

# North Lanarkshire Council Report

## Adult Health and Social Care Committee

approval  noting

Ref MF

Date 09/05/2019

## Mental Health Strategy and Mental Health Officer Duties

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### Executive Summary

The purpose of this report is to provide information in relation to Scotland's Mental Health Strategy 2017-2027; an update to the Committee on performance in relation to Mental Health Officer duties and proposals for workforce planning for Mental Health Officers within the North Lanarkshire Health and Social Care Partnership.

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### Recommendations

Committee members are asked to:

- Note the content of the report
- Agree the actions highlighted in the report
- Note review and proposals to further development of the MHO Service within the Mental Health Strategy with respect to workforce planning

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### Supporting Documents

**The plan for North Lanarkshire:**

- Improve the health and care of communities
- Reducing inequalities
- Targeting resources to those most in need

**Appendix 1:** **National Mental Health Strategy 2017-2027**  
<https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

**Appendix 2:** **Social Work Scotland (2017) Mental Health Officer: capacity, challenges, opportunities and achievements**  
<https://socialworkscotland.org/publication/mental-health-officer-capacity-challenges-opportunities-achievements/>

#### 1. Background

##### 1.1 Mental Health Strategy 2017-27

The vision for the Scottish Government's ten-year Mental Health Strategy 2017-2027 is that people in Scotland, 'can get the right help at the right time, expect recover, and fully enjoy their rights, free from discrimination and stigma.' (1) It sets out to achieve parity between mental and physical health through working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems through equal access to a range of services, supports, care and treatment;
- Rights, information use, and planning.

The Strategy seeks to extend its influence across the lives of children, young people, adults and older adults with the overarching aim of helping to prevent the development of mental health problems and, where they do arise, provide services to support and assist without delay. The Strategy sets out an aim for mental health care to be person-centred and to deliver on a human rights-based approach, so that those in society who are most marginalised have access to support and services they require when they need it.

This is the first national strategy that the North Lanarkshire integrated Health and Social Care Partnerships have been required to plan and implement. It sets out 20 ambitions and 40 specific actions to join up services and refocus service delivery on where and when it is needed.

#### 1.1.2 Mental Health Officer National Context

Mental Health Officers (MHOs) have a critical role in promoting access to rights and safeguards for children, young people and adults who experience mental health conditions, in particular, those who require to be detained under the Mental Health (Care and Treatment)(Scotland) Act, 2003.

The Social Work Scotland report, 'Mental Health Officer: capacity, challenges, opportunities and achievements', clearly identified the complexity of current Scottish mental health legislation in relation to the MHO role and explicitly set out recommendations to the Scottish Government seeking a national strategy to invest in retention, recruitment and succession planning for MHOs (2). Action 35 of the Scottish Government Mental Health Strategy 2017-27 recognises that with the increase in local government statutory responsibilities, this has resulted in an attendant increase in MHO workload, with the potential to impact on time that could be spent on prevention, early intervention and recovery work.

#### 1.1.3 National demand, Mental Health Officer

In their 2018 Annual Statistical Monitoring Report for the use of the Adults with Incapacity (Scotland) Act, 2000, the Mental Welfare Commission identified an average of a 12% increase, across Scotland, in the number of all Guardianship Orders granted since (2016-17). In North Lanarkshire the increase of guardianship orders undertaken between 2016-17 and 2017-18 is 27.3%.

Additionally the Mental Welfare Commission identified a 4.1% national increase in new episodes of compulsory treatment requiring MHO assessment, consent and report writing on the previous year. In the majority of cases, each episode requires the MHO to complete a social circumstances report.

Scottish Local Authorities have also been at the forefront of implementing new legislation including the Social Care (Self Directed Support) (Scotland) Act, 2013 and the Adult Support and Protection (Scotland) Act, 2007. At the same time, we continue to respond to the transformational changes required by Health and Social Care Integration.

#### 1.1.4 Role of the Mental Health Officer (MHO)

A Mental Health Officer (MHO) is a qualified Social Worker who has at least 2 years post qualifying experience and who has received specialist training in mental health. Their duties include:

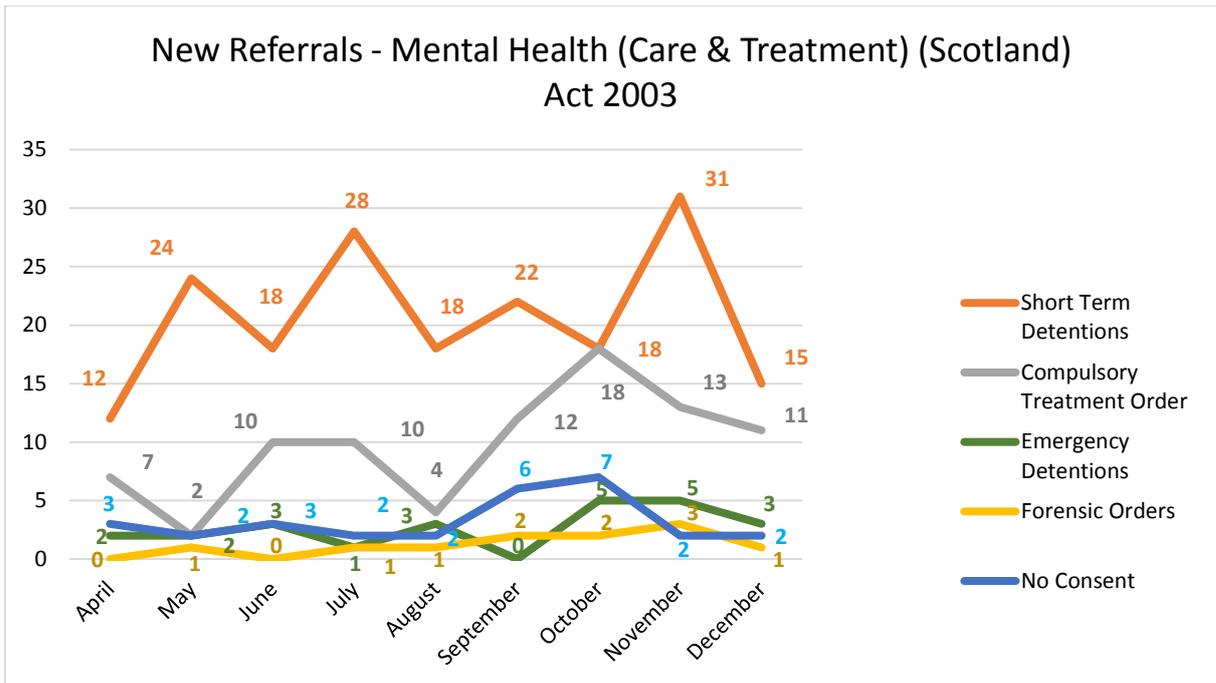
- ensuring that people who are detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003, have access to legal representation, advocacy and other safeguards;
- provide statutory reports and applications to the Mental Health Tribunal for Scotland; undertake assessments and reports for the Sheriff Court under the Adults with Incapacity (Scotland) Act, 2000;
- obtaining entry warrants for people who are believed to require assessment and treatment and who are at risk at home;
- provide 24 hour availability and access in the event of crisis and need for emergency assessment for treatment in hospital or at home;
- monitor conditional discharge for mentally disordered offenders.

MHOs can only be employed by a Scottish Local Authority under Section 32 of the Mental Health (Care and Treatment) (Scotland) Act, 2003.

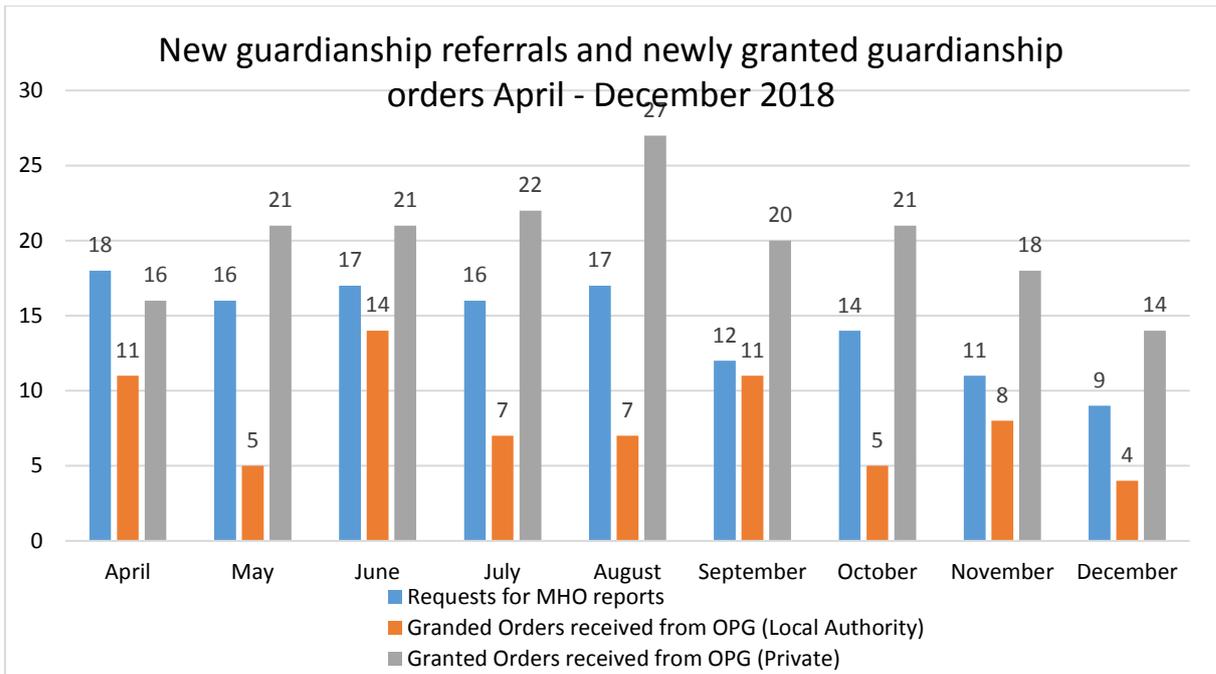
All social work staff in North Lanarkshire undertake complex assessment and care planning for self-directed support plans and responding to adult protection referrals. MHOs undertake these same operational responsibilities in addition to all other statutory duties that are MHO-specific as set out in the Adults with Incapacity (Scotland) Act, 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Mental Health (Scotland) Act, 2015. Although there are benefits for MHOs undertaking a complete range of fieldwork social work tasks the statutory reports and legal deadlines means prioritising these in line with the prioritisation framework and undertaking immediate, urgent, compulsory and protection tasks before less urgent guardianship reports. This has led to North Lanarkshire Council requiring to respond to legal challenge on prioritisation and need.

## **2. PERFORMANCE**

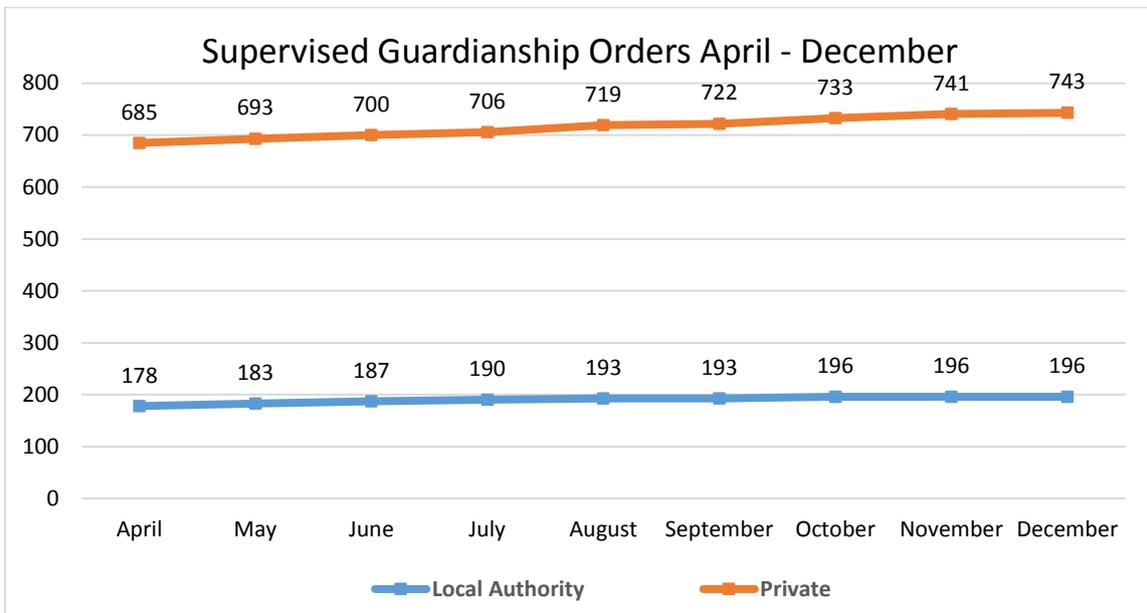
### **2.1 Strategic Reports and Intervention**



2.1.1 This chart shows the number of new referrals, across localities, resulting in MHO statutory Mental Health Act assessments and/or reports between April and December 2018. It also covers a wide range of civil compulsory measures: Emergency Detention which allows for a person to be assessed in hospital for up to 72 hours; Short Term Detention which allows for a person to be assessed and treated in hospital for up to 28 days (must be agreed with and MHO); Compulsory Treatment Orders which can only be obtained by a MHO making an application to the Mental Health Tribunal (detention in hospital for up to 6 months; can be varied to community based detention and extended past 6 months but subject to review). There are a number of different forensic orders used, depending on individual circumstances and charges brought. Decisions about these orders are primarily made by a Sheriff on receipt of psychiatric and MHO initial/monitoring reports.

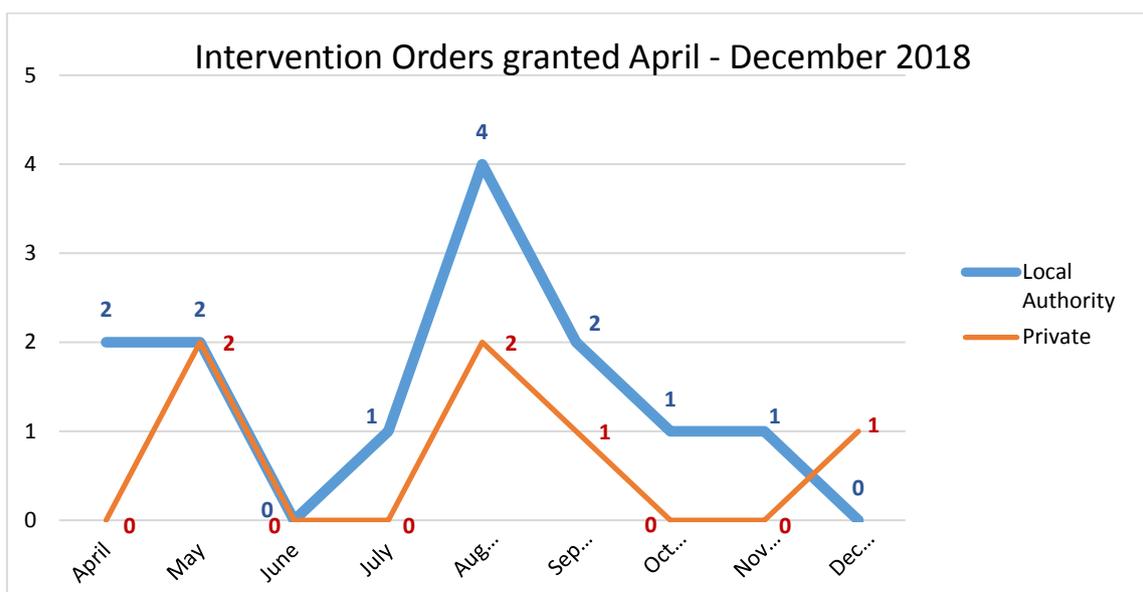


2.1.2 This chart shows the number of new referrals received (across all localities) from private solicitors for MHO reports to assess the suitability of applicants who are applying for welfare (and in some cases financial) guardianship powers. It also includes referrals for NLC applications for welfare/financial powers and all new orders



2.1.3 This chart shows the total number of current welfare guardianships requiring supervision either from a Mental Health Officer or Social Worker, over the time period stated, and the month by month change. These orders are typically granted for a 3 – 5 year period and, if powers continue to be required a renewal

will be made, requiring a MHO report and initial meeting, once granted. Decreases in local authority orders would usually indicate that a service user may have died; their family may have applied for renewal, or no powers are needed on a continued basis. . This shows the slow but steady rise in the numbers of private welfare guardians requiring support and supervision in order to discharge their powers.



- 2.1.4 This chart shows the number of intervention orders granted over the same period. Applications for these orders require the same MHO reports as for Guardianship applications.
- 2.1.5 Sections 4 and 7 of the Adult Support and Protection (Scotland) Act, 2007 set out the statutory duties for the Local Authority to undertake inquiries and investigations where they know or believe an adult is at risk of harm. MHOs are involved on a consultation basis when adults have mental health conditions or cognitive impairments.
- 2.1.6 Given the increased demand for statutory reports, local authority responsibility for the supervision of private guardians is now undertaken by qualified social workers in community care settings with demand requiring additional resourcing and overview to ensure renewals of applications in timescales.

## 2.2 Outwith Hours

- 2.2.1 Emergency work that requires an immediate response is allocated across the service on a duty basis and out of hours (OOH) a separate rota is administered through the Social Work Emergency Service. The out of hours duty rota currently has 1 MHO available, who responds to calls from health professionals for advice, guidance, information or assessment with a view to detention as per demand.
- 2.2.2 The NLC annual return to the SSSC for MHO data (year end 2018) noted a current shortfall of MHO hours, including staff vacancies.

2.2.3 From May 2017 the NLC MHO staff group has been supplemented by 4 Sessional staff completing reports for individuals and bodies (NLC) who require to hold decision making authority to facilitate planned hospital discharge for relatives and service users. This has further been added to in March 2019 by 3 and we are currently seeking to increase hours to further improve capacity.

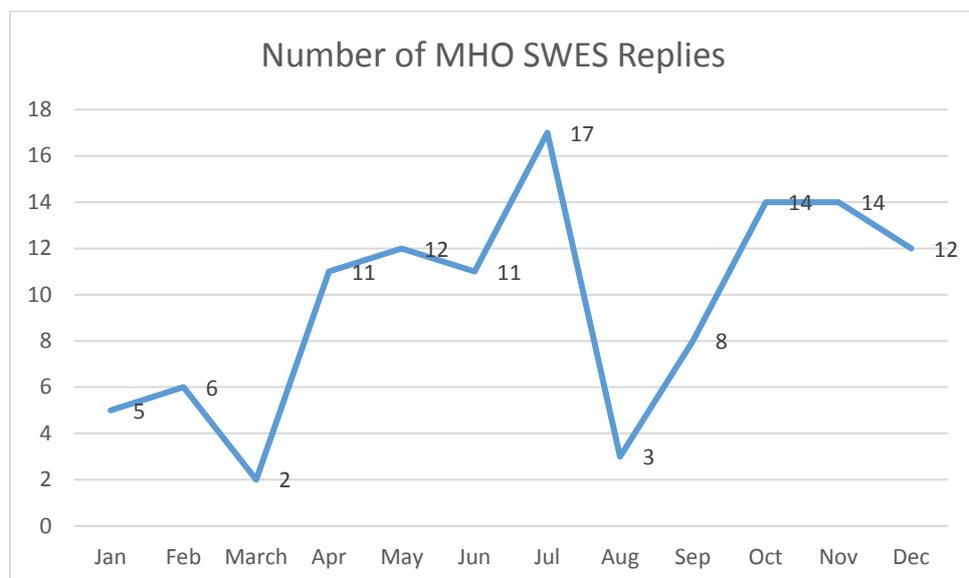
## 2.3 Workforce

2.3.1 We currently have 40 MHOs across the Local Authority area, based in different workplace settings with varying levels of responsibility, including managers. These staff have differing levels of capacity for undertaking MHO work, dependant on their other operational duties.

2.3.2 The current reduced number of MHO staff within North Lanarkshire reflects the National context. The review of the service will include consideration of incentives and support for internal staff to progress into MHO roles, including a possible traineeship scheme which will be costed over a 3 year period.

### 2.3.3 Current Out of Hours model of MHO cover

MHOs are required to be available during evenings and weekends and this is presently covered on a voluntary basis by staff with a standby and callout payments. The graph below details the number of out of hours referrals received by the Social Work Emergency (OOH) Service for mho contact that resulted in some form of direct response or action. As can be seen by the operational activity detailed in the chart below, the total number of requests received, over a 12 month, was 115 giving an average (mean) of 9.5 per month.



## 2.4 Proposals for review of current MHO Service Model

As a direct result of demand and operational pressures, as detailed a review of staffing, resourcing and arrangements for service delivery of mental health officer duties will take place addressing the following issues.

- The MHO workforce meeting demand given escalating statutory workload;
- Recruitment and retention of MHO officers internally and externally, including benchmarking salary across Scotland;
- Management of Council Officer statutory duties aligning with more general Care Management responsibilities;
- Best Value and Integrated working given the current overarching review and possible future arrangements;
- Internal training arrangements/anticipated shortfall in future MHO availability versus requirements.

## **2.5 The planned work will include:**

1. Review of MHO Service Model including how staff are currently deployed;
2. Scoping exercise of current establishment post in each locality in relation to attendant operational demand;
3. Measurement of MHO time spent engaged in statutory and non-statutory operational work;
4. Projection of potential gains to be made as a result of transferring to a different model of service delivery;
5. Outcome from wider consultation on these proposals with colleagues within NHSL, Social Work and the Partnership.

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## **3. Equality and Diversity**

### **3.1 Fairer Scotland**

This report does not adversely impact the delivery of the Fairer Scotland Duty

### **3.2 Equality Impact Assessment**

There is no requirement to carry out an Equality Impact Assessment in relation to this report.

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## **4. Implications**

### **4.1 Financial Impact**

The financial implications for the actions recommended in this report are set out as options.

### **4.2 HR/Policy/Legislative Impact**

The recommendations comply with local authority duties under Section 32 of the Mental Health (Care and Treatment)(Scotland) Act, 2003

### **4.3 Environmental Impact**

None

4.4 **Risk Impact**  
None

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**5. Measures of success**

- 5.1 Reduced shortfall of Mental Health Officer hours both during daytime working hours and out of hours to enable the statutory requirements of the council to be met.
  - 5.2 Significant increase in the development and training of Mental Health Officers.
  - 5.3 An increase in staff capacity to undertake preventative and recovery orientated work and safeguard the rights of young people and adults with significant mental health conditions.
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