

The AHSN Network

AHSN Network commentary on the Independent Review of its involvement in the adoption of SIM

Report summary

This report sets out the AHSN Network's commentary on the independent review it commissioned from Mike Farrar (the "Independent Review") to provide learning for the Network regarding the context, decisions and processes that led to the commissioning by NHS England of Serenity Integrated Mentoring (SIM) as a national programme, and its subsequent implementation.

It was not in the scope of the Independent Review to consider the merits or demerits of SIM as a service model. This was the subject of a separate NHS England review initiated by Professor Tim Kendall in 2021. Since completion of the AHSN Network Independent Review in October 2021, NHS England has written to Mental Health Trusts setting out its position on SIM and similar models ([letter from Professor Tim Kendall, 10 March 2023](#)).

The service users for SIM have complex mental health needs and are among the most vulnerable in society, so the Network was deeply concerned to hear of the issues outlined in NHS England's letter; any withholding of care is clearly unacceptable.

Annex 1 to this report sets out a chronology in relation to SIM to provide clarity on the context within which SIM was adopted and supported.

1. Background

- 1.1 In 2017/18 the AHSN Network was commissioned by NHS England to support seven national spread programmes, one of which was SIM. AHSN Network support for SIM covered the two years from early 2018 to early 2020.
- 1.2 During 2021 SIM attracted interest through social media, with a campaign group calling for the model to be stopped.
- 1.3 As a consequence of this interest, the AHSN Network commissioned an independent review from Mike Farrar to cover the internal systems and processes within the Network that led to the commissioning and implementation of the SIM model as a national programme.



- 1.4 The Independent Review makes recommendations and suggested learnings for the Network and this paper provides commentary on those recommendations, having been considered by the AHSN Network leadership.
- 1.5 The Independent Review, completed by Mike Farrar, has been separately published on the AHSN Network website.

2. Introduction

- 2.1 The Independent Review draws together a number of conclusions and recommendations, which are set out in section 3 together with the AHSN Network commentary.
- 2.2 The Independent Review recognises that the period during 2017/18 when the first tranche of national spread programmes was selected was one in which AHSNs were being relicensed, with a refreshed NHS England commissioner specification focused on the development and delivery of national programmes.

This context is critical when considering the conclusions of the Independent Review. Whilst the individual AHSNs were four years old at this time their collective endeavour as a national network was still at a formative stage.

The relicensing of the AHSNs for a second five-year period from 2018 was the catalyst for a rapid maturing of national Network-level collaboration and this has been supported by the development and evolution of more formalised ways of working and processes that address the points highlighted within the Independent Review.

- 2.3 The Network will continue to undertake regular reviews of the process changes outlined within this document and the Independent Review, to ensure they continue to deliver the required outcomes.

3. Report – AHSN Network Commentary

Set out below are the conclusions from the 'Independent Review' – by Mike Farrar (quoted in italics) and the AHSN Network observations:

3.1 Section 4.1 of the Independent Review

"The development and adoption at pace and scale of an innovation is a process that has many stages in its iteration. Two such stages are the initial phase to demonstrate proof of concept and then the

further stage of its 'spread'. The lack of precision in the early stages of the new selection procedure as to which stage in their development an innovation would be deemed suitable for the national scheme created ambiguity and caused problems for AHSNs selecting and ultimately implementing appropriate innovations."

Network commentary:

This is a fair observation. The establishment of an AHSN Network framework that clearly describes stages of support for innovators - discover, develop, deploy - has created greater clarity within the Network for the assessment of readiness for adoption.

Also underpinning the AHSNs' engagement with early-stage innovators is a recognition that levels and breadth of evidence may differ, with the need to create controlled environments in which assessment and further real-world evidence generation can take place. This will sometimes result in innovations that are initially supported not being further spread.

3.2 Section 4.2 of the *Independent Review*

"The process of alignment of the programme with national priorities is legitimate and sensible. When any such priority happens to be in an area of little previous investment, research or evidence base for change, then adjustments in the selection criteria would need to be explicitly clear. In this case, unsurprisingly as it was the very first year of the approach, the adjustments were not clear or transparent and this caused problems for the AHSNs throughout the process of selection."

Network commentary:

The Network's experience supports this point. The evidence available from research for potential solutions that appear promising does not always provide robust data required by the NHS and social care in making adoption decisions and this can create misalignment between signalled NHS priorities and solutions to address them. This creates an additional challenge when considering how best to meet service needs through innovation. The current AHSN Network national programme selection process (which continues to be further refined and improved) pays close attention to the nature of available evidence for all candidate programmes. In addition, starting in 2020 the AHSN Network has developed strong partnerships with NICE and the NIHR Applied Research Collaboratives (ARCs). Through these relationships the AHSN Network is better able to directly influence the topics in which research evidence is generated and assessed, which in turn directly benefits the national programme selection process.

3.3 Section 4.3 of the *Independent Review*

"The initial evidence base for SIM being based on a small number of individuals should have raised more questions as part of the selection process. This may have led to SIM not being part of the programme at that stage but possibly diverted into other streams of support from AHSNs, or a slower, more iterative, step wise approach to roll out and spread."

Network Commentary:

This is a fair observation. The original SIM proposal was for a staged approach with uptake in a small number of Mental Health Trusts in a limited number of AHSNs to generate further real-world evidence of acceptability to patients and NHS services prior to further supported roll-out by all AHSNs. However, the dialogue with NHS England over the development of a portfolio of national programmes led to a commission for national roll-out.

3.4 Section 4.4 of the *Independent Review*

"A clear stated option within the national programme for a more gradual roll out of some innovations could have helped to test out the proof of concept but this would have sat awkwardly with the intention of the national programme to roll out across the country on a speedier more comprehensive basis."

Network Commentary:

The original intention for this programme was to adopt a staged approach (see para 3.3). Since the Network's first set of national programmes (2018-2020) it has evolved a phased approach to rolling out national programmes, enabling review milestones to be more effectively embedded into adoption planning.

3.5 Section 4.5 of the *Independent Review*

"There was a dominance of quantitative measurement over qualitative measurement throughout the programme overall (e.g., an absence of PROMs, PREMs and public/patient input). This meant that the selection process failed to provide AHSNs with the optimal basis for their consideration. It also impacted on the development of the business case and the targets set for implementation. (At the

time this was noted as an issue by the AHSNs but didn't lead to changes). Even when the process for measuring SIM was changed, the lack of qualitative information meant AHSNs had only a partial picture of the scheme's success."

Network Commentary:

Early-stage implementation has to rely on a degree of process measurement to gauge progress, but this should not inhibit the need to obtain feedback from patients and health care professionals, including qualitative measures of patient experience.

Positive case studies of support for service users were received but AHSNs recognised a more rigorous research evaluation was required. The AHSN Network subsequently, supported applications for NIHR funding for more extensive evaluation studies, including qualitative assessments, but these applications were unsuccessful.

The Network now ensures that qualitative measures and evaluation data are given greater prominence and will continue to further develop its approach to using qualitative measures and ongoing patient and service user feedback.

3.6 Section 4.6 of the *Independent Review*

"On the continuing nature of a 'national programme' of innovations, the emerging role of ICSs adds a new dimension to the selection of innovations and is material to the pace and scale of innovation roll out. There is now a greater opportunity to align innovative solutions to problems identifiable on an ICS footprint, and this should usefully help to inform any selection to a national programme. Statutory ICSs will enable a process for iterative spread rather than simply operating on either an ad hoc individual Trust basis or a country wide comprehensive basis through the national programme."

Network Commentary:

This underpins the Network's national strategy, published in 2021, which focuses on ensuring proposed national programmes are aligned to ICB/ICS priorities.

All AHSNs also support broad programmes of locally shaped delivery alongside national programmes, and the emergence of ICSs provides an ideal mechanism for local engagement to promote more effective and consistent uptake of well-evidenced innovation that meets specific local needs articulated through ICSs.

4. Independent Review conclusions and AHSN Actions taken

All national spread programmes now have built in evaluation, based on an outcomes measurement framework, along with formal processes around patient and public involvement, and equality, diversity and inclusion.

The following table summarises the latest position (as of 2023) on the actions taken or ongoing linked to the recommendations within the Independent Review:

Review recommendation	AHSN Action taken
<p><i>The AHSN network, on behalf of the AHSNs, should regularly refresh the purpose of their 'national innovations' programme with greater clarity on objectives.</i></p>	<p>This has been built into the Network's evolving national programmes approach since 2018.</p> <p>The Network has established a clear strategy and business plan process that includes as a priority developing a curated pipeline of innovation. Proposed national programmes now include a systematic evidence-based selection process and will be signed off by all 15 AHSN Boards.</p>
<p><i>AHSNs should be clear of the process for assessing earlier stage innovations where there may be less initial evidence but where a national approach (e.g. for establishing further proof of concept) is legitimate</i></p>	<p>Our current approach to national programme selection now has significantly greater rigour and scrutiny of the evidence base for programme selection.</p>

<p><i>The selection and evaluation process for the programme going forward should encompass both quantitative and qualitative measures such as PROMs and PREMS, and also include greater input from patient/public perspectives in the whole process.</i></p>	<p>The AHSN Network agrees that evaluation should encompass qualitative and quantitative measures. Where PROMs and PREMs have already been co-designed with service users they are clearly relevant. However, there will be areas where such tools do not exist and where other approaches to qualitative evaluation, co-designed with service users, will be appropriate.</p>
<p><i>Maintaining a rigorous process of assessment of schemes put forward for the national programme is essential to ensure the correct balance of legitimate national priority setting with the scientific evidence base of effectiveness underpinning candidate schemes. This process should be a core part of the deliverables that are part of the NHS England commission of AHSNs.</i></p>	<p>The processes now established by the Network address this point and this is covered within the Master Services Agreement - the contractual mechanism in which NHS England sets out its commissioning requirements of AHSNs. It should be noted that national priorities will not always align with topics which have strongly evidenced innovations, therefore as the report says a balance will always need to be struck, in dialogue with AHSN national commissioners. Please also refer to the network response to section 4.2 of the Independent Review (para 3.2 of this paper).</p>
<p><i>There should be earlier and ongoing evaluation built into the process of implementation to allow for any early warnings that the innovations selected were not delivering as expected. This is especially important for those innovations selected into the national programme with a smaller evidence base at an earlier stage in their development.</i></p>	<p>Evaluation plans are now built into programme plans from inception. We work closely with programme evaluators during programme implementation to allow for early warnings to be flagged and acted on. The new approach of phased implementation of programmes also creates the opportunity for phase 2 AHSNs to benefit from a structured learning process from the experience of phase 1 AHSNs in working with system partners.</p>

<p><i>The AHSN Network should consider how the new relationship between ICSs and AHSNs might interface with this national programme to recognise the importance of adoption of innovations on a larger scale footprint than individual Trusts or places, which might not as yet be considered for a national roll out.</i></p>	<p>During their second licence period AHSNs have become well embedded within their local systems. We have, as a result, seen a number of bottom-up ICS-driven innovation priorities being consolidated into sub-national programmes in which AHSNs and ICS partners can accelerate learning and impact.</p>
<p><i>Early indication of priority areas for both the service in general and the national programme specifically, should be set out for suppliers and innovators on a 3-5-year development horizon to allow them to understand the health and care system problems in good time for them to develop solutions.</i></p>	<p>During their second licence period since 2018, AHSNs have made significant progress as a key delivery partner for the Accelerated Access Collaborative (AAC), and the Network vision and strategy is closely aligned to supporting the Life Sciences Vision.</p> <p>The AHSNs’ ability to engage across sectors – including their support for commercial innovators – means they are well placed to drive and enable collaboration.</p>

5. Conclusions

- 5.1 As a group of learning organisations AHSNs recognise the value that this Independent Review brings to the process of reviewing ways of working.
- 5.2 Since 2018, AHSNs have significantly evolved across all areas of their strategic and operational delivery. Aligned to the findings of the Independent Review, this includes:
 - Strengthening the Network’s Central Coordinating Office function.

- Evolving the approach to national programme identification, selection and roll out, including more robust and formalised approaches to national system engagement to identify priorities, along with evaluation, patient involvement and understanding of inequalities.
- Introducing the AHSN Innovation Pipeline and supporting the Accelerated Access Collaborative (AAC) to introduce a national 'front door' for innovator support (NHS Innovation Service).
- Entering into formal partnering arrangements with key national partners including NICE.
- Strengthening cross-AHSN sharing of insight and experience, for example around approaches to innovation adoption and spread.
- Publishing an AHSN Network national strategy with strong underpinning governance arrangements.

5.3 The AHSN Network welcomes the findings of the Independent Review and during the second AHSN licence period put in place measures which address its recommendations.

5.4 However, the Network is not complacent and recognises the wider messages the Independent Review has to deliver regarding the need to ensure processes of continuous improvement are hard-wired into AHSN ways of working, including regular reviews of established processes to ensure they deliver the required outcomes.

ANNEX 1

Chronology of SIM

Ref	Date	Descriptor	Detail
1	November 2012	Operation Serenity Street Triage programme introduced on Isle of Wight involving Isle of Wight Mental Health Services and Hampshire Constabulary.	
2	July 2013 – December 2014	Building from Street Triage programme, Integrated Recovery Programme (later called SIM) run as small-scale pilot on Isle of Wight alongside street triage and focusing on high intensity users of public services.	
3	Sept 2014	<p>CQC Quality Report on Isle of Wight NHS Trust Visit</p> <p>St Mary's Hospital (Mental Health Management) Scheduled Report (Mental Health Location Jul 2014) (cqc.org.uk)</p> <p>"Operation Serenity" cited as good practice.</p>	<p>Page 15 "The service had developed new and innovative services to protect vulnerable people and reduce the use of the Mental Health Act. One example of this was 'Operation Serenity', where there was joint working, with police in place to treat people at home or the community. This had reduced the use of the Section 136 place of safety, and also decreased the number of people having to be detained under the Act."</p> <p>Page 59 "The service worked alongside the police and developed the 'Operation Serenity' service in November 2012. This service was developed as issues were identified around the level of use of Section 136 place of safety, which may have been preventable, and which might not always be the most appropriate action to safeguard vulnerable people. 'Operation Serenity' involved a mental health practitioner working with the police to jointly attend people in the community who are in mental health crisis."</p>
4	2015 - October 2017	SIM run jointly on Isle of Wight by Isle of Wight Mental Health Services and Hampshire Constabulary.	

5	2016	The SIM innovator successful in becoming an NHS Innovation Accelerator Fellow.	
6	March 2017	SIM model adopted in Surrey by Surrey and Borders Trust and Surrey Constabulary, known locally as "SHIPP", Surrey High Intensity Partnership Programme.	
7	November 2017	London Mental Health Transformation Board endorses SIM London Pathfinder programme. Service initially launched in 6 pathfinder boroughs in May 2018 and extended to a further 13 by 2020, involving eight mental health trusts.	SIM-London-End-of-Year-Report-2020FINAL.pdf (healthinnovationnetwork.com) Page 7 "In November 2017, supported by the Health Innovation Network (HIN), the AHSN for South London, 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"
8	November 2017	November 2017-October 2018 NHS Right Care contracts the innovator through the Isle of Wight Trust for national adoption of SIM.	Response to Q10 in FOI disclosure letter of 3 September 2021 Letter-to-FOI-applicant-Part-II-response-03SEP21-redacted.pdf (ahsnnetwork.com)
9	2017	Late 2017, Health Innovation Network (the AHSN for South London) showcase SIM as part of NHSE director's tour of AHSNs. NHSE director particularly interested in SIM.	Freedom of Information (FOI) requests - AHSN Network Response to FOI questions 2 and 11, document 4.
10	2017	Late 2017 AHSN Network constructing a range of portfolios of national programmes against various potential funding scenarios from NHS England for 2018/19 onwards. Over a period of weeks SIM moves from not featuring in the portfolios to featuring in higher level funding scenarios. For SIM, in higher level funding scenarios there is reference to "pathfinder" AHSNs only. Only	Freedom of Information (FOI) requests - AHSN Network See response to FOI applicant – attachment in relation to questions 2 and 11

		one AHSN, Health Innovation Network covering South London, expresses commitment to SIM at the base funding level of £36 million.	
11	January 2018	NHSE Investment Committee agree licence funding for AHSNs with SIM as one of the national programmes. Paper to Investment Committee has ROI figures for all national programmes being spread over two years.	Freedom of Information (FOI) requests - AHSN Network Document 26 in attachment in response to Q2 and Q11
12	March 2018	SLAM Operational Delivery Guide published as the recommended policy document for all teams using SIM	Link available to Operational Guide on page 8 of the following: The-Implementation-of-SIM-London-Report.pdf (healthinnovationnetwork.com)
13	2 March 2018	E-mail from Hampshire Constabulary (recipient is redacted) regarding SIM and NHSE New Care Models review (disclosed in 2021 following an FOI request). E-mail contests data being used by SIM innovator in relation to police incidents in IoW pilot (see also item 19 below)	Print prt_1043-21_Q7.TIF (4 pages) (whatdotheyknow.com)
14	May 2018	NHS England Board approves paper on AHSN re-licensing, including a number of national programmes, of which SIM is one.	Document 35 in response to FOI Q2 and Q11 Freedom of Information (FOI) requests - AHSN Network
15	May 2018	SIM London – SIM launched in six London pathfinder boroughs	SIM-London-End-of-Year-Report-2020FINAL.pdf (healthinnovationnetwork.com)
16	May 2018	Interim report of Mental Health Act Review published. On rising detention rates, it states, "In seeking to address this [rising detention rates], we will pay particular attention to whole-system approaches that seek to reduce the need for detention, including health and care services alongside other partners like the police. We have already found that the MHA could be improved to do more to enable a person's wishes, including via the provision of advance planning."	Page 12 Executive Summary The independent Mental Health Act review interim report 01_05_2018.pdf (publishing.service.gov.uk)

17	Q1 2018/19	AHSN Network begins support for roll-out of SIM as one of a number of national programmes	
18	June 2018	"The implementation of SIM London – Sharing best practice for spread and adoption", published by Health Innovation Network. The report has template impact assessments and a template patient leaflet co-produced with service users.	The-Implementation-of-SIM-London-Report.pdf (healthinnovationnetwork.com)
19	Late July 2018	Wessex AHSN becomes aware of Hampshire Constabulary concerns (see 13 above) about SIM police data in IoW pilot indirectly via the innovator. AHSN staff contact Hampshire Constabulary and meet them on 13 September. In advance of the meeting steps are taken to ensure the innovator's map of SIM adoption is amended to take account of Hampshire Constabulary's concerns. Following the meeting AHSN takes steps to ensure that police data from IoW pilot is not referenced in national programme.	Wessex AHSN response to FOI request 03.11.22 redacted.pdf
20	August 2018	Surrey Police report on progress with SHIPP, their local version of SIM. In summary, the SHIPP report highlighted: <ul style="list-style-type: none"> - Evidence from service users detailed improvement in their life outcomes including treatment, accessing services etc. - Clients were less likely to come to harm or present in crisis (i.e., reduction in missing person incidents, 22% reduction in use of Section 136) - As a result, this reduced the impact and demand on police and other services 	Wessex AHSN response to FOI request 03.11.22 redacted.pdf
21	October 2018	Research Ethics Committee approval for a Feasibility Assessment of SIM implementation in London undertaken by North Thames	

		CLAHRC. Study includes interviews with staff and service users.	
22	November 2018	HM Inspectorate of Policing publishes report, "Policing and Mental Health – Picking Up the Pieces".	<p>Policing and mental health: picking up the pieces (justiceinspectorates.gov.uk)</p> <p>Page 41 of report references SIM:</p> <p>"Serenity Integrated Mentoring (SIM) is a cross-agency response to the needs of people with complex mental health problems in local communities. It was piloted in the Isle of Wight on a small group of people who were taking up a lot of police time. The police and local mental health teams identified the most persistent and challenging users of multiple services, and the partners then worked together to support these users and reduce repeat behaviours. SIM is now being adopted in many force areas as an effective approach to people with complex needs. It offers significant benefits to these people, their families and communities. It also reduces the use of section 136 of the Mental Health Act 1983 and the costs associated with repeat callers."</p>
23	December 2018	Independent Review of Mental Health Act published. Recommends funding of research into service models and clinical/social interventions and their relationships with rates of detention.	<p>Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983 (publishing.service.gov.uk)</p> <p>Page 104</p> <p>"We are recommending that the Government should work with national bodies, to fund and undertake a major programme of research into service models and clinical/social interventions and their relationships to rates of detention. This research would be more compelling if it included user-led studies and studies which focus on resources which mental health service users have said they find therapeutic. Service users, families and carers know from their individual perspectives what triggers a crisis and what helps to avoid one."</p>

24	September 2019	Feasibility Assessment of SIM implementation in London completed.	sim feasibility assessment 30-09-19.pdf (nih.ac.uk)
25	January 2019 and November 2019	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 applications 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.	
26	2020	The South West AHSN commissions an evaluation of SIM pilots in Devon.	At the time of writing, this evaluation is in progress through the University of Plymouth
27	March 2020	AHSN Network support for SIM as a national programme comes to an end. 535 service users supported.	See response to FOI applicant, question 5, document 2d. Enc-Part-II-FOI-response-to-Q5.docx (live.com)
28	May 2020	SIM London April 2018 – May 2020 Review of SIM programme in London.	SIM-London-End-of-Year-Report-2020FINAL.pdf (healthinnovationnetwork.com)
29	January 2021	"Reforming the Mental Health Act", government response to 2018 Independent Review of Mental Health Act published, including response to Independent Review's recommendation on research (see 23 above). And see 32 below.	Reforming the Mental Health Act (publishing.service.gov.uk) Page 134 "36. Research should be carried out into service models and clinical/social interventions that affect rates of detention. We accept this recommendation and in December 2019, the National Institute for Health and Care Research launched an open call for evidence, which takes forward this recommendation. The application process took place earlier last year. Proposals have been reviewed and an announcement on those projects that will be

			funded under this programme will be made in due course.”
30	July and September 2021	AHSN Network provides responses to a number of Freedom of Information requests on SIM	Freedom of Information (FOI) requests - AHSN Network
31	August 2021	AHSN Network commissions independent review of circumstances surrounding the AHSN Network role in supporting providers to adopt the model.	
32	2021 various dates	NIHR Policy Research Programme – funded research projects considering service models and relationship with Section 136 detentions announced (see 29 above)	Experience based investigation and Co-design of approaches to Prevent and reduce Mental Health Act Use: (CO-PACT) - NIHR Funding and Awards One-to-one Peer support for family members and friends of patients treated under the mental health act (OPAL). - NIHR Funding and Awards Improving the Experiences of Black African Caribbean Men Detained Under the Mental Health Act: A Co-Produced Intervention Using the Silences Framework (ImprovE-ACT) - NIHR Funding and Awards Development, Feasibility Testing and Pilot Trial of a Crisis Planning and Monitoring Intervention to Reduce Compulsory Hospital Readmissions (the FINCH Study) - NIHR Funding and Awards