

Reference: FOI.ICB-2526/236

Subject: Integrated Access Partnership - Memorandum of Understanding (MoU) and Integrated Governance Framework

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

QUESTION	RESPONSE
<p>I refer to the MH Integrated Access Partnership Service Specification ref FOI.ICB-2526/205 - FOI.ICB-2526/205: Integrated Access Partnership</p> <p>p.4 of this document refers to Additional Governance and mentions a Memorandum of Understanding (MoU) and Integrated Governance Framework (IGF) agreed between the partners and commissioners respectively.</p> <p>Please provide a copy of these documents relevant to the current date and August/Sept 2022.</p>	<p>Please see enclosed copies of the Memorandum of Understanding (MOU) between BNSSG ICB and other commissioners for 2022/23 and the current date. The MoU is not a contract with the provider. It is an agreement between the parties funding this particular part of the service and outlines how they will work together over the course of the year.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p> <p>Please also note that the 2025/26 MoU is currently draft awaiting approval and signature from other commissioners and so is subject to change.</p> <p>The ICB does not hold the Integrated Governance Framework, please contact BrisDoc directly to request this document: brisdock.governance@nhs.net</p>

The information provided in this response is accurate as of 8 December 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Emergency Services Mental Health Triage (EST)*

Memorandum of Understanding between the Office of the Police and Crime Commissioner and BNSSG ICB 1st April 2022 – 31st March 2023

Parties

1. Bristol North Somerset and South Gloucestershire (BNSSG) ICB (the Co-ordinating Commissioner)
2. Avon and Somerset Police and Crime Commissioner (The OPCC)

Known collectively as 'the collaborative commissioners'

Purpose

This MOU sets out the basis on which the Parties have agreed to jointly commission the Emergency Services Mental Health Triage service*, for the period 1st April 2022 to 31st March 2023, alongside the associate commissioners;

- BSW ICB (Formally BANES CCG now BSW following merger)
- Somerset ICB
- Avon Fire and Rescue Service

*Prior to 1st April 2022 this service was known formally as Control Room Triage. The service name has been updated to reflect the ongoing development and expansion of the service and more accurately describe the service and its functions.

Principles of agreement

- The collaborative commissioners have jointly commissioned Avon and Wiltshire Partnership NHS Trust (AWP) to deliver Emergency Services Mental Health Triage from the period 1st April 2022 – 31st March 2023.
- Each Party to this MOU shall designate a representative who is authorised to act in relation to the delivery of that Party's obligations under this MOU.

- Any changes made to the Representatives during the period of the agreement shall be notified in writing to the Co-ordinating Commissioner and the Contractor.

Contract Management Arrangements

- During 2022/23, BNSSG ICB will, as Co-ordinating Commissioner, arrange quarterly contract monitoring meetings which will include all commissioning partners of the Emergency Services Mental Health Triage service. These meetings will review the revised dataset jointly developed with the OPCC, and which will be shared with all other associate commissioners. The dataset will provide the detail required for commissioners to monitor the service outcomes throughout 2022/23. Where concerns are raised regarding the service, these should be done so formally and recorded at the quarterly contract meetings. BNSSG ICB will lead the discussion with AWP on these concerns and agree any reductions on the full contract value where there are significant grounds to do so.
- With this process in place, it is envisaged that payments from each commissioner can be made with confidence in a timely manner in advance of year end.

Service Specification

As part of the continuing service development, and the service now forming part of BNSSG ICB's core contract with AWP, a service specification has been drafted which is available for the purposes of information to both the collaborative and associate commissioners. The service specification describes the service aims, performance expectations and interdependencies with other service areas and funding streams, which are accurate as of 1st April 2022.



EST MH SPEC
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Covid-19 Implications on Contract Monitoring

Should the Coronavirus Pandemic impact upon contract monitoring, deferral will be made to any NHS England & Improvement (NHSEI) instruction. If this arises all parties will be notified and contract management will be resumed by the Co-ordinating Commissioner as soon as BNSSG ICB is authorised to conduct this activity by NHSEI.

Where Covid-19 impacts on clinical staff availability, flexibility will be shown on meeting dates and we will seek to resume each quarterly meeting as soon as it is practically possible to do so.

Funding and payment agreement 2022/2023

- Finance representatives from each individual commissioning organisation will set up necessary financial procedures for invoices from BNSSG ICB to be authorised in accordance with their schemes of delegation and paid within 14 days.


- When an associate commissioner requires a purchase order number prior to accepting an invoice from BNSSG ICB, such associate commissioner will provide a purchase order number to BNSSG ICB Management Accounts Team in order for invoices to be raised. Ideally, there will be one purchase order number covering the annual amount to be paid over the twelve-month period between April 2022 and March 2023.

22/23 Control Room Funding by Commissioner

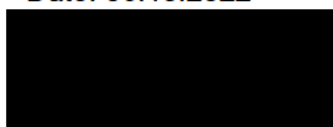
Commissioner	2022/23
BNSSG ICB	£79,971
BSW ICB	£12,008
Somerset ICB	£39,011
Avon and Somerset Police and Crime Commissioner	£124,994
Avon Fire and Rescue Service	£5,120
Total	£261,104


Representatives of the Parties

Signed on behalf of Bristol North Somerset and South Gloucestershire ICB by:

, Director of Commissioning

Date: 06.10.2022



, Head of Mental Health & Learning Disabilities (Commissioning)

Date: 03/10/2022



Signed on behalf of the Avon and Somerset Police and Crime Commissioner by:

, Director of Policy and Partnerships



Date: 01.09.2022

Emergency Services Mental Health Triage (EST)

Memorandum of Understanding between the Office of the Police and Crime Commissioner and BNSSG ICB:

1st April 2025 – 31st March 2026

Section 1 – details of MOU:

Co-ordinating (Collaborative) Commissioners

1. Bristol, North Somerset and South Gloucestershire (BNSSG) ICB (the Co-ordinating Commissioner)
 2. Avon and Somerset Office of the Police and Crime Commissioner (The OPCC)
- Main parties to this agreement and signatories of this MOU.

Associate Commissioners

1. BSW ICB
2. Somerset ICB
3. Avon Fire and Rescue Service

Purpose

This arrangement primarily exists to ensure that Avon and Somerset Office of the Police and Crime Commissioner (and by extension Avon and Somerset Police) and Avon Fire and Rescue Service have access to one consistent front door for provision of mental health advice and support. This is known as the Emergency Services Mental Health Triage Service (EST), which is delivered through the wider Integrated Access Partnership (IAP).

To enable access to the service run from BNSSG, Co-ordinating and Associate Commissioners have agreed to this MOU for the period 1st April 2025 to 31st March 2026¹.

Principles of agreement

- The co-ordinating commissioners have jointly commissioned Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) to deliver EST from the period 1st April 2025 – 31st March 2026.
- Each Party to this MOU shall designate a representative who is authorised to act in relation to the delivery of that Party's obligations under this MOU.
- Any changes made to the Representatives during the period of the agreement shall be notified in writing to the Co-ordinating Commissioner and the Contractor.
- For avoidance of doubt, the service lines provided by the IAP to deliver the EST and covered by this MOU are:
 - Mental Health Specialist Desk (MHSD)
 - Mental Health Response Vehicle (MHRV)
 - Emergency Services Mental Health Professional Line (MHPL)

¹ Prior to 1st April 2022 this service was known formally as Control Room Triage. The service name has been updated to reflect the ongoing development and expansion of the service and more accurately describe the service and its functions.

- The Mental Health Link Officer (MHLO) role is covered by a separate MOU, managed by Avon & Somerset Police.

Contract Management Arrangements

- During 2024-25, a new governance structure was agreed for 2025-26 onwards and will take the following form:
 - BNSSG ICB and Avon and Somerset OPCC as Co-ordinating Commissioners will join the membership of the Integrated Access Partnership (IAP) Delivery Board, which meets monthly. Associate Commissioners to the EST service can also request an invitation to the meetings. Co-ordinating Commissioners will attend the IAP Delivery Board meetings on a quarterly basis, or more frequently if an issue is raised.
 - Monthly datasets for the services will be sent directly to BNSSG ICB and these will be shared with the other Co-ordinating Commissioner and Associate Commissioners by the BNSSG ICB Contract Manager, MH, LD & Autism.
 - Any Co-ordinating or Associate Commissioner wishing to raise queries or concerns regarding the data or the services provided can do so by sending an email to bnssg.mh.contract@nhs.net; copying to bnssg.performanceanddelivery@nhs.net
 - This service has been developed over a number of years with input from all commissioners. During that time, additional NHS funding has been made available to the IAP. As the service is now moving to a Business As Usual (BAU) arrangement, regular Service Development meetings with Co-ordinating and Associate Commissioners have been stood down; although there will still be an option to convene an extra-ordinary meeting should there be a compelling reason to do so – eg serious safety or safeguarding concerns that are not possible to resolve through the IAP Delivery Board and which require action by all commissioners.
 - These arrangements will be under regular review during the 2025-26 contract year and adjustments made where required.
- With this process in place, it is envisaged that payments from each commissioner can be made with confidence in a timely manner in advance of year end.

Service Specification

As part of the continuing service development, and the service now forming part of BNSSG ICB's core contract with AWP, a service specification is in place, which covers the Integrated Access Partnership and its interdependencies with EST and the wider model. This has been reviewed and updated as of June 2025. The service specification is available at appendix A.

Confidentiality, Freedom Of Information and Transparency

- There is an obligation under common law to treat personal information held by the parties as private and confidential because it has been disclosed for a strictly limited purpose.
- Each party agrees to treat as confidential, and to continue in perpetuity to treat as confidential upon termination of this agreement, information relating to the other party's technology, technical processes, business affairs, finances, employees or officers or confidential information relating to other individuals obtained in the course of delivering the MoU.

Legal status

This MOU is a non-binding agreement between all parties. It has no legal standing, and no party will seek redress through any legal process. No commissioner shall have any liability to the Provider for any redundancy costs arising either from delivery of the services or by the termination of the MOU, whether by the passage of time or any earlier termination.

Funding and payment agreement 2025-26

- Finance representatives from each individual commissioning organisation will set up necessary financial procedures for invoices from BNSSG ICB to be authorised in accordance with their schemes of delegation and paid within 14 days.
- When an associate commissioner requires a purchase order number prior to accepting an invoice from BNSSG ICB, such associate commissioner will provide a purchase order number to BNSSG ICB Management Accounts Team in order for invoices to be raised. Ideally, there will be one purchase order number covering the annual amount to be paid over the twelve-month period between April 2025 and March 2026.

Termination

- This MOU shall become effective upon signature by the authorised officials from the partners and will remain in effect until it expires or is modified or terminated in agreement with all commissioners.
- Subject to point 3 below, BNSSG ICB as Co-ordinating Commissioner reserves the right to review or end funding should there be a termination of the MOU without an appropriate succeeding MOU in place.
- A termination notice period of six months must be given by all parties.

Section 2 – funding and signatures:

25/26 Emergency Services Triage Funding by Commissioner

Commissioner	2025/26
BNSSG ICB	£88,944
BSW ICB	£13,355
Somerset ICB	£43,388
Avon and Somerset OPCC	£135,193
Avon Fire and Rescue Service	£5,695
Total	£268,575

A full breakdown of service lines, including commissioned hours of operation are available at page 4 of the attached service specification.

Representatives of the Parties

The Co-ordinating Commissioner is authorised by all Commissioners to sign this MOU on their behalf

Signed on behalf of Bristol, North Somerset and South Gloucestershire ICB by:

Date:

Signed on behalf of the Avon and Somerset Office of the Police and Crime Commissioner by:

Date:



Mental Health Integrated Access Partnership

Service Specification

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

Appendix 2 – Service Specification



Mental Health

Integrated Access Partnership

Intelligent Mental Health System Response

Contents

Introduction.....	2
IAP Service Diagram	2
Service Locations.....	3
Service Provision.....	4
Additional Governance	4
Aims.....	5
Key Principles	5
Service Scope	6
In scope.....	6
Out of scope.....	6
Service Outcomes	7
Reporting	7
Expected Benefits	8
Staffing Model.....	11
Unregistered Staff.....	11
Registered Staff.....	11
Management and Administrative Roles	11
Service Management.....	12
Business Continuity and Resilience.....	12

Appendix 2 – Service Specification

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.

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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).

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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.

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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.

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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.

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

		<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

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

		<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.

Mental Health Integrated Access Partnership Service Specification

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

Appendix 2 – Service Specification

Mental Health Integrated Access Partnership Service Specification

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.

Mental Health Integrated Access Partnership Service Specification

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.