching within this same period and you are Team 7 or higher, then you will be informed if there is any need for the costs of the co-ordination work to be covered before October 31st 2017. Any requests for costs to be covered will only be made to directly reimburse the team for their work with your project (i.e. travel, accommodation only).

After October 31st 2017

The work of the High Intensity team after this date is currently being discussed at senior levels within NHS England and the team has also applied for 3 years of funding from the Health Foundation. It may be possible therefore that the ongoing coordination of the network continues to be funded centrally at no local costs to NHS providers or CCGs.

If this central funding is not found, the team will need to be funded by created a 'self-sustainable' financial model, most probably by the creation of a CIC and the requirement of each CCG to pay an annual subscription to the High Intensity Team for the support services it provides. We will keep you updated as much as we can.

The _____ team acknowledge the need to fund the National Team on an ongoing basis if service improvements over the next 5-10 years are to be achieved. It acknowledges that the High Intensity Team may approach each team to request an annual subscription on a 'not for profit' basis.

17. Future Funding Options – Memorandum of Understanding

The _____ team agrees to sign a MOM to acknowledge point 16 above. This is a legally non-binding document which we ask you to sign in the spirit of the project goals at this time.

SECTION 6 - SERVICE USER IDENTIFICATION AND CASE MANAGEMENT

18. Identification and prioritisation of High Intensity Cases

There are a variety of ways in which high intensity service users can be identified but our recommended method involves the establishment of monthly **High Intensity User Groups**.

These are monthly face to face meetings between police, mental health, ambulance and ED staff who have individually collated their own data and identified their own repeat patients. The HIU process will record and collate all these names into one risk and demand document so that the service users can be ranked by intensity (frequency and risk together).

The mid-long term vision for this network is to develop High Intensity User Groups across the country that use the same IT system that regularly compare names in order to identify cross border cases.

To promote this network, the _____ team agrees to establish High Intensity User Groups so that we can standardise the network terminology.

19. High Intensity User Group – National IT Platform

Work is currently underway to develop a national IT solution that will allow Police, Mental Health, ED and Ambulance data bases to connect and collate patients on frequency and intensity of demand. This work is being done in partnership with **Docobo/Artemus-ICS** based in Surrey, UK.

The _____ team agrees to support this project and to not create a duplicate IT solution that would be incompatible with the proposed national IT platform.

20. Permission from Lead Clinician to mentor a service user

Once high intensity service users have been identified, SIM mentors will be allocated to suitable cases. Before mentoring can start, permission must first be gained from the Lead Clinician for that service user. This is to ensure that the service user has sufficient mental capacity for a mentoring team, that they would benefit from such support and that mentoring would not complicate or disrupt any other treatments being undertaken by the service user at that time.

The _____ team agrees to ensure that any local processes includes a Lead Clinician review.

21. Mental Capacity (C-U-R-E)

Mentoring as a support mechanism can only be affective if the person being mentored has sufficient mental capacity to engage with his/her mentors. For the purposes of SIM, mental capacity shall be defined as follows:

A service user will be said to have sufficient mental capacity if they can do all of the following:

COMMUNICATE effectively about the topics and issues being discussed AND

UNDERSTAND what is being said to them AND

RETAIN the information being given to them for a sufficient time so that they can then AND

EMPLOY (or use) the information to make sound and safe decisions

Mental Capacity is taught within the initial training course and on the online portal.

The _____ team agrees to only apply SIM mentoring methods to service users who are assessed to have sufficient mental capacity to engage and that if any service user experiences a decrease in their mental capacity that the mentors will immediately review the suitability of the service user's involvement in the mentoring scheme. This may result in either suspending the mentoring or stopping it altogether.

22. Patient Engagement and Consent

The SIM model of mentoring is based largely upon the recommendations of the National Institute of Clinical Excellence (NICE) in working with patients with Borderline Personality Disorder. One of the principles of this document is openness, transparency in care and decision making and consent. Participation with a high intensity mentoring team is therefore voluntary at all times. A service user can engage and disengage with the mentors at any time should they wish to do so. In order to both encourage engagement and discourage disengagement, SIM mentors need to be trained correctly but they cannot over rule the service user's decision.

The _____ team agrees that any mentoring scheme delivered that is based upon SIM principles must be appropriately designed and communicated so that patient consent remains a primary principle. Mentors have the right to work with the service user in order to encourage them to remain on the programme but must never knowingly coerce a service user unfairly or dishonestly to engage or participate. If a patient wishes to return to the programme, he/she must be allowed to do so at any time (unless circumstances make this decision inappropriate, unsafe or not in their best interests).

23. Mentoring

The SIM model has been evolving since 2013 and one of the fundamental changes during this time was to move to a mentoring based style of patient management. This is because mentoring requires the patient to actively reflect and to discover their own life solutions. Mentoring also helps to re-negotiate the *clinician-patient relationship* from a model of 'unconditional service provision' to 'conditional but compassionate support'. This reduces the expectations placed upon the health teams and re-distributes the responsibility for behaviour and outcomes more appropriately to the

service user. This approach requires more discipline and effort from the service user which slowly enables them to build the skills, resilience and coping mechanisms required for a healthier life.

The _____ team agrees to support the core principles of mentoring at the heart of this model of care.

24. Involvement of family, friends and other loved ones

The SIM model actively encourages as wide a network of personal support as possible and this includes the direct and/or indirect involvement of family and close friends. This can include the attendance of family and friends within mentoring sessions as this can help to promote consistency in managing behaviours and responding to crisis when the patient is out in the community.

In some circumstances, however, involvement of specific family members or friends may not be appropriate as they may have played a historical role in causing harm or trauma to the service user Because of this the service user must at all times give consent for each individual family member or friend to be involved in their care. The mentors have the final decision as to who participates.

The _____ team agrees to build these principles and safe guards into the service design.

25. Record Keeping – minimum standards and police use of System1

Record keeping is an essential professional behaviour that must form the foundation of all mentoring and multi-agency work. When and how each member of staff records their activity must remain primarily directed by the policies and procedures of their own organisation but we recommend that a record is made of contact with a high intensity service user in the following circumstances:

1. Immediately after every face to face meeting.
2. Immediately after every phone call with the service user (IF any risk assessment needs to change or a decision needs to be made about patient care).
3. Immediately after every phone call with a member of family or a friend (IF any risk assessment needs to change or a decision needs to be mad about patient care).
4. Failure of the patient to attend a session or engage with an arranged activity.
5. No contact with the patient but an attempt to contact has been made.
6. Commission of any criminal or community offence by the patient.
7. Any other significant event.

The _____ team agrees to ensure that their mentoring staff adhere to these minimum standards.

Joint record keeping by both mental health staff and police staff is essential and this will be primarily completed using the NHS System1 IT system where mentoring work will be recorded as new entries

onto the case management files of each service user. The police staff member will be trained on System 1 and have access to read existing records and add new entries as required. The primary author of the records will remain the clinician as they have all the clinical training required to risk assess and make key clinical decisions but the police mentor will add any record at any time that he/she feels appropriate to the case circumstances. Examples of this include:

1. Decision as a team to take positive risks
2. Decision to discharge from ward settings
3. Decision to discharge the service user from secondary care
4. Decision to use specific boundaries including a positive arrest policy and court
5. Observations about service user behaviour and their risk towards clinical staff and actions taken.
6. Any informal contact between the service use and the police officer that is note-worthy.
7. Defending the clinician in an incident that may lead to a complaint or allegation by any person.

26. Response Plans

Response Plans are plans written by the mentors (ideally with the full participation and consent of the patient). They outline how emergency, health and community responders should assist the patient if they are in crisis. It includes guidance on how to provide compassion and support to the patient but also what to do if their behaviours have breached pre-agreed boundaries. Response plans aim to support the patient as much as possible whilst also safeguarding the community and ensuring lawful behaviour and public order.

We recommend that Response Plans adhere to the following principles:

Response plans must be circulated to all relevant agencies and must be up to date.

Response plans must never require a set response – plans can only provide strong advice in specific circumstances.

Response plans must include the following information:

The name and address of the patient

Their current mental health diagnosis and a simple explanation of that diagnosis

The current assessment of their mental capacity

Their common crisis behaviours and locations

The agreed behavioural boundaries and what to do if those boundaries are breached

Chosen places of safety when in crisis

Nominated people to whom they can be taken when in crisis

Names of their mentors.

The _____ team agrees that any project will require response plans to be written, updated and circulated by mentors.

27. Duration of the mentoring support

High intensity mentoring support needs to provide support that offers patience and flexibility. Service users who struggle with repeated patterns of crisis behaviour have often been using these responses for a long time so to expect them to change instantly is unrealistic. Mentors therefore offer support for as long as the patient needs it. Results are often based on trust that has developed between the patient and the professional staff. This again tales time to develop. It is not unusual for changes in behaviour to take several months.

The _____ team agrees to support each service user for as long as is needed, operating with as much flexibility as possible, adapting as much as possible to each service user's individual set of circumstances.

28. Service user's refusal to engage with mentors

When service users are invited to participate in a mentoring programme, their response can vary from immediate acceptance to angry refusal. The underlying reasons for their responses will vary greatly and will often be complex. Refusal to engage with mentors should not be seen as a negative response and therefore should not result in wider decisions that disadvantage the patient in any way. Reasons for their refusal should however be sought and explored and attempts to persuade them to engage should be actively pursued, even if they do not understand that participation would in their best interests. The use of incentives and rewards for engaging with mentors is considered acceptable if those rewards are in the best interests of the patient. In the event of consistent refusal, mentors must respect that decision at that time.

The _____ team agrees to adhere to this Code of Conduct.

29. Use of criminal and behavioural sanctions

The presence of a police officer within the clinical team automatically brings a new presence and atmosphere into the model of care. This includes a healthy expectation of the service user to consistently adhere to standards of behaviour that remains lawful at all times. The primary role of the police officer in the team is to ensure the safety of the patient and the safety of any person who may be affected by the patient's behavioural choices. The officer also supports the patient in choosing behaviours that do not place them at risk of being arrested. Therefore, discussions within mentoring sessions that focus on behaviour and the likely legal consequences are an important element of the team's support so that new and healthy emotional rules and boundaries can be formed. Well written response plans will clearly explain the behaviours that can and cannot be achieved by the patient when in crisis and the consequences that have been explained to the patient if these behaviours are repeated. This transparency in reporting to other frontline professionals assists the patient to stop before they instinctively repeat the same negative, offensive behaviours. In the event of a criminal act being committed by the service user, any arrest/process for an offence is not considered a negative outcome by the mentors but rather an event where clearly set boundaries have been reinforced and where further support is required. Arrest should never automatically lead to the service user being removed from the programme but rather an active opportunity to build further trust and offer more support.

The _____ team understands and agrees with these principles.

SECTION 7 - SELECTING, TRAINING, LOCATING AND SUPERVISING STAFF

30. Where to locate your High Intensity Teams

As this model of care is applied when the service users are NOT in crisis, it is essential that all High Intensity staff are based within COMMUNITY MENTAL HEALTH teams and facilities. It is therefore important to map your community facilities and ensure that the police officer who you recruit can commute to/from and work at these locations. DO NOT POSITION YOUR POLICE OFFICER AT PLACES OF SAFETY OR IN WARD TEAMS.

Early identification of your 10-20 most intensive patients AND the Community Mental Health Teams that already support them are the two most important factors to use when identifying where to locate your High Intensity trained staff/teams.

The _____ team will locate their trained staff within Community Mental Health teams.

31. Selection of Police Officer

The selection of the police officer(s) for the High Intensity mentoring role is arguably the most important process within the project management journey. We provide full guidance on role profile, job description and interview planning.

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The _____ team will use the recommended selection template, interview structure and methodology (or close alternatives) to interview the candidates.

32. Selection of Mental Health Case Co-ordinators

Please read section 30 which explains the need to identify the most intensive service users through local crisis data. These service users will usually already have community care coordinators and it is these staff who should ideally be the first cohort of High Intensity trained staff and the first staff who will work in teams with the police officer.

The role however should be accepted on a voluntary basis and each member of NHS staff should be asked if this wish to work in integrated teams.

The _____ team will select their NHS staff on the recommendations above.

33. Consultant Support and Consistency

The _____ team will allocate a Lead Clinician to each service user and ensure that the service users be managed by SIM mentors will be reviewed regularly at the High Intensity User Group. These processes will ensure that every service user being managed on SIM (or its equivalent) has sufficient medical oversight and benefits from consistent reviews and decisions with regard to the use of this joint mentoring model and their wider care.

34. Briefing of NHS Staff and Police Response Teams prior to launch

Before the SIM trained staff engage with service users, it is vital that all clinical staff understand the objectives of the model and the role of the police officer within it.

The _____ team will ensure that all mental health clinical staff who will be involved with the project are briefed (either in person or by video briefing) before the police officer starts to work alongside them. This ensures that the officer feels fully integrated within the team(s) and that strong professional relationships can be built before engaging with service users.

35. Cohesion Course - Joint training of Police and MH Case Coordinators

In the final week of the Set Up programme, the High Intensity team will run the Training Week. The first 3 days of this week will focus solely on the police officer who will complete this training on the Isle of Wight. In the final 2 days, the officer will be joined by all the NHS staff who he/she will be working with for a short course which will introduce the officer to his/her colleagues. The course will centre on the clinical cases that will be managed together immediately after the course has finished.

On the Monday after this training week, the police officer should start within the MH team. It is recommended that no annual leave is taken by the police officer in their first few weeks after the course so that they can integrate as well as possible immediately after the course.

The _____ team identify the mental health clinicians and teams that will be working with the police officer and will arrange for these clinicians to be trained in the SIM model either prior to the arrival of the officer or immediately upon the arrival of the officer.

36. Supervision of the Police Officer

The _____ team will ensure that the police officer will be supported by monthly supervision by their NHS Team Leader. They will also participate in Reflective Team Supervision sessions and in specific cases will also be able to take advice from resident team psychologists.

They will also have regular police supervision.

37. www.highintensitynetwork.com training portal

The _____ team will ensure that in the first year of their project, all staff involved in the project will be able to access the online resources that will support their ongoing professional development.

The portal will provide training material relating to the following subject areas:

- Clinical Knowledge
- Mentoring
- Risk Management
- Data Collection and Administration
- Legal Knowledge
- Staff Safety and Welfare

Cost of using the portal:

The portal will be free to all project teams in their first year. Subsequent years may incur an annual charge to fund ongoing course development, to buy in expertise in different fields, to fund new videos and to fund basic website administration. Use of the portal in years 2 onwards will not be compulsory but it is hoped that the portal will add excellent value for money as the year's progress that it will be considered operationally essential by frontline mentors. Charges will not be set higher than necessary.

38. National Workshops and Continuous Professional Development

The _____ team also allow the clinical staff to attend national High Intensity Network Practitioner Workshops whenever they are organised and support their ongoing professional development in this highly specialist and high risk area of work.

SECTION 8 - MANAGING RISK

39. The nature of High Intensity cases

High Intensity patients with repeat cycles of crisis behaviour can often pose some of the highest risks by any person in any community. These types of crisis events are often driven by severe levels of emotional dysregulation which can at times diminish the patient's mental capacity and ability to keep themselves safe. Furthermore, their emotional dysregulation can also lead to thoughts of suicide at which point the risk of death (especially from accidental suicide) can increase dramatically. Not only do the risks increase dramatically but the frequency of risk events in these cases also increases because patients with these behavioural patterns have few other ways in which to deal with the underlying emotional trauma and become highly dependent on behaviours that attract the attention of public service teams. Frequency of risk, multiplied by the level of risk makes for a highly intensive person who requires specialist, multi-agency intervention.

The High Intensity Network has been developed on the basis that the risks posed by High Intensity service users are often so complex and challenging that it is wholly unprofessional for any organisation to expect any of its employees to support these patients without specialist training.

The _____ team acknowledges the high risk of self-harm and accidental suicide in these cases and agree to provide specialist training to any untrained staff.

40. Informing *Risk Managers* and *Professional Standards Teams*

It is strongly recommended that two specific departments within each partner organisation are fully briefed on the style of mentoring about to be practiced.

Firstly, departments who are responsible for the assessment of operational and corporate risk on behalf of their organisations. Secondly departments who are responsible for internally investigating allegations against members of staff. These two recommendations are made due to the higher likelihood that service users involved in mentoring will make professional complaints against staff. Making complaints against staff can often be a way in which service users (at times of stress) attempt to avoid consequences or responsibility. They can also be used in an attempt to distance themselves from the staff who are supervising them so that they do not have to continue with the programme. It must be stressed that this type of complaint does not happen frequently but when they do happen, the gravity of the allegations can vary from petty complaints to serious allegations of gross misconduct and criminal behaviour. A second separate risk at times of stress can also include threats to commit suicide from the patient. Therefore, it is very important that both internal departments are aware **in advance** of the risks associated with this type of high intensity work and are fully equipped in advance to respond appropriately.

The _____ team acknowledges the high risk of complaint as well, the higher impact of a complaint upon mentoring staff if it is made and the higher risk of suicide threat. The project team will therefore brief the relevant staff and teams within their organisations to brief them about the risks associated with this type of work.

41. Prevention of Harm v Human Rights (ECHR)

It is always difficult to make the right decision. We all work in the business of risk, in a society that is more and more likely to take legal action against us if we make a mistake. One of the most common types of legal challenge concerns the actions and decisions of public bodies and the alleged impact upon an individual's human rights.

Therefore, it is important to be clear on some of the key articles of the European Convention of Human Rights and outline two of the most likely scenarios that may occur in the process of mentoring high intensity service users. Our training courses recommend the following approaches:

SCENARIO 1 – RIGHT TO LIBERTY

Where a patient is displaying high risk behaviours and requires immediate detention for their own safety, then they should be ***lawfully*** *detained. The nature of their emotional dysregulation justifies the need to protect their life (sometime against their wishes) and this duty of care overrides their rights under* ***Article 5 (Right to Liberty and Security).***

SCENARIO 2 – RIGHT TO PRIVATE LIFE

Where a patient is displaying high risk behaviours and requires immediate care, then personal data can be shared with any organisation or individual if it is believed that doing so is necessary for the patient to be located and protected from harm or for others to be protected from harm. This includes sharing personal information with the public in certain circumstances e.g. a press release asking the public to be on the lookout for the service user

Any release of personal data to save life or protect a patient from harm must be deemed **necessary** to achieve the safeguarding objectives and the amount/nature of any data shared must be **proportionate** to the objectives at hand.

The sharing of personal data in these urgent circumstances overrides the patient's rights under **Article 8 (Right to respect for private and family life).**

The _____ team agrees that professional duty of care in high risk scenarios may temporarily override the rights provided to the patient by the ECHR.

42. Different organisational risk cultures

Developing a multi-agency risk management team brings with it the challenge of unifying different risk cultures. Mental Health trained staff are trained to take **positive risks** where possible to encourage patients to self-manage and build resilience. Police risk culture is much more **risk adverse**, especially in situations where people are in mental health crisis. The SIM mentoring model trains staff to understand their different risk cultures and skills and to combine their skills into one, unified risk methodology.

The _____ team acknowledges the importance of combining risk skills and cultures to ensure safety and consistency in decision making.

43. Risk Roles

Having stressed the importance (in point 29 above) of combining risk management approaches, two specific risk roles however remain the responsibility of each organisation as follows:

Clinical Risk – all risk relating to or resulting from behaviour that is being caused by a mental illness or a behavioural disorder must be primarily managed by the mental health trained clinicians. This does not mean that untrained staff (such as a police officer) cannot contribute to the assessment of the risks, but the final risk decisions relating to illness or disorder must be the responsibility of a qualified clinician.

Criminal Risk – all risk relating to criminal behaviour must be led by the police officer in accordance with their office, legal powers and training. This does not mean to say that civilian staff (such as mental health nurses) cannot contribute to decision making in relation to offending behaviour but the final decisions relating to the prevention or detection of crime or disorder must be made by the police officer.

The _____ team agrees that these two specific risk roles must remain fixed at all times.

44. 'Appropriate Risk'

Appropriate Risk is the name used within the high intensity training courses. Appropriate Risk is the risk assessment process that balances the two risk cultures (Zero risk/risk aversion on one hand and Positive Risk Taking on the other). Appropriate Risk will exist somewhere between the two and will meet the needs of both organisations.

The _____ team supports the concept of Appropriate Risk in this mentoring model.

45. Risk Quantification Matrix (RQM) Tool

The dynamic assessment of risk is taught as a product of two variables:

1. The **likelihood** of the risk event occurring.
2. The **impact** should the risk event occur.

We use the *Risk Quantification Matrix* tool to help mentors jointly assess the risk together and reach the correct risk grading (High-Medium-Low).

The _____ team support the use of this matrix.

46. Recording Risk within Patient Records

Please see point 21 above for the minimum standards regarding when staff should add a new record to the patient's data file. Whenever a new patient record is created, it is essential to consider the dynamic risk situation at that time and to state what the current risk level is at the time of writing. This is particularly important if the risk is High or has changed in any way since the last entry. Recording the risk will cover the following structure:

- Progress Notes
- Mental State
- Risk
- Intervention Plan

The PIM team agrees that regular recording of risk levels within electronic records is best practice.

47. Involving Family and Friends in Risk Management

The SIM mentoring model recommends the involvement of family and friends wherever possible (see point 20 above). Their involvement must only occur with the consent of the patient but once involved in supporting the patient, there should be as much transparency as possible in discussing the historic, current and likely future risks to the patient themselves and risks posed by the patient towards others. This transparency enhances safety for everyone. Advantages of involving family and friends in risk management include:

- Support in times of crisis and assistance with coping strategies
- More appropriate use of crisis services
- Less inappropriate deployment of police and paramedics
- Less inappropriate attendance at ED
- Patient more likely to adhere to terms of their Response Plan
- Less likely to commit offences and enter the criminal justice system
- Family and friends feel empowered and more involved
- Decrease in Complaints

The PIM team agrees to the appropriate use of family and friends in managing risk.

SECTION 9 - INFORMATION GOVERNANCE: PERSONAL & CLINICAL DATA

48. Sharing Data – The Nature of High Intensity Cases

The ***GENERAL DATA PROTECTION REGULATION 2018*** is the primary UK statute that defines when and how data can be shared between organisations. In practice the GDPR is **not a statute that discourages** the sharing of data. It is infact law that **encourages the sharing of data** in many different circumstances. This includes the sharing of data to prevent or detect crime and disorder and to prevent serious harm from being caused to a person. High intensity mental health crisis incidents often pose both these risks. They can involve unlawful acts and anti-social behaviour as well as behaviour that places the patient or other people at significant risk of death or serious injury. The GDPR therefore should be considered **an asset to all high intensity work** and not a law that blocks the reasonable transfer of information.

To reassure you that the GDPR supports the sharing of personal data with high frequency/high risk mental health crisis patients, we have

1. Consulted all IG leads within current high intensity teams.

2. Consulted a specialist IG Legal Company who specialises in Health and Social Care IG advice. They are called Capsticks and they approve all of our IG documentation.

Why should we consider high intensity mental health crisis patients as individuals about whom we can share data?

1. **Overwhelming Levels of Distress**
   That this entire project, the High Intensity Network and the model of care it is centred on exists to support the **most-high frequency and high risk** mentally disordered people in our society who have and continue to experience psychological crisis on a daily, weekly and monthly basis. The demands they place on frontline services is high because **their distress is usually genuine** and at times so acute that they can lose control of their emotions, decisions and even some of their mental capacity. It is our collective **PUBLIC DUTY** to protect them.

2. **Never out of crisis?**
   There is also a very strong argument to make that these individuals are never or rarely out of psychological distress – even when they are not being responded to or cared for by public services. Just because they are not calling us, in the back of an ambulance, in an ED cubicle or admitted to a ward, does not mean that they are not experiencing distress or in a crisis. It is the very nature of their disorders and illnesses that makes these service users rotate around the crisis response cycle time and time again. They are constantly an emergency case, just fluctuating at different levels of intensity, causing varying levels of impact. Our strong argument therefore is that all agencies involved in the network can share personal data and clinical data about these service users at any time, both in a preventative capacity when they are not using emergency services and in a reactive capacity when they are.

3. **Prevention of community impact/anti-social behaviour and criminal behaviour**
   The vast majority of incidents where 999 services respond to high intensity crisis patients, involve some degree of impact upon the public. Whether you are a passer-by, a person reporting the incident, a person inconvenienced by an incident or whether you are actively involved in helping manage the incident, there is usually some degree of public impact during these types of incident. Most of these incidents therefore involve behaviours that the public at large could find alarming, distressing, harassing or unreasonable. If a service user repeats these types of behaviours over and over again, then then start to impact society in such a way that consideration could be made for legal intervention such as a Community Behaviour Order. **The GDPR allows the sharing of personal data without the consent of the patient** if the sharing of that data is needed to prevent crime or disorder. **This police role is a PUBLIC DUTY which is a lawful reason for sharing given within the GDPR.**

4. ***Vital Interests* of the Data Subject**
   Finally, the GDPR states that data can be shared if by doing so the **vital interests** of data subject are protected. The nature of the crisis cases this network aims to support includes patients who are some of the highest risk people living in our communities. They are at higher risk of suicide, accidental suicide and self-harm. They are more likely to have physical illnesses and co-morbid health conditions and have a lower life expectancy by up to as much as 15-20 years. They are also more likely to be victims of crime or to report a crime and are more likely to be the subject of multi-agency safeguarding processes. Therefore, any work we do to support them (either preventative or reactive) is in their *vital interests*.

The _____ team agrees to share personal data across the teams involved - in both a preventative and reactive capacity, BOTH when the service user is in crisis and when they are not - on a daily basis in order to protect the VITAL INTERESTS of the service user AND because it is our PUBLIC DUTY to do so.

49. Sharing data to prevent or detect crime - specifics

Sharing of information between organisations is always lawful if the person releasing that information reasonably believes that it is necessary:

a) To apprehend a service user who **has committed** an offence or
b) To prevent a service user **from committing** an offence or
c) To reduce the frequency or gravity of offending **being actively committed at that time**

This includes behaviours that whilst not substantive offences in their own right, would be considered disorderly or anti-social for the purposes of any criminal or civil court order.

Sharing information in these **PUBLIC DUTY** circumstances does not need the consent of the service user and there is no requirement to inform them at all that data is being shared.

The _____ team agrees with the release of personal data in these specific circumstances.

50. Sharing data to reduce or prevent risk to self or others - specifics

Sharing of information between organisations is always lawful if the person releasing that information reasonably believes that it is necessary:

a) To prevent death or serious injury to the service user (PUBLIC DUTY)
b) To prevent death or serious injury to any other person as a result of behaviour by the service user (PUBLIC DUTY)

The more likely a risk event is to take place, the more reasonable a person would be in sharing data. It is recommended that the Risk Quantification Matrix (see 32 above) is used to ascertain the likelihood of a risk event taking place and the predicted impact should the event occur. High risk behaviour that causes death or serious injury could constitute a serious offence (e.g. Manslaughter by gross negligence) so if any high-risk harm events are being predicted then the staff member could also justify the release of personal data on the basis that they were preventing a criminal offence from being committed.

The _____ team agrees with the release of personal data in these circumstances.

51. Key ICO principles of sharing data

When sharing personal data across organisations, staff will be trained to refer to the guidance provided by the Information Commissioner's Office.

The _____ team agrees with the use of ICO standards as the legal basis of data sharing training.

52. Dynamic incidents requiring quick decisions – 'sincerely held beliefs'

There may be circumstances where a rapid decision needs to be made in order to prevent offending, to preserve life and limb or to reduce significant risks to the community; a decision that is required so fast that it would be impracticable to refer to legislation or guidance notes for clear advice. In these types of dynamic incidents where decisions need to be made re the sharing of data then we will train all staff to rely on their '*sincerely held belief that sharing data is in the service user's best interests*'. We will encourage staff to trust their operational experience and make the best decision they can in the circumstances; that if they make a decision to share personal or clinical information believing that they are doing so in the best interests of any person then they must have the operational confidence to do so (regardless of the outcome or the likelihood of a legal challenge at a later date).

The _____ team agrees with the release of personal data in these circumstances.

53. Serving Privacy Notices

The ICO recommends that whenever personal data is shared between organisations, that the service user is informed by being issued with a Privacy Notice. This programme actively supports principles of honesty and transparency and therefore strongly recommends the use of Privacy Notices in all

mentoring relationships. The programme supplies its own bespoke Personal Notice based on the ICO template with extra information added referring to high intensity case management.

The _____ team agrees with the use of Data Protection Notices in these circumstances.

54. Service user access to mentoring records

The *National Institute for Clinical Excellence (NICE)* recommends the involvement of service users as much as possible with decisions relating to their care. SIM mentoring is based upon guidelines from NICE for working with Borderline Personality Disorder. These guidelines recommend trust and transparency with the service user wherever possible. We recommend therefore that service users should have access to the records made by their mentoring team. We also strongly recommend that Response Plans are co-written/co-created with the full co-operation of the service user and that the service user should have an up to date copy of their most recent Response Plan at all times. This should ideally be in paper form or a summary can be sent by email (with personal data that would identify the service user removed).

Access to mentoring records does not mean that the service user has to agree with everything that is decided by mentors or recorded. It simply means that an opportunity to read the records should be given if requested through the Clinical Governance Team.

The _____ team agrees with the viewing of mentoring records in these circumstances.

55. Involvement of other public service teams

It is common that other professional teams such as Ambulance staff, ED staff, Drugs and Alcohol Staff or charity staff maybe invited into mentoring meetings. This may be because it would be in the service user's best interests to involve that agency (e.g. the service user needs housing support) or it may be because previous behaviour by the service user has had a detrimental effect on the efficiency or effectiveness of another agency.

The final decision as to which staff/agencies are invited into the mentoring processes lies with the mentors but consent from the service user should be sought prior to the introduction of other public service staff if possible.

Mentors must ensure that any professional person entering the mentoring process is DBS checked and represents an organisation with whom there is an information sharing agreement.

The _____ team agrees with the sharing of personal data in these circumstances.

56. Disclosure of personal and clinical information to family and friends

Personal Data (including sensitive personal or clinical information) may be released to family and friends if one of the following circumstances apply:

1. **Written consent** has been given by the service user.

2. If it is believed that doing so will **prevent or detect a criminal offence** by the service user (consent is not lawfully required). This is a core PUBLIC DUTY.
3. If it is believed that doing so will prevent an **imminently anticipated incident** that may lead to the **death of or serious harm** to any person (consent not lawfully required).
4. If it is believed that doing so will lead to **locating the service user and bringing them back into lawful custody** from which they have absconded/failed to return (as provided by powers within the Mental Health Act 1983).

The _____ team agrees with the sharing of personal data in these circumstances.

SECTION 10 - INFORMATION GOVERNANCE: GATHERING PROJECT DATA

57. Minimum Data Sets

The national network of High Intensity teams aims to build a national data set so the following 5 data sets are required for each nominated service user as a **minimum agreed standard**:

1. Total Police incidents per month involving the service user (all types)

2. Total Ambulance Deployments per month (any reason)

3. Total ED attendances requiring treatment per month (any reason)

4. Total MH bed days per month (any duration/reason)

5. S136 detentions and Mental Health Act Assessments

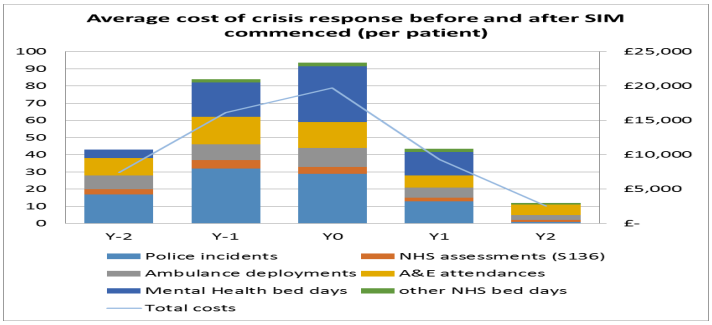
Data is required for any service user who agrees to be mentored and is supported on three or more occasions by a mentoring team.

One off or informal contact by SIM trained staff does not require data.

The _____ team agrees to gather these 5 data sets for each service user on their programme.

58. Escalation and De-escalation Graphs

Once all the 5 core data sets have been gathered (as described above), the following type of bar chart/graph will be created to show the cumulative effect of the demand placed each month by the service user on each of the four teams. This will be done as part of the **Patient Data Spreadsheet** submissions.



The _____ team agrees to collate the 5 data sets into bar charts as shown.

SECTION 11 - QUALITY AND STANDARDS

59. Management Processes

There must be at least 2 management levels as follows:

A **Senior Level Mngt Meeting** that oversees the project team and monitors key elements of the project, including:

Staff Training and Welfare

Performance and Data

Partnership Development and Funding

Networking

Case Management and Risk

A **High Intensity User Group** that meets once a month, coordinating police, ambulance, ED and MH data to identify service users by frequency of contact and risk of incidents. This Group makes the key decisions re the allocation of a mentoring team.

The _____ team agrees to establish these two management groups.

60. Professional Standards

The standards of behaviour are defined by the standards required of each member of staff by their respective organisations and/or professional bodies. No new standards of behaviour applies whilst acting in the role of mentor. If there are any disciplinary matters, they will be dealt with by the respective Professional Standards teams within the organisation that employs that member of staff. These teams are encouraged to liaise with each other to achieve the fairest and most transparent outcome.

The _____ team agrees to this protocol.

61. Complaints

Any complaints or allegations made towards any mentor will be dealt with by their respective line managers, supported by the Professional Standards departments of the organisation that employs them if necessary (and depending on the gravity of the allegations).

The _____ team agrees to this protocol.

62. Allegations

Allegations against staff will not happen often but they are likely from time to time. Allegations can vary from minor allegations such as saying something hurtful to serious allegations of criminal offences. A briefing video has been recorded for the attention of any team that investigates allegations of misconduct and gross misconduct. It is recommended that all your teams are sent this video before the launch of the project and that a nominated SPOC in each team is decided. The video informs the investigators about the nature of high intensity cases and the behavioural disorders commonly found in these cases. It also explains the motivations for making false allegations and common behaviours that may be witnessed after the allegation has been made. All investigators are advised to contact the High Intensity Project Team prior to making any key decisions, such as:

- Suspension of staff
- Removal of staff from the care of the complainant
- Method of investigation
- Type of contact with the complainant

The _____ team acknowledge these procedures and will agree what processes will happen in the event of an allegation of misconduct and gross misconduct.

63. Death of a service user whilst being managed by a mentoring team

High Intensity mentors have regular contact with high risk service users. These patients can often place themselves in risky situations and there is often a higher risk of accidental death. The death of a service user during their mentoring period can occur.

In the event of a death, mentors will inform their respective Professional Standards teams and co-operate fully with any investigation. If the service user dies within 48 hours of having contact with the mentoring team and that contact involved a police mentor, then an automatic referral has to be made to the *Independent Police Complaints Commission*.

In the event of a death, we strongly recommend contacting the National Lead for this Project, Sgt Paul Jennings who will offer support to all parties and professionally brief any investigating officers on the nature of high intensity work and the role and function of mentors.

The death of a service user is covered within the initial training course.

The _____ team agrees to follow this protocol in the event of any such death.