

North Lanarkshire Council

Report

Adult Health and Social Care Committee

approval noting

Ref MF

Date 29/08/19

Mental Health Strategy and Mental Health Officer Service Delivery

From Margaret French, Interim Head of Adult Social Work Services

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Executive Summary

The purpose of this report is to present an update with respect to proposals for the Mental Health Officer (MHO) Service and the Mental Health Practitioner Trainee Scheme in North Lanarkshire (NL), for consideration and approval.

The previous report to the Adult Health and Social Care Committee, dated, 9th May 2019 (Appendix 1), made available performance information on the deployment of Mental Health Officers across NL; the statutory duties MHOs are required to fulfil; the challenges that NL faces in being able to respond to the increasing legislative duties including the ongoing challenge of the provision of MHO services out of hours and weekends.

Recommendations

Committee members are asked to:

- Note the content of the report;
- Agree that development of the MHO Service will be taken forward in tandem with the North Lanarkshire Health and Care Partnership Integration Review and will be aligned with agreed changes to organisational structure in consultation with partners.
- Agree the proposals of Option 3: North and South Teams as the preferred MHO service model.
- Agree in principle the commitment and proposal for the Mental Health Trainee Practitioner Scheme and service improvement
- Agree options proposed in principle for re-structuring the MHO OOH's service, which compliments the remodelling of the daytime MHO service.

The Plan for North Lanarkshire

Priority: Improve North Lanarkshire's Resource Base.

Ambition Statement: Build a workforce for the future capable of delivering on our priorities and shared ambition.

1. Background

- 1.1.1 Information contained within the Health and Social Care Committee Report (dated 9th May 2019) described the Scottish Mental Health Strategy for 2017-2027 and the current legislative framework setting out the statutory duties for Mental Health Officers (MHO). It also described the challenges in responding to the demands the statutory duties place on the Council, and the current context where the Service faces challenges to maintain a sufficient number of MHO`s to meet these demands. This report provides further detail on the alternative service options that we are considering and seeks agreement to pursue options identified.
- 1.1.2 Particular factors (including pressure of work and difficulties in being released from current operational posts) have combined to reduce the number of social workers who have applied for selection for MHO training. In addition due to the national shortage of MHOs we have had very limited success in recruiting through external advertising. In order that North Lanarkshire is able to respond to continuing and new operational/statutory demand, a coherent solution to MHO recruitment, retention and succession planning is proposed.
- 1.1.3 At present, MHOs are employed in generic roles across North Lanarkshire including with children and young people. They carry out general social work roles and functions in addition to statutory MHO-specific work (reports to court and Tribunals). In all localities MHOs also undertake adult protection inquiry and investigation work and are responsible for assessment and care planning social work tasks as required by the Social Care (Self Directed Support) (Scotland) Act, 2013. This constitutes a substantial amount of time spent on non MHO specific work in a context where demand for MHO statutory reports with non-negotiable deadlines continues to rise.
- 1.1.4 Statutory duties for mental health officers are set out in the Adults with Incapacity (Scotland) Act, 2000; the Mental Health (Care and Treatment) (Scotland) Act, 2003 [MHCTA]; the Criminal Justice (Scotland) Act, 1995 and the Adult Support and Protection (Scotland) Act, 2007. The implications of emergent court judgements emphasising the significance of both the European Convention of Human Rights and the United Nations Convention on the Rights of Persons with Disabilities in statutory decision making, combine to place heavy demands on the current resource. Additionally, new duties for mental health officers were introduced in the implementation of the Mental Health (Scotland) Act, 2015.
- 1.1.5 The statutory timescales for mental health officer reports are set down in primary legislation. For several years now, the service has been impacted on by required statutory demand. This position has led to North Lanarkshire Council requiring to respond to legal challenges on prioritisation and need.
- 1.1.6 In order to maximize the use and efficacy of the MHO resource, increase consistency in allocation of work for all MHO staff and prepare for the organisational changes set out in the North Lanarkshire Council Integration Review, we need to redesign the current model of MHO deployment.

1.2 Out of Hours MHO provision

- 1.2.1 The local authority has a duty in law to provide sufficient MHOs to respond to requests for statutory interventions over a 24hour period. At the current time we are experiencing a shortfall of the MHO staffing resource in our Out of Hours Service and are currently considering a variety of alternative service options that would enable us to address this.
- 1.2.2 The Mental Health Officers who currently work out of hours respond on an emergency basis to requests for statutory assessments for compulsory hospital treatment order, usually lasting for an initial 72 hour or a 28 day period. The total number of requests received, over the 12 month January to December 2018, was 115 giving an average (mean) of 9.5 per month. The options for redesigning the MHO ooh`'s service are outlined below in section 2.2.

2. Report

2.1.1 Mental Health Trainee Practitioner Scheme

As part of our review of the current MHO service model, we are looking at the inclusion of a Mental Health Trainee Practitioner Scheme. This would enhance the options for NLC Social Workers to successfully apply for MHO Training. This proposal offers protected time for qualified social workers to become involved in experiential work-based preparatory learning. External applicants could also apply for employment with North Lanarkshire Council on the understanding that they are participating in the scheme as part of contracted employment. Ultimately, the potential flow of staff through this scheme on an annual basis, would continue to augment the number of MHOs employed by North Lanarkshire Council. We would seek to run a pilot for this scheme in the first instance.

2.1.2 This scheme would involve:

- Applications from Social Workers of at least 2 years with experience of working in statutory settings;
- Practitioners would undertake assessment, care management and also adult protection work with service users with mental health disorders. This would provide them with experiential learning and support the qualified MHOs time to take on more exclusively statutory operational work;
- Practitioners would shadow the work of MHOs across all areas of their legislative duties;
- Mental Health Senior Social Workers would supervise/oversee practice, allocate work, provide line management, supervision and oversee progress;
- Allocation of a Practice Assessor once a place on the University based MHO Programme has been agreed. At the present time, there are an insufficient number of Practice Assessors to support the traineeship scheme and a new emphasis will be placed on the requirement for experienced MHOs to undertake training for this role;

- Practitioners would remain in the same workplace setting until they have successfully completed the MHO Programme. At that point the traineeship would end and the newly qualified Mental Health Officer would move to a permanent work location as required to meet operational demand, as a result national/local policy developments or as determined by organisational/structural change, with a new designated trainee being appointed to the mental health team;
- For internal candidates, there will be a requirement to factor in the costs of any backfill;
- This scheme will require creation of an additional 4 full time, permanent social worker posts, temporarily based in each locality team or the relocation of other staff (3 full time) who are currently progressing through MHO training.

2.2 **Alternative options for MHO deployment**

In order to maximize the current MHO resource and respond flexibly and judiciously to statutory demand, we are in the process of developing an alternative service model. A change of model would also assist us to maintain the quality of service delivery through a period of transition and change as we respond to the NLC integration review and further developing health and social work partnerships. Options are described briefly below and any change would require a phased reconfiguration of service

Option 1: Status Quo

This option would continue our present model of service delivery.

North Lanarkshire Council have MHO posts co-located with NHSL Mental Health staff in Community Mental Health Teams in Airdrie, Motherwell and Wishaw, and based in Social Work Locality Teams in Cumbernauld and Bellshill. Coatbridge MHOs are based in the Social Work Locality Office and also Buchanan Health Centre, albeit not co-located with NHSL colleagues. Work is allocated and managed within each of the 6 localities or via the Duty MHO rota. There is one Mental Health Senior Social Worker (MHSSW) in each of the 6 localities and MHOs undertake all generic social work tasks in addition to those specific to their statutory role. MHOs do not supervise all private guardians, and this role is passed to Social Workers in Community Care settings. Governance and oversight of the statutory MHO Service sits with Social Work Headquarters.

Option 2: Centralised Service

This option involves transferring MHOs into a centralised dedicated MHO service. The Substantive work location for this service requires further consideration.

A specific number of MHOs would be linked to community mental health teams in localities/new team areas to be established as a result of organisational change, and would be available to pick up statutory work from that specific locality. The number of staff linked to any locality would be calculated on the basis of performance data relating to operational demand.

The four Mental Health SSWs would lead four teams within the centralised service with management responsibility and governance provided by a Senior Manager at SW Headquarters.

MHO staff in this model would also provide a First Point of Contact for adults with significant mental health conditions. Short term work could be provided to support assessment and planning arrangements for SDS before work transferred over to locality teams for follow up. MHOs in this option would undertake all statutory work, including any required adult protection for known individuals and also would take responsibility for the supervision of welfare guardians. A specific benefit of this option is that it would offer a wider resource provision for adults with mental health conditions.

The MHO Trainee Practitioner Scheme would continue to apply as in the other options.

Option 3: North and South Teams

This option pools the MHO resource contained within the North (Coatbridge, Airdrie and Cumbernauld) and the South (Bellshill, Motherwell and Wishaw) localities of the North Lanarkshire council area. We would look to reduce the current number of Mental Health SSWs from six to four, with two covering the North Area and two covering the South Area (exact location to be aligned with models to be agreed as a result of the NLC Integration Review). In this model staff will continue to work in close collaboration as a matter of course with mental health professionals within the locality setting. (The Senior Officer (Mental Health) based at Headquarters would provide additional operational support as required).

MHOs would undertake statutory work only. They would continue to act in the Council Officer role and undertake (SDS) assessment and care management tasks with service users known to them and would work on a short term basis with locality social work teams to identify any SDS needs of adults who are compulsorily detained in hospital, and who are leaving formal hospital care.

Designated MHO Trainees would be available to each team. Each would participate in assessment and care management and adult protection work and would be supported to undertake sufficient shadowing opportunities to provide the experience and understanding of the MHO role that would be required in order for the designated Trainee to apply for MHO training. Governance and oversight of the statutory MHO Service would remain at Social Work Headquarters to provide continuity.

With respect to the proposals above, Option 3 would deliver the optimum statutory and resource benefit to the service in consideration of the North Lanarkshire Integration Review, the national Mental Health Strategy and local operational requirements, at this time.

2.3 Alternative options for the MHO Out of Hours Service

2.3.1. We have benchmarked with other Councils in terms of MHO out of hours provision.

The majority of Councils are financially remunerating their staff on a similar terms to our own.

2.3.2. Options

Similar to the daytime service we are currently looking at the following themes that will better enable us to provide a more sustainable structure for our MHO service out of hours.

- To work towards achieving regular cover from 10 MHOs providing cover out of hours.
- To consider how enhance the financial remuneration to reflect the time commitment of staff, and the anti-social element of working during evenings and weekends to deliver the statutory MHO service at these times;
- To recruit additional sessional MHOs specifically for the out of hours service;
- To consider the backfilling of a social worker post within the SWES to allow a full time member of staff to undertake the MHO training. This would enhance the compliment of MHO`s within the core ooh`s team, allow a better more flexible response ooh`s and widen the range of professional knowledge and skills within the ooh`s core team. The cost for each backfill to allow one member of staff to undertake the MHO training would be approximately £18,000.
- In addition to the above we would want to ensure that if any new permanent social worker vacancies arise within the Social Work Emergency Service, that the new post holder must be MHO qualified.

2.4 Financial commitment

2.4.1 The Service intends to appoint 4 social worker posts, initially graded NLC10, who will progress to NLC11 following completion of qualifications. This grading reflects the level of experience and responsibility required from Mental Health Officer staff. These costs will be partly offset by the deletion of two MH SSW posts. This information is highlighted in the table below.

Level 6:Structure	Grade	New FTE	Hours Available	Salary Cost (incl on costs)
Creation of Social Worker post x 4	NLC10/11	4.00	140.00	£186,221
Deletion of Senior Social Worker post x 2	NLC12	2.00	70.00	(£109,110)
		Funding requirement		£77,111

- 2.4.2 In the first instance the Service will create and make appointment to 2 permanent Social Worker posts as funding is available through the reinvestment from the deletion of the 2 Senior Social Worker posts. The remaining Social Worker posts will be filled following confirmation that ongoing funding has been identified, and this position will be updated in a future committee report.

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.

4. Implications

4.1 Financial Impact

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

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

5. Measures of success

- 5.1 Increased numbers of Mental Health Officer hours both during daytime working hours and out of hours to enable the statutory duties of the Council to be met.
 - 5.2 More responsive and flexible MHO service both during daytime and out of hours.
 - 5.3 Significant increase in the development and training of Mental Health Officers through the introduction of a coherent and systematic in-house training scheme.
 - 5.4 An increase in current MHO capacity to undertake statutory work and, as such, safeguard the rights of young people and adults with significant mental health conditions.
 - 5.5 Reduction in legal challenges following the additional capacity and re modelling of how we deliver our statutory Mental Health service
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Margaret French
Interim Head of Adult Social Work Services
Health & Social Care NL

Appendix 1

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

From Margaret French, Interim Head of Adult Social Work Services

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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.

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

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/>

2. 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:

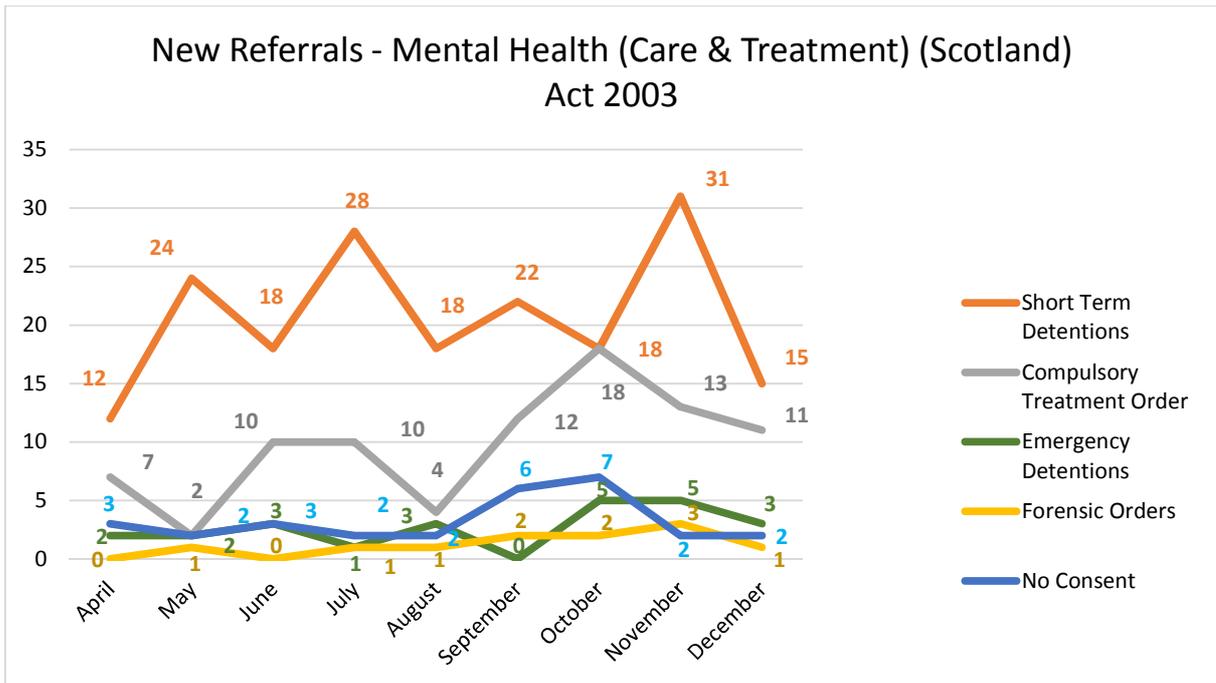
- ensuring that people who are detained under the Mental Health (Care and Treatment) (Scotland) Act, 2003, have access to legal representation, advocacy and other safeguards;
- provide statutory reports and applications to the Mental Health Tribunal for Scotland; undertake assessments and reports for 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.

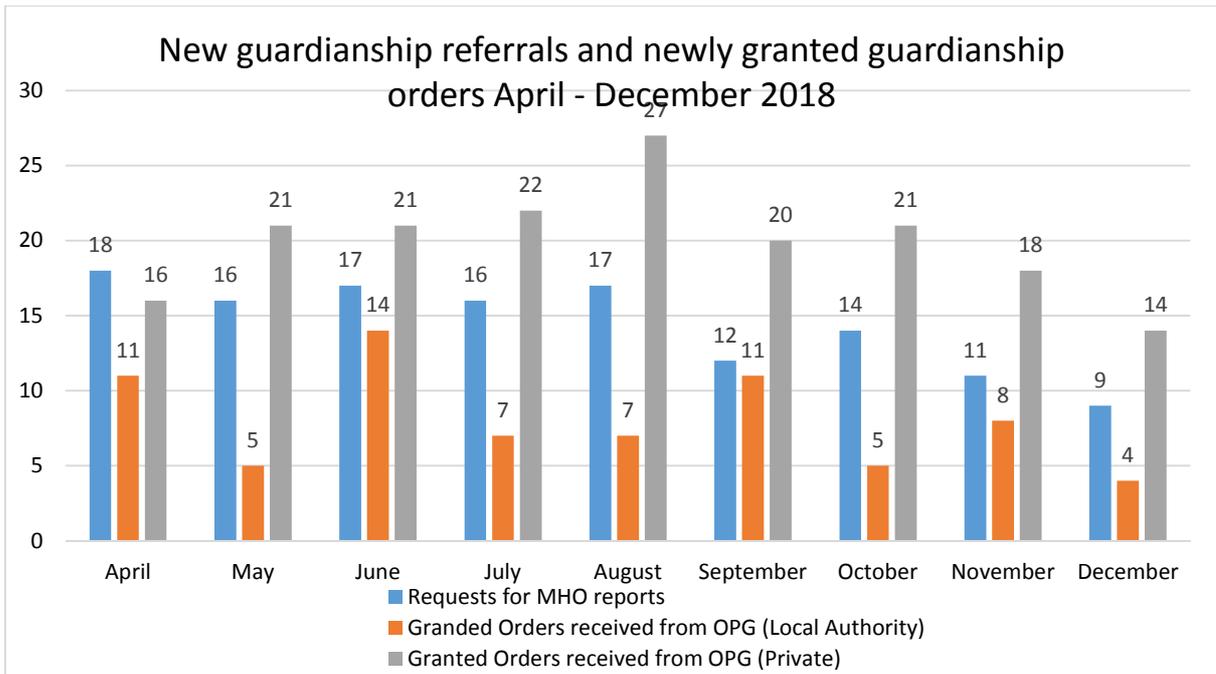
All social work staff in North Lanarkshire undertake complex assessment and care planning for self-directed support plans and responding to adult protection referrals. MHOs undertake these same operational responsibilities in addition to all other statutory duties that are MHO-specific as set out in 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

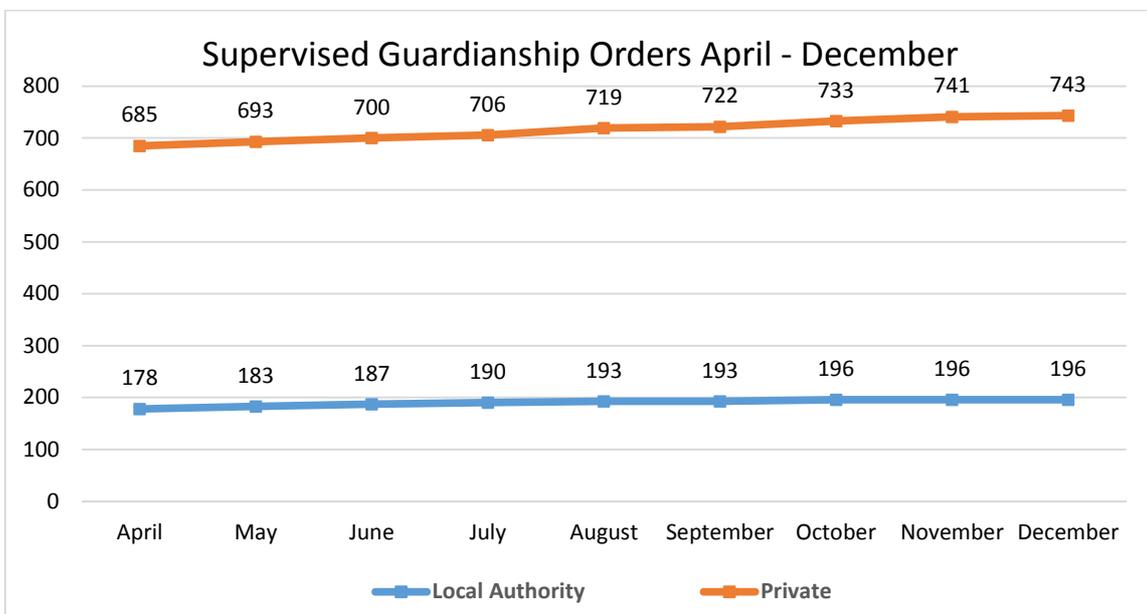
2.1 Strategic Reports and Intervention



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.

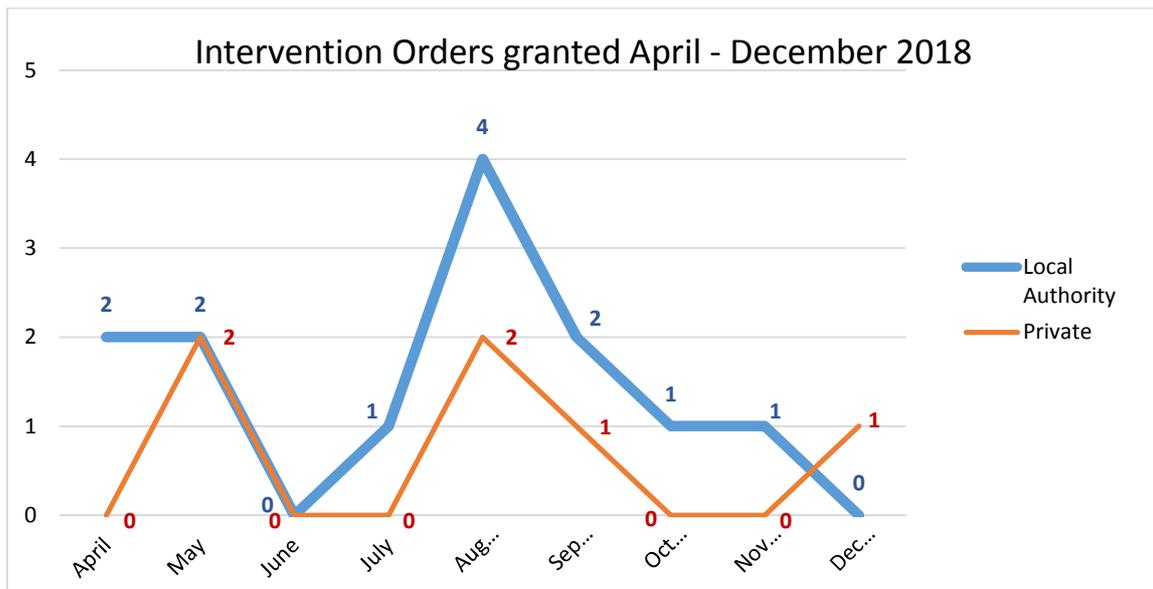


2.1.2 This chart shows the number of new referrals received (across all localities) from private solicitors for MHO reports to assess the suitability of applicants who are applying for welfare (and in some cases financial) guardianship powers. It also includes referrals for NLC applications for welfare/financial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

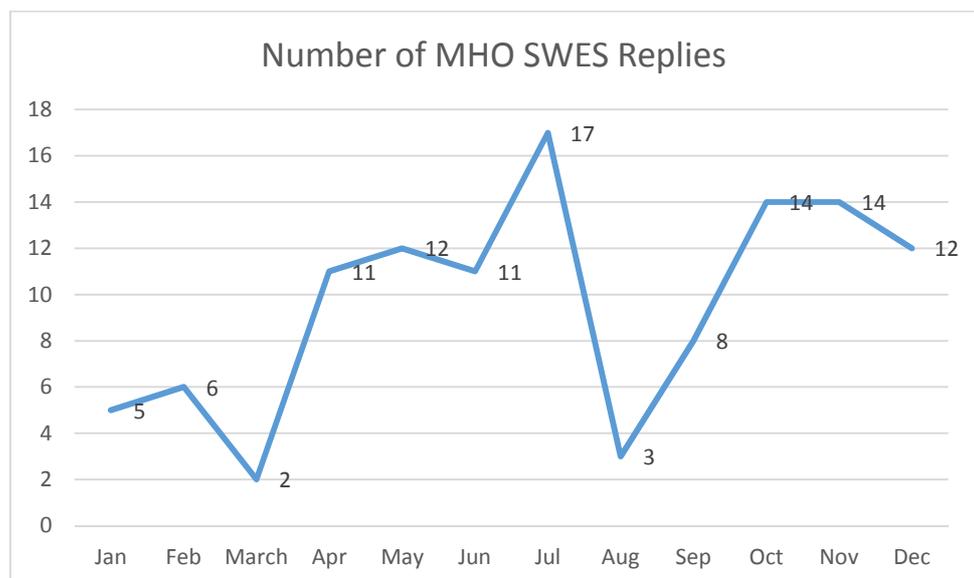
2.3 Workforce

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.

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.

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

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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Appendix 2

National benchmarking of service models

Mental Health Officer services are structured differently across Scotland and we are currently engaging in a process of benchmarking against the models of deployment used in other local authority areas.

For the majority of the local authorities contacted to date, their MHOs are deployed in dedicated, statutory services, undertaking statutory work only. In these services MHOs are involved in assessment, care management and adult protection work for known service users only.

Local Authority	Dedicated MHO Service	Generic Service	Mix of Services	Other
LA Area 1	Yes. Dedicated Statutory Team based in Adult Services.	No		Undertaken assessment, care management and AP for known Service Users only.
LA Area 2	Yes, dedicated statutory MHO service including review of Private Guardianships.	No		Will take on short term work up to 6 weeks for SDS planning only. Care management sits with community care. MHO managers. Role of MHO valued and recognised. All seen as beneficial to service delivery. All Senior Practitioners.
LA Area 3	No.	Yes	MHOs dispersed across all services.	Statutory and care management work undertaken. MH Co-ordinator has oversight for supporting service overall.
LA Area 4	Yes. Dedicated team who undertake statutory work including forensic.	No	Some (3) satellite MHOs in adult services.	All Senior Practitioners.
LA Area 5	Yes. MH and Substance Abuse Teams in all (4) localities.	No.	Some satellite MHOs in other services, including Managers.	All Senior Practitioners. Will undertake statutory and care management work for known Service Users only. Two MHOs based in hospital. Two temporary MHOs undertaking AWI reports. Senior Practitioners also employed in OOH service plus bank MHOs. Statutory oversight provided at SWHQ.
LA Area 6	Yes, in CMHT settings. Strong focus on statutory role and less on SDS/AP.	Not in MH Teams.	Also dispersed across range of other services with mixed case load.	Current review of service underway as a result of integration.
LA Area 7	No. All MHOs dispersed across	Yes		

	local authority area.			
LA Area 8	Yes, dedicated statutory service, including forensic.	No	Also some MHOs dispersed across other services.	Provide advice/guidance on AP matters. Paid annual enhanced allowance.
LA Area 9	Yes, co-located in CMHT setting and carry out statutory work with some AP and care management for known Service Users.			Social Workers and Social Work Assistants carry out care management functions.
LA Area 10	Yes, dedicated statutory MHO Service across all adult services, including forensic. Co-located team setting.		Some dispersed MHOs in different team settings.	Managed by Team Leader, MHO.