

Reference: FOI.ICB-2526/205

Subject: Integrated Access Partnership

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. all and any ICB commissioning contract/s for the Integrated Access Partnership since 2021	The Integrated Access Partnership (IAP) is included within the wider block contract held with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), and as such there is no specific IAP contract to share. We have however provided (enclosed) the service specification for the IAP as this document sits within the overall AWP contract.
2. all and any service delivery plans held by the ICB for the Integrated Access Partnership since 2021	BNSSG (Bristol, North Somerset and South Gloucestershire) ICB does not hold a service delivery plan for the IAP, however expected benefits and outcomes are described within the enclosed service specification. Please also refer to the “Expected Benefits” section on pages 9-11 of the service specification for details of Key Performance Indicators (KPI’s) and methods of measurement.
3. all and any service evaluation plans held by the ICB in relation to the Integrated Access Partnership since 2021	The ICB have not undertaken a service evaluation of the IAP, the requester is advised to contact the provider directly: https://www.awp.nhs.uk/contact-us/freedom-information

	<p>Monthly and quarterly reporting of demand and activity is provided to commissioners by the IAP.</p> <p>Please also refer to the “Expected Benefits” section on pages 9-11 of the service specification for details of Key Performance Indicators (KPI’s) and methods of measurement.</p>
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The information provided in this response is accurate as of 15 October 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Mental Health Integrated Access Partnership

Service Specification

Version:	Published:	Revision
1.0	28/02/2025	28/02/2026



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Integrated Access Partnership

Intelligent Mental Health System Response

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Mental Health Integrated Access Partnership Service Specification

Introduction

This Service Specification covers the arrangements for the following urgent and emergency mental health services which combine to form the IAP. Their host organisation is also indicated:

- Emergency Services Triage (EST) – SWASFT
 - Mental Health Specialist Desk (MH SD)
 - Mental Health Link Officer (MHLO)
 - Mental Health Response Vehicle (MH RV)
- Mental Health Clinical Assessment Service (MH CAS) - BrisDoc
 - Mental Health Emergency Services Professional Line (MH PL)
- Urgent Assessment Centre (UAC) – AWP*

These will collectively be referred to as the 'service lines' for the purpose of this document. The term 'Emergency Services Triage (EST)' may be used to refer collectively to the MH SD, MH RV and MHLO.

IAP Service Diagram



**Note: The UAC is not covered by this Specification as it is not currently a commissioned service.*

Each of the service lines represent new, joined up ways of working. Fundamentally, the IAP brings together urgent and emergency mental and physical healthcare services that would traditionally operate in silos as part of the urgent and emergency care system. This integrated approach aims to improve experience and outcomes by utilising collective multi-professional expertise to enable shared and person-centred decision making, and facilitate the right care, the first time, with consequent system benefits too.

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The development of timely and appropriate access to urgent and emergency mental health care are priorities of the NHS Long Term Plan, with key milestones including:

- A single, universal point of access for people experiencing mental health crisis through NHS 111
- The introduction of mental health practitioners within ambulance control rooms
- Increased alternative forms of provision for those in crisis, including non-medical alternatives to A&E
- The introduction of mental health transport vehicles

This specification outlines the delivery of a regional partnership model, providing a specialist clinical response for:

- Urgent and emergency mental health calls received via 999 across:
 - Bath and North East Somerset, Swindon and Wiltshire ICS
 - Bristol, North Somerset and South Gloucestershire ICS
 - Cornwall and the Isles of Scilly Health & Social Care Partnership ICS
 - Devon ICS
 - Dorset ICS
 - Gloucestershire ICS
 - Somerset ICS
- Individuals in need of mental health support via NHS 111 option 2 within Bristol, North Somerset and South Gloucestershire (BNSSG)
- Individuals in need of mental health support from Avon and Somerset Police (ASP), in Bath and North East Somerset (BaNES), BNSSG, and Somerset
- Individuals in need of mental health support from Avon Fire and Rescue (AFR) in BaNES and BNSSG.

This is provided by the Mental Health Integrated Access Partnership (hereafter, the IAP).

Service Locations

The IAP operates services from the following locations:

- **Mental Health Specialist Desk**
South Western Ambulance Service NHS Foundation Trust
Bristol Clinical Hub, Block A St James Court, Great Park Road, Bradley Stoke BS32 4QJ
- **Mental Health Response Vehicle**
South Western Ambulance Service NHS Foundation Trust
Bristol Ambulance Station, Unit 6 Lawrence Hill Industrial Park, Croydon Street, Easton, Bristol BS5 0EB*
- South Western Ambulance Service NHS Foundation Trust
Chippenham Ambulance Station, Unit 11 Bath Road, Chippenham SN14 0AB*
- **Mental Health Clinical Assessment Service inc. Professional Line**
BrisDoc Healthcare Services
Unit 21 Osprey Court, Hawkfield Business Park, Whitchurch, Bristol BS14 0BB

*(See service Provision for other MHRVs outside of IAP Service provision).

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Service Provision

The table below outlines each IAP service line's provision:

Service Line	Area	Provision
Mental Health Specialist Desk (MH SD) inc.	BNSSG	24/7
	BSW	24/7*
	Cornwall & IoS	08:00 – 00:00 7/7
	Devon	24/7*
	Dorset	08:00 – 00:00 7/7
	Gloucestershire	24/7**
	Somerset	24/7**
Mental Health Link Officer (MHLO)	BNSSG Somerset BaNES	24/7
Mental Health Response Vehicle (MH RV)	BNSSG	24/7
	BSW	14:00-02:00 7/7 & Friday – Sunday, 14:00-02:00
	Gloucestershire*	Monday – Thursday, 14:00 – 00:00
	Somerset*	10:00 – 22:00 7/7
	CIOs*	10:00 – 22:00 (tbc) 7/7**
Mental Health Clinical Assessment Service (MH CAS)	BNSSG	24/7
Urgent Assessment Centre (UAC)	BNSSG	No Current Hours
Emergency Services Mental Health Professional Line (MH PL)	SWASFT (BNSSG)	24/7
	Avon & Somerset Police	24/7
	Avon Fire & Rescue	24/7

* Strategic management and oversight, local operation and staffing provided by SWASFT local operations and mental health staff from the local mental health provider

** Due to be launched 2024/25

Additional Governance

In addition to this Service Specification, a Memorandum of Understanding (MoU) and Integrated Governance Framework (IGF) are agreed between the partners and commissioners respectively.

Financial flow will be handled via Contracting via mechanisms such as Contract variations with IAP providers.

Each service line is complemented by a Standard Operating Procedure (SOP) to support colleagues with operational delivery of the service model and patient pathway.

An Information Sharing Agreement (ISA) and Data Privacy Impact Assessment (DPIA) are in place to support sharing of information for the purpose of patient care and service improvement.

A quality and equality impact assessment (QEIA) has been completed to inform the impacts of this agreement.

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Aims

The IAP provides an integrated urgent and emergency care (UEC) front door service across both 111 and 999 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 111 or 999, providing remote advice through a multidisciplinary mental health team, or a rapid face-to-face response, through MH RV deployment and UAC attendance.

The three forms of intervention the IAP provides are:

- Specialist advice to other professionals (via MH PL/MHLO)
- Remote assessment of a patient, either prior to dispatch of an emergency response or in response to contact with NHS 111 (via MH SD and MH CAS)
- Face-to-face assessment (via MH RV and UAC)

Key Principles

The IAP works to the following key principles:

- Provide specialist mental health assessment
- Promote the importance of working with strengths and aspirations of the person referred
- Lead a specialist response to any clinical situation where mental health is considered the primary need
- Give best practice advice and support in a broad range of conditions for people with both functional and organic mental health needs
- Provide succinct formulations and recommendations (inclusive of risk management advice) to support patient safety planning
- Advise and support on evaluating risk from a positive risk-taking perspective
- Ensure, where needed, that people experience a seamless transfer into provider/treatment services via trusted assessment processes
- Improve the efficiency of response through an integrated access point to Urgent and Emergency Mental Health Care
- Provide a dedicated emergency response to scene for mental health emergencies
- Strive to reduce on scene time for non-specialist emergency responders wherever possible
- Deliver care and support in a caring, compassionate and timely way
- Promote the needs of family and carer/s, including various support networks and third sector agencies
- Support and advise within safeguarding and public protection procedures where the issues are complicated by mental health problems, alongside physical health colleagues
- Contribute evidence-based expertise to multi-disciplinary team processes
- Promote positive attitudes, mutual understanding and collaboration between non-mental health staff and mental health services, users, carers, voluntary agencies, primary care, and social services

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Service Scope

The IAP provides a comprehensive triage and assessment service for urgent and emergency mental health calls. The IAP will establish pathways and points of contact into key partner organisation services, including crisis and intensive teams, and health-based places of safety.

The IAP should be considered one component of a whole health and social care system, aimed to prevent, treat and manage people's health and care needs. The IAP is expected to establish and maintain robust and productive relationships across relevant health, social and third sector organisations, to ensure optimal service delivery and patient outcomes.

In scope

Ambulance Emergency Triage and Assessment (MH SD):

- Patients calling 999 for ambulance support from anywhere in the South West of England

Police Emergency Triage and Assessment (MH SD):

- Individuals in mental health crisis calling police in the ASP force area
- Individuals in mental health crisis calling Avon Fire and Rescue

Professional Support (MH PL):

- Direct calls from ambulance staff in support of a patient from the BNSSG area who is on the 999 pathway
- Direct contact from police staff supporting an individual on the 999 pathway within the ASP force area

Rapid Response (MH RV):

- A face-to-face mental health assessment and advice in support of any individual on the 999 call pathway within BNSSG.
- In support of and, where possible, to relieve emergency services at the scene of a live 999 incident within the operating area of an MHRV.

Urgent Triage and Assessment (MH CAS):

- Patients calling 111 for support from anywhere in BNSSG

Out of scope

- Police or fire 999 pre-dispatch support outside of the ASP or AFR footprints
- Rapid response to scene for a 999 call outside of the BNSSG & BSW areas. (*See service Provision for other MHRVs outside of IAP Service provision*).
- MH PL calls for ambulance related calls outside of BNSSG. These calls will be directed to the local crisis team or front-door mental health service. However, the IAP will provide support and advice regarding complex cases or in the absence of a suitable local alternative service in exceptional circumstance.
- MH PL calls from police and fire professionals outside of ASP and AFR.

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Service Outcomes

The key service outcomes are:

- To support patients to access an appropriate pathway to meet their mental health needs
- To support urgent and emergency services staff in dealing with mental health related incidents and reduce impact on resources by reducing the number of emergency ambulance attendances, and reducing the time spent on scene
- Reduce any unnecessary impact on the wider UEC and healthcare system

Reporting

From 2025/26 reporting for the IAP services will be through the following mechanisms (these are monthly unless specified otherwise) until alternative agreements are required and agreed:

Service Line	Internal	External
Mental Health Specialist Desk (MH SD)	EST Meeting IAP Delivery Board	BNSSG Mental Health Urgent and Crisis Care Program Board system feedback generated by IAP service data Dorset 999 Regional Ambulance Contract Touch Point (Quarterly) Monthly Dashboard
Mental Health Link Officer (MHLO)	EST Meeting IAP Delivery Board	BNSSG Mental Health Urgent and Crisis Care Program Board system feedback generated by IAP service data Monthly Dashboard
Mental Health Response Vehicle (MH RV)	EST Meeting IAP Delivery Board	BNSSG Mental Health Urgent and Crisis Care Program Board system feedback generated by IAP service data Monthly Dashboard
Mental Health Clinical Assessment Service (MH CAS)	MHCAS Meeting IAP Delivery Board	BNSSG Mental Health Urgent and Crisis Care Program Board system feedback generated by IAP service data Monthly Dashboard
Emergency Services Mental Health Professional Line (MH PL)	EST Meeting IAP Delivery Board	BNSSG Mental Health Urgent and Crisis Care Program Board system feedback generated by IAP service data Monthly Dashboard

N.B. As part of the system wide approach IAP colleagues will be available to attend MH and UEC ODGs as required.

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Expected Benefits

The KPIs detailed below will be subject to change in line with developments in each area. The current expected benefits and measurements are outlined as per Table 2 below. Of note, this does not recognise the mandated approach which has driven service development, such as 111 option 2 from the NHS Long Term Plan.

Service Line	Benefit	Measurement	Data Set
Mental Health Specialist Desk (MH SD)	<ul style="list-style-type: none"> Increased Ambulance Hear and Treat rate for MH incidents Reduction in ambulance resource time spent managing MH incidents on scene Reduction in conveyance to ED 	<ul style="list-style-type: none"> Volume of incidents tagged for review by MH SD and assessed by MH SD and by location across SW Region Outcomes (Hear & Treat, See & Treat, See & Convey) of incidents reviewed by MH SD and assessed by MH SD Hear and Treat activity Call stop reason when Hear and Treat is an outcome Referrals to Mental Health services Conveyance activity to ED and non-ED Conveyance activity by incidents tagged for review and assessed by MH SD Hospital & Ward type destinations when conveyed 	IAP Datawarehouse presented via MH SD Dashboard
Mental Health Link Officer (MHLO)	<ul style="list-style-type: none"> Decrease in Police dispatch Reduction in police resource time spent managing MH incidents on scene Reduction in section 136 usage by A&S Police Decrease in MH PL referrals from Police at scene due to increase in pre-dispatch support 	<ul style="list-style-type: none"> Number of incidents reviewed by MHLO and by Incidents reviewed with/without action Daily & Hourly MHLO activities Volume of dispatches required by MHLO Areas of MHLO activity Number of S136 by daily, hourly activities and areas of incident Age group of S136 Handover delay at POS and by the type of POS eg. HBPOS, A&E 	IAP Datawarehouse presented via MHLO Dashboard

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		<ul style="list-style-type: none"> Reason for delay at POS and by type of POS Volume of incidents by Type of POS Transport method (Ambulance or Police) to POS Discharge destination & Outcome of S136 S136 Length of Stay at POS (Admission to Discharge) Incidents with multiple transfers to POS S136 Case cycle: Duration from point of detainment to discharge at POS 	
Mental Health Response Vehicle (MH RV)	<ul style="list-style-type: none"> Increase in specialist MH F2F Contact Improved response time for F2F MH specialist assessment Increased See and Treat Rate for MH incidents Reduction in ambulance resource time spent managing MH incidents on scene Reduction in conveyance to ED 	<ul style="list-style-type: none"> Total job attendances by MH RV across active regions Outcomes of attendance (See & Treat, See & Convey) Lone attendances and its outcomes and by average time spent on scene, average response time across active regions Origin of calls to MH RV Hospital & Ward type destination when conveyed. Job attendance by response category Location hotspots 	IAP Datawarehouse presented via MH RV Dashboard
Mental Health Clinical Assessment Service (MH CAS)	<ul style="list-style-type: none"> Reduction in referrals to ED Reduction in system duplication for co-morbid physical and mental health urgent care support Reduction in referrals to 999 	<ul style="list-style-type: none"> Total calls managed by MH CAS Volume of IVR Option 2 calls, and 111 cases with Mental Health Disposition Average calls by day of week & hour of day Demography (age group, gender & location within BNSSG) of calls Pathway of calls to MH CAS Presenting Needs to MH CAS Outcome of calls managed by MH CAS 	IAP Datawarehouse presented via MH CAS Dashboard

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		<ul style="list-style-type: none"> • Priority call status to MH CAS distribution and average response time for each priority type by MH CAS • Cases with Physical Health Clinician involved as part of care • Cases with a medication prescription as a MH CAS outcome 	
Urgent Assessment Centre (UAC)	TBC	TBC	TBC
Emergency Services Mental Health Professional Line (MH PL)	<ul style="list-style-type: none"> • Reduction in police resource time spent managing MH incidents on scene • Reduction in section 136 usage by A&S Police • Reduction in ambulance resource time spent managing MH incidents on scene • Reduction in conveyance to ED for MH incidents 	<ul style="list-style-type: none"> • Volume of calls managed by MH PL • Monthly & daily calls managed by MH PL • Reason for calls to MH PL** • MH PL call outcomes** 	IAP Datawarehouse presented via MH PL Dashboard

* Reduction/increase refers to in comparison to standard practice where the IAP service is not in operation and related to mental health incidents.

** The planned integration of MH PL into the MH CAS will enable additional data points will be captured to enhance the metrics on the MH PL.

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Staffing Model

The IAP has appropriate senior management oversight from each respective organisation, comprising:

- A&SP's Police Inspector (Mental Health Lead)
- AWP's Head of Urgent and Emergency Mental Health
- BrisDoc's Director of Nursing, Allied Health Professionals and Governance
- SWASFT's Head of Mental Health

AWP will ensure that, at all times, it has sufficient suitable trained staff to deliver the commissioned level of response. AWP will consider the IAP a priority service in line with other services in its crisis pathway.

AWP, BrisDoc, and SWASFT will provide respective organisations' staff with honorary contracts. Prior to the commencement of any shift, the following must be in place:

- Honorary contract (signed and returned by employee)
- DBS clearance
- Signed agreement of relevant IT/information governance policies
- Annual DSE assessment
- Occupational health referral as required#

The IAP operates its services using the following operational and clinical staff roles:

Unregistered Staff

- Associate Practitioner
- Senior Associate Practitioner
- Emergency Care Assistant (ECA) *provided by SWASFT*
- Shift Manager provided by BrisDoc
- Call Handlers provided by BrisDoc

Registered Staff

- Development Specialist Practitioner
- Specialist Practitioner
- Development Senior Practitioner
- Senior Practitioner

Management and Administrative Roles

- Service Manager
- Clinical Lead
- Team Manager
- Business Manager
- Data Analyst
- Administrators

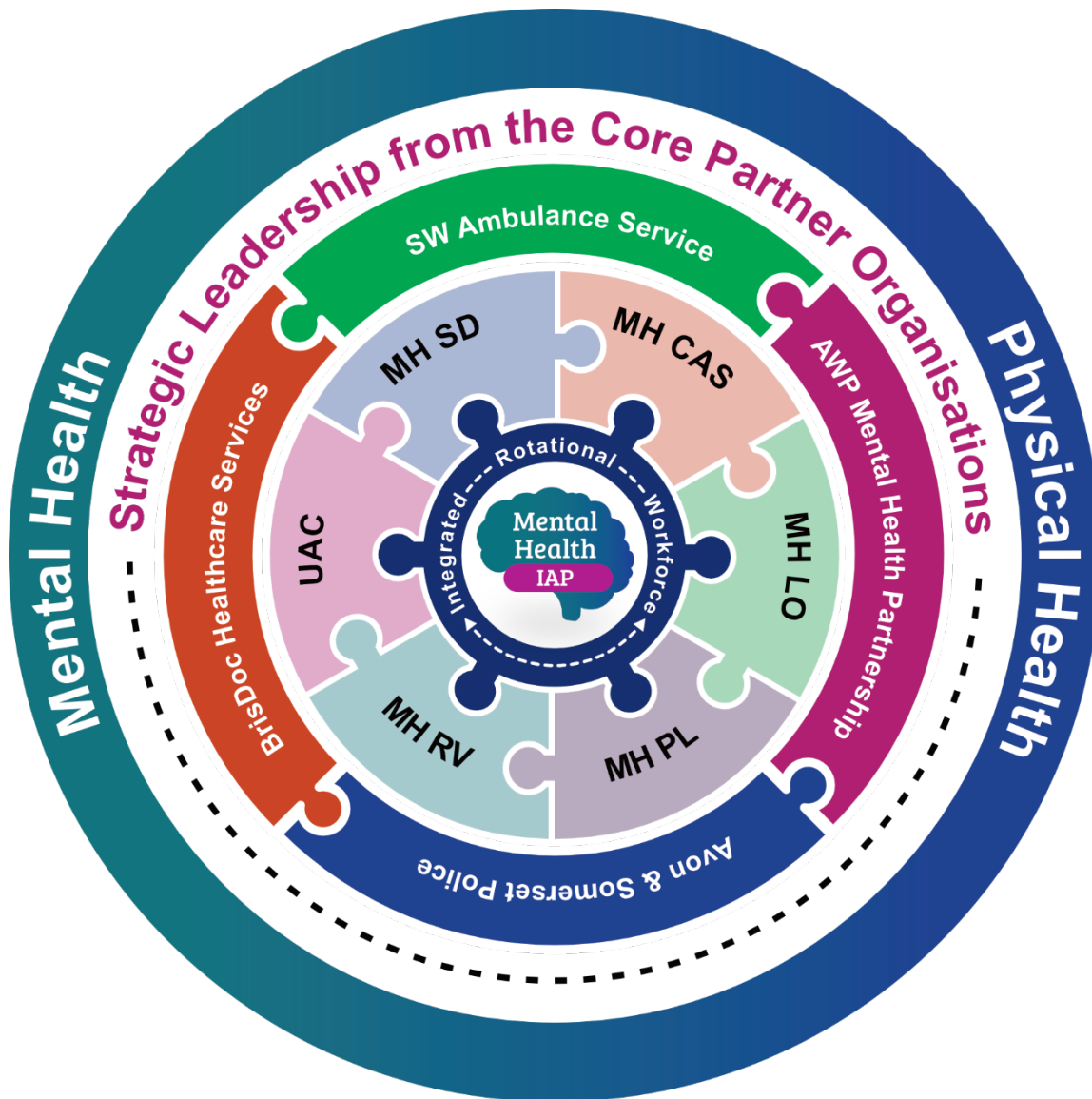
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Service Management

The IAP will primarily operate with clinical staff recruited through AWP, together with operational and managerial staff recruited through AWP, BrisDoc and SWAST.

The IAP will operate under the strategic leadership and day-to-day management of AWP, BrisDoc, and SWASFT senior leaders. Operationalisation will be achieved through key partnership working between AFR, ASP, AWP, BrisDoc, and SWASFT.

This is represented by the diagram below.



The MOU, IGF, and SOPs give further detail regarding the operational management of services within the IAP and across partner organisations.

Business Continuity and Resilience

Disruptive events occur and may be unexpected. It might be an external event such as severe weather, utility failure or pandemic flu, or an internal incident such as technical failures, loss of a major supplier or loss of key building. Such events are usually low likelihood but high impact.

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The IAP operate a specific Business Continuity Plan (BCP) for its services. This BCP is heavily linked to host organisations' BCPs. For example, SevernSide's Response Plans includes reference to the MH CAS. This ensures compliance and external assurance.

The integration of BCPs, including planning, will limit the impact of an incident and the risk to patient safety. By planning now rather than waiting for it to happen, normal business can be restored in the quickest possible time. This is essential for maintaining service continuity and patient care, so that partners and patients retain confidence in the service models, saving all from reputational damage.

In a disruptive situation, the essential parts of the service will be restored, followed by the non-essential elements as soon as possible.