



Data Protection Act, Caldicott & Confidentiality Policy

PRIVACY IMPACT ASSESSMENT – SIM London Implementation

Camden and Islington (C&I) NHS Foundation Trust

April 2018

For Use With:

- New projects
- Changes to existing projects/procedures/systems
- Information Sharing Protocols
- Relocation of staff or equipment
- Stakeholder Engagement e.g. surveys

Data Protection Act, Caldicott & Confidentiality Policy Privacy Impact Assessment Procedure

Projects that involve processing or sharing personal information or commercially sensitive data give rise to privacy issues and concerns. To enable an organisation to address the privacy concerns a privacy impact assessment (PIA) can be used to assess privacy risks to individuals in the collection, use, disclosure and disposal of information. The PIA can help identify privacy risks, foresee problems and bring forward solutions.

Project Information	
Project Name: SIM London Serenity Integrated Mentoring (SIM) London	Date: April 2018
Organisation: Camden and Islington NHS Foundation Trust (C&I) Sponsor: (e.g. Project Board): Andy Rogers, Chief Operating Officer Operational Director: Angus Gartshore, Interim Divisional Director Community Mental Health Division Project Manager: Roger Evans Information Governance Manager: Umar Sabat	
Background: Why is the new system/change in system/sharing of information required? SIM London focuses on the small number of people that are high intensity users of S136 of the Mental Health Act and associated crisis services including ambulance, police, mental health and emergency care. The main aim is to reduce S136 occurrences for these individuals. It is an integrated model of care bringing police and mental health professionals together. In joint mentoring teams, they began to intensively support service users who were struggling to manage high frequency and high-risk crisis behaviours. One of the key components of this joint approach is a Care and Response Plan signed and owned by the service user and shared with the relevant stakeholders. The sharing of the Care and Response Plan is crucial to the success of the project as other organisations must follow it to ensure consistency in care that will lead to the reductions in S136 and overall better care for the service user. Service users are known to cross geographical and organisational boundaries. To ensure service users are the key beneficiaries of improved outcomes, to guarantee accurate reporting, to target the most appropriate high intensity users data sharing across organisations is required.	
Benefits: <ul style="list-style-type: none"> • Reduction in S136 • Reduction in hospital admissions (mental health bed days) • Reduction in 999 calls • Reduction in Emergency Department presentations • Improved patient reported outcomes for High Intensity Users 	

<ul style="list-style-type: none"> Improved outcomes for family and friends where identified
<p>Constraints:</p> <ul style="list-style-type: none"> Go Live date 23 April 2018 Sharing of personal identifiable data across organisations
<p>Does the project involve multiple organisations? If yes – name them, and their project lead details:</p> <p>Oxleas - Rachel Matheson SWLSTG - Sharon Spain SLAM - Mick Wright Turner Candi – Roger Evans Metropolitan Police - Superintendent Mark Lawrence London Ambulance Service - Bryony Sloper British Transport Police – Philippa Smith Marine Police – Stuart Simpson & Yvonne Saunderson Emergency Departments across London</p>

Please complete the relevant sections below:

Work package details

Project	SIM London	Point of contact for this work (name, role, phone, email)	Roger Evans Roger.evans@candi.nhs.uk 0207 561 4183.
Information Governance Lead	Umar Sabat		
Specific area concerned	Mental Health Crisis		
Project summary	<p>SIM London focuses on the small number of people that are high intensity users of S136 of the Mental Health Act and associated crisis services including ambulance, police, mental health and emergency care. The main aim is to reduce S136 occurrences for these individuals.</p> <p><i>(S136 provides emergency powers for the police to deprive a person of their liberty temporarily, if the person is in a place to which the public have access and certain conditions are met. The police may remove the person if it appears to the police officer that they are suffering from a mental disorder and are in immediate need of care or control, and that it is necessary to remove that person to a place of safety in their own interests or for the protection of others. The person is not removed because they are suspected of committing any criminal</i></p>		

offence. In the case of S136, the person must be removed to a place of safety for the purposes of enabling them to be examined by a registered medical practitioner², and to be interviewed by an approved mental health professional (AMHP) and for any necessary arrangements to be made for their care or treatment.) Review of the Operation of Sections 135 and 136 of the Mental Health Act 1983 Review Report and Recommendations pg. 8)

In 2013, a new and integrated model of care called Serenity Integrated Mentoring (SIM) a service user led initiative 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. One of the key components of this joint approach is a *Care and Response Plan* signed and owned by the service user and shared with the relevant stakeholders.

The result of this intervention on the IOW was significantly fewer S136, 999 calls, fewer ED attendances and fewer hospital admissions.

In July 2015, the SIM model of care was formally 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. SIM was 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 of this strategy). The online network can be found at www.highintensitynetwork.org.

SIM meets the requirements of the [Crisis Care Concordat](#) to commit to work together to improve outcomes for people experiencing mental health crisis.

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.

NHS RightCare are currently funding SIM

The Health Innovation Network, the Academic Health Science Network for South London (AHSN) is programme managing and providing support to the SIM London Pathfinder sites

Brief description of overall activity

The SIM Model , requires the SIM Police officer and the SIM Mental Health Trust Coordinator to work intensively with identified High Intensity Users of S136 to develop a Care and Response Plan that is led by the Service user (written in the first person) and is shared with all the relevant MH Crisis response services (Police , LAS , AMHP , ED) , to ensure the agreed response is adhered to .

It is through this intensive working and Care and Response plan that the changes in behaviour and improved outcomes for individuals is attained.

Has anything similar been undertaken before

In 2013, Serenity Integrated Mentoring (SIM) was piloted and is now fully operational on the Isle of Wight.

In April 2017, SIM was implemented at Surrey and Borders NHS Trust under the name SHIPP (Surrey High Intensity Partnership Programme).

SIM is also going live in 13 sites outside of London and 2 international sites (Holland & USA)

Existing Projects that may benefit

- Mental Health Crisis Street Triage
- Emergency Department Frequent Attenders

Is there a reason why an Impact Assessment is not required for this piece of work

No

Stakeholder(s) / Organisation(s) involved

SWLSTG, Oxleas, SLAM, Candi, Metropolitan Police, London Ambulance Service, Emergency Dept., NHS Right Care

Sponsor (e.g. Project Board)

Andy Rogers, Chief Operating Officer

Activity period

February 2018 – ongoing

Information

What information will be collected – be specific (Person Identifiable Data (PID), Corporate, Sensitive etc)

Person Identifiable:

- Incidents of S136 on a weekly/monthly basis
- Emergency department attendances
- S136 Detentions and Mental Health Act Assessments
- Mental Health 24 hour bed day admissions

	<ul style="list-style-type: none"> • London Ambulance deployment • Police incidences requiring deployment
Why is information being collected	<p>The collection of the above data is vital</p> <ul style="list-style-type: none"> • to identify the High Intensity Users of S136 • to monitor all the outcomes of SIM London
How information is being collected	<p>Verbal and</p> <p>Other <input type="checkbox"/> → Through Trust records. Mental Health Act Office</p>
How information is to be stored	<p>Paper <input type="checkbox"/> Electronic <input checked="" type="checkbox"/></p> <p>Other <input type="checkbox"/> → </p>
Where information will be stored (including back ups and copies)	Trust Electronic Clinical Record – Carenotes
How information is to be edited or deleted	By Staff members following C&Is existing protocol and record management policy
How data is to be quality checked	Trust has assurance Framework for KPIs and undertakes audit work to further assure
Who is responsible for the information	Camden and Islington NHS Foundation Trust (C&I)
What are the benefits to the individual and professional	A co-ordinated approach to high intensity users of s136
As part of this work is the use of Cloud technology being considered either by your own organisation or a 3 rd party supplier?	N/A
If so please complete the questionnaire below	



Sharing and access

What information is shared	<p>Personal details of high intensity service users</p> <p>Person Identifiable:</p> <ul style="list-style-type: none"> • Incidents of S136 on a weekly/monthly basis • Emergency department attendances • S136 Detentions and Mental Health Act Assessments • Mental Health 24 hour bed day admissions • London Ambulance deployment • Police incidences requiring deployment
Who are you sharing with	Oxleas, SLAM, Candi, Metropolitan Police, London Ambulance Service, Emergency Dept., NHS Right Care, Imperial
How information is to be transported	By secure email – NHS.net mail
Which roles will have access. Is there any restrictions based on different roles	All authorised personnel associated with the SIM London Teams
How is it accessed	This is being finalised and will comply with the new GDPR regulations
How access is to be monitored (audit, logs)	As above
What security measures will be in place	As above
What information sharing protocols and operational agreements will be in place	An Information Agreement between the Police, Councils and MH Trusts involved is being agreed upon. A proposed Privacy notice will be provided for all Trusts participating in SIM London
What training is planned to support this piece of work	<p>SIM Team Training 16th – 20th April 2018</p> <p>High Intensity Network online training and webinars</p>
What is the process for	Care & Response Plan written with the Service Users

obtaining and recording consent/dissent (how, where, when, by whom)	Under the 'Vital Interest' component of the new Data Protection Act from 25 th May 2018
If consent has not been obtained, is there a legitimate reason to share?	Yes – these service users are at high risk at all times, especially when they are 'under the radar'
Will reports be generated from this information. If yes, will the information be identifiable or anonymous (will the reports be used for research)	Yes – both identifiable and anonymous. Patient identifiable information will be shared under the GDPR guidelines. All other information will be anonymised.
How can the individual access the information	Data will be restricted to named members of the SIM London teams

Retention

How long data is to be retained	IG rules
What is the process for start-up and closing down this piece of work	Would be agreed upon by the Project Team
If the organisation/service ceases what will happen to the information	Will comply with the GDPR

Risks, issues and activities

Any known risks or issues	No
Any known activities that will have a direct affect on this piece of work	No

Outcome of [insert name of panel/group]

Recommendations:

Signed on behalf of the [insert name of panel/group] subject to any recommendations as detailed above

Name: [Enter Name], Head of Information Governance (or equivalent)

Signature: Date:

Signed and approved on behalf of Camden and Islington NHS FT

Name: ...Dr Jeff Halperin.....Caldicott Guardian

Signature: ... Date: 12.4.2018
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It is the responsibility of the Project Lead to notify the appropriate Information Asset Owner for inclusion on the Information Asset Register and Data Flow Mapping in alignment with review of contracts.

Where further evidence is required to support this Privacy Impact Assessment this must be received by the Privacy Impact Assessment Panel within a maximum timeframe of three months from the date of submission of the Privacy Impact Assessment. If the required evidence is not received in this timeframe the Privacy Impact Assessment will be closed and assumed to be non-compliant.