

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

Version:	Owner:	Created:
1.8	Nikki Solman (Service Manager)	18/04/2024
Published:	Approval:	Next Review
21/04/2026	IAP Delivery Board	21/04/2027

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

Contents

Contents	2
<i>Objective</i>	3
<i>Scope</i>	3
<i>Service Provision</i>	3
<i>Duty of care</i>	3
Ambulance	3
Police	4
Fire.....	6
Local authority boundaries	6
<i>Service Exclusions</i>	7
<i>Telephony</i>	7
Call Answering	7
Call Recording	7
<i>Administration</i>	7
<i>Audit</i>	7
Monitoring & Change Register	8

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

Objective

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

Scope

This SOP relates to contact with the IAP specifically through the MHPL 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 (MHSD) 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 MHPL 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 MHPL 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 (MHRV) 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 (MHCN) to decide whether to maintain a mutual 999 call.

Ambulance

The MHPL is available to ambulance crews at scene and 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 (BNSSG) and Bath and North East Somerset, Swindon and Wiltshire (BSW) only.

The MHPL should act in a consultancy role, supporting the overseeing SWASFT crews or advisors by providing clinical advice and information from the mental health record or engaging the patient in a remote assessment.

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

Service provided

Ambulance crews and senior ambulance clinical staff (specialist paramedics or advanced practitioners) can call the MHPL to:

- Ask for telephone advice for clinical support at scene. This includes making an appropriate safety plan and avoiding unnecessary conveyance to emergency departments.
- Request pertinent information. Staff on the MHPL will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, to inform an appropriate treatment pathway.
- Request attendance of the MHRV. SWASFT clinical staff can directly request dispatch of the MHRV; however, where possible the MHCN will hold this decision and prioritise against other requests.

Guidance

Wherever possible, and in consultation with the professional, IAP practitioners should seek to speak to the patient directly to inform the assessment and complete a triage during a call to the MHPL. Where this isn't possible, please record the reason in the patient notes.

If an ambulance is dispatched, the IAP will not normally 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

BNSSG (inc. BaNES):

The MHPL is available only to Avon and Somerset Police and British Transport Police operating within the Avon and Somerset Police area, 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 (MHLO) working alongside the Mental Health Specialist Desk (MHSD) within the SWASFT Emergency Operations Centre (EOC). The MHPL and the MHSD should seek to interface and share pertinent information via the two respective CNs. Further information on the MHLO can be found within the relevant MHLO SOP.

BSW:

Wiltshire Mental Health Control Room Triage has a dedicated MH Practitioner 24hrs a day, 7 days a week who can support any police related mental health queries for Swindon and Wiltshire.

To discuss a patient or concern about this area, staff can call: 01380 826613 (for professional use only).

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

Service provided

Police Officers on scene - on scene will include custody officers looking to release a patient but seeking support for their mental health beforehand, between the hours of 20.00 – 08.00, 7 days a week. Outside of these hours, or for those the police are not currently looking to release, we need to advise we do not support with these patients, and they should contact their in-house support.

Wherever possible, a warm transfer of the Police Officer on scene to an available clinician will be made by the MHPL call handler.

- Request attendance of the MHRV. 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 MHRV will rest with the MHCN.
- 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.
- Request pertinent information. Staff on the MHPL 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

Wherever possible, and in consultation with the professional, IAP practitioners should seek to speak to the patient directly to inform the assessment and complete a triage during a call to the MHPL. Where this isn't possible, please record the reason in the patient notes.

The MHPL 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 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

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

creates a risk (e.g. 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 MHPL in these cases and the call should be politely declined.

Fire

The MHPL 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.

Service provided

Fire staff at the scene of an incident and those working within the control centre can call the MHPL to:

- Request attendance of the Mental Health Response Vehicle (MHRV). 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 MHRV will rest with the mental health clinical coordinator (MHCN).
- 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.
- Request pertinent information. Staff on the MHPL will only share information proportionately, in accordance with the presenting situation and the risks identified at the time of the disclosure, to inform an appropriate treatment pathway.

Guidance

Wherever possible, and in consultation with the professional, IAP practitioners should seek to speak to the patient directly to inform the assessment and complete a triage during a call to the MHPL. Where this isn't possible, please record the reason in the patient notes.

The MHPL 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 MHPL. The linked maps show local authority boundaries, to determine which area an incident falls in.

Area	Map Link	Ambulance	Police	Fire
BSW	Bath and North East Somerset	Yes	Yes	Yes
	Swindon	Yes	No	No
	Wiltshire	Yes	No	No

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

BNSSG	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 a Learning Event should be submitted, in order to capture details and identify themes of inappropriate calls made to the MHPL.

Telephony

The MHPL operates as part of the MHCAS, utilising BrisDoc's telephony system.

For BNSSG, the MHPL direct dial is 0117 233 1402.

For BSW, the MHPL direct dial is 0117 454 744.

Call Answering

Calls to the MHPL will be answered by a MHCAS Call Handler who will collect and record:

- The contact and service information for the caller
- The patient's demographics
- A brief reason for the call.

MHCAS calls will be added to the MHCAS Advice Queue with an appropriate timeframe, in line with the MHCAS Call Handler Handbook.

Call Recording

All calls to the MHPL are recorded.

Administration

Every call received through the MHPL will be recorded within BrisDoc's clinical records system.

Clinical records must be completed in line with the IAP Overarching SOP, namely submitting information into both the BrisDoc 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 MHPL 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

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

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

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.
07/03/2025	1.5	Ollie Crandon	Formatting amendments Amendments to 'Ambulance', recognising support to crews on scene as well as SPUECs Amendment to 'Call Answering'
24/07/2025	1.6	Ollie Crandon	Updated SOP owner Removal of references to Adastra Amendment of service provision for Fire to incorporate control room staff Addition to 'Guidance' sections regarding speaking with patients directly.
17/10/2025	1.7	Rhys Hancock	Update Police criteria following Flow Fortnight changes to explicitly include custody overnight and move to police 'on-scene' only.

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

21/04/2026	1.8	Ollie Crandon	Created date corrected to publication date of v1.0 Updated to include BSW
------------	-----	---------------	--