SIM INTERVENTION

SIM Intervention aims to help the service user by:

· Reducing risk of suicide, accidental suicide or serious harm

· Preventing offending or anti-social behaviour during a crisis

· Improving the quality of care that fits this service user's crisis

· Preventing harm to the service user from others

· Improving the quality of care to help prevent crisis and improve life outcomes and life expectancy

SIM Intervention aims to help the services by:

· Reducing unnecessary demand upon emergency teams

· Improving the integration of care

SIM PROJECT REVIEW: January 2020-January 2021

Number of Service users supported	8
Teams patients have been signposted to	• CMHT & Psychology services • Drug & Alcohol Services • Supported Accommodation • Local authority -Housing Department • Citizens Advise Bureau • Mental Health Crisis Line • GP • Primary Care Link workers • Samaritans • Recovery College • Employability Service • Safeguarding Teams • Crime Recording Bureau • Peer Support Service • Total Wellbeing Service • Department of Work and Pension (DWP)
Number of Referrals	53
Number of Discharges	2 [redacted]
Treatment initiated or completed	• All patients will have a Crisis Response plan and an Emergency Responder Plan in place

Outcome	• Partnership working with inpatient services, community services, police services, ambulance services, frequent attenders team, voluntary and third sector services • Prosecution - Magistrates Courts • Community Protection notice warnings issued • Community Resolution warnings issued • Crime Prosecution Service (CPS) engagement • East of England Ambulance Service-Subject Access Request Service) (SARS), engagement • Forensic Imaging Department, engagement • Sexual Assault Referral Centre (SARC), engagement • Access to psychology therapy and engagement • Reduction of cost and deployments of emergency services with correlation to risky behaviours. [redacted] • Feedback is also collated at different times [redacted]
Challenges/Barriers	• Limited understanding of SIM project from key stakeholders • Limited mental health practitioner cover in absence of SIM lead • Network -Limited access to internet when working at the Police Headquarters • Our base Working environment/open plan office with background noise has always been a challenge and does not allow for open discussions to take place with our patients
Future vision/plans for the service	• Developing and redesigning the SIM Team to meet current demands and addressing demand of emerging SIM patients. • SIM Team consisting of Lead Senior Mental Health Practitioner and Lead SIM police officer holding a case load as well as supporting SIM Light teams working with patients that fall below the current SIM threshold. • A redesign of who delivers the training to meet the KPI for the MHH, current responsibility rests with SIM. This review has raised questions regarding the role of SIM in meeting training KPI whilst managing complex cases. • More interface working with teams and services that we signpost and work alongside with, in order to increase understanding of SIM and increase referrals • HIN-Ongoing support through network of SIM teams in managing cross boarder SIM patients. National training webinars; data collection and analysis of digitalised response plans across other localities; support from the

	SIM Director as additional clinical support, in response to complexities and risks that come with managing SIM patients.

Operational Meeting –MHH

SIM –March Updates

Existing cohort:

(1) Full capacity at present: Looking at discharging possible three [redacted] in the next couple of months

(2) Reviewing Emergency Response plans for existing cohort with collaborative working with CMHT and police teams [redacted].

(3) Up until end of January,

- Service user [redacted] No changes however, soon to be discharged from specialist unit back into the community. Arrangements underway for supported accommodation and funding. Patient needs to be allocated CMHT Care Coordinator (build relation with CMHT). Anticipated contact with services when back in the community. Emergency Responder plan revised to reflect changes and place of safety. 1 x serious incident of overdose while on the ward, resulting in A & E attendance.
- Service User [redacted] Looking to discharge by end of April. Plans for safe discharge back to CMHT underway. Data shows reduction in contact with emergency services as well as a reduction in risky behaviours. Any contact that [redacted] has been having has been out of area in (Peterborough) Hertfordshire. SIM Plan still being followed. For the month of February 1 x A & E attendance and 1x police attendance.
- Service User [redacted] Increased contact with mainly the police. Different approach to resolve from policing point is that of application for a Criminal Behaviour Order. Health team approach is a review of needs. Care Act assessment. Data: Month of February-Contact with A& E; 136, police deployments, MHA; Ambulance services. There is an increase and contact averaging twice a week. Although an increase in emergency services, there has been a decrease in bed admissions.
- Service user [redacted] Still inpatient as informal patient on one of Luton wards. Reports of aggressive and threatening behaviour alongside damage to property while on the ward. Reports are being made to PC AH. SIM have been having regular/daily contact with service user in order to complete an emergency response plan. Service user has been on ward (local bed) the entire month of February and has had one police job. During the month of February, 7 reports made to Crime Bureau and passed on to PC [redacted]
- Service user [redacted]: Data shows a reduction in contact with emergency services. Looking to discharge by end of March. Plans for safe discharge back to CMHT underway. Data-No contact with emergency services for the month of

February. Safe discharge with recommendations of: Carers Assessment, Needs Assessment.

- Service User [redacted]: An inpatient on an open ward receiving psychology input. Placement under threat due to lack of engagement with treating team and risky behaviours in the community, reports of service user going to Addenbrooke hospital and self-harming in A & E department. Service user has had 3 incidents with contact involving A & E department.

Referrals: On average 4 referrals a month

High Intensity User Group Panel meetings: Held monthly

Interface working: As and when opportunity arise

Training

Training to new recruits ongoing

FCC training to new recruits ongoing (and 2020 FCC staff training day)

Training to Police Professional Standards Department offered beginning the year

Requests for training/interface opportunities being made, more recently P2R and Primary Link worker for Luton

Broadening of Collaborative work and partnership working-In response to NHS Long Term Plan:

Primary Care; P2R; Eastern Region Special Operations Unit – End of January; A & E Frequent Attenders; community service providers (supported accommodation where our SIM patients reside)

(Feedback is positive and training found to be extremely helpful)

Community Policing Team; CMHT;

Additional support to teams regarding Quality Improvement

Section 9 of Care Act Assessments

Capacity Assessments

QI Project reviewing workflow processes

FCC

No current operational changes

Staff cover not always met when there is staff sickness and staff annual leave due to limited bank pool of staff.

Training

Training requests being met, allocation of SIM Emergency Responder Plan access

Interface opportunities ongoing with FCC function also incorporated

Audit Area Focus:

FCC intervention, in particular triage assessments and how this might impact on patient outcomes.

Training

FCC staff continue with workshop involvement on Mental Health Practitioners role and function