The Highland Council

ADULT & CHILDREN'S SERVICES COMMITTEE

22 May 2013

Agenda Item	**19.**
Report No	**ACS/58/13**

Mental Health Officer Service

Report by Director of Health Social Care

Summary

This report provides an update on the performance and impact of the Mental Health Officer Service within Highland Council, which was established in April 2012.

1. Background

1.1 The legislation in relation to the training, appointment and responsibilities of Mental Health Officers by Local Authorities is quite specific. Section 32(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the Act") requires a 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. Section 32(2)(b) of the Act provides that a local authority may only appoint persons who satisfy requirements with regard to registration, education and training, experience, and competence as respects persons who have or have had a mental disorder, and any other matter that may be specified.

1.2 Mental Health Officers (MHOs) are qualified social workers who are additionally qualified to undertake a wide variety of statutory tasks. Registered Social Workers with a minimum of 2 years post-qualifying experience are eligible to practice, and are formally appointed by the Chief Social Work Officer as MHOs, once they have successfully completed a specialist, year-long master's level course.

1.3 The role includes consenting to detentions and making applications for Compulsory Treatment Orders under the Mental Health (Care and Treatment) (Scotland) Act 2003; and completing reports for Guardianship applications under the Adults with Incapacity (Scotland) Act 2000. MHOs also perform duties under the Criminal Procedure (Scotland) Act 1995, which can include compiling reports to the Sheriff Court on mentally disordered offenders who are subject to criminal justice processes, supervising them and providing support. This specific area of activity is referred to as forensic MHO work.

1.4 The National Standards For Mental Health Officer Services published by the Scottish Executive in 2004, state that "all persons affected by mental disorder

(which includes learning disability), either in their personal or professional capacity, who require a Mental Health Officer can expect an efficient and helpful response and comprehensive service following a request for a Mental Health Officer to undertake duties in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003, the Criminal Procedure (Scotland) Act 1995 and the Adults with Incapacity (Scotland) Act 2000."

1.5 The National Standards also require that local authorities have in place systems for workload management and allocation of statutory MHO work to ensure quick allocation and to limit changes in the designated MHO allocated to any one service user.

1.6 As well as statutory interventions, MHOs regularly provide specialist advice and guidance on mental health matters to service users and their families and to social work and health colleagues. These activities are key to helping individuals to achieve and maintain mental health wellbeing and to reducing the numbers of people who are admitted to hospital, or in the case of mentally disordered offenders, reduce re-offending and imprisonment.

1.7 MHOs are required to be employed by the local authority in order to ensure a clear separation of employment from the health service. This is necessary to provide reassurance to service users that there is no conflict of loyalty created by being employed by the same agency which employs psychiatrists and other clinicians. MHOs are employed by Highland Council, while mental health Social Workers are now employed by NHS Highland.

2. Current Service

2.1. The service is managed by the Principal Mental Health Officer, who reports to the Head of Social Care. The Principal Mental Health Officer has a key role in monitoring and maintaining service standards across Highland.

2.2 In addition to the Principal MHO, the service has 2 Team Managers, 3 Senior Practitioners in the specialisms of Older People, Learning Disability, and Forensic Mental Health, and 15 fte MHO posts located across Highland.

2.3. The structure of the Mental Health Officer Service was based on the pattern of demand for mental health officer intervention from August 2010 to July 2011.

2.4. Mental Health Officers are based in the areas with other front line professionals in Community Mental Health teams, or in appropriate clinical settings in order to facilitate effective communication and to promote joint and co-working. These arrangements give the opportunity for responsive and flexible services to meet local demand.

3. Performance and Impact

3.1. Following integration, good progress has been made in a number of areas as the contribution of the MHO has been evolving.

3.2. A significant area of progress is in the relationship between the MHO and NHS Highland's Responsible Medical Officer in charge of any case, as well as with medical staff in general. Medical colleagues appear more informed in relation to the role and responsibility of the MHO, which differs significantly from the previous dual role of SW/MHO, and they are becoming increasingly more dependent on MHOs to support and help them navigate through complex areas of mental health law.

3.3. The existing and increasing confidence of MHOs, in dealing with this highly specialised area of practice, allows them to assist medical colleagues in the interpretation and implementation of the law. Additionally, their arms length separation from other social work and medical staff enables the MHO to appropriately advise and facilitate in relation to the underlying principles of the Adults with Incapacity and Mental Health legislation.

3.4. An example of this can regularly be seen in relation to the 'least restrictive' principle. This is a key but complex safeguard ensuring that the rights of individuals are protected. Lack of familiarity and confidence in interpreting such legislation can sometimes result in professionals becoming risk averse and part of the emerging role of MHO has been in supporting medical and social care teams/professionals to make decisions predicated on the underlying principles of the Acts.

3.5. Following the integration of Health and Social Care, MHOs now routinely attend pre guardianship case conferences. This was not the previously the case, as many MHOs struggled with competing demands and lack of clarity of role. Being freed from care management duties, has allowed MHOs to work closely with clients' families/carers in their clearly defined MHO role. There is now an acknowledgement that there have been a number of cases where this has resulted in a more productive and less antagonistic relationship between a client's family and the hospital/care team.

3.6. Challenges continue though, with regard to ensuring the appropriate supervision of Guardianship. It is clear that this is an area of increasing demand.

3.7 Clients whose discharge from hospital is delayed are now identified and quickly referred for MHO allocation, allowing medical and social care staff to ensure that plans are in place to facilitate appropriate outcomes. There can be a delay in progressing a welfare guardianship application due to difficulty in obtaining medical certificates. MHO involvement at an early stage can ensure this issue is appropriately addressed. There can also be delays when a family has expressed their intention to apply for Welfare Guardianship, but progress is slow or not happening. (The service is currently discussing the possibility of having a Highland Council protocol whereby the Council will move to make the application when this has been agreed as necessary, but naming the family as the prospective Welfare Guardian.)

3.8 An MHO duty rota is now fully operational ensuring there is always an MHO available to respond to request for intervention under Mental Health legislation.

3.9 There are currently 109 LA Welfare Guardians in Highland requiring 6 monthly reviews. There are also 282 Private Welfare Guardians. The Local Authority has a statutory responsibility to ensure that Welfare Guardians are supervised. Challenges remain within the community teams working with older people and people with disabilities in relation to caseload demands and their ability to meet statutory review requirements, including recording processes. The involvement of the review team has improved the situation; however this involvement only extends to the more complex cases.

3.10 There is presently no waiting list for the Mental Health Officer service for Older Adults requiring intervention under Adults with Incapacity legislation. There is a waiting list in respect of Learning Disability Private Welfare Guardians which is due to lack of Sec.22 availability to complete medical reports for Welfare Guardianship Application.

3.11 At the recent Mental Welfare Commission end of year meeting, it was highlighted that 81% of LA Welfare Guardians were granted within 2 months of application being made – whereas the Scottish average is 75%. For Private Welfare Guardians, the figure was 93% – the Scottish average is 82%.

3.12 The creation of the MHO Service in Highland has been a positive development. The role of the MHO as a practitioner, independent from the health service, was always considered as a fundamental protection built into the legislation, for clients and patients.

3.13 We have developed this further in Highland by ensuring that we have sufficient numbers of MHOs available to undertake the statutory duties and responsibilities, and who can practice without the competing demands of carrying responsibilities both as a care manager and MHO. This has allowed MHOs to gain confidence in their practice, significantly develop skills and knowledge and be available to provide support, assistance and guidance to their colleagues in both Health and Social Care. Importantly, we now have an established structure to manage and support the delivery of Mental Health Officer Services in Highland.

4. Implications

4.1. Resource Implications

There are no resource implications arising from this report.

4.2 Legal Implications

These arrangements provide a managed MHO service that meets the Highland Council's statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment)(Scotland) Act 2003.

4.3 **Other Implications**

. There are no equality or climate change implications arising from this report.

Recommendation

Members are asked to consider and comment on the issues raised in this report.

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