



**SIM**  
**LONDON**

**Support for a better life**  
April 2018 – May 2020

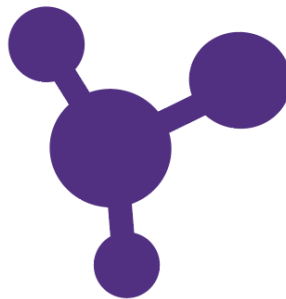


Health  
Innovation  
Network  
South London

# About

The Health Innovation Network is the Academic Health Science Network (AHSN) for south London, one of 15 AHSNs across England. As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

This means we are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations.



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# Introduction

There is no such thing as perfect mental health. We are all on a journey of ups and downs – highs and lows. That is the nature of life. But in every community, there is a small number of people who struggle with lows every day. They often have appalling stories of neglect and rejection. They may even be victims of crime.

Often labelled for the demands that they place on services and the risks posed by their behaviours, they even struggle to maintain positive relationships with the professionals employed to keep them safe. They struggle with intense feelings of loneliness, anger, shame and an overwhelming fear of rejection and abandonment.

When the right support is not provided, the individual will fail to develop the skills to re-build their lives. They often spiral out of control, increasingly reliant on extreme behaviours to stay noticed or maintain human contact. By this time, even mental health teams run out of ideas and the risk of discharge from the NHS increases significantly. The behaviours encountered by emergency services and the public then become anti-social at best and criminal at worst.

At this point, we have a choice. Give up on them or keep going.

If we choose to keep going, we will need a highly specialist team, led by mental health and specialist police officers to keep them safe - to keep them out of trouble and out of the criminal justice system. To support them intensively until we establish some behavioural stability. To re-inject some hope.

It is one of the most challenging jobs in the emergency services.

Welcome to the **SIM London** programme of high intensity crisis care.

We change lives.

One story at a time.

***Paul Jennings (Innovator of SIM and Network Director of the High Intensity Network)***



# 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.

Section 136 (s136) means that the police have the power to take a person to a place of safety or keep them in a place of safety if the police officer believes that it is in the person’s best interests or in the best interests of others. It is used if a police officer believes that someone has a mental illness, and they need immediate ‘care or control.’ It is most often used in public places and cannot be used to remove someone from their own home, or someone else’s home.

This report gives the background to the SIM model, the governance structure and training requirements that have been implemented for SIM London.

The report provides detail on the collective London data for the first 24 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 multiple public services.
- the costs assigned to these contacts.

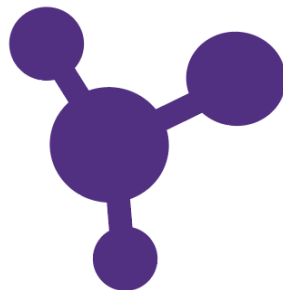
The report also incorporates SIM service user case studies, feedback from SIM police officers, experts by experience and clinicians on their experience of working within the SIM programme. **All the names in the case studies have been changed to be gender neutral to disguise gender, ethnicity and preserve the anonymity of the service user.**

## Summary of Findings

- SIM was launched in London in six SIM London pathfinder boroughs: Greenwich, Southwark, Kingston, Richmond, Camden and Islington in May 2018.
- The learning from the pathfinders has informed the implementation of SIM in a further 13 London boroughs during 2018-20 (Bexley, Bromley, Wandsworth, Merton, Croydon, Sutton, Enfield, Hillingdon, Hounslow, Newham, Westminster as well as Barking and Dagenham).
- Three south London mental health trusts host eight SIM police officers.
- Five north London mental health trusts host six SIM police officers.
- At the end of May 2020, 108 service users have been on the programme within the timeframe of this report, which is April 2018 – May 2020.
- SIM service users included in this report have been on the SIM programme between one and 25 months, with an average length on SIM of 13 months.
- Contact data is collected monthly on seven key metrics:
  1. Police deployments
  2. Police calls
  3. Ambulance resources despatched
  4. Ambulance calls received
  5. A&E attendances
  6. S136 detentions
  7. Mental health bed days

This report provides early analysis of the data on service users that have been accepted onto the SIM model. There were 108 service users that had been allocated to SIM by 31 May 2020, five service users were removed due to poor data quality. Whilst each service users' journey is varied, the following has been found:

- For the 103 service users that had been **allocated** to SIM, the average number of contacts per month, per service user decreased for: A&E attendances, ambulance resources despatched, mental health bed days, police deployments and S136s, with an increase in ambulance calls received and police calls.
- Comparing the baseline period to the allocated period, there was an average decrease in cost by 6 per cent (£159 per month per service user). Based on the total 1,347 months of time on the SIM programme across the London cohort, this translates to a saving of **£214,173** over the two years.
- At an individual level, over half (59 per cent) of service users have seen a decrease in the cost per month across all metrics since SIM allocation. The largest cost reduction was £8,597 per month, whereas the largest cost increase was £9,899 per month.
- A total of 79 service users **engaged** with SIM, this meant they had as a minimum an initial conversation/meeting with the SIM police officer and care coordinator.
- For 79 service users who engaged with SIM, the average number of contacts per month, per service user has decreased since baseline for all metrics.
- Comparing the baseline period to engagement there was an average decrease of costs by 42 per cent (£1,298 per month per service user). Savings predominantly came from mental health beds which had a decrease of 62 per cent (£936 per month per service user). Based on the total 1,119 months of time service users were engaged on the SIM programme across the London cohort, this translates to a total estimated cost saving of **£1,452,462**.
- At an individual level, nearly three quarters (73 per cent) of service users have seen a decrease in the cost per month across all metrics since SIM engagement. The largest cost reduction was £10,134 per month, whereas the largest cost increase was £5,846 per month.



## Section 2

# Background

SIM was first developed and introduced on the Isle of Wight by Sergeant Paul Jennings (NHS England National Innovation Accelerator fellow 2017-20), and is being adopted in other areas of England, and some international sites. Based on data from SIM Isle of Wight, the return on investment for NHS services is £7,600 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 four 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 George's Mental Health NHS Trust) agreed to test the model at "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 (AHSN) selected SIM as one of seven programmes for national adoption and spread across the AHSN Network during 2018-2020. The HIN, UCLPartners (UCLP) and Imperial College Health Partners (ICHP) AHSNs have worked in partnership in London with the Metropolitan Police, London Ambulance Service (LAS) and the mental health trusts to implement SIM in London. Health Education England (HEE) mental health workforce funding has also supported the implementation of SIM in London.

"The time I have spent attending SIM meetings has opened my eyes in many ways. Aside from the cost of responding to frequent callers, there is the other side of the coin. The fact that individuals with serious mental health challenges are not having their desperate cries for help heard, never mind answered."

Expert by experience

## SIM in practice

It took eight months of planning to launch the first pathfinder sites across London with the HIN providing project management for the implementation across the boroughs linking with the mental health trusts and Metropolitan Police Borough Command Units (BCUs). The HIN provided support through data audits, producing Equalities Impact Assessments, engaging with patients and carers, and producing organisation-wide communication. For further details on implementing SIM, download the [implementation guide](#).

The final culmination of all this work was a launch event, April 19 2018, held at New Scotland Yard with guest speakers: Superintendent Mark Lawrence, Professor Matthew Cripps, Chief Constable Mark Collins, Dr Matthew Patrick, Dr Geraldine Strathdee, Assistant Commissioner Martin Hewitt, PC Julia Davis, and a SIM service user and family member.

SIM was launched in May in six London Boroughs: Greenwich, Southwark, Kingston and Richmond, Camden and Islington. 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 provided a clinical supervisor for that officer.

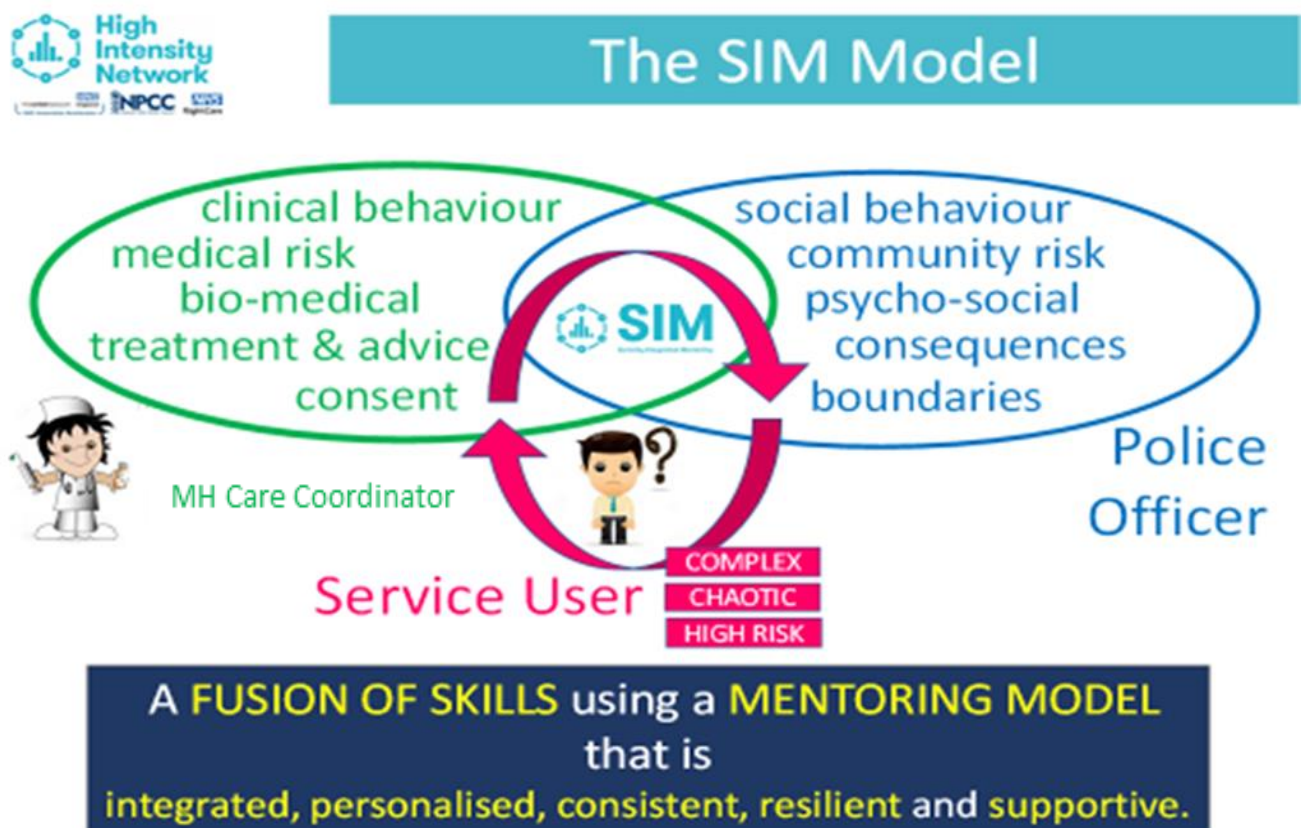
Key to the SIM model are the following staffing requirements:

- 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 09.00 - 17.30.
- The SIM police officer to have a named NHS line manager and police line manager.
- The SIM police officer to complete the three-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.
- Twenty per cent of the SIM police officers time is spent liaising with other officers.
- Caseloads are small.

## Training

Police and NHS mental health staff are required to complete a three-day joint police and NHS SIM training course prior to commencing the SIM programme. The course is delivered by the High Intensity Network. The High Intensity Network is an organisation set up by Paul Jennings, the innovator of SIM, which provides resources, training, and support for SIM. The training builds the foundation for effective joint working relationships, which are vital to the success of the SIM model.

Figure 1 - SIM Model



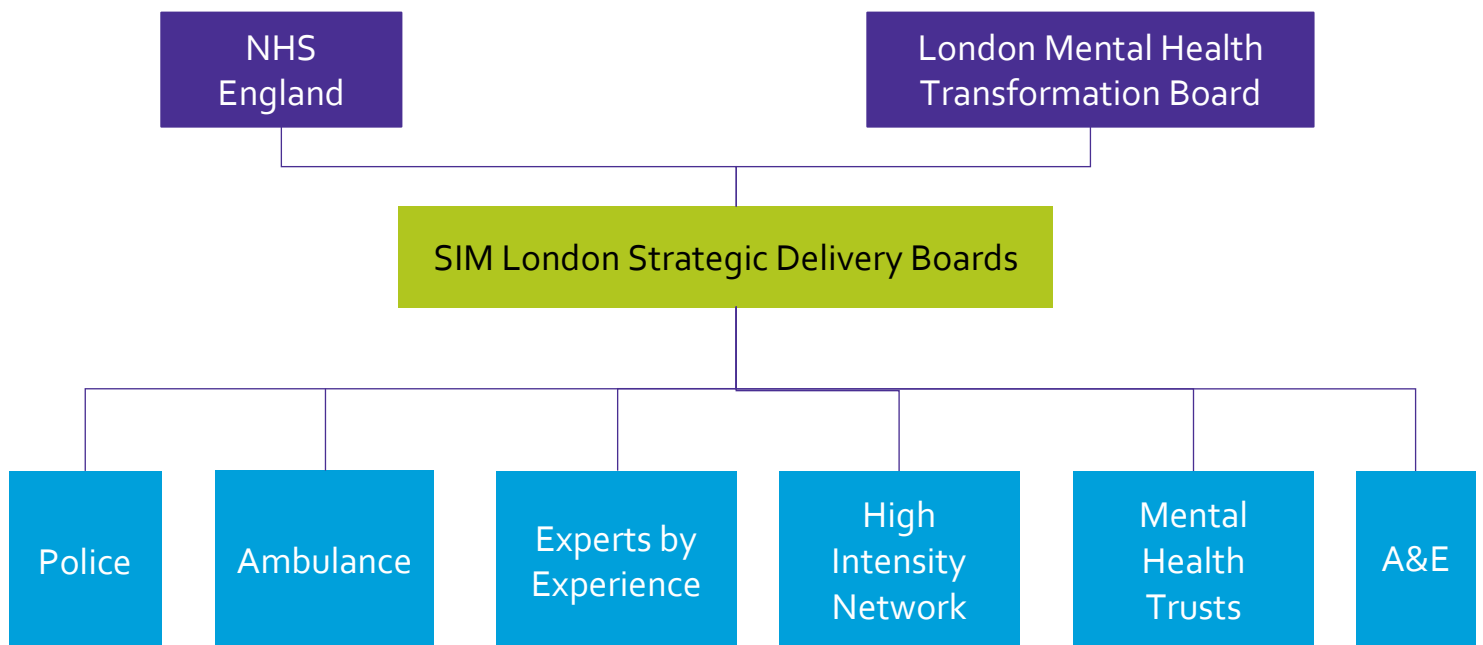


# Governance

There are two SIM London Strategic Delivery Boards, one representing north London and the other south London, which report to the London Mental Health Transformation Board.

These boards provide an opportunity to share and promote learning from the London sites. The boards' membership includes the relevant London mental health trusts, experts by experience, the Metropolitan Police, London Ambulance Service, A&E representative, Paul Jennings (High Intensity Network) and Health Innovation Network, UCLP and ICHP. 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



## Sam - Case Study 1

Sam came to the UK as a child and whilst some of Sam's family are in the UK, Sam does not have regular contact with them. Initially, Sam was thought to have psychosis, however, over the course of a year this was ruled out, following multiple assessments. Sam is a regular user of cannabis.

Sam has had numerous contacts with the police, including several arrests. Sam has been living in a B&B for the last year but following numerous incidents they were evicted from temporary accommodation provided by the council. Following the eviction, Sam had a brief inpatient admission.

**Crisis Presentation:** Sam presents in a very chaotic manner when in crisis which includes saying they are the child of well-known celebrities and taking their clothes off when not getting something that they want. Sam frequently says that they are suicidal and has a very specific crisis behaviour of pouring liquid over people. Additionally, Sam has made several rape allegations which have been investigated by the police.

**Impact of SIM:** Sam was first allocated in September 2019 and first engaged with the SIM team in November 2019. Sam has stabilised a lot since engaging with the SIM team. Initially Sam was deemed too chaotic to be placed in supported accommodation but has now stabilised sufficiently that they have been accepted for supported accommodation. Initially, Sam refused to engage with female members of the SIM team but now frequently engages with them.

Sam was arrested whilst under the care of the SIM team, so the team spoke to the arresting officers at the time, and facilitated Sam attending an interview following the incident. This appears to have been a key moment in terms of Sam's engagement with the team and demonstrates how the SIM programme is being recognised and forging relationships across the police and other agencies.

Sam is now taking a mood stabiliser and is taking their medication; previously while Sam was under other services it was thought that they were not compliant with their medication. The medication is given to Sam by a member of the SIM team on a weekly basis. This also means that Sam is seen by the SIM team on a weekly basis so that mood and behaviour can be monitored.

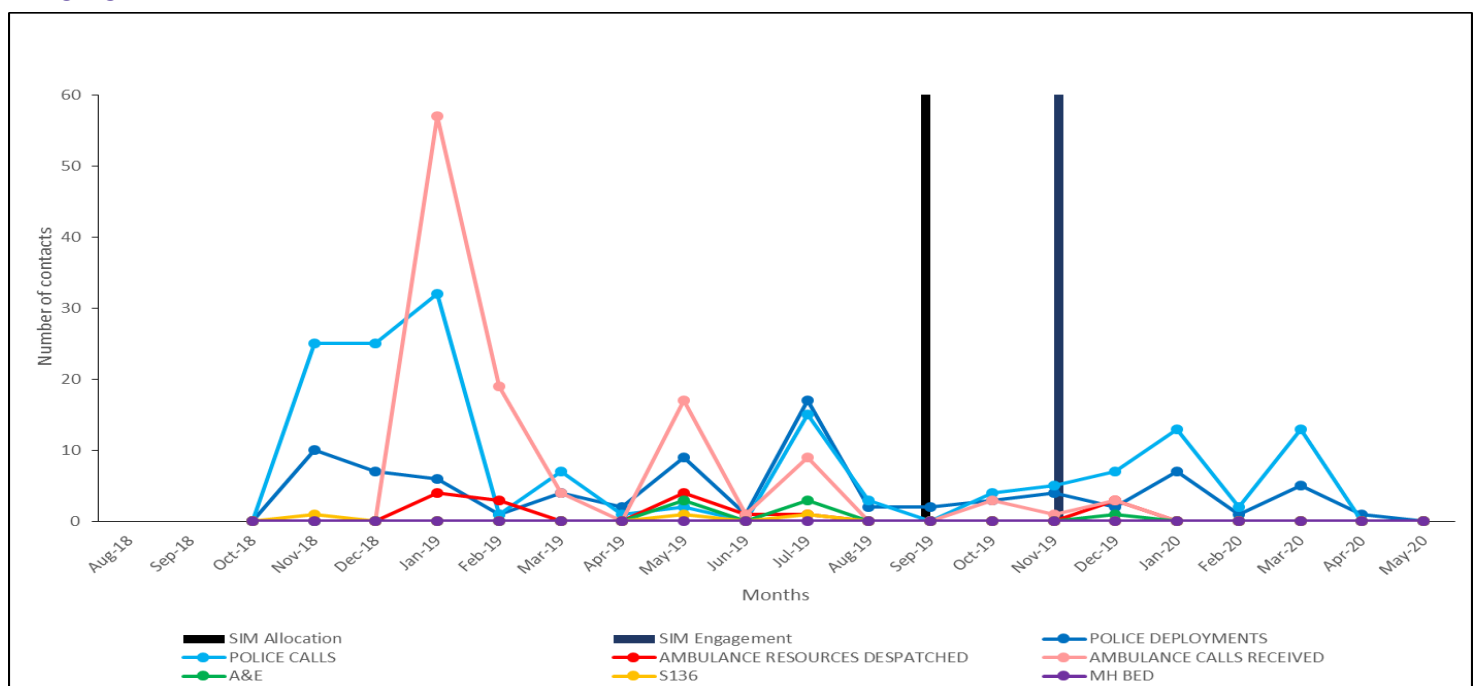
Sam continued to receive face to face support from the SIM team during Covid-19 and they have not had any S136 detentions since they have been receiving support from the SIM team. On one occasion when the police had contact with Sam, the police contacted the SIM team. Sam was subsequently taken by police to the community mental health team (CMHT) where they received additional ad-hoc support from the SIM team.

The main goal the SIM team and Sam were working towards was getting supported accommodation. Once this was achieved, the team started working towards achieving other goals which included:

- Working with the employment specialist at the Community Mental Health Team (CMHT) to get Sam into employment.
- Continuing to monitor Sam around their medication.
- Developing a crisis response plan with Sam.

At baseline, the total monthly cost for Sam was £2,121 and this decreased to £848 after SIM allocation and £906 after SIM engagement, a cost decrease of 57 per cent (£1215).

Figure 3. Timeline of contacts per month for Sam from October 2018 to May 2020



# Data & Costs

The collective data from 19 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 (found in the appendices) 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 (for example the anecdotal costed figure of [£1 million per hour for M1 closure](#) June 2016).
- Court appearances, custody and prison sentences are required.

Every SIM service user has a unique story, which for many can involve childhood trauma, alcohol and drug abuse, a diagnosis of a personality disorder, learning disability or other challenges.

## Overview of current SIM caseload

In March 2020, the London SIM programme included:

- Nine mental health trusts (Oxleas NHS Foundation Trust, South West London and St George's Mental Health NHS Trust, South London and Maudsley NHS Foundation Trust, East London NHS Foundation Trust, North East London NHS Foundation Trust, West London NHS Trust, Central and North West London NHS Foundation Trust, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust).
- 19 London boroughs (there are 32 London boroughs, mental health trusts have prioritised which boroughs would commence so not all boroughs were covered).
- 14 SIM police officers (in some cases SIM officers cover more than one borough).
- A cumulative total of 108 service users.

The SIM service users have been on the SIM programme between one and 25 months, with an average length on SIM of 13 months. The data analysis includes figures up until May 31, 2020.

# Methodology

The HIN provides the analysis of SIM data on behalf of all London SIM sites. The collection of key metrics is a mandatory requirement for all SIM 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.


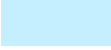





“SIM is challenging conceptions that have been held for around 200 years of policing and 70 years of the NHS. We are challenging the way in which we work together”

SIM Police Officer

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 and ascending numbers* 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 seven 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 each month. 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 officer 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)

# Data Quality Issues

The HIN recognised that data quality issues were likely to arise due to the method used to collect the data, i.e. collecting the data from multiple sources. Data quality was a standing item on the agendas of the SIM London Strategic Delivery boards where issues and possible solutions with data were discussed. The following data quality issues were raised in the first year of implementation. Reducing these issues is discussed under 6.1 below. No new data issues arose in the second year.

- **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:** Most of the data was sourced from London, and therefore service user activity outside of London was unknown.
- **S136:** There were data discrepancies between NHS data and police data when gathering S136 metrics.
- **Police deployments** that result in a S136 were not recorded, for example where 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 Mitigating data quality issues

- **Underestimation of SIM contacts:** Improvements to gathering contact data improved as the SIM programme 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 required ensuring all mental health bed days were considered and not just S136 and the acute adult ward (previously assessment wards/psychiatric decision units were not included).
- **Police and LAS calls:** The SIM board agreed the collection of phone calls to LAS and police remained a mandatory requirement even though capturing the exact contacts for each service user was not yet possible.
- **A&E data:** Data quality gradually improved through relationships being forged with the data owners.
- **Activity outside of London:** As SIM coverage grows nationally this activity data will increase. The High Intensity Network portal will collate data across each site to support understanding nationally.
- **S136:** The Mental Health Act Review highlighted S136 data quality issues. We look forward to a national solution being implemented. The SIM police officer and Metropolitan Police 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 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 became clear from the collection of SIM case studies that service users may take several months for SIM to be able to fully engage service users. This is significant as the monitoring of the data during this time frame allowed analysis to see if it increases, remains static or decreases. It may be that there is an impact on the SIM service user from the day they are told they are on the SIM programme regardless of engagement.

# Analysis

Over the two-year period 108 service users had been on SIM. Five service users were not included in this analysis, as no data has been provided for them to date. A person is allocated to SIM when they are first identified as suitable for the programme whereas a person is described as engaged with SIM when they first meet with the SIM officer and care coordinator. Of the 103 service users that had been allocated to SIM, 79 had engaged with the SIM officer and care coordinator. The following analysis was completed on the 103 service users that had been allocated and the 79 service users that had engaged with SIM. In some cases, allocation and engagement can be within the same month, however for some service users it can take several months before they are able to engage.

## Jesse - Case Study 2

Jesse was stable and in employment for about 20 years before coming to the notice of mental health services. Jesse lives with their partner in a property they own, however, because Jesse has been out of work for several years now and uses alcohol, they are struggling financially.

Jesse has been known to emergency services for the past six years and frequently called the ambulance service and attended A&E. This is normally in the context of them being under the influence of alcohol. Jesse has a diagnosis of Emotionally Unstable Personality Disorder (EUPD).

The relationship between Jesse and their partner can sometimes be volatile, especially during the Covid-19 restrictions, and their partner quitting their job. Jesse is estranged from their living family members and has no friends other than their partner.

**Crisis presentation:** Jesse calls the ambulance service frequently and usually when under the influence of alcohol. Jesse will generally tell the ambulance service that they are experiencing chest pains or has taken an overdose of prescribed medication.

When the ambulance service deploys due to Jesse's cardiac history, or the unknown factor of overdosing, the ambulance service will normally want to take them to A&E. Due to the fact that Jesse has previously been abusive and violent towards paramedics, police are often called by the ambulance service to attend with them.

**Impact of SIM:** Jesse has been under the care of the SIM team for almost one year, being allocated in May 2019 and engaged with SIM since July 2019. Other agencies were providing support to Jesse at the time of allocation which meant the initial engagement was done slowly basis to ensure that the SIM team understood the role of other agencies were in their support of Jesse.

The SIM team started working with Jesse monthly and eventually increased that to weekly. Jesse was required to engage with the SIM team as part of a community mental health treatment order following several convictions for breaching a criminal behaviour order (a CBO which has now expired).

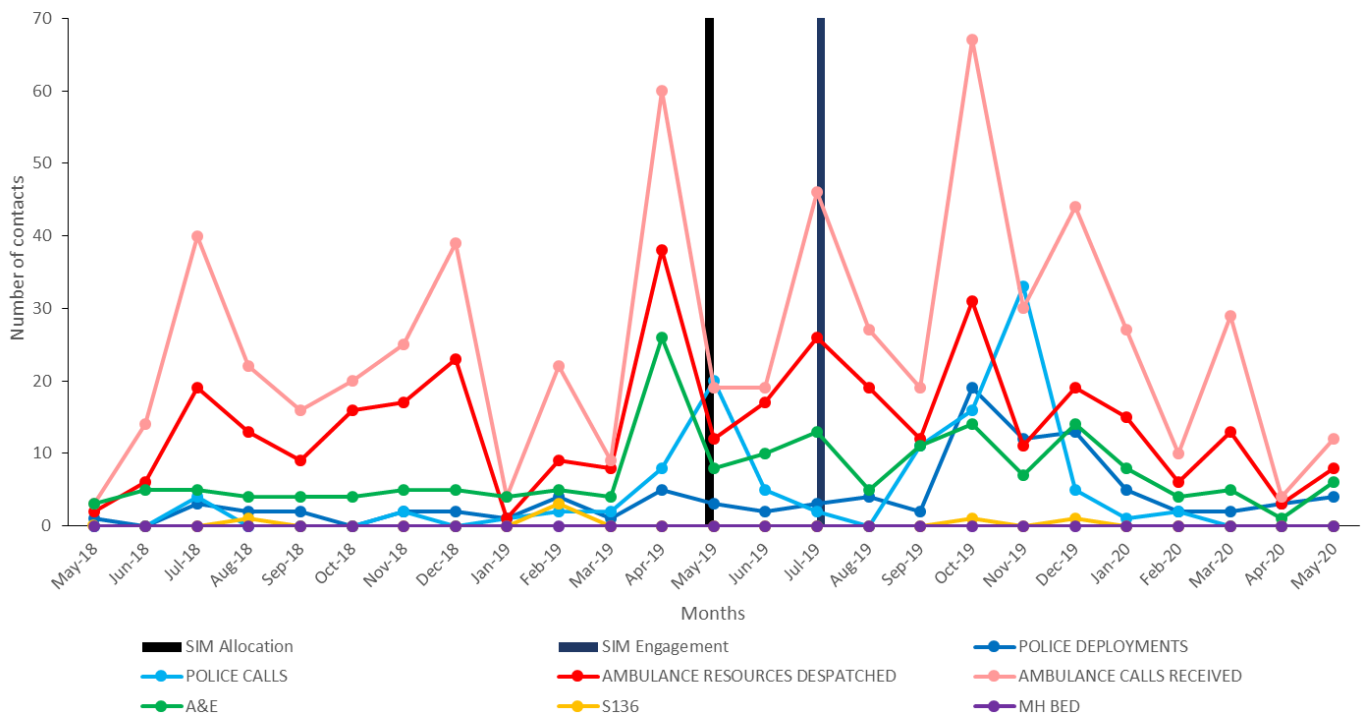
Jesse continued to be seen by the SIM team on a face to face basis during the Covid-19 pandemic. Jesse was breathalysed during their SIM sessions because at this time they were unable to attend their normal addiction recovery service. Rules were put in place so that if Jesse were over the drink drive limit the session would be cancelled, and probation informed. Probation was also informed if Jesse did not attend a session.

The SIM team managed the risk of overdose by liaising with the service user's GP and the pharmacy, and it was arranged that Jesse collected their medication daily. This was being reviewed every three weeks.

Jesse has received health psychology input around the response to chest pain and has been encouraged to reduce their alcohol intake. Jesse has also been encouraged to explore activities to keep themselves occupied, including exercise, reading and artwork. Jesse has received DBT (Dialectical Behaviour Therapy) input. The SIM team continue to work with Jesse to develop a full crisis response plan and assist with a Personal Independence Payment (PIP) application.

At baseline, the average monthly cost was £5,888 which increased to £7,289 after SIM allocation and to £7,476 since engagement, a cost increase of 27 per cent (£1,587).

Figure 4. Timeline of contacts per month for Jesse from May 2018 to May 2020

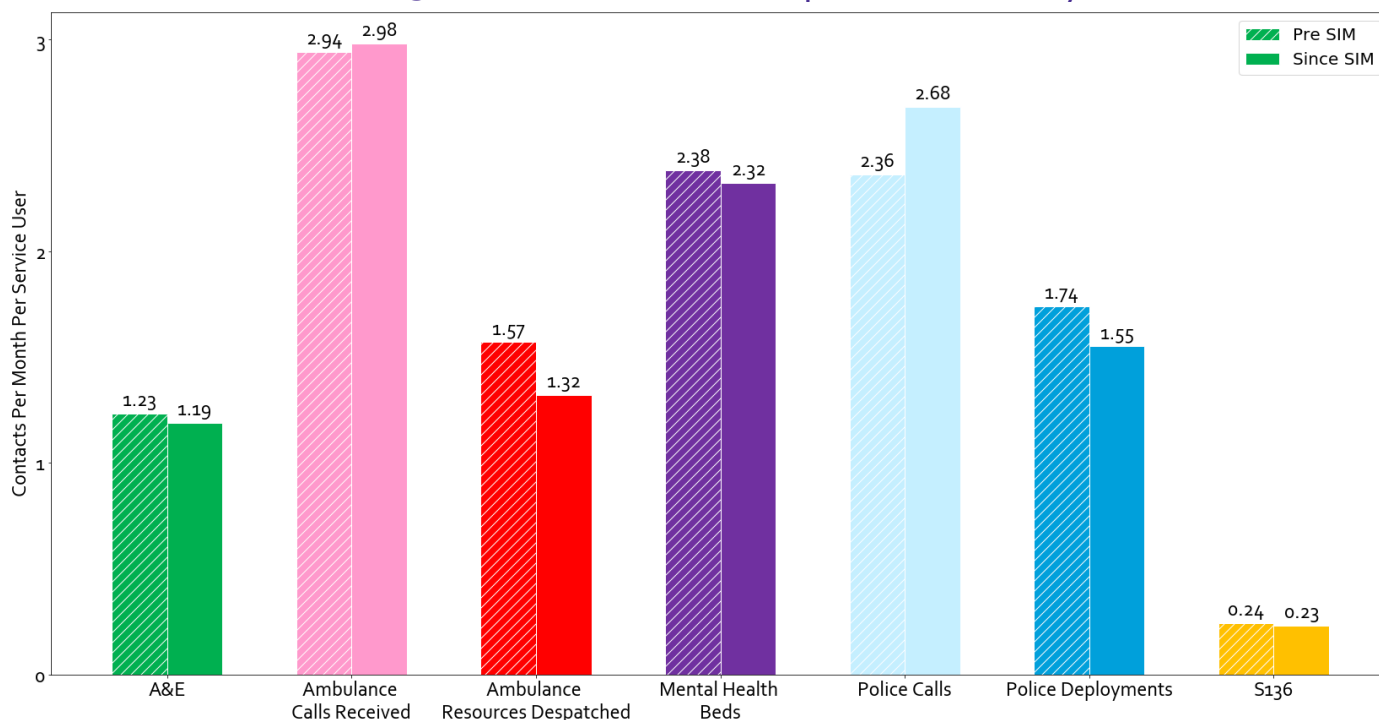


## 7.1 Analyses for full cohort of service users on SIM April 2018 to 31st May 2020 by month of allocation to the SIM programme

### 7.1.1 Average number of contacts for service users allocated to SIM

Figure 5 shows the average number of contacts per month per service user for 103 service users allocated to SIM for the baseline and since SIM allocation period. The length of time for each service user on the SIM programme varies from one month to 25 months, with a mean of 13 months.

Figure 5. Average number of contacts per month per service user based on month of allocation (103 service users) from April 2018 to May 2020



Base: Total 103 service users, A&E attendances (91), ambulance calls received (103), ambulance resources despatched (103), mental health beds (99), police calls (103), police deployments (103), S136s (103).

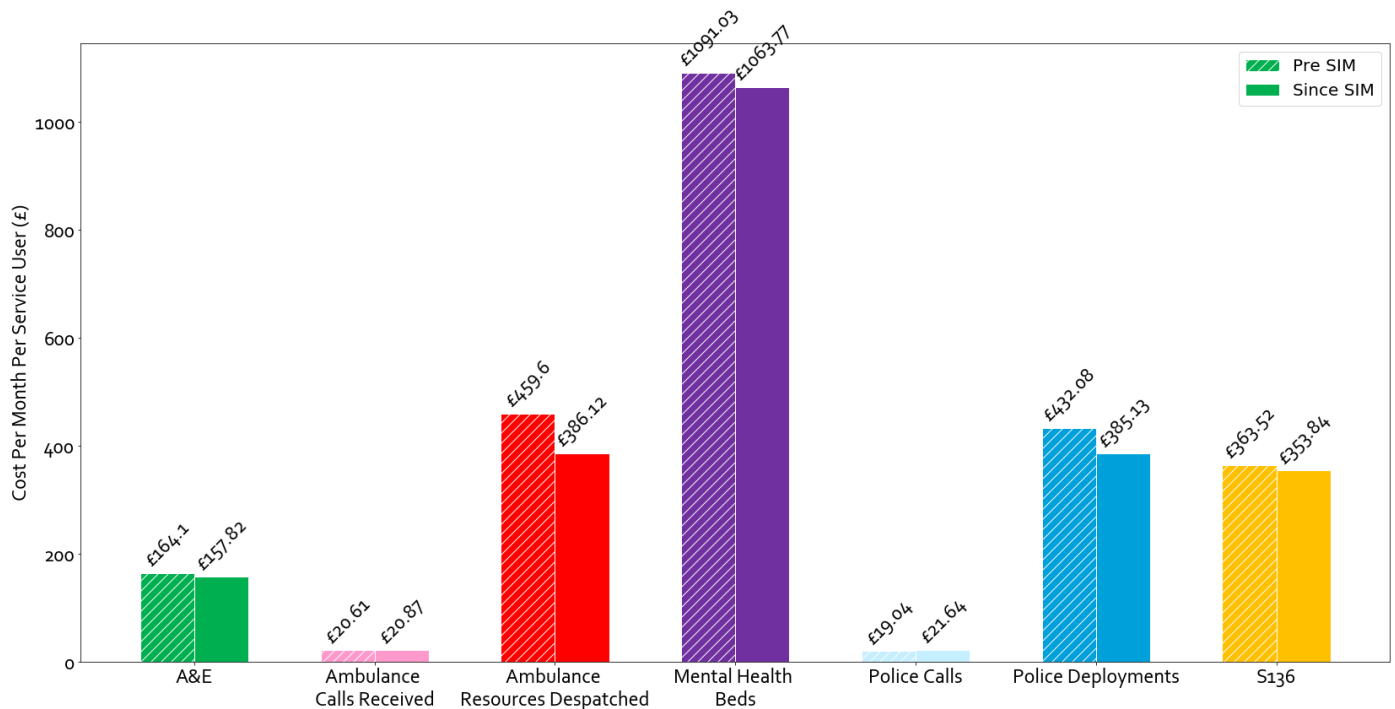
### 7.1.2 Average cost for service users allocated to SIM

Figure 6 shows the average cost of each metric per month, per service user for the 103 service users allocated to SIM for the baseline and since SIM allocation period.

For the baseline period, the average cost per month, per service user across all metrics was £2,488, whereas since the SIM allocation period, the average cost per month per service user decreased to £2,329, a decrease of £159. Based on the total 1,347 months of time allocated on the SIM programme across the London cohort, this translates to a saving of £214,173.



Figure 6. Average cost per month per service user based on the month of allocation (103 service users)



Base: Total 103 service users, A&E attendances (91), ambulance calls received (103), ambulance resources despatched (103), mental health beds (99), police calls (103), police deployments (103), S136s (103).

### Individual cost differences for service users allocated to SIM

Over half (59 per cent) of service users have seen a decrease in the cost per month across all metrics since SIM allocation. Roughly two fifths (41 per cent) of service users have seen an increase in cost per month across all metrics since SIM allocation.

- The largest cost reduction was £8,597 per month
- The largest cost increase was £9,899 per month

See Figure A in appendices which shows the individual cost differences per service based on the month of allocation for all 103 service users.

The cost increase seen after a service user is allocated to SIM is seen for two reasons. Firstly, the timing in which a service user is identified and joins the programme they are escalating in their crisis. Secondly, when a service user is admitted to an inpatient ward to receive appropriate care.

#### Jamie - Case Study 3

Jamie has a **diagnosis** of Emotionally Unstable Personality Disorder (EUPD), mild learning disabilities, depression, and alcohol dependency. Jamie lives in a single room with shared facilities in a hostel and is not employed or volunteering. Jamie struggles to maintain friendships.

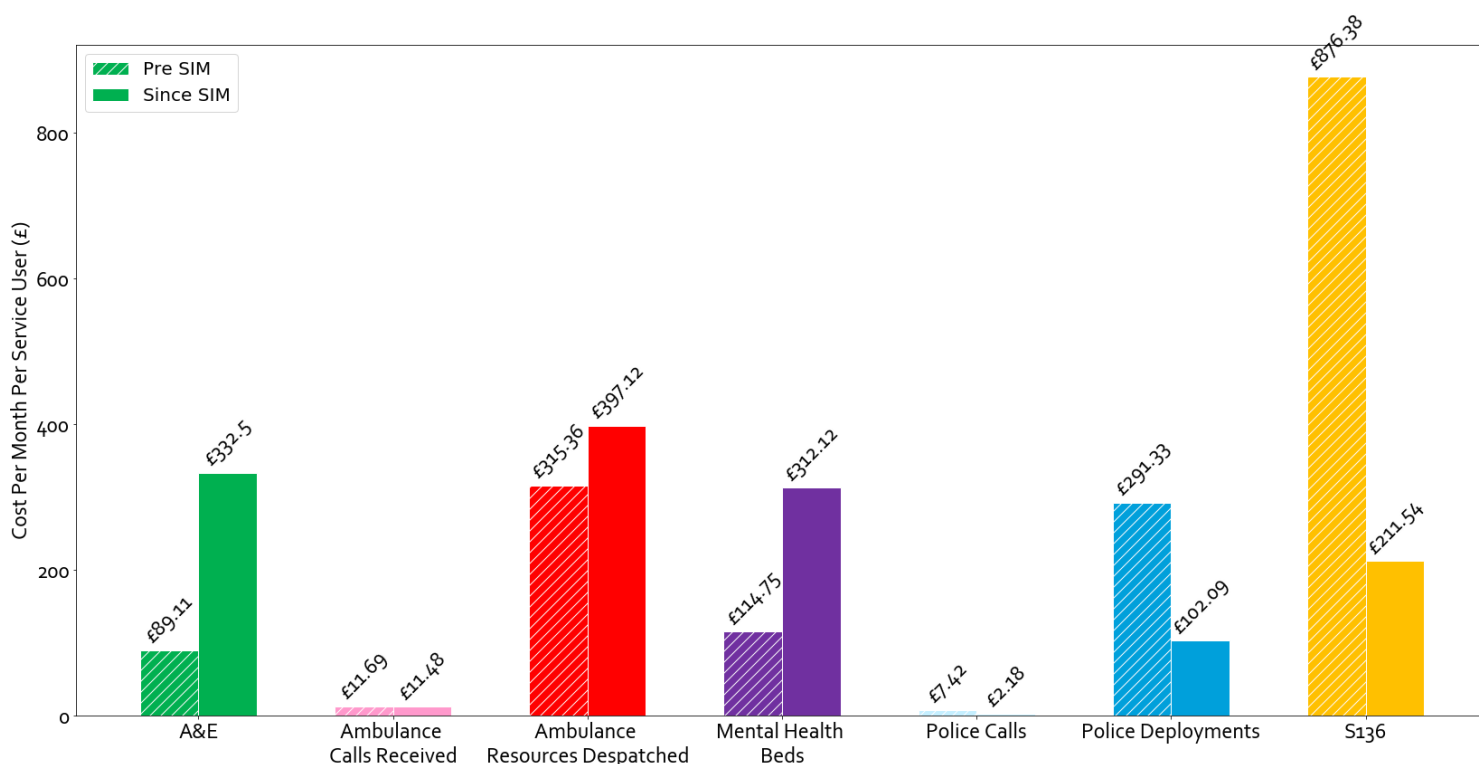
**Crisis Presentation:** When in crisis Jamie threatens suicide with the intention to be admitted to an inpatient psychiatric ward; the inpatient admissions are used as a coping method to avoid dealing with issues in their life. Jamie drinks to alleviate their boredom which leads to feelings of depression and threatening suicide in public places leading to police being deployed. Jamie is considered to be at risk of financial exploitation often giving generously to friends. There is also a history of abuse towards A&E staff.

**Impact of SIM:** Jamie was first allocated to SIM in June 2018, however there was limited engagement until April 2019. Staff at the hostel where Jamie lives have been encouraged to call the mental health trust crisis line when Jamie is feeling suicidal rather than the police.

Inpatient admissions have declined however this made Jamie hostile towards the care coordinator and meetings have had to be terminated due to the Jamie's behaviour. A care plan was developed which would encourage Jamie to a single A&E where behaviours were known and could be managed more robustly however, Jamie now travels to other A&Es across London to evade the care plan and get an inpatient psychiatric admission. The care plan is being disseminated more widely so that Jamie receives the appropriate care across London. Jamie was put on probation for a public order offence towards A&E staff whilst under the influence of alcohol.

At baseline, the total monthly cost for Jamie was £1,706 this has increased to £1,985 after SIM engagement, a cost increase of 16 per cent (£279).

Figure 7. Average monthly cost across the metrics for Jamie since allocated to SIM



## 7.2 Analyses for full cohort of service users on SIM at 31st May 2020 by month of engagement with the SIM Programme

“ 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.”

Mental Health Clinician

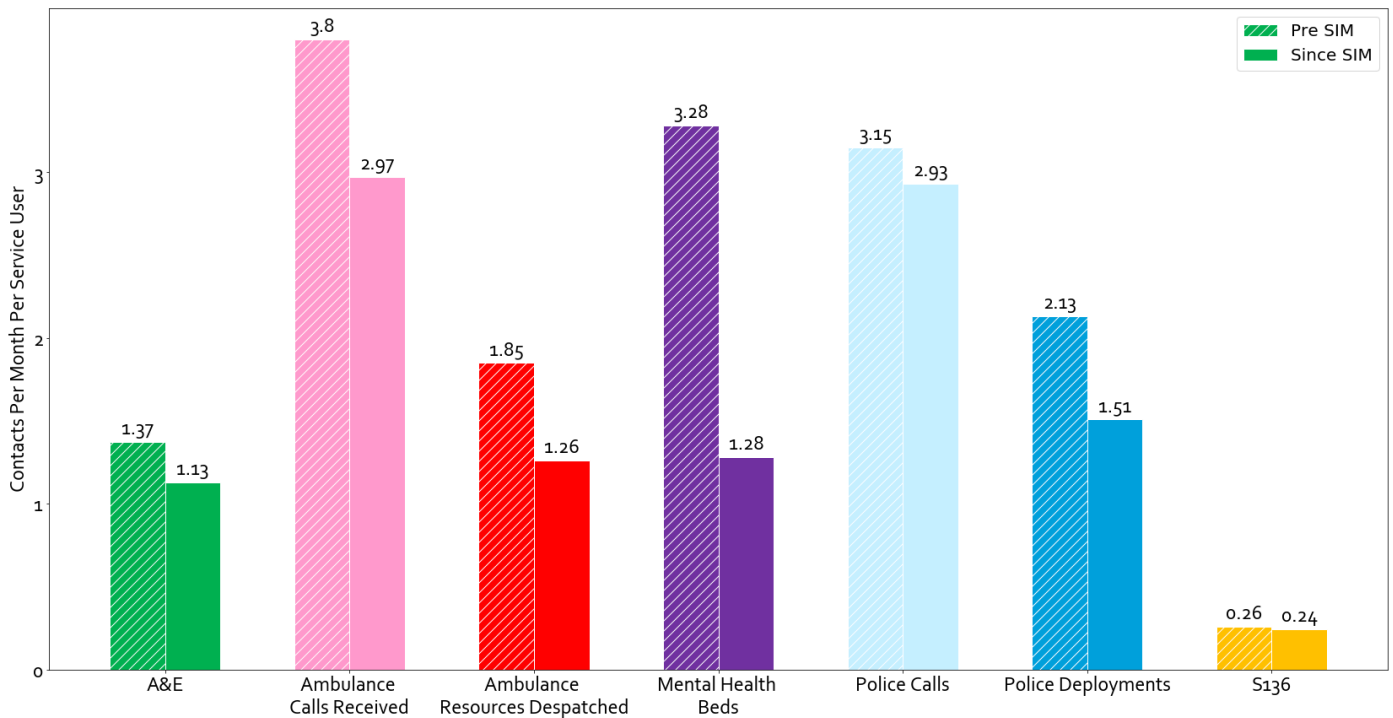
### Impact of Engagement

It is necessary to separate out the data for when a service user engages with SIM and when they are allocated. At allocation, the service user has not yet met with the SIM team and it can take weeks or months before they engage and meet with the SIM officer and care coordinator.

#### 7.2.1 Average number of contacts for service users engaged with SIM

Figure 8 shows the average number of contacts per month, per service user for all 79 service users engaged with SIM for the baseline and since SIM engagement period. The length of time for each service user on the SIM programme varies from one month to 25 months, with an average of 13 months.

Figure 8. Average number of contacts per month, per service user based on month of engagement (79 service users)



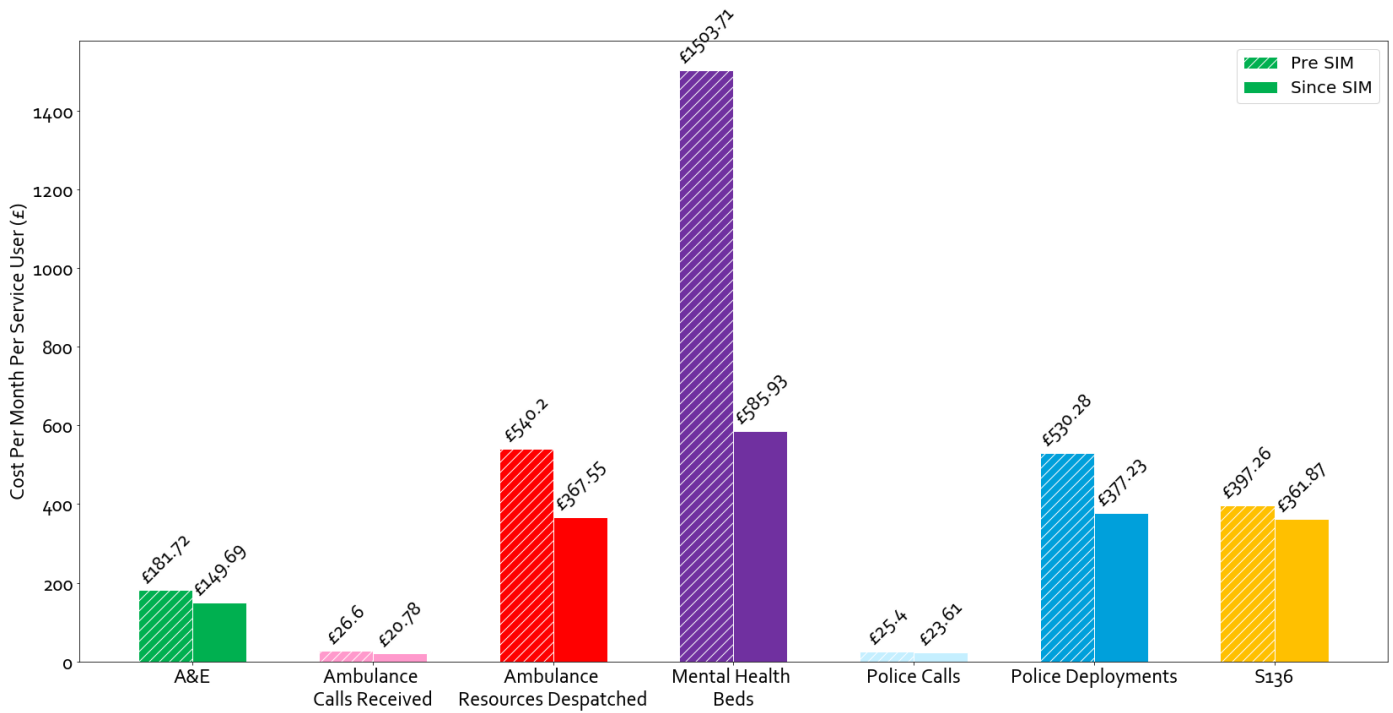
Base: Total 79 service users, A&E attendances (70), ambulance calls received (79), ambulance resources despatched (79), mental health beds (79), police calls (79), police deployments (79), S136s (79).

### 7.2.2 Average cost for service users engaged with SIM

Figure 9 shows the average cost of each metric per month, per service user for 79 service users who have engaged in the SIM programme.

- For the baseline period, the average cost per month, per service user across all metrics was £3,127.
- Since the SIM engagement period, the average cost per month, per service user decreased to £1,823, a decrease of £1,298 per month, per service user.
- Mental health beds saw the biggest total decrease with a decrease of 62 per cent (£936 per month, per service user)
- Based on the total 1,119 months of time engaged on the SIM programme across the London cohort, this translates to a total estimated cost saving of £1,452,462.

Figure 9. Average cost per month, per service user based on month of engagement (79 service users)



Base: Total 79 service users, A&E attendances (70), ambulance calls received (79), ambulance resources despatched (79), mental health beds (79), police calls (79), police deployments (79), S136s (79).

### 7.2.3 Individual cost differences for service users engaged in SIM

Nearly three quarters (73 per cent) of service users have seen a decrease in the cost per month across all metrics since SIM engagement. Roughly a quarter (27 per cent) of service users have seen an increase in cost per month across all metrics since SIM engagement.

- The largest cost reduction was £10,134 per month
- The largest cost increase was £5,846 per month

See also Figure B in appendices which shows the individual cost differences per service user based on the month of engagement for all 79 service users.

## Alex - Case study 4

Alex has been living in the UK since 2011 in a one-bedroom local authority flat without support, they have a **diagnosis** of Emotionally Unstable Personality Disorder (EUPD) and psychosis. Alex had no known medical/psychiatric history prior to coming to the UK although there is possible childhood abuse. Alex is a daily user of cocaine and cannabis and has six convictions/cautions for possession of drugs and drunken disorderly. Alex is unemployed, is not volunteering and has chaotic finances due to drugs and alcohol.

**Crisis presentation:** Alex regularly and deliberately self-harms by cutting into their neck when drunk or intoxicated through illegal drugs leading to calls from Alex or friends to LAS who would require police attendance due to the use of blades. Alex is usually conveyed to A&E where the intoxicated behaviour causes issues with staff and hinders treatment. Alex is a frequent caller to police 999/text service when drunk which was not initially identified due to Alex using alternate mobile numbers. Alex has been the victim of alleged assaults when in debt to drug dealers and there are concerns for neglect of the flat as there are smashed windows and the front door has been broken.

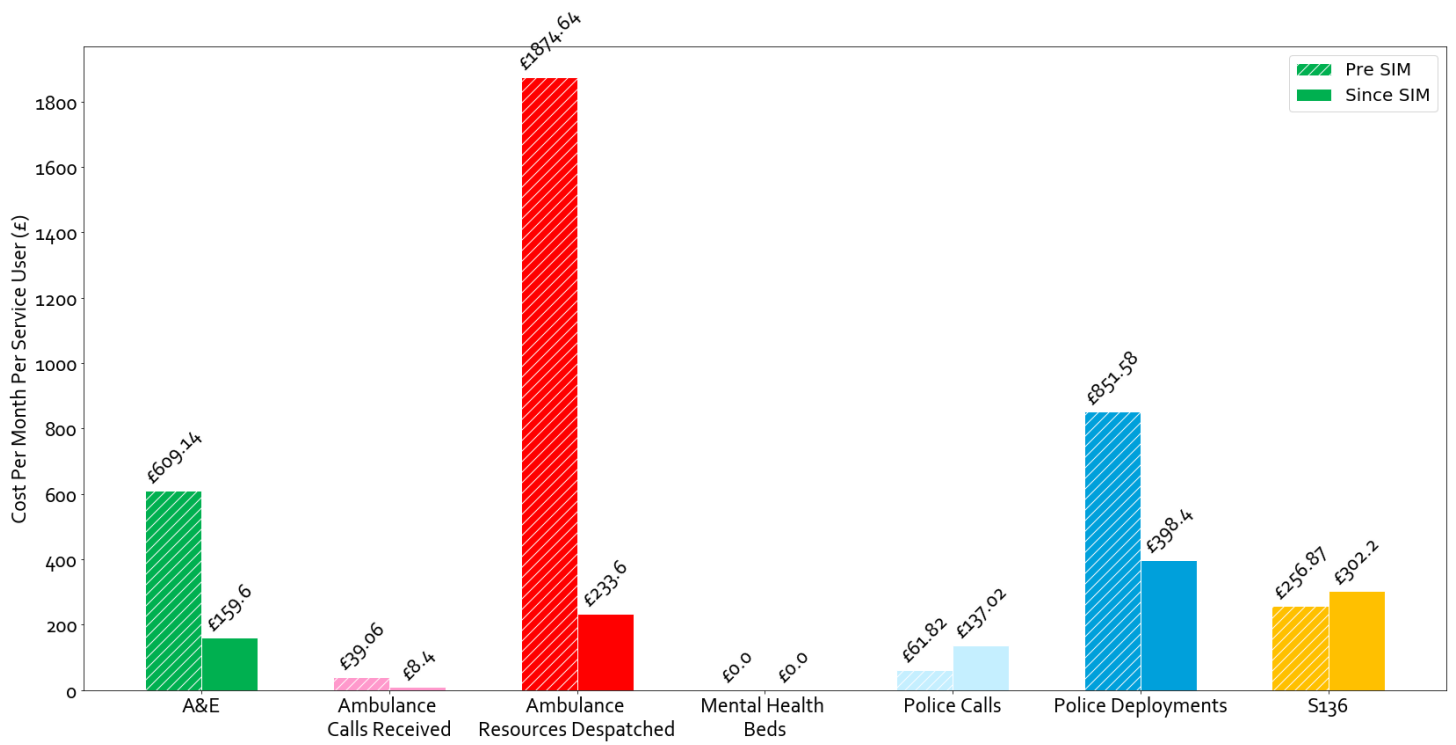
**Impact of SIM:** There is a history of chaotic meetings with the mental health trust's staff and SIM engagement was delayed due to an organisational restructuring. Alex was first allocated to SIM in June 2019 and engaged in November 2019. Alex is usually very excitable and can take most of the meeting to settle before any meaningful engagement.

Alex has set their own goal of stopping their cocaine use and had taken none since October 2019 although they remain a daily user of cannabis and alcohol. Alex's finances have improved as they are spending less on drugs (approximately £200/month is still spent on cannabis). A health needs assessment led to a personal assistant being allocated to assist with managing Alex's finances and arranging repairs. A key safe was fitted to facilitate welfare checks and allow access to the flat if locked out (to prevent Alex smashing down the door). There has been a dramatic drop in self-harm incidents and fewer criminal allegations as a victim or a suspect.

Alex's care plan has been reviewed to support LAS decision-making when attending self-harm incidents; providing them the option of leaving Alex with gauze to self-treat rather than convey them to A&E. Alex had also accepted a simple adult caution in March 2020 for persistent misuse of public electronic communications system and there have been no contacts since.

At baseline, the average monthly cost was £2,549 this has decreased to £2,465 after SIM allocation, a cost reduction of 3 per cent (£84).

Figure 10. Average monthly cost across the metrics for Alex since engaged with SIM



### 7.3 Case study: biggest decrease in cost

Figure 11 shows the monthly contacts across the seven metrics for Parker, one of the service users who had the biggest decreases in contacts on average, from the baseline SIM engagement period. Parker was allocated to SIM in September 2019 and engaged in the programme in October 2019.

Figure 11. Monthly contacts across the metrics for Parker

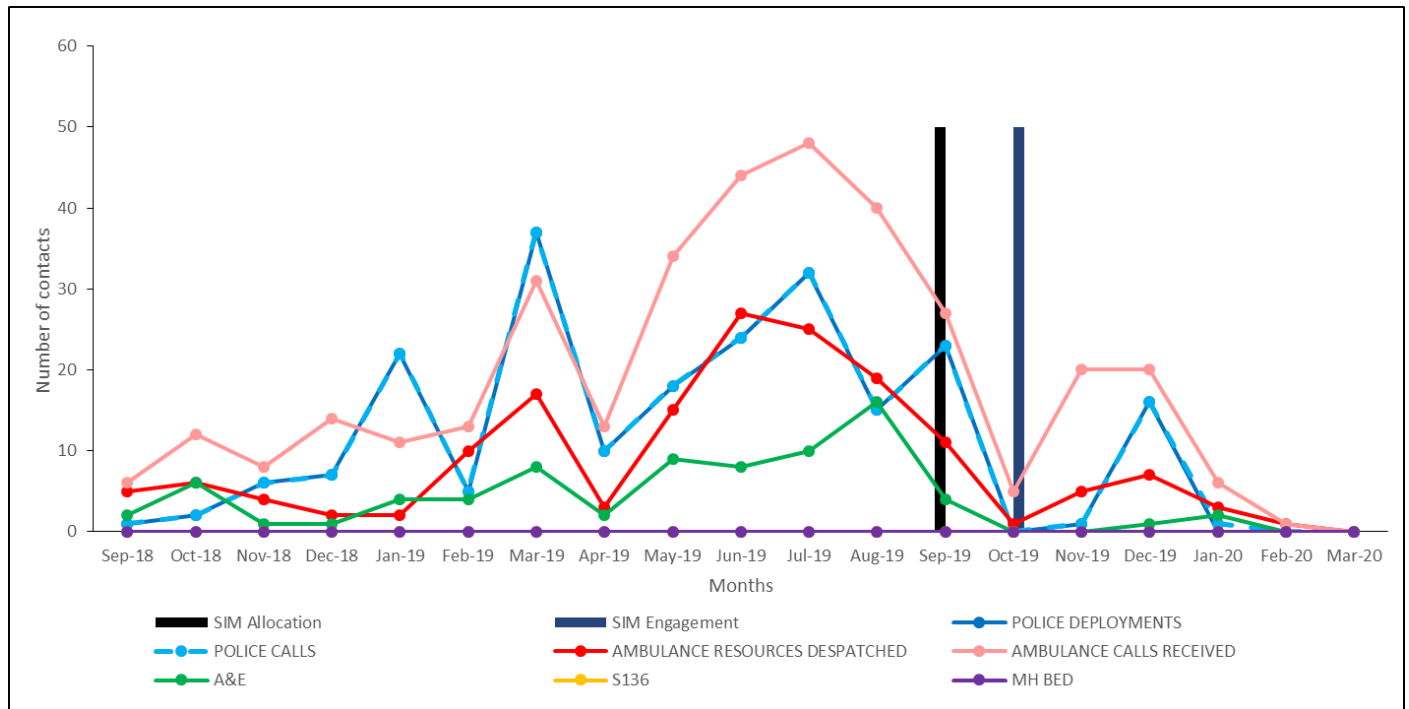


Figure 12 shows the average number of contacts for each metric per month for Parker who had the biggest decrease in cost from the baseline since SIM engagement period. Since SIM engagement, the average contacts per month for Parker have decreased across all active metrics.



Figure 12. Monthly average contacts across the metrics for Parker from September 2018 to March 2020

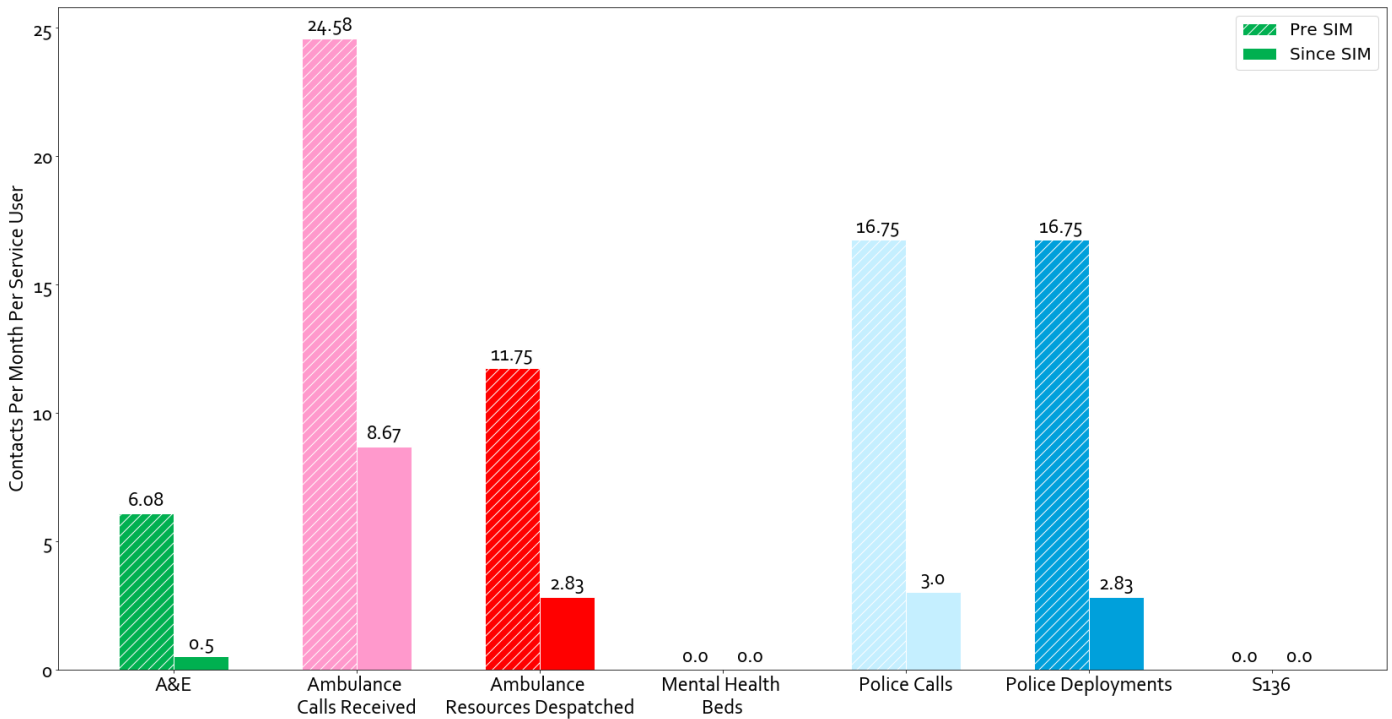
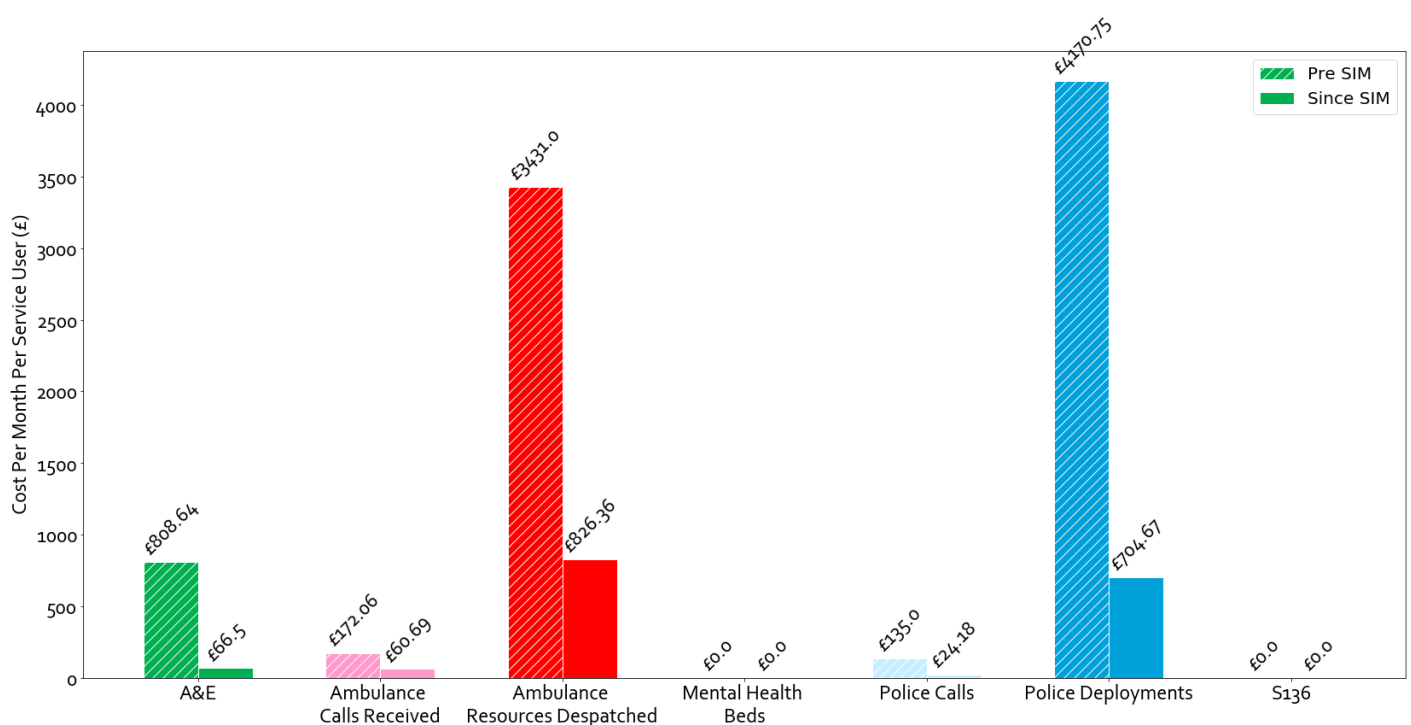


Figure 13 shows the average cost of each metric per month for Parker who had the biggest decrease in cost from the baseline since SIM engagement. Overall, Parker saw an average cost reduction of £7,035 per month from baseline to SIM engagement.

Figure 13. Monthly average costs across the metrics for Parker from September 2018 to March 2020



# Conclusion

**“(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 (is) all-round more positive for the service user.”**

**SIM Police Officer**

The SIM programme works with some of the most marginalised and vulnerable people in our society who suffer regular mental health crisis leading to high engagement with the police, the ambulance service and A&E. Not only does this come at a high cost to the public purse, but these individuals’ problems are left untreated and they continue to suffer mental health crisis.

But through close collaboration between the police and NHS staff, appropriate care and support can be provided, the use of public services can be reduced, and the individuals involved can gain control of their lives. The stories and data in this report highlight the value the SIM programme brings to people who have complex histories with multiple disorders and behaviours that have been established over decades.

The report provides an overview of the SIM London programme to date; an interpretation of the cost savings should be viewed with caution as this is not an economic return on investment study. The cost savings of the original SIM site (Isle of Wight) were accrued over four years whereas the programme has only been running for two years in six boroughs and a considerably shorter time frame for the remaining 13 boroughs in London. Moreover, there is no assessment of the counterfactual – what would have occurred without SIM.

The data over the two years of the programme shows the importance of comparison between SIM engagement and allocation. The change in the use of services is most pronounced once a service user has engaged with SIM generally leading to a significant reduction in the use of all services and cost savings.

An in-depth review of one south London trust plus enhanced data collection by the High Intensity Network aims to demonstrate any savings the programme brings to the NHS and other services.

The implementation and monitoring of the programme is evidence of true collaborative working that is taking place to implement and monitor the project and the commitment from all the partner agencies. The significance of this collaborative working is captured in some of the feedback from clinicians and police officers in this report and the improved outcomes for the people on the programme.

# Acknowledgements

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:

- Camden and Islington NHS Foundation Trust and Barnet
- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- Enfield and Haringey Mental Health NHS Trust
- Experts by Experience (Blod Jones, Cat McKeever)
- Guy's and St Thomas' NHS Foundation Trust Accident and Emergency (representing all south London A&E departments)
- Health Education England
- Imperial College Health Partners AHSN
- North East London NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Paul Jennings, High Intensity Network
- South London and Maudsley NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- The London Ambulance Service
- The Metropolitan Police
- UCL Partners AHSN
- West London NHS Trust

# Appendices

## 1 Definitions

### 1.1 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 of the Mental Health Act.
- **Mental health bed days** = Number of bed days the service user spent in a mental health ward.

### 1.2 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 one and 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).
- **Month engaged** = month where the initial conversation/meeting takes place between SIM police/SIM care coordinator and service user.

### 1.3 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.

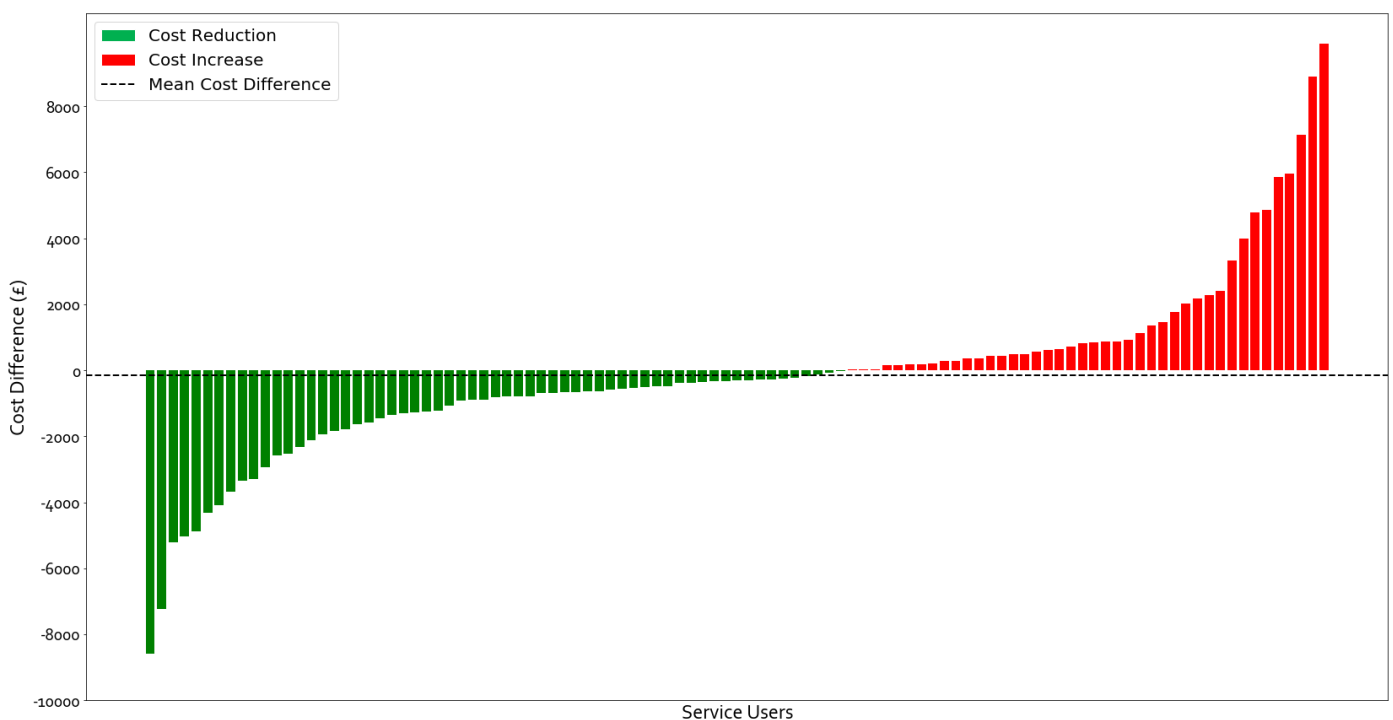
Table 1 shows the SIM London Pathfinder Costs for the year 2018-19. These are approximate and are intended to give an estimate of the costs and demand of the SIM metrics.

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

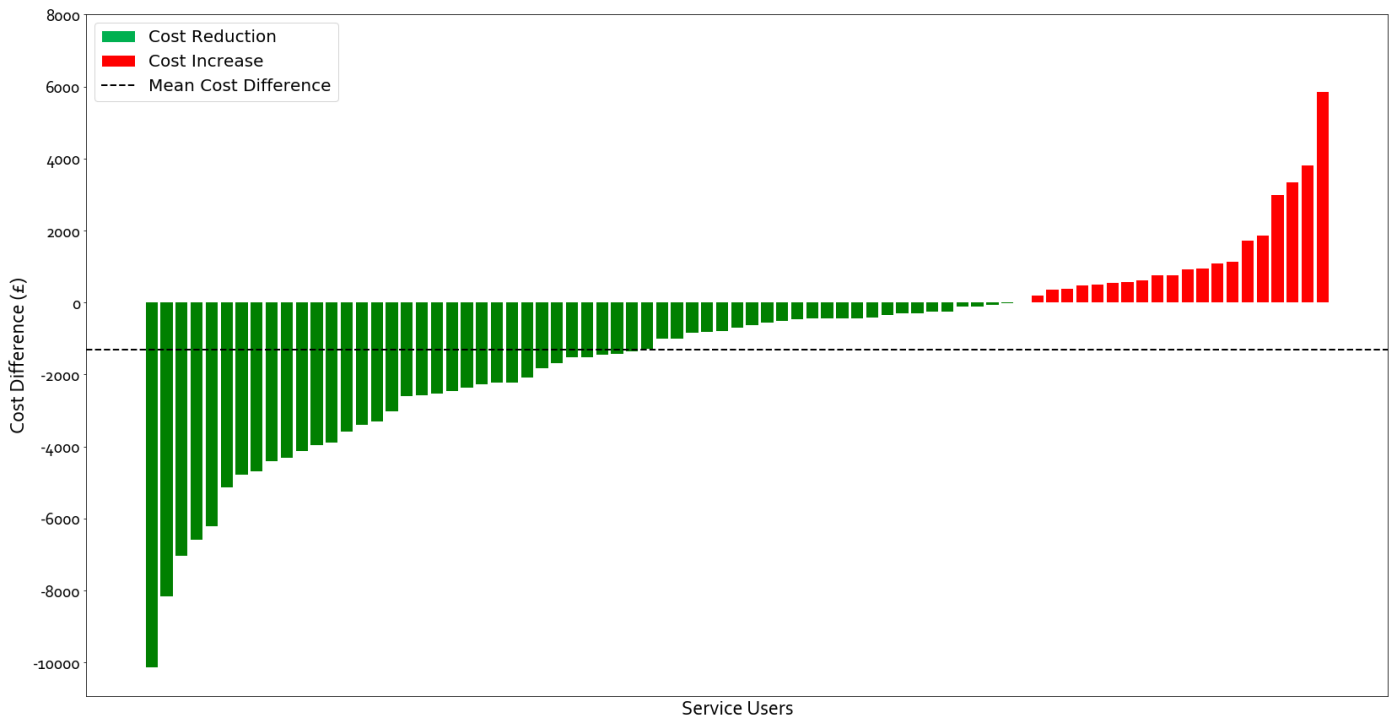
\*the cost and demand of policing mental health in London concluded that on average 17.5 hours of police time is taken up each time S136 is used. At the current rate per hour for a police constable at £37.09 that would see an episode of S136 costing £649.08. (Superintendent Mark Lawrence - MPS Lead Responsible Officer for Mental Health, Drug & Alcohol Abuse and Suicide Prevention, July 2018).

Figure A. Individual cost differences per service user based on month of allocation (103 service users)



Base: Total 103 service users. Each bar represents an individual

Figure B. Individual cost differences per service user based on month of engagement (79 service users)



Base: Total 79 service users. Each bar represents an individual