

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



# Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

## Mental Health Link Officer (MHLO) Standard Operating Procedure

Version:	Owner:	Created:
1.1	Carl Watkins, Service Manager	28/10/2024
Published:	Approval:	Next Review
29/10/2024	Matthew Truscott Head of Mental Health, SWASFT	28/10/2025

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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	
<b>Mental Health Specialist Desk (MH SD)</b>  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)
<b>Mental Health Response Vehicle (MH RV)</b>  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)
<b>Mental Health Link Officer (MHLO)</b> (situated at MH SD)	Avon & Somerset Police footprint	24/7
<b>Mental Health Clinical Assessment Service (MH CAS)</b>  BrisDoc Healthcare Services, Unit 21 Osprey Court, Hawkfield Business Park, Bristol BS14 0BB  0117 233 1402	BNSSG	24/7
<b>Emergency Services Mental Health Professional Line (MH PL)</b>  incorporated within MH CAS  0117 233 1402	BNSSG	24/7
<b>Urgent Assessment Centre</b>  Gloucester House, Southmead Hospital, Dorian Way, Bristol BS10 5NB	BNSSG	17:30 – 00:00 (7/7)

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## Background

From December 2021 to November 2022, Avon and Somerset Police (ASP) provided a police link officer (PLO) to work alongside the MH SD in SWASFT's Bristol Emergency Operations Centre (EOC). The PLO was a member of control room staff and not a trained police officer.

Building on the success of the pilot, from June 2024, ASP have introduced the role of mental health link officer (MHLO) to work alongside the MH SD. The MHLO will reintroduce and enhance the benefits seen from the PLO pilot by having specially trained police officers (instead of communications staff) who can action decisions in real time, while also expanding the operating hours of the service to 24 hours a day, 7 days a week.

The MHLO role is joint funded by ASP and both BNSSG and BSW integrated care boards (ICBs).

The MHLO is an essential and integral part of ASP's approach to safely implementing the principles of 'Right Care Right Person'.

## Scope

This SOP relates to the MHLO and its direct interface with the MH SD.

While MHLOs work closely alongside IAP staff, management and decision-making accountability remains with ASP.

## Operating Hours and Location

The MHLO will operate 24 hours a day, 365 days a year.

The MHLO will work alongside colleagues from the IAP, based at the MH SD in SWASFT's Bristol EOC. The MHLO will be based on a dedicated workstation on the MH SD and will interface with mental health staff operating around the desk.

## Scope of the MHLO

The MHLO workstation will allow for access to the ASAP STORM system. The MHLO will work to a bespoke STORM interface, which will focus on mental health related police logs, especially in the following call types:

- Concern for welfare
- Missing person
- Suicidal
- Assist other services.

The MHLO will oversee police mental health related calls in the following areas:

- Bath and North East Somerset (BaNES)
- Bristol

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- North Somerset
- Somerset
- South Gloucestershire.

## Aims of the MHLO

- To act as a link between police, ambulance, fire, mental health services and out-of-hours primary care. Working in partnership to ensure that people's needs are met by the most appropriate agency at the time they need it.
- Actively reviewing STORM for live and incoming mental health related calls with a view to identifying the **policing purpose** in relation to such calls.
- Where that purpose exists, to ensure that an appropriate police response is provided.
- Where that purpose exists but would benefit from assistance of ambulance or the IAP to coordinate such a response.
- Where that purpose can be potentially mitigated by intervention from triage, to investigate it.
- Where that purpose does not exist, to consult with the more appropriate agency and safely refer it.
- To maintain observation on such calls until they are resolved. To consider deployment if initial attempts to mitigate or refer fail – or if a situation escalates to a point where police presence is required.
- To close appropriate calls fully with outcomes.
- Utilising the National Decision Model, information from police calls, information from police databases, and appropriately shared information from other agencies to accurately determine risk and respond accordingly.
- To have full and detailed understanding of the various thresholds outlined in force procedural guidance. Understanding relevant legislation and the police role.
- Ensuring that police response is in line with those thresholds – both in terms of what police do attend and what police do not.
- Communication, liaison, discussion and dialogue with colleagues from the IAP, ambulance and the wider health system.
- Acting as a potential initial escalation point for ASP and decision-maker where there is disagreement.
- Communicating with deployed police officers/staff where appropriate (via phone or Airwave).
- Accurately create, update and maintain records which outline rationale, information, considerations and actions (utilising webSTORM) so that there is a detailed and accurate account of decision-making.
- To seek the earliest possible involvement of the IAP in police related mental health incidents – with a view to potential referral, information gathering or co-deployment.

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- Maximising the use of SWASFT Mental Health Response Vehicles (MH RV).
- To liaise with and make best use of the police mental health tactical advisors.

## Collaborative Working Between MH SD and the MHLO

The MHLO will work with staff on the MH SD. Wherever possible, the mental health clinical coordinator (MH CN) should look to allocate a dedicated member of staff to support the MHLO.

The level of clinical assessment and decision making provided to the MHLO will be proportionate to the role and responsibility of the allocated MH SD staff member.

In cases where dedicated staff are not available to work with the MHLO, an agreement will be established between the MHLO and the MHCN to confirm how work should be managed. This may be via a direct pathway between the MHLO and the MHCN to allow for prioritised allocation to staff around the MH SD.

Wherever possible, the MHLO should avoid distracting MHSD staff from working actively on the ambulance computer aided dispatch (CAD) system due to the implications this may have on ambulance dispatch.

The MHLO is able to support MH SD colleagues with incidents where there is a policing purpose present to ensure police attend.

## Referrals

### Referral from the MHLO to the MH SD

The scope for referral from the MHLO to the MH SD will be similar to calls from the MH PL, which includes:

- Request attendance of the MH RV. The decision about dispatching the MH RV will rest with the MH CN
- Asking for support to make an appropriate safety plans and avoid unnecessary police conveyance or dispatch. This could involve a remote assessment of the person in need.
- Request pertinent information. Staff will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, in line with the IAP ISA, which outlines that consent is not required in all situations.
- Request referral to the UAC.
- 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.

### Inclusion Criteria for Referral from MHLO to MH SD

- Mental health related police call
- Call within BaNES, BNSSG or Somerset
- Risks evident to the patient or others requiring intervention, or, the person in need is consenting to support.

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## Exclusion Criteria for Referral from MHLO

- Call is outside of BaNES, BNSSG or Somerset
- There are no clear and obvious mental health needs associated with the call
- The patient does not consent and there are no known real and immediate risks to the person.

**Referrals that are accepted for support by the MH SD**, whether this be for information sharing or more comprehensive direct intervention to the person in need, must be recorded on RiO. If the individual does not have a RiO record open, the MH SD must open one.

Recording on RiO must always outline any information shared and the rationale for sharing. More comprehensive interventions, such as remote assessment or clinical advice, must be recorded in line with the standards set out in the IAP Overarching SOP.

**Referrals that are not accepted by the MH SD** should not result in new RiO records being opened. However, if a RiO record is open and available, it may be prudent to record that a request for information was declined with a brief rationale for this decision.

## Referrals from the MH SD to the MHLO

MH SD staff can approach the MHLO for information and support relating to ambulance or wider IAP activity, including:

- Where police are required to support the MH RV or ambulance alone at the scene (this method should not be used in emergencies in place of existing 999 or other emergency protocols, such as use of Airwave, from scene)
- To interface with the MH PL via the MH CN to share information that may add value to the successful outcome of a MH PL call
- To establish police presence at a live and relevant incident
- To request pertinent information that may be held on police systems (relevant to the ASP geography) and is in line with IAP sharing protocols
- To discuss options and contingencies.

Referrals to the MHLO should meet the following criteria:

- There is a genuine policing purpose identified
- The request is related to mental health
- There are clear and evident risks that would not require consent from the person in need
- Information sharing is in line with IAP sharing protocols.

The MHLO should not substitute for IAP staff requesting emergency police support via 999.

## Data Capture

ASP will also record and analyse the MHLO activity using data from STORM and police systems.

This activity will be collected and reviewed in line with other IAP performance.

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## Reporting and Management of Serious Incidents

Any serious or untoward incidents, including a suicide or unexpected death relating to the service, must be reported via the InPhase system for further investigation by the relevant organisation. This can be entered by a clinician based on the MH SD. These incidents will be reviewed at regular meetings in the first instance and the investigating organisation will be identified and agreed. ASP will have their own processes regarding reporting that do not involve InPhase. Any incidents that need escalation will be considered on a case-by-case basis and should be escalated in line with the Overarching SOP.



# Monitoring & Change Register

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

Date	Version	Author	Change
27/06/2024	0.1	Matt Truscott Jon Owen	Initial draft completed
27/06/2024	1.0	Matt Truscott Jon Owen	V1.0 published
28/10/2024	1.1	Matt Truscott	Updated throughout to replace 'CC' with 'CN'  Updated 'Introduction'  Updated 'Aims of the MHLO'  Updated process for interface with MH CN  Removal of IAP Data Capture Form