

3rd November 2022

By email to: [FOI Applicant]

[FOI Applicant email address]

Dear [FOI Applicant],

I am replying to your request of 24 September in which you seek information relating to the following questions.

Please disclose:

- 1. The dates of the meetings that Wessex AHSN held with Hampshire Constabulary at which the SIM model was discussed.**
- 2. When was Wessex AHSN first warned about the inaccurate data underlying the SIM model?**
- 3. What action, if any, did Wessex AHSN take in response to the concerns that high risk patients were being exposed to a model of intervention (SIM) that was based in inaccurate data?**
- 4. Did Wessex AHSN warn NHS England and any other NHS bodies about the inaccurate data?**
- 5. Did Wessex AHSN liaise with Paul Jennings the National Programme Manager for the High Intensity Network regarding the issue of inaccurate data? Please disclose the outcome of any such liaison.**
- 6. Has Wessex AHSN reviewed its role or has made plans for review, in this matter for learning?**

Question 1

The dates of the meetings that Wessex AHSN held with Hampshire Constabulary at which the SIM model was discussed.

There was a meeting on 13 September 2018 which was preceded by an e-mail exchange in August between AHSN and Hampshire Constabulary staff in which AHSN staff, once aware of Hampshire Constabulary concerns regarding High Intensity Network Ltd maps, ensured that amendments to the maps were made and the amended maps were shared with Hampshire Constabulary. This was completed by 8 August.

The meeting on 13 September arose after AHSN staff reached out to Hampshire Constabulary having been copied into an e-mail exchange between Paul Jennings and Hampshire Constabulary on 25 July (see response to question 2 below).



There is also an e-mail exchange between AHSN staff and Hampshire Constabulary in February 2019 which makes it clear that AHSN staff had taken action in the preceding months to remove references to the Isle of Wight pilot data from AHSN literature.

Question 2

When was Wessex AHSN first warned about the inaccurate data underlying the SIM model?

We first became aware of Hampshire Constabulary concerns about the police data in the SIM pilot on 25 July 2018 when AHSN staff were copied into an e-mail exchange between Paul Jennings and Hampshire Constabulary. As a result, AHSN staff reached out to Hampshire Constabulary staff and arranged the meeting that took place on 13 September. This was three years after the data had been generated in the original Hampshire Constabulary (Sgt Paul Jennings)/Isle of Wight NHS Trust pilot and two years after AHSN staff had been asked by Hampshire Constabulary and Isle of Wight NHS Trust staff to undertake an economic report on the pilot's findings. A copy of the e-mail exchange is attached.

The police data about which Hampshire Constabulary had concerns was data in the Hampshire Constabulary/Isle of Wight NHS Trust's own SIM pilot which ran from 2013 to 2015. The AHSN was not involved in this pilot. Following the pilot, the AHSN was asked in 2016 by Hampshire Constabulary (Sgt Paul Jennings) and the Isle of Wight Trust to undertake an economic analysis of the findings from the pilot and it was the accuracy of the police data supplied to AHSN staff in 2016 which was challenged.

Question 3

What action, if any, did Wessex AHSN take in response to the concerns that high risk patients were being exposed to a model of intervention (SIM) that was based on inaccurate data?

The data that Hampshire Constabulary raised concerns about was the underlying police data in their own joint pilot with the Isle of Wight NHS Trust.

As soon as we became aware of this issue in late July 2018, Wessex AHSN reached out to Hampshire Constabulary and, in light of their comments, ensured the maps used by High Intensity Network Ltd were amended, and removed references to the Isle of Wight data from AHSN literature. Wessex AHSN staff also visited Hampshire Constabulary staff on the Isle of Wight to understand the operation of their local model. Subsequently, this led to the AHSN providing pump-priming funding to Hampshire Constabulary for further development of the local model.

The Hampshire Constabulary concerns were received during the same period that other information relevant to the SIM model was received:



- The importance of developing whole system approaches in relation to the operation of the Mental Health Act had already been signalled. In May 2018 the Interim Report of the Mental Health Act Review stated: *“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](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684447/the-independent-mental-health-act-review-interim-report-01-05-2018.pdf)
([publishing.service.gov.uk](https://www.publishing.service.gov.uk))

- In June 2018 Health Innovation Network South London published ‘The Implementation of SIM London: Sharing Best Practice for Spread and Adoption’ (<https://healthinnovationnetwork.com/wp-content/uploads/2018/11/The-Implementation-of-SIM-London-Report.pdf>). The guide has a section on data analysis and identifying the SIM cohort: *“It has become clear that the police and the Trust S136 data did not match, this has highlighted an issue for central collection of S136 data. It is envisaged that the partnership working of SIM will assist in understanding and reducing this discrepancy going forward.”*
- In August 2018, Surrey Police reported on progress with SHIPP, their local version of SIM. In summary, the SHIPP report highlighted:
 - 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 staff were conscious that data discrepancies were a system issue, which was expected to improve with partnership working between agencies supporting SIM and had encouraging results showing positive data from the Surrey implementation of SIM. The issues raised by Hampshire Constabulary did not therefore prompt any further action by Wessex AHSN staff beyond that outlined above.

Subsequently, at a national level, in November 2018 HM Inspectorate of Policing published ‘Mental Health and Policing – Picking up the Pieces’ ([Policing and mental health: picking up the pieces \(justiceinspectors.gov.uk\)](https://www.justiceinspectors.gov.uk)) This noted that *“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 use of section 136 of the Mental Health Act.”* (page 41.) This information provided further support for the SIM model.



Once again at a national level, in December 2018 the final report of the Independent Review of the Mental Health Act was published. In a chapter on system-wider enablers referencing data, this noted:

“There are a number of different public sector bodies involved in the MHA, and a number of potential data sources. These include the NHS Digital Mental Health Services Data Set (MHSDS), the Home Office Annual Data Requirement (ADA) (covering use of police powers to detain under the MHA), and data from local authority AMHP services, which is not currently collected or reported nationally. Each collects data from different geographical footprints over different timeframes. Sharing of data between local partners is left to discretion and there is a lot of variation. This means that policymakers, local decision-makers, academics, and the public do not have an opportunity to understand how the Act is used and in what context. Because of this, the Review has struggled to use or generate its own reliable strong evidence, and this must change.” (p210, [Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk))

This reinforced the observations from the SIM London report that data quality was a system issue.

Question 4

Did Wessex AHSN warn NHS England and any other NHS bodies about the inaccurate data?

As indicated above, at the time the Hampshire Constabulary concerns were understood to relate primarily to their desire to not be referenced in High Intensity Network Limited material, and these concerns were acted upon.

For the reasons set out in our response to question 3 above, the matters raised by Hampshire Constabulary were not at the time considered to be matters requiring additional action or warning beyond the steps already taken.

Question 5

Did Wessex AHSN liaise with Paul Jennings the National Programme Manager for the High Intensity Network regarding the issue of inaccurate data? Please disclose the outcome of any such liaison.

We liaised with him to ensure the maps produced by High Intensity Network Ltd showing SIM adoption were amended to take account of Hampshire Constabulary’s concerns. In light of the matters identified in the response to Question 3 above, no further inquiries were pursued.



Question 6

Has Wessex AHSN reviewed its role or has made plans for review, in this matter for learning?

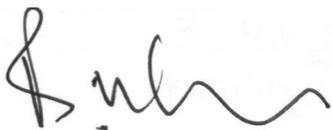
We have reviewed the due diligence processes we undertake to provide reasonable assurance when being requested to evaluate/analyse third party-generated data that third parties have robust governance in place with senior sponsorship of the project in question, and adequate assurance processes in place to attest for the veracity of their data. A copy of the relevant report is attached.

Please note that some information relevant to this request has been withheld pursuant to sections 40(2) and (3A) of the Freedom of Information Act 2000, where it is information that is the personal data of a third party, and the AHSN has concluded that disclosure of this information would result in a breach of the data protection principles set out in Article 5 of the UK General Data Protection Regulation (GDPR), as such disclosure to the world at large would not be fair to the individuals concerned.

If you are dissatisfied with this response, you can request an internal review by writing to Sarah Turl at the AHSN (sarah.turl@wessexahsn.net). You also have the right to ask the Information Commissioner (ICO) for a decision as to whether we have complied with our responsibilities under the Freedom of Information Act 2000. The ICO can be contacted at:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Yours sincerely,



Bill Gillespie
Chief Executive Officer
Wessex Academic Health Science Network

Enclosure 1 – Emails between Wessex AHSN and Hampshire Constabulary members of staff reformatted into chronological order

Enclosure 2 – Wessex AHSN Board paper 27JAN22 – Insight Data process

