

DUNDEE CITY COUNCIL

REPORT TO: Social Work Committee - 20th June 2005
Personnel Committee – 20 June 2005

REPORT ON: Social Work Department - Establishment of Mental Health Officer Team

REPORT BY: Director of Social Work and Assistant Chief Executive (Management)

REPORT NO: 354 - 2005

1.0 PURPOSE OF THE REPORT

1.1 This report proposes the establishment of a full time Mental Health Officer (MHO) team to enhance the Social Work Department's ability to respond to statutory obligations contained within the Mental Health (Care and Treatment) (Scotland) Act 2003, which is due to be implemented in October 2005.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Social Work Committee approves the proposed service provision arrangements to implement the new Act. The Act imposes new and extended duties on local authorities and in particular requires local authorities to appoint a sufficient number of Mental Health Officers (MHO's) in relation to compulsory measures of care and treatment under :

- (a) The Mental Health (Care and Treatment) (Scotland) Act 2003;
- (b) The Criminal Procedure (Scotland) Act 1995;
- (c) The Adults with Incapacity (Scotland) Act 2000.

The range of extended duties are reflected in paragraph 8.1

2.2 It is recommended that the Personnel Committee approves: -

- 2.2.1 the establishment of one post of Senior Mental Health Officer, graded PO3-6 (£27,822 - £30,288)
- 2.2.2 the establishment of four posts of Mental Health Officer, graded AP4/5 + 1 (£20,808 - £26,379)
- 2.2.3 the establishment of one post of Clerical Assistant, graded GS1/2 (£10,671 - £14,220)
- 2.2.4 an allowance of £680 per annum, payable to basic grade Social workers who participate on the Mental Health Officer day duty rota
- 2.2.5 A call out payment of £100 payable to Mental Health Officers for one call out or more in any one session Monday to Friday and at weekends

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of this proposal will be £123,000 in 2005/06 and £204,700 in a full financial year (see Financial Appendix). This will be met from the Social Work Department revenue budget which includes resources of £320,000 to enable the local authority to meet its new duties under the Mental Health (Care and Treatment) (Scotland) Act 2003.

4.0 LOCAL AGENDA 21 IMPLICATIONS

4.1 The establishment of the proposed team will ensure that the Social Work Department provides an equitable service that protects and improves the lives of local citizens with mental health problems.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 The Mental Health Act determines that anyone discharging a function in accordance with the Act must do so in a manner that respects diversity and encourages equal opportunities. The establishment of MHO posts will be responsive to the rights of individuals who come under the terms of the Act regardless of race, gender and/or disability.

6.0 MAIN TEXT

6.1 The Mental Health (Care and Treatment) (Scotland) Act 2003, due to be implemented in October 2005, replaces the Mental Health (Scotland Act) 1984. This major change in mental health legislation follows from the findings of the Millan Committee's Review (January 2001), which has led to the most extensive overhaul in mental health legislation in 43 years.

6.2 The principles underpinning the Act are explicitly stated within the Act and reflect a shift in social attitudes and the drive by national policy objectives to promote independence and choice and to shift the balance of care from hospital and other forms of institutional care to support, care and treatment of people with mental health problems in the community. Participation and reciprocity (e.g. 'the minimum restriction on the freedom of the patient that is necessary in the circumstances') are examples of the key statutory principles. A comprehensive list is laid out in Part 1 of the Act and applies to all those who are discharging their functions under the requirements of the Act.

6.3 The Act imposes new and extended duties on local authorities and in particular requires local authorities to appoint a sufficient number of Mental Health Officers (MHOs) in relation to compulsory measures of care and treatment under: -

- (a) The Mental Health (Care and Treatment) (Scotland) Act 2003
- (b) The Criminal Procedure (Scotland) Act 1995; and
- (c) The Adults with Incapacity (Scotland) Act 2000

6.4 The Act further provides that a local authority shall appoint 'only persons who are officers of a local authority, and who satisfy such requirements as the Scottish Ministers may direct as to registration, education and training, experience, competence, and any other matters which may be specified in the directions' (Section 32 [2]). MHO training and qualification is restricted to social workers who have been qualified for a minimum of two years.

7.0 CURRENT MODEL

7.1 The Senior Care Manager (Mental Health) co-ordinates the MHO rota ensuring the delivery of the MHO statutory service. There are sixteen MHOs from across social work services who participate on the Duty MHO rota approximately one week in every twelve. The role of MHO is undertaken in addition to the worker's normal duties i.e. social worker or care manager. Since the introduction of the Adults with Incapacity (Scotland) Act 2000 the demand on the role of the MHOs has significantly increased in respect of applications for Guardianship and Intervention Orders. Statutory duties under the present Mental Health Act continue to place high demands on the MHO service in respect of applications for compulsory detention in hospital. MHOs were involved in 69 long-term detentions, 129 short-term detentions and 174 emergency detentions under the current Mental Health Act between April 2004 and April 2005.

8.0 EXTENDED DUTIES UNDER THE NEW MENTAL HEALTH ACT

8.1 The new Act extends the duties and functions of local authorities and in respect of MHOs there are a range of new responsibilities

- MHOs will be required to provide assessments and social circumstance reports at various stages when a "relevant" event has occurred, e.g. where someone is transferred from prison, or admitted to hospital for assessment on the order of a court.
- MHO consent to short-term detention orders becomes mandatory, and there is no longer any question of doctors resorting to relatives' consent, or proceeding unilaterally on the basis that it is not practicable to obtain consent. It will also be possible to proceed directly to the short-term order with MHO consent without the requirement for an emergency recommendation first. It is thought that the use of emergency detentions will decline. The net effect will be to increase the number of occasions on which MHOs are required to consider consent to short-term orders.
- There is a new duty to inquire into the circumstances of any person who appears may be at risk, and to seek a warrant authorising an assessment of the person's mental state. Sworn evidence from an MHO will be needed to obtain such a warrant.
- There is a new duty on the MHO to provide a care plan to accompany any application to the tribunal for longer-term compulsion. Applications to tribunals may only be made by an MHO.
- MHOs will be required to present information to tribunals for alterations to care plans and to attend reviews when required.
- MHOs will be required to advise clients of their right to advocacy services, and to take steps to ensure they have the opportunity of making use of those services.
- Criminal Courts will be able to require an MHO assessment and report to be provided in cases where consideration is being given to making a compulsory order as a disposal.

9.0 DEDICATED MHO PILOT

9.1 In October 2004 a dedicated MHO service was piloted for six months to give focus to the pressures the MHO service was then under and to indicate possible future demands and how these could most effectively be met. At this point in time there were only seven MHOs on the rota. The pilot involved:

- a) dedicating two MHOs each half-time to MHO work
- b) issuing all MHOs (rota) with time-tracking devices to track level and demand of activities.

9.2 The pilot evaluation showed that the amount of time spent on MHO work expressed as a percentage of total attendance time ranged from 28% to 56% (average 35%) for MHOs on the rota. The dedicated MHOs in place over the six month period reduced the pressures on MHOs on the rota and demonstrated the benefits of having a dedicated MHO service in place particularly in preparation for the new Act. During this time additional MHOs were being trained following which numbers on the rota have increased. Evidence from the pilot indicates that having dedicated MHOs allows greater scope to meet the demands of longer pieces of work and will be better able to meet the extended duties under the new Act and to provide the continuity expected.

10.0 DEDICATED MHO SERVICE – THE MODEL

10.1 Providing an MHO service on a duty rota basis only is no longer viable and there is an increasing trend nationally towards dedicated MHO teams or a combination of dedicated teams and an MHO duty rota. The option of having a dedicated team of MHOs only is a high risk strategy and would be an inefficient use of staff resources. It is extremely difficult to recruit qualified MHOs and it takes a considerable amount of time and resources to train them. A

combined option of having a dedicated team and a supporting MHO duty rota has benefits in having a range of skill, knowledge and mental health expertise across all services.

- 10.2 It is therefore proposed that a dedicated MHO team be established comprising four Mental Health Officers, graded AP4/5 + 1 (£20,808 - £26,379), one Clerical Assistant, graded GS1/2 (£10,671 - £14,220) and one Senior Mental Health Officer, graded PO3-6 (£27,822 - £30,288) to supervise and manage the service including the duty rota.
- 10.3 In this instance it is important to note that MHO service capacity is not only about staff numbers, but to deliver an effective service, that attention is given to structure, support, supervision arrangements and staff retention. It is envisaged that the full-time MHOs would be expected to contribute to MHO training, by acting as practice supervisors and portfolio assessors as well as providing consultation on occasions to non-MHO staff seeking advice on mental health issues and the law, thus considerably broadening the department's expertise base.
- 10.4 A duty rota will still be required to ensure an emergency response can be provided when the MHO team is fully deployed. Staff on this rota will all be working in substantive posts in other teams in the Department, and participation in the duty rota may involve them in carrying out work over and above their normal workload, thus impinging on their non-working time. In recognition of this additional duty it is proposed that an MHO allowance of £680 per annum is paid to basic grade Social Workers outwith the MHO team who participate in the duty rota. This allowance would replace the additional increments approved by the Personnel Committee in November 2003.
- 10.5 Outwith the working hours of 8am to 8pm, Monday to Friday, emergencies can arise when the presence of a Mental Health Officer is required. The current fee for these call outs is £40, and this fee has not been revised for a number of years. The low payment level is making it increasingly difficult to identify staff who are willing to respond to these emergencies which consequently impacts on the exercising of statutory responsibilities. It is envisaged that this difficult will be compounded with extended Mental Health Officer duties, compliance with MHO standards and the attendant completion of necessary, but extensive, statutory forms. It is therefore proposed to revise this fee to £100 per session in which there is a call out or call outs. This is expected to ensure a sufficient supply of MHOs who will be prepared to attend these emergencies, and will ease the pressure on the Out of Hours Service who receive the bulk of the requests for this service.

11.0 CONSULTATION

- 11.1 The Chief Executive, Depute Chief Executive (Finance), Depute Chief Executive (Support Services) and the Trades Unions have been consulted in the preparation of this report.

12.0 BACKGROUND PAPERS

None.

Alan G Baird
Director of Social Work

10 June 2005

James C Petrie
Assistant Chief Executive (Management)

10 June 2005

FINANCIAL APPENDIX

MENTAL HEALTH OFFICER TEAM

Staff costs	FTE	Grade	Cost in 2005/06 (£)	Full Year Costs (£)
Senior Mental Health Officer	1.0	PO3-6		35,600
Mental Health Officer	4.0	QSW		121,100
Clerical Assistant	<u>1.0</u>	GS 1/2		<u>16,600</u>
	6.0		£101,100	173,300
Mental Health Allowances			£5,700	7,600
Call out fees			<u>£10,400</u>	<u>13,800</u>
		Total staff costs	£117,200	£194,700
Non-staff costs				
Travel allowances				5,000
Supplies and services				<u>5,000</u>
		Total non staff costs	£5,800	£10,000
		Grand total	£123,000	£204,700