By email to [ ]

Email address: [ ]

Date: 03 September 2021

Dear [ ]

I wrote to you on 26 July and 26 August in response to your letter of 29 June with a response to those questions which did not require consultation with third parties in accordance with the Section 45 Code of Practice. We have now completed this consultation and I can respond to your other questions. As before, we understand your letter of 29 June to be a request to the AHSN Network, the national network of AHSNs. As explained previously, there is no legal entity which is the AHSN Network, instead it is an affiliation of the local AHSNs. For your convenience, I am able to provide this response as the AHSN Network Coordination Director on behalf of the 15 AHSNs.

For completeness, I have set out below our stage one responses from 26 July and our stage two responses to questions which required consultation with third parties.

We will answer your request by setting out the request and then the AHSN Network's response to the specific request:

In 2016, Sgt. Paul Jennings was awarded an NHS Innovation Accelerator (NIA) Fellowship to develop his pilot intervention targeting people who use mental health services and are deemed "high intensity users" of emergency services. This intervention, originally known as the Integrated Recovery Programme, became known as Serenity Integrated Mentoring (SIM) and involved the establishment of the High Intensity Network (HIN). After being awarded an NIA Fellowship, SIM was adopted by your organisation in 2018 as a national programme for implementation at pace and scale across NHS England through the 15 local Academic Health Science Networks (AHSNs).

Before turning to your questions, we would like to clarify the role of the NHS Innovation Accelerator:

The NHS Innovation Accelerator (NIA) is separate from the AHSN Network National Programmes.

The selection criteria and selection process to join the NIA are different to and independent of the selection process to become an AHSN Network National Programme. Being awarded an NIA Fellowship does not lead automatically to an innovation becoming an AHSN Network National Programme.

The NIA provides support – through a learning programme, access to AHSNs and mentors, and a bursary – to innovators ('NIA Fellows') representing innovations that are already in use, at early stages of adoption and show promise for national spread. Unlike AHSN Network National Programmes, the NIA does not provide direct support to NHS sites to implement NIA innovations.

Innovations on the NIA are not mandated and there is no directive to roll them out nationally.

My FOI request is as follows: -

Please provide in electronic format any and all information (including related documentation or other supporting data that is eligible for disclosure under the Freedom of Information Act) held relating to the following:

1. Training received from SIM and HIN by staff in your organisation, including the dates on which training occurred, the number of attendees and their profession.

Training was aimed at mental health staff and police staff in the Trusts and Police Forces that expressed an interest in adopting the SIM model. AHSNs do not provide or commission clinical services – as a result, the training was not aimed at AHSN staff. Some AHSN staff may have attended some local training sessions, but we do not hold that information.

2. Your organisation's independent scrutiny of the evidence base in relation to SIM and HIN prior to its implementation via the AHSN network.

Independent scrutiny of the evidence base was very much intertwined with the decision-making process relating to adopting SIM as a national programme (your question 11). We have therefore brought information relating to questions 2 and 11 together in a single response and have provided this under question 11.

3. Your organisation's independent scrutiny of SIM and HIN's compliance with data governance procedures and the GDPR.

Responsibility for data governance sits with provider organisations managing the data. Accordingly, no such scrutiny was undertaken by the AHSN Network.

However, the Health Innovation Network (the AHSN for South London) was an early partner to providers in London looking to adopt the model. As part of its support, it consulted with information governance leads in provider teams to confirm that the model met requirements. In order to assist providers to reach a decision on compliance it shared learning from providers with early experience of the model. This information was also shared with providers and AHSNs in other parts of the

country. The material is available at: https://healthinnovationnetwork.com/wp-content/uploads/2018/06/The-Implementation-of-SIM-London-Report.pdf).

4. Your organisation's Equality Impact Assessments in relation to SIM and HIN.

Responsibility for undertaking equality impact assessments relating to services, sits with the organisations providing them. Again, accordingly, no such assessment was undertaken by the AHSN Network. However, the report, The Implementation of SIM London, shares an equalities impact assessment undertaken by an early adopter provider trust to aid providers to undertake equality impact assessments. (https://healthinnovationnetwork.com/wp-content/uploads/2018/06/The-Implementation-of-SIM-London-Report.pdf).

5. Your organisation's risk assessment in relation to SIM and HIN.

We have set out in the attachment the following:

- Copy of the final AHSN Network risk register for SIM in March 2020. The final column identifies historic risks which were closed during the two years of AHSN support and also some risks which remained open at the time of this update of the register.
- Final risk register annotated. The final risk register with annotations was created specifically for the purposes of responding to this FOI request. This document takes the risk register and reconciles to the outcomes of mitigations. The outcomes are noted in the final column and where there are references to "see linked document" these documents are provided in the attachment. These linked documents are:
    - Extract from Q4 Monitoring Report on national programmes, 2019/20
    - Equivalence criteria
    - Equivalence protocol
    - MDs' briefing for end of national SIM programme March 2020. This is a note to all AHSN Chief Officers setting out the national position on SIM as AHSN Network support for SIM came to an end at the end of March 2020.

6. Your organisation's operational and organisational policies and procedures relating to SIM and HIN.

Operational policies and procedures in relation to SIM and HIN would be led by the health provider organisations and police forces directly responsible for operating the services. Accordingly, this information is not held by the AHSN Network.

Again, the Operational Delivery Guide from South London and Maudsley NHS Trust was offered as a guide to support other providers considering adopting

SIM. This is publicly available within the Implementation of SIM London Report, available at: (https://healthinnovationnetwork.com/wp-content/uploads/2018/06/The-Implementation-of-SIM-London-Report.pdf).

7. Any evaluation, audit or research conducted by your organisation in relation to SIM and HIN and its implementation throughout the 15 AHSNs. Please specify how negative outcomes (e.g., deaths, inpatient admissions etc) were evaluated and what negative outcomes were reported.

The AHSN Network supported several attempts to evaluate SIM. An NIHR North Thames CLAHRC funded Feasibility Study on the implementation of a randomised controlled trial of SIM in London was completed in September 2019 (https://www.arc-nt.nihr.ac.uk/media/ggzgif43/sim_feasibility_assessment_30-09-19.pdf). The study was an initial exploration of whether an evaluation of SIM would be feasible; it did not evaluate SIM as an intervention, or present findings about SIM's effectiveness.

Subsequently two applications for funding to evaluate SIM were submitted to NIHR by UCL, one in January 2019 and one in November 2019, neither of which was approved. The research questions that these unsuccessful applications for funding sought to explore included: cost effectiveness; subjective well-being (emotional, psychological) and social functioning (employment/education, community involvement, personal relationships) of service users; service users' and professionals' experience of SIM; barriers and facilitators of implementation; and whether SIM reduced emergency service use.

A number of local partnerships adopting SIM undertook evaluation or captured descriptive case studies. This included evaluation undertaken by the Health Innovation Network (the AHSN for South London), the results of which are available at: (https://healthinnovationnetwork.com/wp-content/uploads/2020/12/SIM-London-End-of-Year-Report-2020.pdf).

8. Anonymised incidents and serious incidents recorded on Datix (or alternative system) relating to patients whilst under SIM and for 6 months post discharge. Please provide details about the number of incidents and their nature.

Operational management of services, including the reporting and management of incidents, is undertaken by service providers, following established and agreed local reporting procedures. Accordingly, this information is not held by the AHSN Network.

9. Anonymised complaints and / or concerns from staff and / or service users pertaining to SIM and HIN to your organisation. Please provide details about the number of complaints and / or concerns and their nature.

No such complaints have been made to the AHSN Network. At a local level, information would be held by local providers.

10. Financial details pertaining to SIM within your organisation to date. Please detail the amount received to support your involvement in supporting SIM (this includes all activities undertaken in relation to SIM e.g., training, planning, implementation, evaluation) and the source of this funding. If different, please state who commissioned your organisation to support the implementation of SIM across NHS England. Please include all costs associated with SIM within your organisation, for example, salary, resources, training and expenses.

In 2018/19, the AHSN Network had a pooled budget of £45,000 to support NHS providers seeking to implement SIM models; and in 2019/20 a pooled budget of £165,000 for the same purpose.

From November 2017 until October 2018 NHS RightCare contracted through the Isle of Wight Acute Trust and the Isle of Wight CCG for national adoption of SIM. At the end of this period uncommitted funding of £95,098 was transferred from the Isle of Wight Acute Trust to the AHSN Network. This augmented the AHSN Network pooled budget across the two years of support it provided for SIM. Of this latter sum, £46,149 was allocated in 2018/19 and £48,949 in 2019/20.

The source of the AHSN Network's pooled budget was through the Master Services Licence Agreement that NHS England had with each AHSN. Individual AHSNs had discretion to provide local programme support, however this information would be held locally by AHSNs.

Across the two years of support for the programme from this global sum of £305,098, £206,797 was committed to HIN Ltd and £98,301 to AHSN Network support for adoption. Of the £98,301 AHSN Network support, broadly £60,000 was budgeted for staff (we do not hold detailed actual spend because this would have been spread over parts of whole-time equivalents) and the balance for non-pay.

11. Details about the decision-making process relating to adopting SIM as a national AHSN programme. Please provide details about when and where SIM was approved for national adoption. Please provide minutes of this meeting and any documents or correspondence utilised to inform this decision-making process (e.g., application for adoption on to the AHSN national programme, business case, evaluation reports).

The information relating to your question on evidence (your question 2) and this question are very much intertwined. Both were considered in an iterative process between AHSNs and between AHSNs and NHS England over a number of weeks. We have, therefore, provided the relevant information in a single document. This is attached.

Some limited redactions have been made pursuant to sections 40(2) and (3A) of the Freedom of Information Act 2000 where the information is the personal data of third parties and disclosure of that information to the public would constitute a contravention

of the data protection principles. Otherwise, the documentation enclosed has been edited to remove information not relevant to your request.

If you are dissatisfied with this response, please come back to me and I will ensure that your concerns are addressed by the relevant AHSN's Freedom of Information complaints contact. You also have the right to request a decision from the Information Commissioner (ICO) as to whether we have discharged our responsibilities under the Freedom of Information Act 2000. The ICO can be contacted at:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Please note that beyond this response, anyone that has a complaint about the care they have received is able to raise this by:
Contacting their local mental health care provider Patient Advice and Liaison Service
Contacting the Care Quality Commission (CQC) if they want to complain about poor care they have seen or experienced from a health service provider, or
Contacting the CQC if they are unhappy with the use of powers or how duties have been carried out under the Mental Health Act

Yours sincerely

Dr Mike Burrows
AHSN Network Co-ordination Director

Enc response to Question 5
Enc response to Questions 2 and 11