

Integrated Access Partnership (IAP)
Standard Operating Procedure (SOP)



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Integrated Access Partnership (IAP)

Emergency Services Mental Health Professional Line

Standard Operating Procedure

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Introduction

The Integrated Access Partnership (IAP) is a collaborative, award winning, innovative endeavour which is transforming urgent and emergency care services (999 and 111) for people in mental health crisis.

In collaboration, BrisDoc Healthcare Services (BrisDoc), Avon and Wiltshire Mental Health Partnership Foundation Trust (AWP) and South Western Ambulance Service NHS Foundation Trust (SWASFT) – as well as Avon and Somerset Police, Avon Fire and Rescue, and voluntary sector organisations – have implemented an integrated urgent and emergency care front door service across both 999 and 111 for people in mental health crisis. The service provides three layers of intervention and trusted onward referrals to support any person presenting with mental health needs to 999 or 111; providing remote advice through a multidisciplinary mental health team, or a rapid face-to-face response through a network of ‘mobile pods’ across the area.

The IAP services are outlined in the table below. Each part of the service is covered by a separate standard operating procedure.

Service Line	Service Provision	
Mental Health Specialist Desk (MH SD) SWASFT Emergency Operations Centre (EOC) St James A, St James Court, Bradley Stoke BS32 4QJ 0300 369 0151	BNSSG	24/7
	BSW	08:00 – 00:00 (7/7)
	Cornwall	08:00 – 00:00 (7/7)
	Devon	08:00 – 00:00 (7/7)
	Dorset	08:00 – 00:00 (7/7)
	Gloucestershire	08:00 – 00:00 (7/7)
	Somerset	08:00 – 00:00 (7/7)
Mental Health Response Vehicle (MH RV) Bristol Ambulance Station, Croydon Street, Easton, Bristol BS5 0DA (contact via MH SD)	BNSSG	24/7
	Cornwall & Isles of Scilly	14:00 – 02:00 Fri – Sun only
	Gloucestershire	14:00 – 00:00 Mon – Thurs only
	Somerset	10:00 – 22:00 (7/7)
Mental Health Link Officer (MHLO) (situated at MH SD)	Avon & Somerset Police footprint	24/7
Mental Health Clinical Assessment Service (MH CAS) BrisDoc Healthcare Services, Unit 21 Osprey Court, Hawkfield Business Park, Bristol BS14 0BB 0117 233 1402	BNSSG	24/7
Emergency Services Mental Health Professional Line (MH PL) incorporated within MH CAS 0117 233 1402	BNSSG	24/7
Urgent Assessment Centre Gloucester House, Southmead Hospital, Dorian Way, Bristol BS10 5NB	BNSSG	17:30 – 00:00 (7/7)

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Objective

This standard operating procedure sets out how the IAP will operate the Emergency Services Mental Health Professional Line (MH PL) and establish what falls in and outside the operating parameters of the MH PL.

Scope

This SOP relates to contact with the IAP specifically through the MH PL by colleagues from police, fire and ambulance services. It is possible that there will be contact with emergency service colleagues via other service lines, such as in relation to calls managed by the Mental Health Specialist Desk (MH SD) but these contacts fall outside the scope of this SOP and are managed in line with each respective service line's SOP.

Service Provision

The MH PL is available only to emergency service colleagues from police, fire and ambulance services, within commissioned operating times, which vary by service and location. It is important that other agencies, or contacts outside of agreed operating times, are redirected, in order that MH PL capacity is not impacted. This includes contact from IAP constituent organisations (eg. SevernSide Integrated Urgent Care or AWP's Crisis team).

Duty of care

The emergency service receiving the initial 999 call will retain duty of care until the call is either closed or formally transferred to another provider. Such transfers will follow standard procedures, either via 999 or through established internal channels between provider control centres.

Requests assessed and approved by the IAP for dispatching a SWASFT Mental Health Response Vehicle to a police or fire incident will be initiated through direct communication from the IAP to SWASFT dispatch. These calls will be categorised as EMRC31, "Emergency Response for Overdose/Mental Health," for recording purposes. This process will activate an open SWASFT 999 call to enable dispatch. The referring service (Police/Fire) will coordinate with the Mental Health Clinical Navigator (MH CN) to decide whether to maintain a mutual 999 call.

Ambulance

The MH PL is available to senior ambulance clinical staff who are supporting crews at the scene of an incident, from or on behalf of South Western Ambulance Service NHS Foundation Trust (SWASFT) within Bristol, North Somerset and South Gloucestershire only.

The MH PL should act in consultancy role, supporting the overseeing SWASFT advisor by providing clinical advice and information from the mental health record.

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Service provided

Senior ambulance clinical staff (specialist paramedics or advanced practitioners) can call the MH PL to:

- Ask for telephone advice to support the oversight of ambulance crews who are at scene. This includes making an appropriate safety plan and avoiding unnecessary conveyance to emergency departments. This could involve a referral to the urgent assessment centre (UAC).
- Request pertinent information. Staff on the MH PL will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, in order to inform an appropriate treatment pathway.
- Request attendance of the Mental Health Response Vehicle (MH RV). SWASFT clinical staff can directly request dispatch of the (MH RV); however, where possible the MH CN will hold this decision and prioritise against other requests.

Guidance

If an ambulance is dispatched, the IAP will not normally proactively prioritise telephone triage, even when prompted by a crew en route.

The IAP would not provide information unless a crew has arrived or committed to being on-scene, because ambulances often get diverted to a different call when travelling to an incident.

Police

The MH PL is available only to Avon and Somerset Police, 24 hours a day, across the entire force area, incorporating:

- Bath and North East Somerset (BaNES)
- Bristol
- North Somerset
- Somerset
- South Gloucestershire.

The IAP has an embedded police Mental Health Link Officer (MH LO) working alongside the Mental Health Specialist Desk (MH SD) within the SWASFT EOC. The MH PL and the MH SD should seek to interface and share pertinent information via the two respective CNs. Further information on the MH LO can be found within the relevant MH LO SOP.

Service provided

Police officers on-scene and those working within the control centre can call the MH PL to:

- Request attendance of the Mental Health Response Vehicle (MH RV). The appropriateness of this will be reviewed by accessing and gathering information on Rio and speaking with the patient where possible. The decision about dispatching the MH RV will rest with the mental health clinical coordinator (MH CN).
- Ask for telephone advice or remote assessment of the person in need to make an appropriate safety plan and avoid unnecessary conveyance to emergency departments. This could involve a referral to the urgent assessment centre (UAC).

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- Request pertinent information. Staff on the MH PL will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, in order to inform an appropriate treatment pathway.
- Ask advice about the suitability to use powers under Section 136 (consultation). Any advice surrounding the use of these powers must only be given by a registered mental health clinician.

Guidance

The IAP can only take details of one incident at a time, as the practitioner taking the call must complete this incident before accepting any others. Therefore, if a caller wishes to discuss more than one incident, they must call the MH PL again with details of this next case.

The MH PL will only support requests relating to active incidents, or incidents within 24 hours of the incident being opened by the investigating officer (not necessarily the date the call was received) in line with the scope of the service provision listed above. When an individual is referred by police, consent may be required in accordance with the data protection impact assessment (DPIA):

- **Low-severity:** an example would be cases where someone is reporting lower-level symptoms or feelings (eg. depression, anxiety) without suicidal ideation. Such cases require consent. If consent cannot be obtained, the police cannot refer the call will only be able to signpost the caller to NHS 111 or the relevant response line.
- **Mid-high severity:** consent would not be required and information can be shared lawfully under Article 9(2) (g) Data Protection Act 2018 as being of 'substantial public interest'. The severity of any incident will need to be determined on a case-by-case basis, but as a general rule, mid-high severity will include:
 - Any call where there is a perceived real and immediate threat to life or risk of serious harm (this would include suicidal ideation)
 - Any call which suggests the above from a third-party agency or member of the public who has reported an incident to the police – but where the person directly concerned has not spoken with police
 - Any call where there are reasonable grounds to suspect that the caller lacks capacity and, therefore, meaningful consent cannot be obtained or that the lack of capacity itself creates a risk (eg. unable to communicate, cannot understand, cannot evaluate, cannot retain information – delusional, confused).

If police have used Section 136 powers, there is no role for the MH PL in these cases and the call should be politely declined.

Fire

The MH PL is available only to Avon Fire and Rescue, 24 hours a day, across the entire service area, incorporating:

- Bath and North East Somerset (BaNES)
- Bristol
- North Somerset
- South Gloucestershire.

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Service provided

Firefighters at the scene of an incident can call the MH PL to:

- Request attendance of the Mental Health Response Vehicle (MH RV). The appropriateness of this will be reviewed by accessing and gathering information on Rio and speaking with the patient where possible. The decision about dispatching the MH RV will rest with the mental health clinical coordinator (MH CN).
- Ask for telephone advice or remote assessment of the person in need to make an appropriate safety plan and avoid unnecessary conveyance to emergency departments. This could involve a referral to the urgent assessment centre (UAC).
- Request pertinent information. Staff on the MH PL will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, in order to inform an appropriate treatment pathway.

Guidance

The MH PL will only support requests relating to active incidents, or incidents from that day, in line with the scope of the service provision listed above. Any individual referred by Avon Fire & Rescue must be aware that we might contact them and give their consent to this contact.

Local authority boundaries

The following table lists local authority areas and the services supported by the MH PL. The linked maps show local authority boundaries, to determine which area an incident falls in.

Map Link	Ambulance	Police	Fire
Bath and North East Somerset	No	Yes	Yes
Bristol	Yes	Yes	Yes
North Somerset	Yes	Yes	Yes
Somerset	No	Yes	No
South Gloucestershire	Yes	Yes	Yes

Service Exclusions

Requests for support outside of the scope listed for each service above should be politely declined and an incident report should be submitted through Ulysses, in order to capture details and identify themes of inappropriate calls made to the MH PL.

Telephony

The MH PL operates as part of the MH CAS, utilising BrisDoc's telephony system. The MH PL direct dial is 0117 233 1402.

Call Answering

Calls to the MH PL will be answered by a MH CAS Call Handler who will collect and record:

- The contact and service information for the caller

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- The patient's demographics
- A brief reason for the call.

Where a practitioner is available, calls will be warm-transferred for a continuing conversation. Where a practitioner isn't immediately available, calls will be added to the MH CAS Advice Queue with a 30-minute call back timeframe.

Call Recording

All calls to the MH PL are recorded.

Administration

Every call received through the MH PL will be recorded within BrisDoc's Adastras system.

Clinical records must be completed in line with the IAP Overarching SOP, namely submitting information into both the Adastras consultation record and into the RiO contemporaneous record (progress notes) of known patients. Where patients have not previously had contact with mental health services, a new record must be opened when any advice is given.

The only circumstance when it is not necessary to record MH PL interactions in RiO progress notes is when an IAP practitioner confirms that a patient is not open to any services, and no further advice or assessment is provided.

Audit

MH PL falls under the IAP's Audit SOP and MH PL cases will be audited through Clinical Guardian.

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Monitoring & Change Register

This SOP will be reviewed at least annually and more regularly to account for service changes and expansion.

Date	Version	Author	Change
07/03/2024	0.1	Ollie Crandon	Initial Draft Completed
15/03/2024	0.2	Ollie Crandon	Amendments made to service provision Local authority boundaries added
28/03/2024	0.3	Ollie Crandon	Remote working added Added 'Service provided' and 'Guidance' for fire Formatting amendments
10/04/2024	0.4	Ollie Crandon	'Duty of Care' added to 'Police' section
18/04/2024	1.0	Ollie Crandon	V1.0 published
27/06/2024	1.1	Ollie Crandon	'Mental Health Link Officer' added to police 'Guidance' section
19/07/2024	1.2	Ollie Crandon	Amended consent requirements in police 'Guidance' section
24/10/2024	1.3	Ollie Crandon	Updated 'Introduction' Updated 'Telephony' Added 'Call Answering' Updated 'Call Recording' Updated 'Administration' Updated 'Audit'
25/10/2024	1.4	Matthew Truscott	Updated all sections relating to interface with all emergency services, changes to duty of care.