

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.

The AHSN Network's response to this question is likely to impact upon third parties and so, as indicated above, we will need to complete the consultation process before responding.

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.

The AHSN Network's response to this question is likely to impact upon third parties and so, as indicated above, we will need to complete the consultation process before responding.

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.

The AHSN Network's response to this question is likely to impact upon third parties and so, as indicated above, we will need to complete the consultation process before responding.

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 AHSN Network's response to this question is likely to impact upon third parties and so, as indicated above, we will need to complete the consultation process before responding.

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