
Report To:	Health & Social Care Committee	Date: 5 January 2017
Report By:	Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No: SW/08/2017/DG
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Subject: MENTAL HEALTH OFFICER SERVICE

1.0 PURPOSE

- 1.1 The purpose of this report is to inform members of the outcome of the review of the Mental Health Officer Service completed in May 2016, the actions being taken to address the challenges identified, and the current performance of the service.
- 1.2 The current challenges to the service have also been reported via the Chief Social Work Officer's report to the Health & Social Care Committee in October 2016. This advised that a further report would be brought forward to inform in more detail the challenges to providing Mental Health Officer Services through the review and actions being taken to address these.

2.0 SUMMARY

- 2.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties on local Authorities in relation to the provision of services for persons with mental disorder, including for mentally disordered offenders, and on the Mental Health Officers (MHOs) appointed by the local authority. The local authority has a duty to provide support services to promote wellbeing and social development for people who have or who have had a mental disorder within the meaning of the Act, including for children and young people.
- 2.2 In early 2016 a review of the Mental Health Officer Service was undertaken to evaluate the capacity of the service to meet the required duties in context of the current demands on Mental Health Officers.
- 2.3 The review concluded in May 2016, with a number of recommendations in respect of the need to increase the capacity within the MHO service. This included the establishment of an additional specialist MHO post; additional places being provided for social workers to undertake the required training to attain MHO status; and recruitment of a sessional MHO to assist with responding to the demands of the Adults with Incapacity (Scotland) Act 2000.

The review also identified areas for service improvement, which continue to be implemented.

3.0 RECOMMENDATIONS

- 3.1 It is proposed that Committee members note the outcome of the review and endorse the actions being taken to ensure the service and the local authority can meet its

statutory duties.

Brian Moore
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties on local Authorities in relation to the provision of services for persons with mental disorder, including for mentally disordered offenders, and on the Mental Health Officers (MHOs) appointed by the local authority. The local authority has a duty to provide support services to promote wellbeing and social development for people who have or who have had a mental disorder within the meaning of the Act, including for children and young people.
- 4.2 Section 32(1) of the Act requires the local authority to appoint a sufficient number of persons to discharge the functions of Mental Health Officers under the Act, the Criminal Procedure (Scotland) Act 1995 and the Adults with Incapacity (Scotland) Act 2000.
- 4.3 In the first part of 2016 a review was undertaken in the context of increased concern within the Inverclyde MHO service in respect of the current demand on the service, and in anticipation of the potential for further duties to be required of Mental Health Officers with changes to the Adults with Incapacity legislation; the current Mental Health Scotland Bill being considered by the Scottish Parliament, and the current and potential constraints on resources arising from the financial situation within the Local Authority. The review report is available from the Head of Mental Health, Addictions & Homelessness.
- 4.4 The recommendations from the review were focused on managing the specific challenges identified:
- The MHO service is undertaken by specialist and dispersed workers (who perform MHO tasks alongside their wider social work role.) The majority of dispersed workers are at team leader level and as such have greater limitations on capacity due to the demands of that role;
 - Overall numbers of MHOs have reduced over the years;
 - Current workload and projections exceed the service's capacity.

In addition an improvement plan was developed to address areas to support MHOs in practice. The updated improvement plan is attached at appendix 1. Due to changes in service personnel, both in service management and temporarily reduced capacity within the MHO service itself, the improvement plan reflects any revised timescales to complete the identified areas of work.

5.0 PERFORMANCE

- 5.1 Within the last year the already high level of demand on MHO services in Inverclyde has continued to increase.

	2015-2016	Comments
Welfare Guardianship (ongoing)	28	Up from 24 in 2014/15
Welfare and Financial Guardianship (ongoing)	22	
	TOTAL 50	
Welfare Guardianship (Granted in period)	16	Up from 15 in 2014/15
Welfare and Financial Guardianship (granted in period)	5	
	TOTAL 21	
Orders for which CSWO is Guardian	17	Up from 8 in 2014/15

Assessments by MHO for Welfare Guardianship	39	Up from 21 in 2014/15
Compulsory treatment orders, Granted	28	Down from 32 in 2014/15
Compulsory Treatment Orders(Already subject to before 01/04/2015)	54	Up from 46 in 2014/15
Emergency Detention	18 with consent 23 by Stand By MHO (with consent) 29 no consent TOTAL 70	Up from 50 in 2014/15
Short Term Detention	89	Up from 68
Social Circumstances Reports	28	Down from 38 in 2014/15
Assessments completed by MHOs (MHA)**	171	Up from 143 in 2014/15

** Assessments include detention assessment; social circumstances report assessment and compulsory treatment order assessments.

Mental Health Services	2014-15	2015-16
Number of Legal orders for short term admission (MH (Scotland)Act 2003)	68	89
Number of Assessments undertaken by Mental Health Officers (MHO) MH Care & Treatment Scotland Act 2003 (number reduced, but still reflective of high levels of activity) increased	143	171
Number of Welfare Guardianship Assessments (private applications and those taken by Local Authority)	21	39
Number of Guardianship Orders (where CSWO is Guardian)	8	17

- 5.2 The 2015 Mental Welfare Commission end of year meeting with NHS Greater Glasgow and Clyde and partner HSCPs highlighted the Commission's concerns in relation to the extent of emergency detentions without MHO consent and the reduced rate of completion of Social Circumstance reports, across the NHS Board area. These were reflected as areas for improvement locally.
- 5.3 The most recent annual report by the Commission for 2015-16 highlights the continuing high use of emergency detentions in the Health Board area, but with improvements in MHOs providing consent. Within Inverclyde all the emergency detentions undertaken within hours have had the consent of an MHO. There is continuing pressure on MHO consent out of hours, where there is reliance on the West of Scotland Standby service for the MHO response.
- 5.4 The number of completed social circumstances reports within the last year has declined. This is reflected in MHO practice across Scotland, where the provision of these reports has often been affected by rising workloads and workload capacity. Locally a monitoring and reminder process has been implemented to support MHOs with this task. This will remain part of our local improvement plan in order to promote best practice and monitor performance.
- 5.5 The use of the Short Term Detention and Compulsory Treatment Orders continues to rise across Scotland. In Inverclyde STDCs have risen by 55% per 100k population this

year and CTOs by 41% per 100k. As the review indicated, Inverclyde has always had a high use of mental health legislation, the cause of which is multi factorial. The recent further rise may be partly explained by the improved consideration of use of legislation with our older population following recruitment of permanent consultants within the Older People's Mental Health Service. This will merit further analysis.

The numbers of new Compulsory Treatment Orders (CTO) have reduced slightly, but the ongoing work around managing long term CTOs within hospital and community settings has increased, leading to no significant change to this area of work.

Overall, the numbers of assessments undertaken by MHOs in respect of the Mental Health Care and Treatment (Scotland) Act 2003 shows a considerable increase, reflective of the increasing volume and complexity of the work across a wide range of client groups.

- 5.6 There has been a significant increase in overall activity in respect of the Adults with Incapacity (Scotland) Act 2000 during the last year. This is reflective of the fact that services within Inverclyde are increasingly being provided to an ageing population, with people requiring additional supports to manage financial and welfare decisions. It is anticipated that this demand will continue to increase.

In addition to the demand on applications being taken forward by the local authority, the number of private applications continues to increase. The local authority has a statutory duty to provide a report on the suitability of the prospective guardian within 21 days of the request being made to the authority. The MHO service has been unable to fulfil this within timescales expected for a significant period of time. This has been raised by the Sheriffs locally recently, primarily in relation to management of renewal applications. Inverclyde's approach to applications reflects best practice in seeking time limited guardianship orders, providing greater scrutiny of the ongoing use of legislation in respect of an individual. In other parts of Scotland, and in a couple of instances, Sheriffs have accepted private applications without an MHO report and required the local authority to provide the report within 14 days. This is not indicated to be an approach being taken locally but underlines the risks currently in terms of outstanding demand from new private applications requiring MHO reports.

The current number of applications awaiting allocation to an MHO is 28, of which 26 are private applications. The service maintains an active dialogue with private solicitors to respond to changing circumstances and to prioritise applications being allocated to MHOs. Currently there are 18 active applications in process. It should be noted that this work also places a significant burden on the local authority legal services, who lead these applications through the Sheriff Court.

Partly in response to the demand for interventions using the Adults with Incapacity legislation, and in tandem with the objectives of the Inverclyde Dementia Strategy, Inverclyde is participating in the national Power of Attorney, Start the Conversation campaign. This will launch its third series of TV adverts in December 2016 highlighting the importance of planning for the future through setting up a Power of Attorney. The campaign is about raising awareness about what Power of Attorney is and how individuals can make decisions in advance that will protect them and their family in the event that an individual loses capacity. A good Power of Attorney document can provide the necessary powers to take decisions on a person's behalf by the appointed attorney and with good take up could reduce the demand for private applications in particular under AWIA. The impact of this campaign will continue to be monitored.

- 5.7 The HSCP continues to commission a range of services to meet the statutory duties to provide accommodation and support services laid out within sections 25 and 26 of the Mental Health (Care and Treatment) (Scotland) Act 2003. The assessment for and provision of such services is undertaken by assessment and care management staff within mental health and other services across the HSCP. These services are often reflected in care plans required when a CTO application is being made. Where there

are issues in providing such services the Mental Health Tribunal can make these a recorded matter. The use of recorded matters has been low in Inverclyde and currently there are no recorded matters in respect of service provision. This reflects the responsive approach from services to meet need.

- 5.8 The local authority also has a duty, in collaboration with the Health Board, to secure the availability of independent advocacy services and to ensure that people with a mental disorder can make use of the services, section 259 of the MH (C&T) (S) Act 2003. The local advocacy service has been commissioned jointly with NHS Greater Glasgow and Clyde to meet this duty. This is currently the subject of a re-tender process, with a new contract due to be in place for April 2017.

6.0 PROPOSALS

- 6.1 The review recommended increasing the capacity within the full-time complement of MHO staff by one, whilst retaining the existing model of the service. This is considered to be the best approach for Inverclyde as it sustains MHO specialist knowledge for advising and supporting consideration around people's mental health needs within the wider services, alongside building further specific MHO capacity. The funding for this has been sought from the Social Care Fund. This was agreed by the Integration Joint Board on 8th November 2016.

The grading for this post provides for the post holder to be considered for Senior Practitioner status, upon achieving the required level of experience. The existing scheme will remain open only for Mental Health Officers in the future, reflecting the specific status of the role.

In addition the service has extended the number of social workers in training for MHO work to three this year to improve sustainability of the service going forward.

A sessional MHO has also been recruited to focus on the demands from the Adults with Incapacity legislation.

- 6.2 The improvement plan will continue to be reviewed to address the challenges and support best practice in service provision.
- 6.3 Members are asked to note the actions taken and the progress being made to address the identified areas for improvement.

7.0 IMPLICATIONS

Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no legal implications from this report.

Human Resources

7.3 There are no human resource implications from this report.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 There are no repopulation implications from this report

8.0 CONSULTATION

8.1 The MHO service review included engagement surveys with users of the MHO service.

9.0 BACKGROUND PAPERS

9.1 Mental Welfare Commission for Scotland Annual Report 2015-16, published November 2016.

Inverclyde HSCP Mental Health Officer's Service Review

Improvement plan Update November 2016

Improvement	Detail	Outcome	Start Date	Progress / Comments	Completion / Review Date	Responsible Officer(s)
1. MHO team leader to manage referrals, supervision and recording systems as well as providing overall leadership of MHO functions within Inverclyde	Social work team leader already appointed as manager of MHO services.	Further work is required to review the capacity of a team leader to manage the complexities of this task alongside wider team management. The MHO service is a HSCP wide responsibility, not just that of Mental Health Services.	August 2015	Completed June 2015		MH Service Manager; HoS
2. Work to clarify allocation process for AWI cases	Develop allocation process on the basis of agreed minimum allocation for all MHO's.		Revised to February 2017	Delays in gaining clarity around this due to fluctuating availability of practising MHO's, and redesign of other areas of responsibility within mental health services.	May 2017	Tracy Biggins
3. Minimum caseload for both dispersed and core MHO workers to be agreed	Workload, expressed in terms of percentage of time spent on MHO tasks to be agreed in principle with line managers of dispersed MHO's.		Revised to February 2017	No dispersed MHO's carrying out frontline MHO functions - requires to be resolved. Delays in progressing minimum workload from core MHO due to workload demands. Develop once additional MHO in post.	May 2017	M H Service Manager; Tracy Biggins
4. Develop a supervision policy for all MHO's	Establish review process, including annual review in relation to continued practice/ training record. Peer support system in place via monthly MHO forum.		December 2016	Delays in progressing this work due to increased demands on service and team lead time. Refresh MHO Forum December 2016 and RMO/MHO forum February 2017.	July 2017	Tracy Biggins; L&D support

Improvement	Detail	Outcome	Start Date	Progress / Comments	Completion / Review Date	Responsible Officer(s)
5. Individual work plans for each practicing MHO	Establish agreements around the number of cases each carries at any one time. This should allow us to map the capacity of team against demand. Agree minimum allocation for each worker.		Throughout 2017	Delayed due to increasing demands of service and development of this area is contingent upon the work to be progressed in areas 2 & 3.		Tracy Biggins; MH Service Manager
6. Review of recording on SWIFT	Recording to include ALL MHO practice, including AWI.	All new AWI work now recorded on Swift.			Completed	Tracy Biggins/ Gemma Nicholson
7. Checklist developed around scrutinising documents	Scrutiny of documents before sending has been raised as an issue by legal services.		December 2015		Completed	Tracy Biggins/ Jonathan Hamilton
8. Review written materials provided to service users	Selection of leaflets requires review and updating.		December 2015		Completed	Tracy Biggins/ Gemma Nicholson
9. Review provision of SCRs	Concern has been raised at a national and local level about lack of completion of statutory SCRs. Reminder system for completion of SCR or statutory letter to MWC.	Performance reporting system will be put in place.	December 2015	Ongoing, in the light of wider pressures on MHO service.	July 2017	Tracy Biggins, MH Service Manager
10. Review of Senior Practitioner status	Report highlighted some uncertainty as to nature of SP status for MHO staff.	Inverclyde retains existing MHOs ; and can compete in MHO workforce market		Agreed that Senior Practitioner status will be available to MHO staff who meet the criteria for this.	Completed	Senior management team