

SIM South London

End of Year Report

May 2018 – March 2019

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Executive Summary

Overview

Serenity Integrated Mentoring (SIM) is an innovative mental health workforce transformation model that brings together the police and community mental health services, in order to better support “high intensity users” of Section 136 of the Mental Health Act (MHA) and public services.

This report gives the background to the SIM model, the governance structure and training requirements for SIM South London.

The report provides detail on the collective south London data for year 1 - the first 9 months of the programme. This data provides the basis of the impact of the SIM programme on:

- a range of SIM service users contacts with a range of public services
- the costs assigned to these contacts

The report also incorporates SIM service users case studies, feedback from the SIM police officers, experts by experience and clinicians on their experience of working within the SIM programme.

Summary of Findings

- SIM was launched in 2018 in 4 south London Boroughs: Greenwich, Southwark, Kingston and Richmond initially with Wandsworth and Merton boroughs going live in November 2018.
- 3 south London mental health trusts host 4 SIM police officers.
- 52 NHS Mental health practitioners from the 3 south London Mental Health Trusts and 20 Met police officers and 6 patient representatives (experts by experience) have completed the SIM training.
- At the end of year one, 19 service users were on the SIM programme.
- SIM service users have been on the SIM programme between 2 and 11 months, with an average length on SIM of 6.6 months. The first service user allocated to SIM was in May 2018.
- Contact data is collected monthly on 7 key metrics:
 1. Police Deployments
 2. Police Calls
 3. Ambulance Resources Despatched
 4. Ambulance Calls Received
 5. A&E attendances
 6. S136 detentions
 7. MH Bed Days

This report provides early analysis of the data on service users that have been accepted on to the SIM model. Although the sample size is small (19) and service user journeys are varied the following has been found:

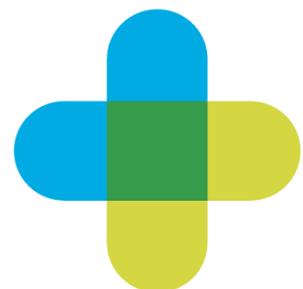
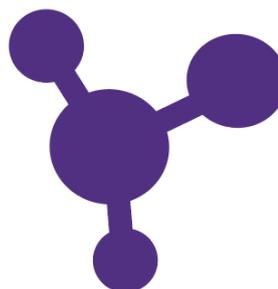
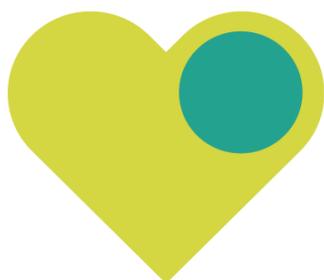
- For the 9 service users that have been on the programme for more than 6 months, the decrease in the use of mental health bed days has led to an average monthly decrease in costs by 12%, (£93 average per service user per month) and the decrease in use of section S136 have decreased average monthly cost by 40% (£168 average per service user per month).
- Average monthly S136 admissions have decreased slightly for the 19 service users at a time when the use of S136 has risen in London.
- 11 out of the 19 SIM service user's data have recorded decrease in costs. The individual data analysis of each service user is important to understanding context for any decreases in costs and contacts and this is shown in more detail later in the report.
- The eight service users whose costs increased need to be understood on an individual case basis (e.g. it may be clinically appropriate for a service user to be admitted to a mental health bed).

Conclusion

This report provides an overview of the SIM south London programme to date; an interpretation of results on this small cohort must be viewed with caution. The cost savings of the original SIM site (Isle of Wight) were accrued over 4 years.

The programme is demonstrating the collaborative working that is required to implement and monitor the project and the commitment from all partner agencies. The significance of this collaborative working is captured in some of the feedback from clinicians and police officers in this report.

Monitoring of the data and individual case studies in 2019/20 is likely to show some trends in the impact of the model in south London. By looking in depth at individual service users we will understand more about the impact of SIM, including time from allocation to engagement, use of mental health bed days which have the associated high costs and the time taken to reduce police, ambulance and A&E activity, which is not yet evident in year one of the programme.



Background

Serenity Integrated Mentoring (SIM) is an innovative mental health workforce transformation model that brings together the police and community mental health services, in order to better support “high intensity users” of Section 136 of the Mental Health Act (MHA). These individuals have complex needs and frequently use a range of high cost public services. The SIM model delivers significant benefits to these individuals, their families and communities, as well as a reduction in section 136s and associated costs. Core elements of SIM are the mentoring provided to the SIM service user by the joint police and NHS SIM team and the Crisis and Response plan which is written with the service user to support changes in behaviour and changes to response to crisis behaviour across the NHS and police systems.

SIM was first developed and introduced on the Isle of Wight by Sergeant Paul Jennings (NHSE National Innovation Accelerator fellow 2017/20), and is being adopted in other areas of England, and some international sites. Based on the data from SIM Isle of Wight, return on investment for NHS Services is £7600 for the first year of the service, £14,400 in year two per service user. This is based on an average annual cost to the health service of crisis care for each service user of approximately £17,300.

In November 2017, supported by the Health Innovation Network (HIN), the Metropolitan Police Service and 4 Mental Health Trusts in London (Oxleas NHS Foundation Trust, Camden and Islington NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, South West London and St Georges Mental Health NHS Trust) agreed to test the model as “pathfinder” sites across London. The London Mental Health Transformation board endorsed the SIM London Pathfinder programme in November 2017. In April 2018, the Academic Health Science Networks selected SIM as one of seven programmes for national adoption and spread across the AHSN Network during 2018-2020. Camden and Islington NHS Foundation Trust are currently supported by UCLP AHSN, and not included within this report. Health Education England mental health workforce funding has also supported the implementation of SIM in London.

SIM in practice – south London

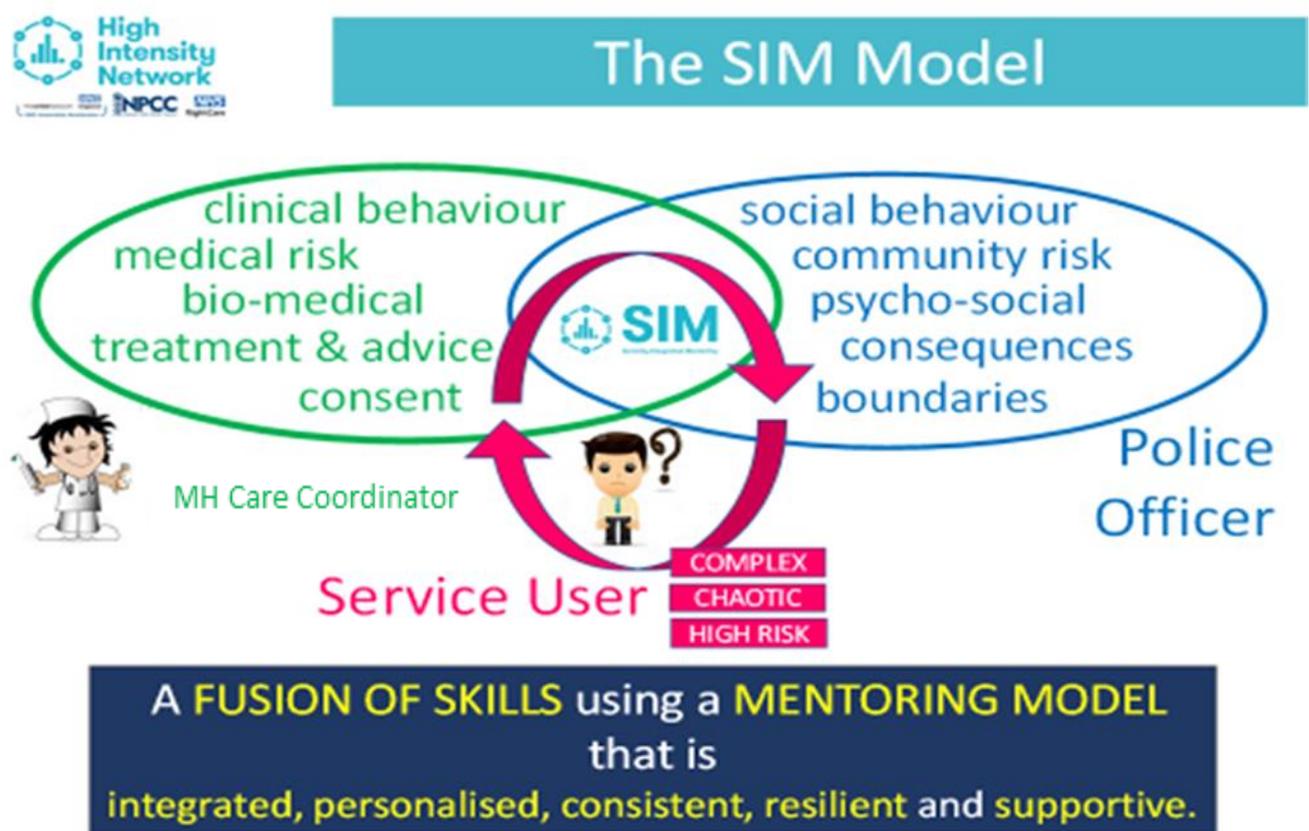
SIM was launched initially in 4 south London Boroughs: Greenwich, Southwark, Kingston and Richmond. Each borough was provided with a SIM police officer funded by the Metropolitan police and each mental health trust trained one or more care coordinators to work with the SIM police officer and a clinical supervisor for the SIM police officer.

Key to the SIM model are the following staffing requirements:

- A police officer to be appointed as a SIM police officer
- The SIM police officer to hold an NHS Honorary Contract and to be based within an NHS mental health team Monday – Friday 9-5:30pm

- The SIM police officer to have a named NHS line manager and police line manager
- The SIM police officer to complete the 3-day intensive SIM training with NHS colleagues
- The SIM Police officer and NHS mental health care coordinator (clinician) provide mentoring to the SIM service user which is always provided together and never by the SIM police officer alone
- The clinician remains responsible for clinical risk assessment
- 20% of the SIM police officers time is spent liaising with other officers
- Caseloads are small

Figure 1 - SIM Model



Training

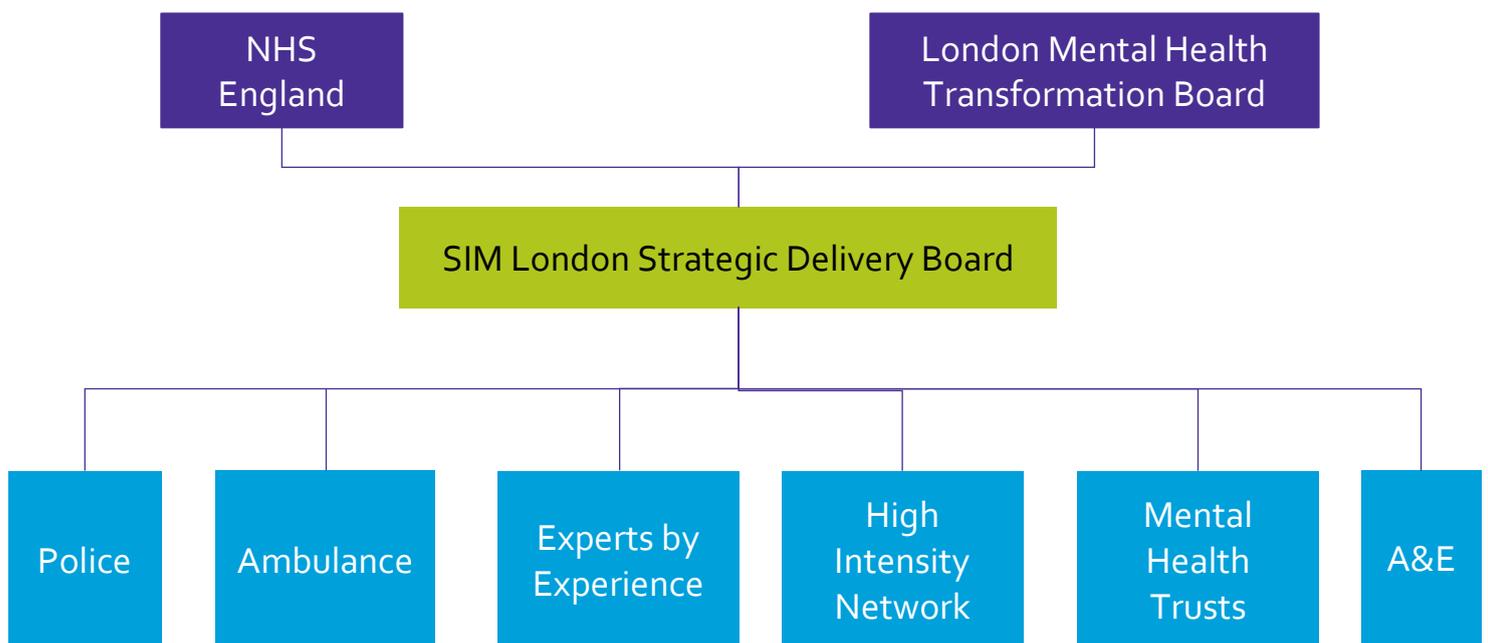
Police and NHS Mental Health staff are required to complete the 3-day joint police and NHS SIM training course prior to commencing the SIM programme. The course is delivered by Paul Jennings. During the first year of the SIM programme a total of 52 NHS Mental health practitioners from the 3 south London Mental Health Trusts and 20 Met police officers and 6 patient representatives (experts by experience) completed the training. The training builds the foundation for effective joint working relationships which are vital to the success of the SIM model.

Governance

The SIM London Strategic Delivery Board reports to the London Mental Health Transformation Board.

The SIM London Strategic Delivery Board drives forward the implementation of SIM across the SIM south London sites. The Board provides an opportunity to share and promote learning from each of the three south London sites with the view to sharing relevant learning with upcoming London and national SIM sites. The board membership includes the 3 south London Mental Health Trusts, 3 experts by experience, the Met Police, London Ambulance Service, A&E representative, Paul Jennings (High Intensity Network) and the Health Innovation Network. Guest speakers feature regularly at the board (e.g. Criminal Justice and Liaison Service, Red Cross, Healthy London Partnership) and observers are welcomed.

Figure 2 – SIM London Strategic Delivery Board Governance Structure



Data Costs

The collective data from the 4 south London boroughs details how the SIM programme has impacted on the contacts made by SIM service users on a range of public services alongside the costs assigned to these contacts. The contact and costs data do not include the impact when:

- A rail or road network or public space is required to be closed down due to high risk behaviour (e.g. of anecdotal costed figure of [£1million per hour for M1 closure](#) June 2016)
- Court appearances, custody and prison sentences are required

Overview of current SIM caseload

In March 2019, the south London SIM programme included:

- 3 Mental Health Trusts
- 6 London boroughs
- 4 SIM Police officers
- Up to 8 SIM NHS mental health care coordinators
- 19 SIM service users.

The SIM service users have been on the SIM programme between 1 and 11 months, with an average length on SIM of 6.3 months. The first service user allocated to SIM was in May 2018. The data analysis includes figures up until March 31st, 2019.

Methodology

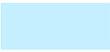
The collection of key metrics is a mandatory requirement for all SIM south London programmes. The SIM police officer is responsible for the collation of the metrics as they are in the unique situation of having access to both NHS and police data.

To be considered for the SIM programme a 12-month data baseline is required to be collected for each individual. The data informs the discussion at the multidisciplinary SIM team meeting which selects the individuals for the SIM programme. Each individual's data is monitored on a monthly basis. All referrals into the SIM programme follow the same process.

A Microsoft Excel template provided and analysed by the HIN is used to collect the data. This template auto-generates a pseudonym to each service user in the following format: *First two letters of Mental Health Trust, first two letters of Borough followed by -001, -002, -003 etc.* to protect the service user's identity. Demographic information for each service user is collected at baseline. This includes gender of service user, age band at first month of mentoring, ethnic group, month service user starts being assessed and month service user is allocated to SIM. Information is gathered by the SIM officers for each service user for each of the 7 metrics key metrics listed in 5.1 below.

The number of contacts each service user has with the metric categories for each month is collated by SIM police officers on a monthly basis. New service users are added on to the existing data spreadsheet with their baseline data completed. If any of the service users come off the programme the SIM police office enters the reason why. This data is sent back to the HIN via encrypted email each month. The HIN combines the data across boroughs and trusts to provide average monthly contacts and costs.

5.1 Key Metrics and definitions

-  Police deployment
-  Police calls
-  Ambulance resources despatched
-  Ambulance calls received
-  A&E attendances
-  S136 Mental Health Act detentions
-  24-hour bed occupancy (Mental Health Ward)

5.2 Definitions

5.2.1 Metric Definitions

- **Police Deployments** = Number of deployments made by the police to the service user
- **Police Calls** = Number of calls made to police by the service user
- **Ambulance Resources Despatched** = Number of deployments of an ambulance crew/paramedic car to the service user
- **Ambulance Calls Received** = Number of calls made by the service user to the ambulance service
- **A&E attendances** = Number of times the service user arrived at A&E for treatment
- **S136 detentions** = Number of times the service user was detained by police under Section 136 Mental Health Act.
- **Mental Health (MH) Bed Days** = Number of bed days the service user spent in a Mental Health Ward

5.2.2 Process Definitions

- **Baseline Period** = 12 months prior to SIM allocation
- **Since SIM Allocation Period** = the post intervention period for the service users, which is between 1-11 months of data depending on the month they were allocated
- **Month Assessed** = Month person first discussed/assessed at the High Intensity User group
- **Month Allocated** = Month decided that the person is suitable and can be approached for SIM mentoring (sometimes they are deemed suitable but cannot be approached, e.g. currently in rehab or not under mental health services)

5.2.3 Costs

The costs associated with each of the metrics are based on the latest available published information or have been directly obtained from the provider.

Table 1 shows the SIM London Pathfinder Costs for the year 2018/19. These are approximate and are intended to give an estimate of the costs and demand of the SIM metrics.

Table 1: SIM London Pathfinder Costs 2018/19

Definition	Source	Cost
Police deployments	HLP: CQC national survey of providers 2014	£249
Police calls received	LAS	£8.06
London ambulance resources despatched	Provided by LAS April 2018	£292
Ambulance calls received	LAS	£7
A&E attendance non S136	NHSE tariff 2018/19	£133
S136= Heath Based Place of Safety, Approved Mental Health Professional, S12 Dr, Police officer*	HLP: CQC national survey of providers 2014	£733, £200, £178, £400 = £1,511
Mental health bed day	HLP: CQC national survey of providers 2014	£459

*the cost and demand of policing mental health in London concluded that on average 17.5 hours of police time is taken up each time s.136 is used. At the current rate per hour for a police constable at £37.09 that would see an episode of s.136 costing £649.08. (Superintendent Mark Lawrence, July 2018).

Data Quality Issues

The HIN recognises that data quality issues are likely to arise due to the method used to collect the data, i.e. collecting the data from multiple sources. Data quality is a standing item on the agenda for the SIM London Strategic Delivery board where issues and possible solutions with data are discussed. The following data quality issues were raised in the first year of implementation. Reducing these issues are discussed under 6.1 below.

- **Contacts:** number of contacts is likely to be an underestimation of all activity of the service users.
- **Police and ambulance calls** are subject to data quality issues mainly due to service users using different phones to contact these services. Phone calls received on behalf of service users are also subject to similar data quality issues.
- **A&E data:** SIM police officers expressed difficulty in sourcing A&E data from various emergency departments.
- **Activity outside of London:** The majority of the data is sourced from London, and therefore service user activity outside of London is unknown.
- **S136:** There were data discrepancies between NHS data and police data when gathering S136 metrics.
- **Police deployments** that result in a S136 are not recorded, i.e. the deployment is recorded as a police deployment only not capturing the higher cost of a S136.
- **SIM allocation and SIM engagement:** SIM police officers were required to capture the date of SIM allocation on the monthly spreadsheet during this first year of the SIM programme. The actual date of engagement by the service user with the SIM team was not required to be captured.

6.1 Reducing data quality issues

- **Underestimation of SIM contacts:** Improvements to gathering contact data has improved as the SIM programme has matured and as the SIM police officer builds relationships with the data owners e.g. having a complete picture of mental health bed days for each service user has required ensuring all mental health bed days are considered not just S136 and the acute adult ward (previously assessment wards/psychiatric decision units were not included).
- **Police and LAS calls:** The SIM Board has agreed the collection of phone calls to LAS and Police remains a mandatory requirement even though capturing the exact contacts for each service user is not yet possible.
- **A&E data:** Data quality is gradually improving through relationships being forged with the data owners.
- **Activity outside of London:** Some communication has been happening with Surrey SIM teams, we envisage this will expand as SIM coverage grows nationally.
- **S136:** The recent Mental Health Act Review has highlighted S136 data quality issues, so we look forward to a national solution being implemented. The SIM police officer and Met Mental Health team is gradually raising the profile of the importance of police

officers recording S136 information; we expect the quality to improve as time progresses.

- **Police Deployments:** The higher cost associated with a S136 Police deployment is now being included when it is clear the service user was the subject of a S136 as captured in the monthly NHS data source.
- **SIM allocation and SIM engagement:** It has become clear from the collection of SIM case studies that service users may take several months to engage with the SIM team. This is significant as the monitoring of the data during this time frame will allow us to analyse if it increases, remains static or decreases i.e. is there an impact on the SIM service user from the day they are told they are on the SIM programme regardless of engagement. Going forward in 2019/20 the date of engagement with the SIM team will be required to be recorded.

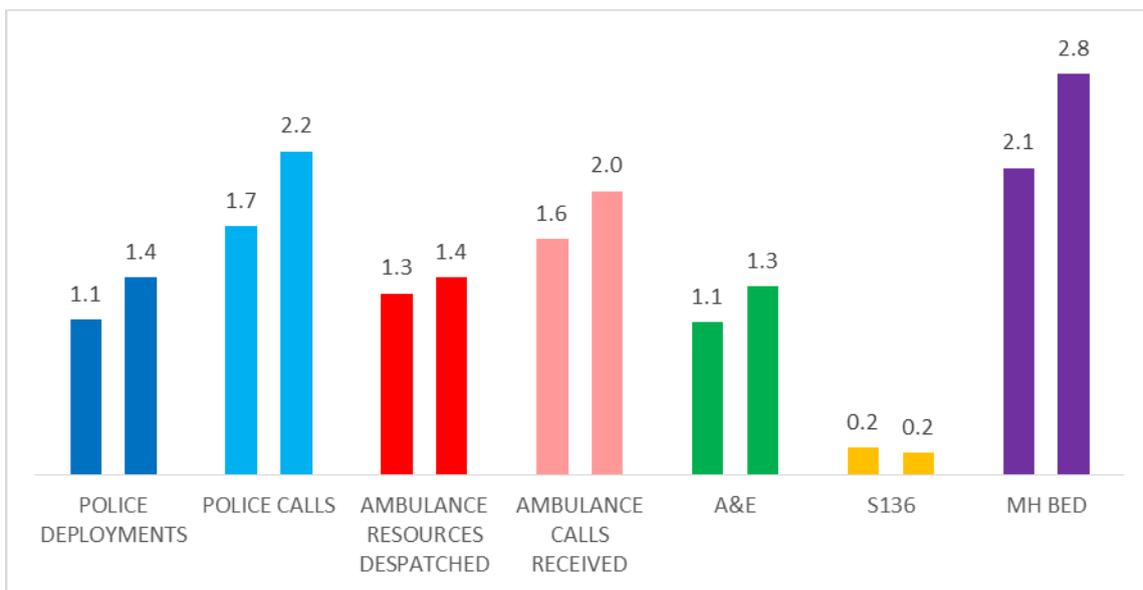
Analysis

7.1 Analyses for full cohort of service users on SIM at 31st March 2019

7.1.1 Average number of contacts for full cohort of service users

Figure 3 shows the average number of contacts per month per service user for all 19 service users allocated to SIM for the baseline and since SIM allocation period (Length of time for each service user on the SIM programme varies from 2 month to 11 months). The average number of contacts per month per service user has increased for the following metrics: Police Deployments, Police Calls, Ambulance Resources Despatched, Ambulance Calls Received, A&E Attendances and Mental Health Bed Days, with a slight reduction in S136. For the baseline period, the average contacts per month per service user across all metrics was 9.01, whereas for the since SIM allocation period, the average number of contacts per month per service user across all metrics increased to 11.12.

Figure 3. Average number of contacts per month per service user (19 service users)



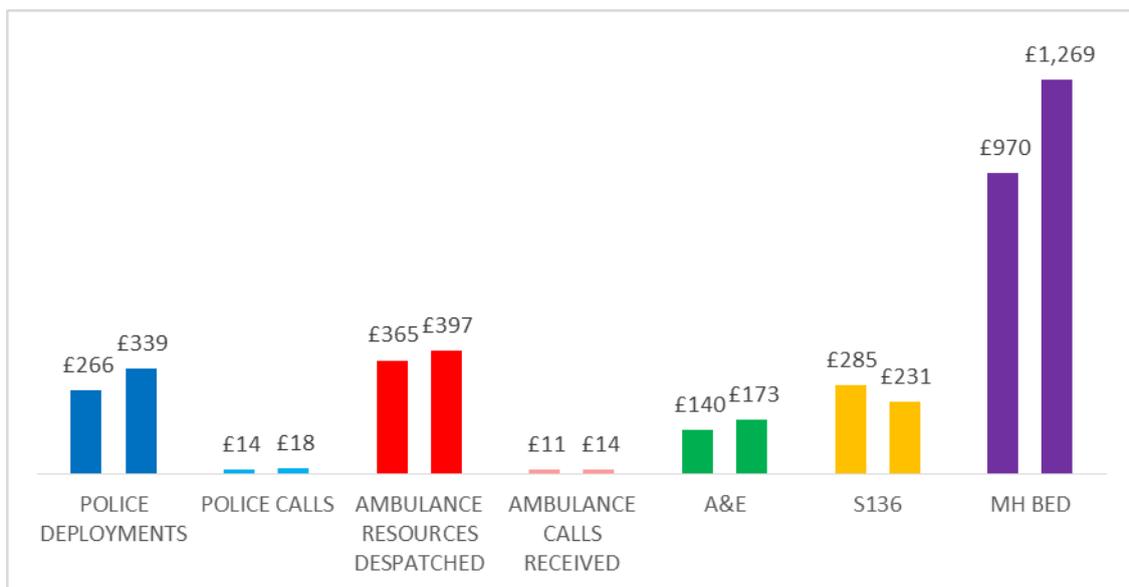
Base: 19 service users

7.1.2 Average cost for 19 service users

Figure 4 shows the average cost of each metric per month per service user for all 19 service users allocated to SIM for the baseline and since SIM allocation period. The average cost per month per service user has increased slightly for all metrics except for S136 where there has been a slight decrease.

For the baseline period, the average cost per month per service user across all metrics was £2,052, whereas since the SIM allocation period, the average cost per month per service user increased to £2,439, an increase of £387.

Figure 4. Average cost per month per service user (full cohort of service users)



Base: 19 service users

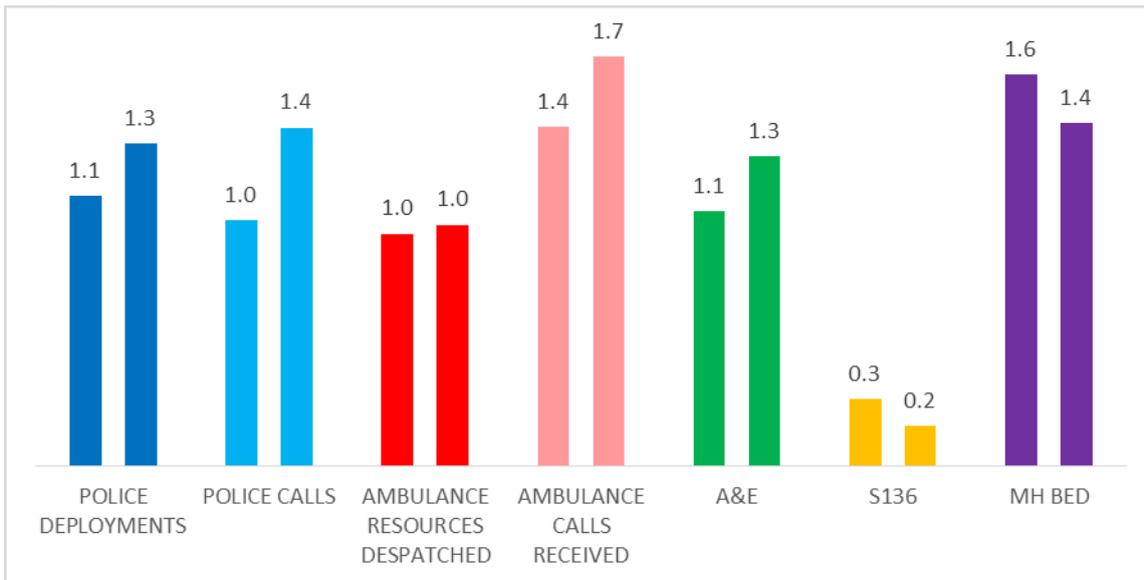
7.2 Analyses for service users allocated to SIM for at least 6 months

7.2.1 Average number of contacts for service users allocated to SIM for 6 or more months

Figure 5 shows the average number of contacts per month per service user for 9 service users who have been allocated to SIM for at least 6 months. The average number of contacts per month per service user has increased for most of the metrics, except for S136 and mental health bed days which have seen a decrease. Given the data quality issues known for the collection of A&E data, it is likely that the A&E data was not complete for the baseline period, i.e. the true contact rate would have been higher.

For the baseline period, the average contacts per month per service user across all metrics was 7, whereas since the SIM allocation period, the average number of contacts per month per service user across all metrics increased to 8.4. Mental health bed days saw the biggest decrease (from 1.6 days per month for the baseline, down to 1.4 since SIM allocation), whereas police calls saw the biggest increase from 1 at baseline up to 1.4 since SIM allocation.

Figure 5. Average number of contacts per month per service user (6+ months since SIM)



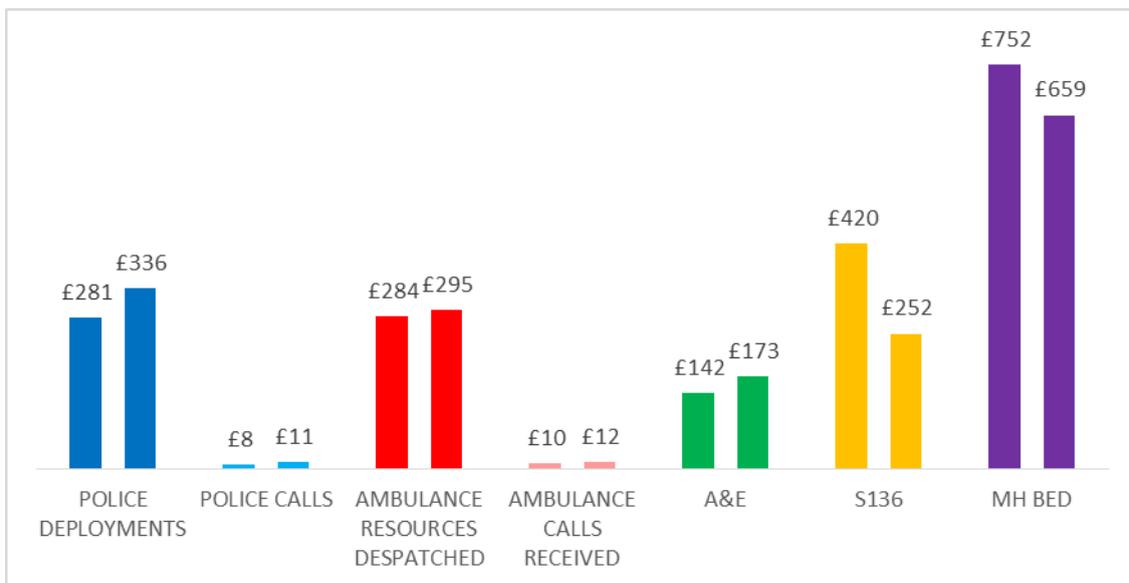
Base: 9 service users

7.2.2 Average cost for service users allocated to SIM for more than 6 months

Figure 6 shows the average cost of each metric per month per service user for 9 service users who have been allocated to SIM for at least 6 months. The average cost per month per service user has increased for most of the metrics, except for S136 and mental health bed days where costs have decreased. However, as stated above, it is believed that the base line A&E data is an underrepresentation due to the difficulty experienced in collecting it. For the baseline period, the average cost per month per service user across all metrics was £1,897, whereas since the SIM allocation period, the average cost per month per service user decreased to £1,737, a decrease of £160 per month per service user. S136 saw the biggest total decrease with a decrease of 40% (£168), followed by mental health bed days which had a 12% decrease (£93).

Although these are small numbers (9 service users) these are promising results for users that have engaged with the SIM service for 6 months or more. Continued audit and evaluation will explore if these findings are sustained.

Figure 6. Average cost per month per service (6+ months since SIM)



Base: 9 service users

7.3 Difference in number of contacts: Baseline vs Since SIM

Table 2 shows the contact difference between average number of contacts at baseline and average number of contacts since SIM allocation for all 19 service users. Over half (53%) of service users have seen a decrease in average number of contacts across all metrics since SIM allocation, with one service user having an average monthly decrease of 11.18 contacts. Under half (47%) of service users have seen an increase in average monthly contacts across all metrics since SIM allocation, with one service user having an average monthly increase of 36.7 contacts. Please note: Service users have been assigned a letter from 'A' to 'S' to protect their identity.

Table 2. The contact difference between average number of contacts at baseline and average number of contacts since SIM allocation

Service User	Months Since Sim Allocation	Contact Difference Between Baseline and Since SIM Allocation
A	5	-11.18
B	9	-8.25
C	2	-7.83
D	9	-5.72
E	9	-5.14
F	4	-3.75
G	5	-3.57
H	10	-2.00
I	5	-1.85
J	3	-1.75
K	9	0.17
L	11	1.01
M	11	3.01
N	5	7.55
O	4	7.58
P	9	8.39
Q	5	10.43
R	6	16.25
S	5	36.67

7.4 Difference in cost: Baseline vs Since SIM

Table 3 shows the cost difference between average cost at baseline and average cost since SIM allocation for all 19 service users. Over half (58%) of service users have seen a decrease in average monthly cost across all metrics since SIM allocation, with one service user having an average monthly cost saving of £4,904. Over a third (42%) of service users have seen a cost increase in average monthly cost across all metrics since SIM allocation, with one service user having an average monthly cost increase of £6,997. Service users have been assigned a number from '01' to '19' to protect their identity, there is no relationship with table 2 above.

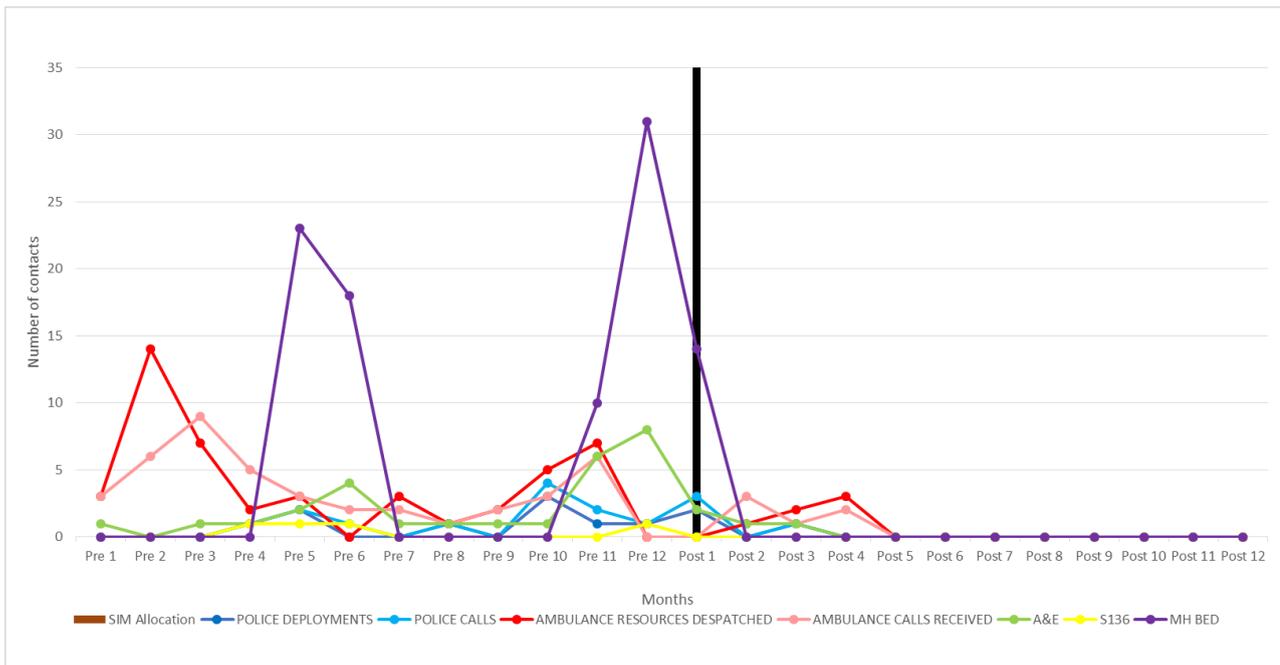
Table 3. The cost difference between average cost at baseline and average monthly cost since SIM allocation

Service User	Months Since Sim Allocation	Contact Difference Between Baseline and Since SIM Allocation
A	9	-£4,903.67
B	5	-£3,396.15
C	9	-£1,896.30
D	5	-£1,679.24
E	5	-£1,575.03
F	3	-£1,224.25
G	10	-£1,113.88
H	2	-£709.94
I	3	-£647.19
J	9	-£301.21
K	9	-£62.91
L	11	£172.43
M	11	£965.39
N	4	£1,172.91
O	9	£1,748.65
P	6	£3,947.87
Q	5	£4,318.09
R	5	£5,546.41
S	5	£6,996.98

7.5 Case Study Service User X: Biggest Decrease in Contacts

Figure 7 shows the monthly contacts across the 7 metrics for the service user who has had the biggest decrease in contacts, on average, from the baseline period to the since SIM allocation period. This service user was allocated to SIM in November 2018, 5 months of data have been collected. During the baseline period, this service user on average had 18.6 contacts per month across all 7 metrics, since SIM allocation this has decreased to an average contact of 7.4 per month.

Figure 7. Monthly contacts across the metrics for 1 service user



7.6 Case Study Service User Y: Biggest Decrease in Cost

Figure 8 shows the average cost of each metric per month for the service user who had the biggest decrease in cost from the baseline compared to the since SIM allocation period. This service user was allocated to SIM in July 2018, 9 months of data has been collected. During the baseline period, this service user on average cost £5,978 per month across the 7 metrics, since SIM allocation this has decreased to an average of just £1,075 per month an 82% reduction.

Figure 8. Monthly cost across the metrics for 1 service user



Qualitative Data

8.1 SIM Police Officers, Expert by Experience and NHS clinician's feedback

One of the key benefits of the SIM programme is the partnership working of the police and NHS mental health care coordinators/clinicians.

The following quotes from the SIM Police officers, NHS clinicians and experts by experience give a reflection of some of the learning.

SIM Police Officer #1

"Questions are always asked of mental health and policing about what can change and what can be improved. This (SIM) is the answer in my eyes and it is shown to work. The people I have worked with have reduced demand on services which has led to reduced costs and all round more positive for the service user".

SIM Police Officer #2

"The SIM officer role involves putting a police officer into a mental health environment to help manage the behaviour of people with personality disorder. Primarily the people SIM works with are bouncing between mental health and police services. The mental health side see their behaviour as an issue that should be dealt with by the criminal justice system whereas the police see it as a mental health issue. The SIM police officer role is to bring the two together and put in the boundaries that the police can do and also encourage mental health to still take on people with quite difficult behavioural issues because there is a mental health element and they still need support. SIM is challenging conceptions that have been held for around 200 years of policing and 70 years of the NHS. We are challenging the way in which we work together".

SIM Police Officer #3

"Some of the service users that are in the SIM cohort are benefiting hugely as they now have a positive relationship with the police whereas before they had a negative one. Building some of that trust has helped them to work through some of their historical problems. The service users have been able to engage with mental health services through SIM and access support that they need such as drug and alcohol services and housing issues to help with the practical issues that come alongside supporting mental health".

SIM Police Officer #4

"In the police you have to trust your colleague and now we (SIM officers) are in the domain of the NHS it is a different dynamic, but we need to be on the same page. I will discuss with the care coordinators because they are the experts in mental health and on the service user and they will advise for example on any trigger words the service users don't like. I have to trust them for that sort of information, and they trust me for any police safety issues for example if they are known to be violent and we work together to best help the service user".

NHS Clinician #1

"SIM has enabled NHS staff to develop a much closer working relationship with police officers based on trust and respect. I've been very impressed with the skill and commitment shown by the SIM police officers."

NHS clinician #2

"SIM has facilitated a much closer working relationship between police and mental health staff. SIM has provided the resources to really focus on some very challenging and complex service users who in the past may have been marginalised as they do not fit neatly with any particular service."

NHS clinician #3

"The good thing about SIM is the joint working, it is a new partner. The potential for working with police and building those relationships in different ways is the most positive thing that will come out of this. My worry or challenge is the sustainability of SIM, but I think the relationships will be what sustains a different way of working with the police which is really exciting."

Expert by experience #1

"To start with I love being a member of the SIM Strategic Delivery Board. My thoughts on SIM, I think it is a brilliant concept but there are elements of it that I think need tweaking. I think the initial contact, especially with somebody who has just been put on SIM needs to be sensitively handled. I think it would be helpful in the future if there was some way of getting someone along who had been through the process for the introductory session."

8.2. Service user feedback

Due to the short duration that majority of SIM service users have experienced on the programme, this report does not include direct feedback from SIM service users, three service users are represented through the case studies below.

SIM Case Study 1

This SIM Service User lives in rented accommodation, is long term unemployed and has a low educational attainment. They have a **diagnosis** of EUPD (Emotionally Unstable Personality Disorder) and behavioural disorder due to alcohol addiction.

Crisis presentation: Superficial self-harm injuries including cutting and ingestion, multiple dangerous location crisis including railway tracks and tall buildings. The service user will not return to safety until negotiators have attended. The service user has been extremely violent towards ambulance and police staff resulting in multiple arrests for possession of offensive weapons and other threat or violence-based offences. Crisis behaviour is violent, explosive and high impact when it occurs.

Impact of SIM: For 4 months the service user did not engage with the SIM team. Following a doorstep visit from SIM Police officer and the mental health NHS care coordinator, they have engaged far better than would have been expected. The service user expressed extreme anti police

views, this has moved on from offering their hand to the SIM police officer to shake to being keen to keep appointments at regular intervals at the same time, same place each week. The service user is heavily involved in the writing of their Crisis and Response plan. The baseline cost 12 months prior to coming onto the SIM programme was £27,236.36 - £2600 average per month; since SIM allocation (4 months) the reductions in contacts have reduced spend to an £696 average monthly cost a 73% reduction.

Figure 9. Average monthly cost across the metrics for 1 service user

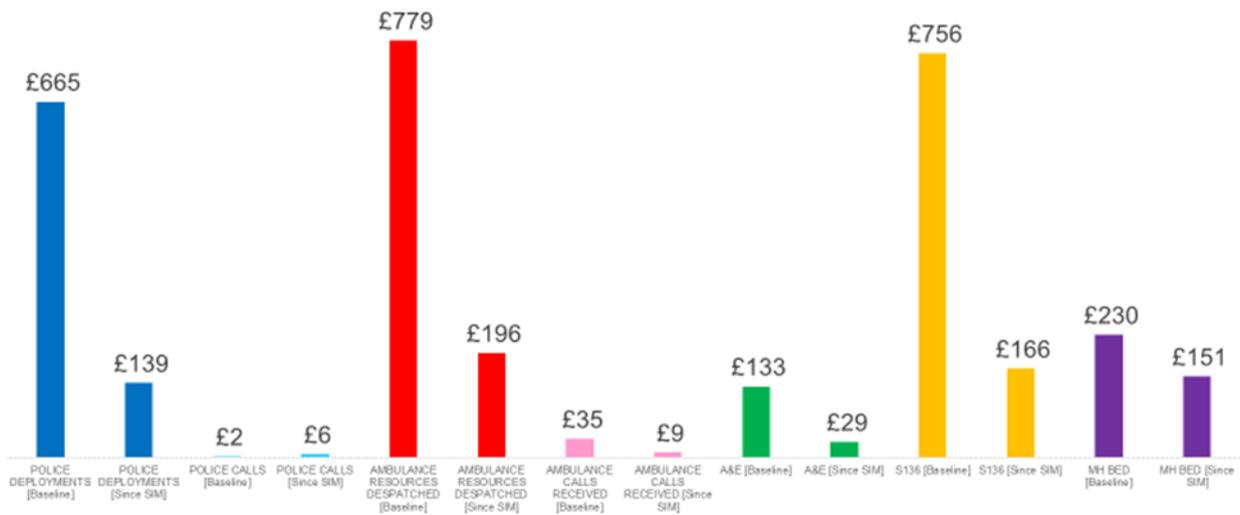
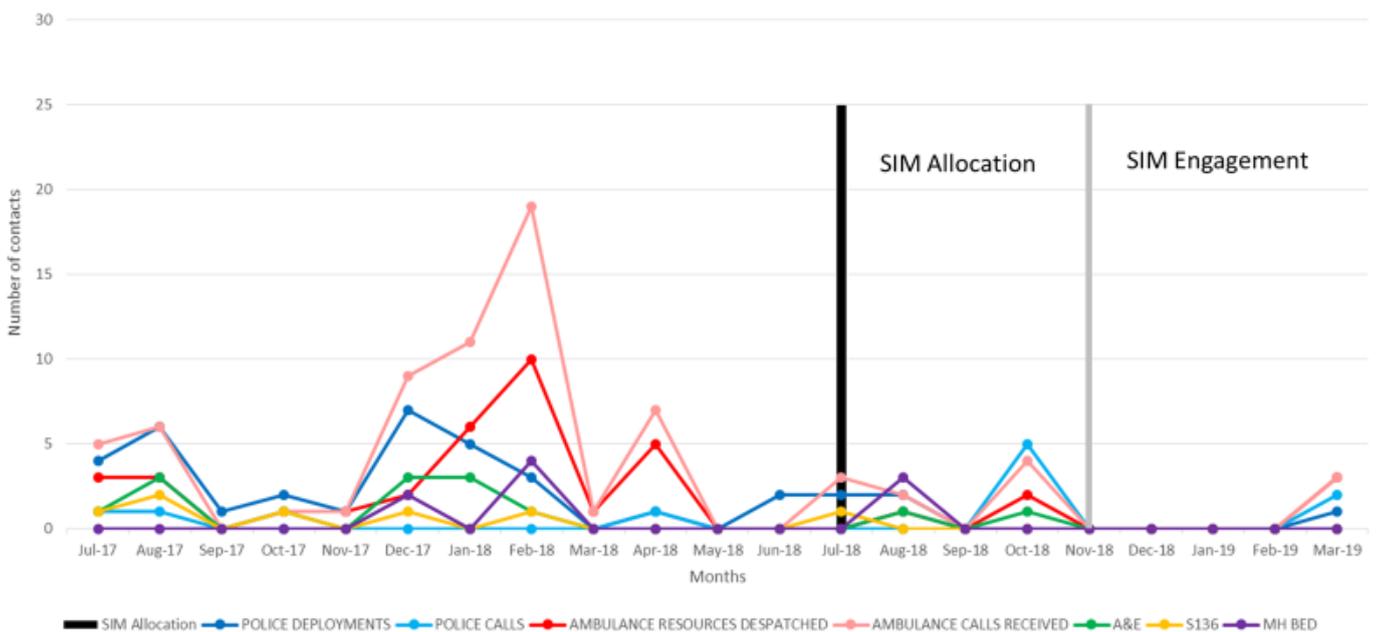


Figure 10. Monthly contacts across the metrics for case study 1



SIM Case study 2

Fifty-one year-old service user has been in frequent contact with mental health services for over 25 years. This service user has a **diagnosis** of Emotionally Unstable Personality Disorder (EUPD) and a history of alcohol misuse. They may have mild learning difficulties (although this has never been formally diagnosed).

Crisis presentation: A history of repeated presentations at A&E and Place of Safety (Post). Over the last 10 years, has had 40 admissions to psychiatric hospitals (normally these are short admissions). They have attended at A&E over 100 times. They are also well known to British Transport Police, often found standing on railway station platforms, expressing suicidal ideation. Since 2015, they have presented at the place of safety (S136 suite) over 10 times. Over the last 12 months they have been assessed at the place of safety suite 6 times and been seen by the Psychiatric Liaison Service on 12 occasions.

Despite these high attendances this service user has not in the past had consistent support from mental health services. Their presentation has been seen as more 'behavioural' than a serious mental illness. This service user has a long history of refusing and rejecting support.

Impact of SIM: In May 2018 they were admitted to an acute psychiatric ward for a brief admission following an alleged overdose. The SIM care coordinator made contact with the service user in June 18, since then there have been no further hospital admissions. The service user was reluctant to engage with the SIM police officer as they felt they were already well known to the police and saw little point in engaging with another police officer.

During the period July - September 2018, the service user attended A&E on 10 occasions; frequently intoxicated, verbally abusive, unhappy with current hostel accommodation; threatening self-harm and suicide.

The SIM care coordinator continued to mentor the service user, plans were put in place to seek alternative accommodation, the service user agreed to then meet the SIM police officer but defaults on the meeting several times. In September 2018 the meeting with the SIM police officer and care coordinator took place. Since that time the service user has met with the SIM team regularly, has completed their Crisis and Response Plan and has re-established contact with a family member.

Since SIM the service user has not attended the place of safety suite, they are now engaged with community mental health services and feel well supported in new accommodation. They have attended A&E on four occasions, but there have been no hospital admissions. The service user has identified they would like support with literacy and numeracy and options are being explored to meet these needs.

The service user average monthly cost has reduced from £1732 to £537, an average monthly saving of £1195 a 68% reduction.

Figure 11. Monthly contacts across the metrics for case study 2

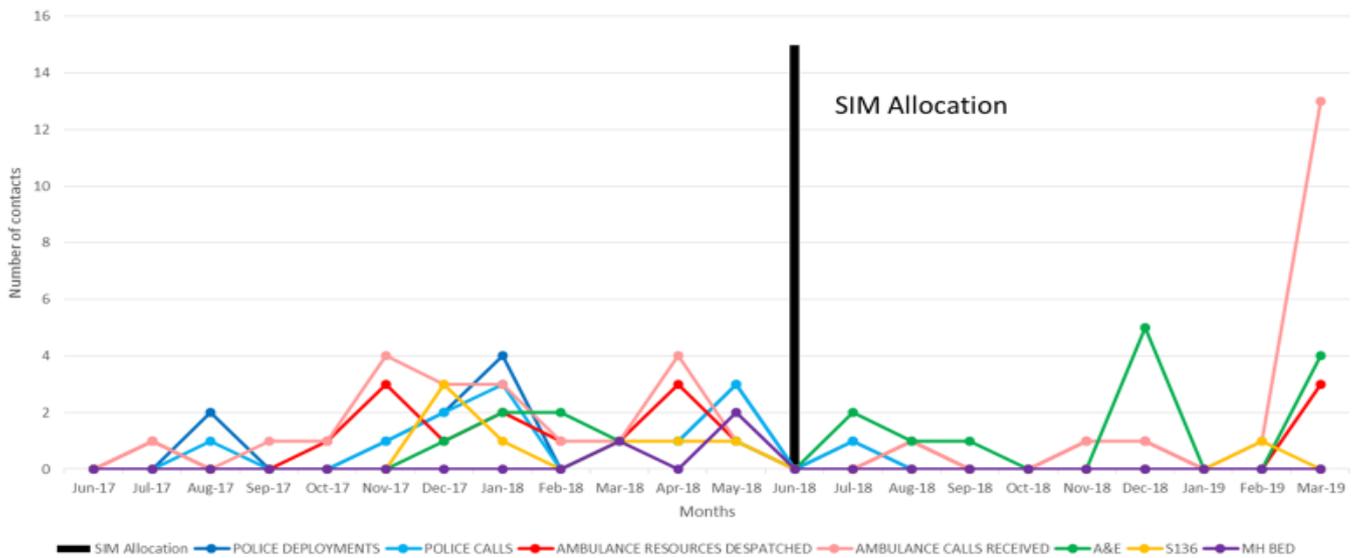


Figure 12. Average monthly cost across the metrics for case study 2



SIM Case Study 3

This service user lives in housing association accommodation and is long term unemployed. They have qualifications in sign language and works with St Johns ambulance as a volunteer. This service user has had 3 children, 1 died 6 years ago and the other 2 live with another parent and grandmother.

The service user has a **diagnosis** of Borderline Personality Disorder, Autism, ADHD, Post Traumatic Stress Disorder and Tourette's.

Crisis Presentation: This Service user regularly takes overdoses of insulin, paracetamol, blood thinners and prescribed drugs. They also swallow battery's and blades and are known to go to high risk environments including multi storey car parks and railway tracks. This service user regularly goes in the River Thames in freezing temperatures, runs from emergency services on arrival and makes repeated false reports to Police. Additionally, the service user is violent to police and hospital staff and damages property in wards and hospital environments.

Impact of SIM: The SIM service user engaged with the SIM team from the start but there were initially issues with the care co-ordinator. They have since engaged better with the care co-ordinator, their presentation to them has improved dramatically and the aggressive behaviour when meeting with them has stopped. This service user has been heavily involved with the writing of their Crisis and Response plan.

The calls and contacts with all services began to decrease at the beginning of the SIM involvement but then increased again over Christmas coinciding with a change in medication and care co-ordinator. The contacts in the first part of the year decreased again however increased recently due to the anniversary of their son's death nearing. They were additionally impacted by a court case being thrown out for criminal damage due to an independent psychologist report stating that the service user does not have capacity. The SIM team believed this court hearing has not assisted in containing behaviours, as the boundaries which are so important to the success of SIM were not reinforced in the criminal justice system.

Partnership working with courts has improved since SIM. The SIM team continue to mentor the service user and are using the sessions to identify new ways of working to tackle the issues. The current care plan is being reviewed and amended with the service user's input. The service user actively engages with goal setting and continues to attend every SIM session. They have identified what support they need weekly such as practical help around the home and weekly planning. The Service user has engaged in two new hobbies since starting SIM - swimming and cart riding (with horses).

The total baseline average monthly cost for this service user was £1174. The total average monthly cost after SIM allocation is £2922 an increase of £1748 average monthly cost.

Figure 13. Monthly contacts across the metrics for case study 3

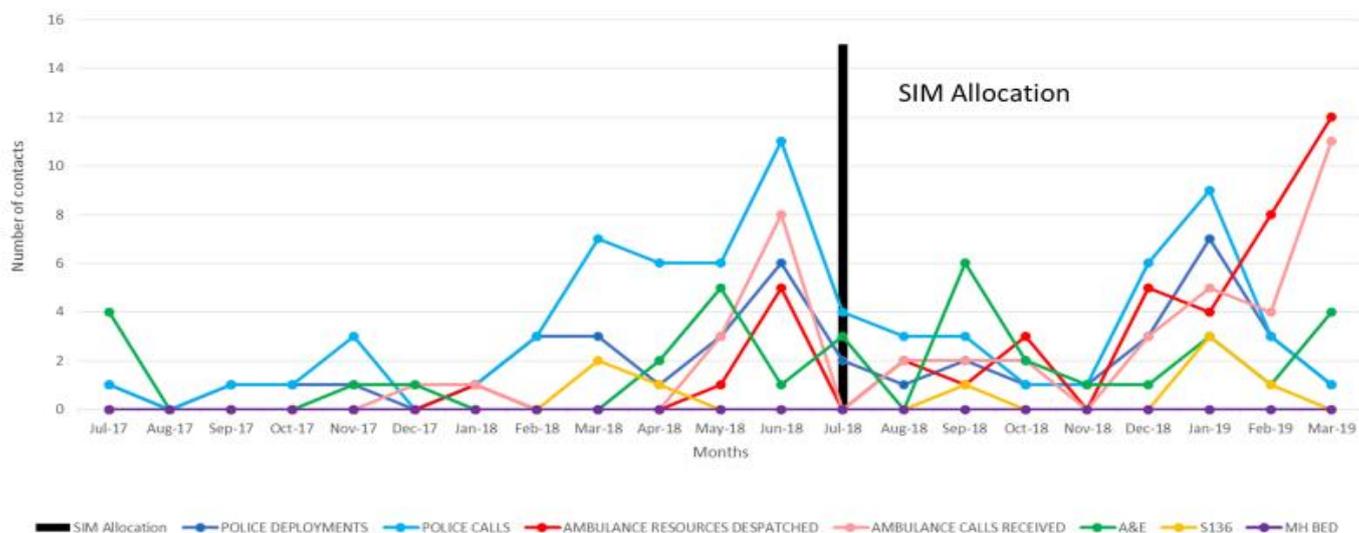


Figure 14. Average monthly cost across the metrics for case study 3



Conclusion

This report provides an overview of the impact of SIM in the first year of implementation in south London. The collaborative working across the sector sets an example of what can be achieved to support arguably some of the most marginalised people in our society who have complex histories with multiple disorders and behaviours that have been established over decades. It is recognised that the model took 4 years on the Isle of Wight pilot site for SIM to impact on savings and reduction of activity. The SIM south London strategic delivery board members have committed to continue to meet bi-monthly during 2019-20 to continue to monitor and disseminate the learning from this new model of care to improve and strengthen the SIM programme for London.

Finally, the HIN would like to thank the following NHS partners and the Metropolitan Police for their on-going commitment, expert advice and contributions to SIM:

- The Metropolitan Police
- The London Ambulance Trust
- Guys and St Thomas NHS Foundation Trust Accident and Emergency (representing all south London A&E departments)
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- South West London and St Georges Mental Health NHS Trust
- Health Education England
- Paul Jennings High Intensity Network