



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 27 MAY 2021

SUBJECT: MENTAL HEALTH OFFICER SERVICE IN MORAY

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1. To inform Committee of the current situation in the Mental Health Officer Service in Moray.

2. RECOMMENDATION

2.1. **It is recommended that the Clinical and Care Governance Committee consider and note the current situation within the Mental Health Officer (MHO) service in Moray and the actions being taken by the MHO Governance Group to mitigate.**

3. BACKGROUND

3.1. Mental Health Officers (MHOs) assess individuals experiencing mental disorder who may need compulsory measures of care and treatment. The role carries considerable autonomy and responsibility, and involves working alongside medical and legal professionals in order to safeguard the health, safety, wellbeing and rights of people. MHOs must be a social worker and hold additional qualification. The training is at master's degree level (SCQF level 12) and requires significant commitment from the individual and the local authority to support their learning.

3.2. In Moray all MHOs have a substantive post and there are no dedicated MHOs in Moray. Therefore it is an additional duty to their normal responsibilities as a social worker or advanced practitioner or team manager. There are 9.1 full time equivalent (FTE) MHOs who are normally on the Mental Health Act rota during office hours. Managers do not participate on the rota but do undertake guardianship reports.

3.3. The MHO Forum meets every 3 months to allow time for mutual support, continuous personal development (CPD) and updating on local and national practice developments.

MHO Governance

- 3.4. The MHO Governance Group is chaired by the Chief Social Work Officer and members include the Consultant Practitioner Mental Health (MH), Manager of the MH Social Work Team, Integrated Service Manager MH and Out of Hours Social Work Manager. It meets quarterly and monitors capacity of the service and provides a strategic overview.

Pressures on the MHO service MH Act

- 3.5. During the COVID-19 pandemic there were 3.5 FTE officers unable to carry out Mental Health Act work due to change of role or shielding, which left Moray working with 62% of the MHO workforce who would normally be available. This extra work was largely absorbed by the mental health team and there was little guardianship work progressed.
- 3.6. The current situation is that all MHOs are undertaking MHO roles. There remains a significant challenge with ability to cover the daytime rota especially during periods of annual leave. This challenge is felt across other teams where managers are required to release an MHO for rota duty, because their own teams are stretched.
- 3.7. Mental Health Act activity and comparative data is provided in **APPENDIX 1**.

Pressures on the MHO Service Guardianship Reports

- 3.8. Only day time MHOs undertake guardianship reports. There are currently 13.1 FTE MHOs undertaking guardianship reports including team managers. For the year 1/04/20 to 31/03/21 there were 60 referrals for guardianship reports and considering that there were fewer MHOs on the rota during the spring and summer of 2020 due to shielding or alternative duties that means that some MHOs have completed 6 reports in the year.
- 3.9. Whilst every effort is being made to eliminate the waiting list there are currently 11 people outstanding, with the longest person waiting since December 2020. Although many other local authority areas have waiting lists for MHO reports for private guardianships it is the first time Moray has had to deviate from normal policy of allocating to an MHO directly on receipt of the request. A system of prioritising means that urgent applications are placed at the front of the list (e.g. adults at risk and delayed discharge).
- 3.10. Efforts to reduce the waiting list include MHO working additional hours and plans to employ a relief MHO using funds allocated by Scottish Government to deal with the effects of Covid-19.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Out of Hours MHO cover

- 4.1. In 2018 two MHOs retired and it proved difficult to recruit MHOs with experience of child protection. The service is operating with two social workers in the OOHs social work team that are not MHO qualified.

- 4.2. A workforce analysis was completed in 2018 and it was agreed that 2 candidates would be put forward to the Mental Health Officer training programme run by the Robert Gordon University to replace MHOs leaving, retiring or being promoted.
- 4.3. The most recently recruited out of hours social worker is being prepared for the 2021/22 course intake. The Scottish Government is offering a grant to help build MHO capacity nationally. In order to maximise chances of qualification a grant application for backfill was made and was successful. Interviews take place on 7 May 2021 for entry into the MHO programme.
- 4.4. The Mental Health Care and Treatment Act makes it clear that the principal route to admission to hospital for someone experiencing mental ill health is through a short-term detention certificate (STDC). It requires a S22 doctor (a doctor who has undergone specific training) and MHO consent. Treatment can start immediately and the person has a right of appeal.
- 4.5. Should someone be assessed by a GP for example, or there is a S22 doctor available but no MHO consent then a person may be admitted to hospital under an Emergency Detention Certificate (EDC). It lasts for 72 hours and should be converted to an STDC as soon as feasibly possible (if appropriate). There is no right of appeal and treatment cannot start until converted to an STDC.
- 4.6. The Mental Welfare Commission has highlighted an increase in EDCs nationally and NHS Grampian as a whole is well below the national average for detention under EDC.

Actions to mitigate risk out of hours MHO Cover

- 4.7. In November 2020 the Governance Group for MHOs compared Moray's situation with those of neighbouring authorities. In Highland all out of hours staff are qualified MHOs but there is no MHO cover for the rural locations out of hours. In Aberdeenshire the out of hours MHO rota is covered by daytime staff (in their contract on qualification as an MHO which attracts additional salary). Aberdeenshire train 4-5 MHOs every year which reduces the burden of covering out of hours. There is no MHO cover after 11pm.
- 4.8. Given low numbers of out of hours detentions in Moray (where there is no MHO on duty outside office hours **(SEE APPENDIX 1)**) it does not merit daytime MHOs covering shifts on standby, because it would place an additional strain on the daytime duty rota which would potentially move the problem. Actions were agreed as below. It was agreed to stay with the current model of out of hours social workers being qualified MHOs:
 - Collation of data where a S36 is required on Friday night or Saturday (i.e. assessment for a STDC does not take place next day). Further review if the rate of these detentions under EDC increase by more than 20%
 - Preparation with the new OOHs worker included spending time with an MHO and in the Mental Health Team.
 - Release of out of hours social worker for half his post using the grant for backfill to maximise the learning experience.

- Recruitment of OOHs in future will require an agreement to either hold MHO qualification or an agreement to train as an MHO. To determine if they would be capable of being successful in applying for the course, recruitment will include a written exercise if the candidate is not an MHO. Future recruitment panels will include either the Consultant Practitioner or MHT manager
- Exploration of recruitment of an MHO to be on standby on a casual basis out of hours
- The Governance Group will meet again in May 2021 but another meeting and further review will be triggered if OOHs detentions increase by over 20%.

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This links to Outcome 7 of the Strategic Commissioning Plan “Partners in Care” – People using health and social care services are safe from harm.

(b) Policy and Legal

The Mental Health Care and Treatment Act

(c) Financial implications

None specified at present.

(d) Risk Implications and Mitigation

A number have been identified within the body of the report along with the actions planned to mitigate the risks.

(e) Staffing Implications

There are no staffing implications arising as a result of this report.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the MHO Governance Group who are in agreement with the content of this report.

6. **CONCLUSION**

- 6.1. The MHO Governance Group is chaired by the CSWO and members include the Consultant Practitioner MH, Manager of the Mental Health Social Work Team, Integrated Service Manager MH and Out of Hours Social work Manager. It meets quarterly and monitors capacity of the service and provides a strategic overview. This group has identified some**

pressures and mitigations on MHO service and agreed a set of actions as per 4.8 above.

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Background Papers:
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