

PRINCIPLE 1: Provide a comprehensive service

The SIM model of care delivers high quality support for people struggling with mental and behavioural health conditions. It cares for patients who historically have felt disenfranchised from the health service and have often been discharged because of the very behavioural symptoms that they need support in managing. SIM also aims to improve the physical health of those it supports.

PRINCIPLE 2: Provide care based on need, not ability to pay

The SIM model of care helps everyone who needs it, regardless of their circumstances. Patients are identified as needing SIM by a multi-agency assessment panel that uses a 5 point national criteria, to ensure that the use of SIM intervention is lawful, necessary and proportionate to risk and clinical need.

PRINCIPLE 3: Provide the highest quality of care

The SIM model of care we believe can support an individual struggling with highly intensive emotional patterns more effectively than traditional 'NHS only' pathways. Our teams are integrated so can offer a wider range of safety and behavioural interventions.

PRINCIPLE 4: Coordinate and tailor care to each patient

SIM teams are trained to adapt their work to each individual service user by working in collaboration with the patient rather than for the patient. The patient is empowered and encouraged to co-produce their own care plan with professional staff; to be part of the crisis care process. Every patient is different because trauma is unique and the way we cope/fail to cope varies a great deal.

PRINCIPLE 4: Encourage patient to manage their own health

SIM is a **mentoring** model. A mentoring approach helps to empower service users to lead their own change. This can be a little daunting at first, but mentors are trained to be patient but also at times resilient in securing healthier outcomes.

PRINCIPLE 4: Consult the patient (where appropriate)

SIM seeks patient engagement at all times and only works on their behalf if they consistently refuse to do so.

PRINCIPLE 5: Work with other agencies in an integrated system

SIM is an **integrated approach** that combines the best mental health practice with other skilled, non NHS staff.

PRINCIPLE 6: Provide the best value and most effective care solutions

SIM enables service users to receive the care they need (whilst reducing and avoiding the care they don't).

PRINCIPLE 7: Make decisions with the patient (NB: joint decisions not compulsory)

SIM encourages each service user to have equal say on what they need. Staff only intervene if necessary.

PRINCIPLE 7: Be transparent and accountability in our decisions

SIM teams are honest & transparent at all times, encouraging service users to behave in the same manner. Service users often really struggle to trust others, so honesty is paramount to any successful relationship.



HOW THE
NETWORK
DELIVERS THE
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7 PRINCIPLES



THE NHS
CONSTITUTION
the NHS belongs to us all

VALUE 1: Working together for patients

The patients we work with have been assessed as needing our model of care because their **safety and care comes first**. The SIM model was designed by a former police officer with lived experience of mental health crises. He identified that services were not working together as well as they could to keep patients and others safe and that each individual emergency service was responding in their own ways. With SIM, care **decisions are integrated**.

VALUE 2: Respect and dignity

We genuinely value patients, their views and requests. **We always ask them to work with us to make key decisions together**. If they refuse to work with us then we will try and encourage them to change their mind. If they refuse, then **we will continue to work on their behalf** with the same levels of respect and dignity. We make the best decisions we can in their absence, always hoping that they will change their mind.

VALUE 3: Commitment to quality of care

We strive to **place care and safety of the patient first**. In circumstances where the intensity of the mental health crisis risks harm to others, we also have a **duty of care to balance the needs of the patient with our core duties towards other people, staff, neighbourhoods and communities**. We are open and transparent with all decisions we make. We seek to work with the service user's family and friends wherever appropriate.

VALUE 4: Compassion

We select staff who can deliver care with **high levels of compassion**. We always make decisions based around our core desire to put the patient's safety, care and recovery first. Sometimes this may involve decisions we believe are right (using a longer term care view), despite what the patient says (with a the short term view). If we make decisions that opposes what the individual wants, we will **clearly explain our reasoning**.

VALUE 5: Improving lives

We work with the service user to **improve all elements of their life**. We recognise that often, mental health is caused or made worse by basic life problems such as **housing, physical health, financial health or a lack of social connectivity**. We encourage all patients to take a **holistic approach** to their risk and harm prevention.

VALUE 6: Everyone counts

Not only do we support individual patients, but we also have to **meet the needs of the wider community**. We have a **duty to keep other people safe** and to ensure that everyone can receive public services, including **effective emergency and crisis care for all**.

HOW THE
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6 VALUES



YOUR RIGHT TO: Receive health services free of charge

NHS patients can expect to receive healthcare free of charge. There are only a few exceptions. The most notable exception is where an individual is clearly using public services inappropriately and in ways that a 'reasonable person' would judge their demands as unacceptable & anti-social. In these rare cases, where the patient continually refuses to change their behaviour, public sector organisations may take legal steps to recover costs.

YOUR RIGHT TO: Access NHS Services

The NHS seeks to provide services that all can access and only makes the decision to stop the provision of care when certain circumstances exist. These circumstances may include:

1. Where the patient continually fails to attend for treatment, resists treatment or sabotages treatment.
2. Where the patient has shown a high level of aggression or violence towards staff or other patients.

YOUR RIGHT TO: Receive care that reflects your 'preferences'

Long gone are the days where '*The doctor knows best*'. The modern NHS now seeks the patient's cooperation in making key, personalised and co-produced decisions about care and treatment options. The patient should always be encouraged to *declare their preferences*. But this **doesn't mean** that the patient's decision is final. Where the patient's preferences are not met, then a clear explanation should be given.

YOUR RIGHT TO: Be treated with dignity and respect

Our teams are constantly seeking strong relationships with their service users as they ideally want the **work with them to be on the basis that we are all equal**. If the service user does not want to engage with our teams and work with them in this manner, then our staff will continue to show the maximum amount of respect and dignity possible in the circumstances.

YOUR RIGHT TO: Accept or refuse care that is offered to you

If a high intensity team using the SIM model is allocated to you, then you will **not** have the ability to stop this decision. The SIM team have been tasked with **keeping you and other people safe** so will continue to work together to enhance community safeguarding. You **do** however have the right to refuse to meet them or work with them but this will mean that **key decisions may have to be made in your absence**.

YOUR RIGHT TO: Be given information about the care being provided

Our teams seek to share this journey with you at all times. They are **mentoring teams** and effective mentoring is best done with **openness and transparency**. This includes telling you about what support they do and don't offer.



HOW THE
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RESPECTS
**YOUR RIGHTS
AS A PATIENT**



YOUR RIGHT TO: Privacy and Confidentiality

We all have a right to a private life and we can all expect our personal data to be kept confidential wherever possible. But there are certain circumstances where our **privacy and confidentiality is over-ridden by UK law**. Circumstances where the NHS (inc GP's) **should** share information about you (**without your consent**) include:

1. When **your safety is compromised** and where a multi-agency approach is needed to keep you safe.
2. When your health problems are **posing risk to public service staff or the public themselves**.
3. When further **harm/risk to you or others is predicted** and preventative measures need to be taken.
4. To **prevent or detect crime and disorder** that may involve you (especially if there is a link to your health).
5. Where sharing information would lead to an **improved quality of care**.
6. When sharing of information would lead to a **more accurate assessment of risks**.

YOUR RIGHT TO: Object for information not to be shared beyond NHS

If we need to share private information about you, then we should take reasonable steps to tell you. **You do have a right to object** and **we do have a duty to listen and consider if we can make any changes**. If however, we still have a duty to share information, then we will tell you the reasons why. We should also discuss if there is anything you can pro-actively do, to change our decision.

YOUR RIGHT TO: Be involved in planning your care & key decisions

SIM stands for *Serenity Integrated Mentoring*. 'Integrated' means 'doing things together'. 'Mentoring' means 'helping you to help yourself'. Therefore we are **always looking for opportunities where you can plan your own care and make safe decisions**. We believe this is by far the best possible way to stay safe.

YOUR RIGHT TO: Have an open & transparent relationship with staff

One of the ways we all get better is to know what is wrong and then to work with people who we trust. People who experience highly intensive mental health crises often struggle with building trusting relationships, so our staff will be constantly seeking opportunities to build that trust. They will be aiming to achieve the collective goal of **"No decision about me without me"**.

YOUR RIGHT TO: Give feedback on the care you are receiving

We are always looking for opportunities to get feedback from patients and their families. Please contact us!

YOUR RIGHT TO: Make a compliant

If you feel we are doing something that cannot be resolved directly with you or your family/friends, then we will always recommend that you speak to your local NHS complaints team as the first port of call.



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TO: Ensure all involved in your care can access information they need

Looking after people is fundamentally about working out what the problem is and then finding the correct solution, delivered by the right people with the right skills. The NHS no longer sees itself as a 'stand alone' organisation. It recognises that solutions to healthcare problems often lie as much outside of the NHS as it does within it. So NHS staff now often work with other statutory and third sector providers to help the patient. If, in the process of this multi-agency work, other non NHS professionals such as the police need to have access to some specific bits of your health information then the NHS can sharing appropriate information.

- *Did you know that nearly all of the 43 police forces in England and Wales now have mental health professionals working in police control rooms with direct access to patient records?*
- *Did you know that MH nurses work alongside police officers in marked police cars?*
- *Did you know that SIM trained police officers often work within NHS buildings as honorary NHS staff and have appropriate access to NHS care records?*
- *Did you know that many mental health professionals are often employees of the local council, not the NHS?*

TO: Constantly seek better ways of providing care; to innovate.

NHS England now encourages all NHS staff to develop new ideas and innovations. The top 45 innovations in the NHS are supported by a national programme called the **NHS Innovation Accelerator**. SIM is one of them.

TO: Train in new skills and care models

The NHS recognise that a fast changing health care sector needs a workforce that is constantly learning new skills. This also means adopting brand new ways of working. SIM has been used in the NHS since 2013. Over 25 mental health trusts have either launched or are about to launch SIM based teams, supported by our national training programme and team support services.

TO: Work with organisations outside of the NHS, to improve the NHS

The NHS recognises that often the best ideas don't always come from people within the NHS. The NHS is open to new ideas from anyone: private companies, other public sector staff and service users.

TO: Consider each service user's health needs 'holistically'

The NHS recognises that medical problems reported to the NHS are often connected to non medical problems such as **social care, employment, opportunity and connectivity** and that mental health and physical health are significantly connected. Public services in the UK are now working as 'one system' in more ways than ever before. Mental health staff are encouraged to think 'outside the mental health box' when trying to support our most complex patients.



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