

## **EAST AYRSHIRE COUNCIL**

**CABINET – 27 JANUARY 2010**

### **NATIONAL STANDARDS FOR MENTAL HEALTH OFFICERS**

#### **Report by the Executive Director of Educational and Social Services**

#### **1. PURPOSE OF REPORT**

- 1.1** To seek Cabinet endorsement of the Action Plan and Remuneration Agreement prepared in response to the National Standards for Mental Health Officers.

#### **2. BACKGROUND**

- 2.1** The Scottish Government published National Standards for Mental Health Officers to ensure consistency in Mental Health Officer practice and appropriate support and supervision is provided for Mental Health Officers by their employers.
- 2.2** Mental Health Officers are qualified Social Workers who have undertaken further training which enables them to be appointed by Chief Social Work Officers to undertake the role of Mental Health Officers within the council area. Their role and function was specifically recognised in a report presented to Cabinet on 21 October 2009 in Respect of the Role of the Registered Social Worker in Contributing to Better Outcomes for Scotland.
- 2.3** The Mental Health Officer alone can undertake specific tasks as outlined in Mental Health legislation including agreement to non voluntary hospital admission, or compulsory treatment in the community and recommending to Court, following assessment, if someone should become subject to financial or welfare guardianship where it is considered the person no longer has capacity to protect themselves in these areas.
- 2.4** In addition, Mental Health Officers provide advice, training and guidance with respect to Mental Health legislation to all social work and other interested agencies and members of the public which was subsequently highlighted as a recommendation within the Mental Welfare Commission report entitled "Too Close to See" published in November in 2009.

The East Ayrshire Social Work Inspection Agency performance report published in 2009 notes the positive views of people who accessed social work and mental health officer services and how they considered the support they received aided their recovery.

- 2.5** In East Ayrshire, we currently have 23 Mental Health Officers with 1 Social Worker currently undertaking training.
- 2.6** Mental Health Officers receive an additional payment of £1500 per annum in recognition of the specific work they undertake.

### **3. NATIONAL STANDARDS**

**3.1** The National Standards introduce a range of requirements for Mental Health Officers and their employers to meet which reflect the following headings:-

**(i) Responsive services**

All persons who require a Mental Health Officer on a personal or professional capacity can expect a helpful response.

**(ii) Referral, Assessment & Admission procedures**

Service users, carers and others making a referral to a Mental Health Officers service can expect the Council as employer to make clear arrangements for the assessment of individuals and instigate actions to meet assessed needs.

**(iii) Care Planning & Care Management**

Service users subject to statutory measures of care under Mental Health legislation can expect they will benefit from care management, key working, monitoring and review.

**(iv) Inter/Intra-Agency Collaboration & Cooperation**

Service users who are or have been subject to statutory measures can be assured that the local social work service will work closely with other agencies and departments to ensure a coordinated approach to securing services and implementing legislation.

**(v) Equitable Provision & Anti-Discrimination Practice**

Service users and carers can expect the Council to implement systems and process for referral, assessment, care planning and service provision which respects the rights of individuals.

**(vi) Staff Training & Development**

Mental Health Officers can expect their Council to provide appropriate opportunities for professional development and specialist professional advice and guidance from an experienced Mental Health Officer.

**(vii) Organisation & Management**

Mental Health Officers can expect their Council to provide proper managerial, administrative and technical support which enables them to fulfil their statutory duties.

### **4. THE NATIONAL STANDARDS ACTION PLAN**

**4.1** A comprehensive action plan has been developed to ensure East Ayrshire Council and its stakeholders meet the requirements of the Mental Health Officer National Standards (appendix 1).

**4.2** In terms of ensuring Mental Health Officers and the Council as employers undertake their respective responsibilities in line with National Standards, officers

will be expected to evidence Mental Health Officer activity undertaken in order to receive remuneration. A copy of the Remuneration Agreement is attached for reference (appendix 2).

## **5. FINANCIAL IMPLICATIONS**

- 5.1 The remuneration for Mental Health Officers is established within existing budgets.
- 5.2 Delivery of the action plan will be achieved through utilisation of existing social work resources and Community Health Partnership arrangements.

## **6. PERSONNEL IMPLICATIONS**

- 6.1 The action plan supports the Council's commitment to recruiting and retaining a confident and competent social work workforce.

## **7. POLICY/LEGAL IMPLICATIONS**

- 7.1 The National Standards Action Plan supports the Council to meet its statutory requirements as delivered within Mental Health legislation.

## **8. COMMUNITY PLANNING IMPLICATIONS**

- 8.1 The Action Plan will further strengthen Social Workers contribution to the Community Plan, specifically the improving health and wellbeing and promoting community safety themes.

## **9. RISK MANAGEMENT**

- 9.1 Effective social work services across functions contribute to the management of risk for individuals, communities and the Council.

## **10. RECOMMENDATIONS**

- 10.1 It is recommended that Cabinet:-

- (i) Endorse the Action Plan;
- (ii) Note the important role of Mental Health Officers within the Community Planning Infrastructure; and
- (iii) Otherwise note the content of this report

Graham Short  
Executive Director of Educational and Social Services




12 January 2010







### **LIST OF BACKGROUND PAPERS**







1. National Standards for Mental Health Officer Services
2. Mental Health (Care & Treatment) (Scotland) Act 2003
3. Criminal Procedure (Scotland) Act 1995
4. Adults with Incapacity (Scotland) Act 2000





Members wishing further information should contact Alison Findlay, Senior Manager Community Care, tel 01563 576895






**IMPLEMENTATION OFFICER : Eddie Fraser, Head of Service : Community Care**





 EA practice  
 EA practice but requires development  
 New activity recommended






Outcomes	Input/Current Status	Processes/Action Required	Lead	Time scale	Output
<p><b>Outcome 1.1</b>                      Information on how to access the Mental Health Officer service and/or a Designated Mental Health Officer whenever needed is available in appropriate languages and formats according to service users' and carers, and, where appropriate, all relevant others' needs. This information is widely distributed and available to the general public and all relevant mental health professionals, primary health care teams, the police, the court service, and independent sector care staff.</p>	<p>There is currently good general awareness of availability of MHO service both during and out with office hours limited to primary stakeholders.</p>	<ul style="list-style-type: none"> <li>Audit existing available local and national information. </li> <li>Adapt or develop specific information relating to East Ayrshire MHO service. </li> <li>Distribute revised information across all stakeholders and public access areas. </li> </ul>	<p>Mental Health Coordinator Mental Health Coordinator Mental Health Coordinator</p>	<p>February 2010 June 2010 September 2010</p>	<p>Range of accessible and information widely available detailing role and function of MHO and contact points.</p>
<p><b>Outcome 1.2</b>                      Service users, carers and, where appropriate, all relevant others are given information which explains the role of the Designated Mental Health Officer and their relationship to the multi-disciplinary mental health/learning disability service as well as other sections of the local authority social work service.</p>	<p>There is a lack of public information available about the role of the DMHO.</p>	<ul style="list-style-type: none"> <li>Audit existing available local and national information. </li> <li>Adapt or develop specific information relating to East Ayrshire MHO service. </li> <li>Distribute revised information across all stakeholders and public access areas. </li> </ul>	<p>Mental Health Coordinator Mental Health Coordinator Mental Health Coordinator</p>	<p>February 2010 June 2010 September 2010</p>	<p>Range of accessible and information widely available detailing role and function of MHO and contact points.</p>

<p><b>Outcome 1.3</b>  <b>All service users subject to compulsion or being assessed for use of statutory powers under the 2003 Act, the 2000 Act or the 1995 Act and, where appropriate, their carers, nearest relatives and relevant others are given accessible information in the appropriate language and format. This should include information on the relevant sections of the legislation, their associated legal rights and information and assistance in securing legal advice and guidance as well as advocacy services. Information should be communicated both orally as well as in written form.</b></p>	<p>This information is available but requires to be updated.</p>	<ul style="list-style-type: none"> <li>• Audit existing available local and national information. </li> <li>• Adapt or develop specific information relating to East Ayrshire </li> <li>• Distribute revised information across all stakeholders and public access areas. </li> <li>• Ensure all service users subject to compulsion are provided with the relevant information. </li> </ul>	<p>Mental Health Coordinator  Mental Health Coordinator  Mental Health Coordinator  Mental Health Coordinator  All MHOs</p>	<p>February 2010  June 2010  September 2010  Immediate</p>	<p>All service users, carers and persons involved in the use of or potential use of legislative interventions are aware of their rights.</p>
<p><b>Outcome 1.4</b>  <b>All service users and carers in contact with the Mental Health Officer service are given information in the appropriate language and format. This should clearly explain the range of services available for people affected by mental disorder, systems for community care assessment and contact numbers for advice.</b></p>	<p>There is restricted information available which lacks coordination.</p>	<ul style="list-style-type: none"> <li>• A range of accessible, complementary information will be developed reflecting the variety of services and access points available in East Ayrshire for service users and carers. </li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>September 2010</p>	<p>Ensure accessible information is available relating to how to access assessments of need and services. This information will highlight range of services within NHS, LA &amp; the third sector.</p>
<p><b>Outcome 1.5</b>  Each service user who is or has been subject to or assessed for use of statutory powers under the 2003 Act, the 2000 Act and the 1995 Act has a care plan, or is given the option of having a care plan, which draws upon a range of care and support services appropriate to their individual</p>	<p>Existing practice would expect care plans to include all points listed in the action. Care plans are monitored within line management structures.</p>	<ul style="list-style-type: none"> <li>• Sampling of care plans to ensure consistency of standards across MHO Service. </li> </ul>	<p>Service Manager Mental Health and Learning Disability Partners</p>	<p>April 2010</p>	<p>Care planning reflects individuals needs and ensures protection, health, wellbeing, quality of life and minimal intervention.</p>




<p>needs and preferences. This includes services which:</p> <ul style="list-style-type: none"> <li>• <b>protect their interests where they are vulnerable or at risk;</b></li> <li>• <b>enhance the quality of their lives (as outlined in Section 25 in the 2003 Act);</b></li> <li>• <b>promote their health and well being (as outlined in Section 26 in the 2003 Act); and</b></li> <li>• <b>lessen to the extent possible the need for use of compulsion (in accordance with the principles of the 2003 Act and the AWI Act).</b></li> </ul>		<ul style="list-style-type: none"> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum</li> </ul> 	<p>hip Service Manager/ Mental Health Coordinator</p>	<p>June 2010</p>	
<p><b>Outcome 1.6</b> <b>The local authority, together with partner agencies, monitors the availability of services to implement 'Proposed Care Plans' submitted to the Mental Health Tribunal as part of the application for Compulsory Treatment Orders and uses this information to inform the joint planning and service development process. The local authority, together with health service partner agencies, monitors as well the implementation of 'Proposed Care Plans/Care Plans' on an individual basis.</b></p>	<p>All care plans require to be scrutinised and considered within the Resource Allocation Group. Shortfalls are identified and alternative arrangements considered to meet identified need.</p>	<ul style="list-style-type: none"> <li>• As the test site for the Integrated Resource Framework relating to adult services, a full review and mapping exercise of need and multi agency resourcing to be undertaken.</li> </ul>  <ul style="list-style-type: none"> <li>• Identification of unmet need and revision of service models to meet needs sustainability will be undertaken as part of this exercise.</li> </ul> 	<p>East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>March 2010</p>	<p>Multi agency consideration of and response to identified current and anticipated need will be progressed through the Integrated Resource Framework.</p>
<p><b>Outcome 1.7</b> <b>There is a system for workload management for MHOs which addresses the appointment of Designated MHOs under the</b></p>	<p>Workload systems currently subject to development with inclusion of specific workstream within SWIFT.</p>	<ul style="list-style-type: none"> <li>• All MHOs access support and supervision specifically relating to their MHO activity.</li> </ul> 	<p>Service Manager Mental Health and</p>	<p>Current</p>	<p>Support available for MHOs to provide consistent, responsive service to service users.</p>





<p>2003 Act and the allocation of statutory MHO work. This system should ensure quick allocation and limit, as far as possible, the changes in the Designated MHO for any one service user, especially during the period in which they are subject to compulsion.</p>		<ul style="list-style-type: none"> <li>Electronic workload management system to be operationalised. </li> <li>Regular formal communication across all MHO managers and mentors to ensure issues regarding MHO capacity are considered and responded to timeously. </li> </ul>	<p>Learning Disability Partnership Mental Health Coordinator East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>February 2010 January 2010</p>	
<p><b>Outcome 1.8</b> There is an agreed protocol in place with the State Hospital, and other national and regional psychiatric/learning disability units, which details liaison arrangements, facilitates the continued involvement of a Designated MHO from the authority at key meetings such as annual reviews and discharge/transfer planning meetings, and which delegates authority for the provision of locally-based responsive MHO services.</p>	<p>There are arrangements in place for provision of DMHO role for service users within the State Hospital. There is also an understanding of the need for regular DMHO input with those within High or Medium Secure accommodation or specialist mental health/learning disability provision elsewhere. There is a clear undertaking that EAC will provide DMHO input for annual reviews or transfer/discharge planning meetings.</p>	<ul style="list-style-type: none"> <li>Confirm arrangements formally in writing to relevant parties. </li> <li>Routinely monitor EAC service users placed in the State Hospital and Secure facilities. </li> </ul>	<p>Mental Health Coordinator  Mental Health Coordinator</p>	<p>January 2010</p>	<p>Suitable arrangements are in place with all relevant specialist providers to ensure positive communication and clear referral/access routes to MHO services.</p>
<p><b>Outcome 1.9</b> Processes are in place for inviting and analysing feedback from service users, carers, relevant statutory services and other stakeholders such as</p>	<p>Feedback is restricted to formal and informal complaints processes and adhoc consultations.</p>	<ul style="list-style-type: none"> <li>Develop a feedback format to seek views of service users and carers following contact with the East Ayrshire MHO service. </li> </ul>	<p>Mental Health Coordinator</p>	<p>April 2010</p>	<p>Provide an appropriate route for feedback on MHO Service and address any competency to practise issues accordingly.</p>




<p><b>Advocacy services on the operation and effectiveness of the local authority's Mental Health Officer service. The analysis of this feedback is accessible to all interested parties.</b></p>		<ul style="list-style-type: none"> <li>Establish communication and feedback processes to include MHO services. </li> <li>Ensure MHO development reflects feedback from processes currently established. </li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership  Mental Health Coordinator</p>	<p>April 2010  Immediate</p>	
<p><b>Outcome 1.10</b> <b>Information available from the local authority's formal Complaints Procedures relating to the department's mental health/learning disability and Mental Health Officer services is used to inform changes to and developments in these services.</b></p>	<p>Information informs services although not consistently explicitly.</p>	<ul style="list-style-type: none"> <li>All relevant data pertaining to complaints will be routinely analysed to inform practice and service development. </li> <li>Where service and practice developments are being proposed there will be explicit reflection of complaints or comments received by services. </li> </ul>	<p>Service Manager Mental Health and Learning Disability Partnership  Senior Manager Authority Wide Services</p>	<p>January 2010  January 2010</p>	<p>Service and practice developments reflect issues raised by stakeholders.</p>





<p>Outcome 1.1  <b>MHOs routinely carry out their statutory duties in respect of Section 278 of the 2003 Act in assessing the potential impact of compulsion on parental relations and take action to mitigate any adverse effects of compulsion on parental relations.</b></p>	<p>MHOs are aware of their duties in terms of S278 of the 2003 act via appropriate training &amp; line management.</p>	<ul style="list-style-type: none"> <li>• Sampling of care plans to ensure consistency of standards across MHO Service.  </li> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be established within Mental Health Forum  </li> <li>• Reminder through MHO Forum of requirements for MHOs with respect to consideration of impact on family life when considering compulsion.  </li> </ul>	<p>Service Manage Mental Health and Learning Disability Partnership</p> <p>Mental Health Coordinator Mental Health Coordinator</p>	<p>April 2010</p> <p>June 2010</p> <p>January 2010</p>	<p>All MHO activity considers the potential impact on family life of the service user and their families.</p>
<p><b>Outcome 2.1</b>  <b>MHO assessments take full account of the person's views, past and present, to the extent possible, with the assistance of the service user's advocate, named person and relatives where appropriate. All assessments should include consideration of any available Advance Statements, as well as the views of users and carers.</b></p>	<p>This is an understood aspect of the MHO role in EAC.</p>	<ul style="list-style-type: none"> <li>• Sampling of care plans to ensure consistency of standards across MHO Service.  </li> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum  </li> </ul>	<p>Service Manage Mental Health and Learning Disability Partnership</p> <p>Service Manager/Mental Health Coordinator</p>	<p>April 2010</p> <p>June 2010</p>	<p>MHO Service will reflect the views aspirations and wishes of individuals whilst undertaking their duties.</p>
<p><b>Outcome 2.2</b></p>	<p>At present this is addressed</p>	<ul style="list-style-type: none"> <li>• All appropriate measures will be taken to ensure that</li> </ul>	<p>MHOs</p>	<p>Imme</p>	<p>MHO service facilitates</p>












<p><b>MHOs make use of all appropriate methods of communication, whether human or by mechanical aid (whether of an interpretative nature or otherwise) in interviewing service users.</b></p>	<p>by access to Language Line and EAC's sensory impairment service.</p>	<p>service users are interviewed using the appropriate communication.</p>		<p>date</p>	<p>communication to meet the needs of all individuals they require to engage with.</p>
<p><b>Outcome 2.3</b>  <b>MHO assessments take full account of the service user's strengths as well as their vulnerabilities and any associated risks to the person or others in developing appropriate care plans and determining whether statutory powers under the relevant legislation are necessary to implement these plans.</b></p>	<p>This is an understood aspect of the MHO role in EAC.</p>	<ul style="list-style-type: none"> <li>• Sampling of care plans to ensure consistency of standards across MHO Service. </li> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum. </li> </ul>	<p>Service Manager Mental Health and Learning Disability Partnership</p> <p>Service Manager/ Mental Health Coordinator</p>	<p>April 2010</p> <p>June 2010</p>	<p>Provide an accountable MHO Service addressing service user and carers needs in the course of their duties.</p>
<p><b>Outcome 2.4</b>  <b>The outcome of MHO assessments is recorded in case files in accordance with agency policy and is communicated to the extent appropriate, within the bounds of confidentiality, to the service user, their named person, the medical practitioner(s) involved in the assessment, the person's nearest relative, the person's keyworker (where one exists), and, where relevant, proxies under the 2000 Act.</b></p>	<p>EAC practice is to share information with consent with relevant stakeholders. Assessments should always be included in case files.</p>	<ul style="list-style-type: none"> <li>• Revised file management and recording practice guidance will explicitly reflect MHO report inclusion. </li> </ul>	<p>Senior Manager Authority Wide Services</p>	<p>December 2009</p>	<p>MHO assessments are shared and stored with regard to Council processes and procedures.</p>





<p><b>Outcome 2.5</b> MHOs clearly record whether or not their assessment under the 2003 Act, the 2000 Act or the 1995 Act constitutes a comprehensive community care assessment. Local authorities also ensure that there is a system for receiving and acting upon referrals for comprehensive community care assessments made by MHOs to the local authority under Section 227 of the 2003 Act as well as other relevant legislation where the MHO is not carrying out such an assessment.</p>	<p>The current system is clear in terms of MHO conclusion as to whether their intervention constitutes a Single Shared Assessment. Referral pathway is clear to MHOs with regards to accessing Single Shared Assessments.</p>	<ul style="list-style-type: none"> <li>Sampling of assessments to ensure consistency of standards across MHO Service. </li> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum </li> </ul>	<p>Service Manage Mental Health and Learnin g Disabilit y Partners hip</p> <p>Service Manage r/ Mental Health Coordin ator</p>	<p>April 2010</p> <p>June 2010</p>	<p>All MHOs record appropriately the status of their assessments and there is a clear pathway to access Single Shared Assessment and Care Management processes.</p>
<p><b>Outcome 2.6</b> MHOs make appropriate, competent and timely applications to the Mental Health Tribunal and Sheriff Court, where required, following assessments under the relevant legislation.</p>	<p>This met at present in terms of duties under legislation</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service. </li> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum </li> </ul>	<p>Service Manage Mental Health and Learnin g Disabilit y Partners hip</p> <p>Service Manage r/ Mental Health Coordin ator</p>	<p>April 2010</p> <p>June 2010</p>	<p>Competent MHO service delivery in respect of statutory reports.</p>

<p><b>Outcome 2.7</b>  <b>Where an MHO assessment does not result in the use of compulsion or statutory measures, the MHO or another designated worker continues to assist the service user and their carers, as far as possible, in arranging the care they may be assessed as needing.</b></p>	<p>This is adequately addressed by EAC MHO Service.</p>	<ul style="list-style-type: none"> <li>• Sampling of cases to ensure consistency of standards across MHO Service.</li> </ul> <p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum.</li> </ul> <p style="text-align: center;"></p>	<p>Service Manager Mental Health and Learning Disability Partnership</p> <p>Service Manager/ Mental Health Coordinator</p>	<p>April 2010</p> <p>June 2010</p>	<p>Where statutory measures are not required, however there are ongoing community care or child care needs, an appropriate officer will undertake ongoing assessment and support.</p>
<p><b>Outcome 2.8</b>  <b>The local authority, with health service partners, monitors the effectiveness of local Psychiatric Emergency Plans to ensure that following the decision to admit someone to psychiatric hospital on an emergency basis, the patient is given appropriate support prior to their transport to hospital and that this transport itself is effected in a safe and sensitive</b></p>	<p>Revised structural arrangements require this to be reviewed.</p>	<ul style="list-style-type: none"> <li>• Current PEP to be considered within the context of East Ayrshire to ensure local needs are being met.</li> </ul> <p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>• As the test site for the Integrated Resource Framework relating to adult services, a full review and mapping exercise of need and multi agency resourcing to be undertaken.</li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire</p>	<p>March 2010</p>	<p>Ensure the PEP reflects identified needs in East Ayrshire</p>






<p>manner which is least disruptive to the patient.</p>		<p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>• Identification of unmet need and revision of service models to meet needs sustainability will be undertaken as part of this exercise.</li> </ul> <p style="text-align: center;"></p>	<p>Mental Health and Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership</p>		
<p><b>Outcome 2.9</b>  <b>The local authority, with health service partners, has effective arrangements for liaison between its MHO service and general hospital services, particularly A&amp;E departments. Such arrangements should be monitored jointly with health partners on a regular basis and this monitoring should involve, among others, the lead person with responsibility for MHO services.</b></p>	<p>There are currently good working relationships between MHO Service and NHS Medical Records staff and Ward Managers</p>	<ul style="list-style-type: none"> <li>• To be reviewed within the revised partnership arrangements in order to support formal and informal communication processes.</li> </ul> <p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>• Programme of regular liaison meetings to be established to enhance communication.</li> </ul> <p style="text-align: center;"></p>	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>February 2010  February 2010</p>	<p>All elements of interaction with stakeholders will be fit for purpose in East Ayrshire.</p>






<p><b>Outcome 2.10</b> MHOs seeking and executing warrants under the 2000 and 2003 Acts involve all relevant parties, including the police, in determining how this can be carried out in the safest and most sensitive manner. Procedures covering this are addressed with health service partners in their Psychiatric Emergency Plans.</p>	<p>This is a strength at present of the MHO Service</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service. </li> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum </li> <li>PEP to be considered within the context of East Ayrshire to ensure local needs are being met. </li> </ul>	<p>Service Manage Mental Health and Learnin g Disabilit y Partners hip</p> <p>Service Manage r/ Mental Health Coordin ator</p> <p>Ayrshire Mental Health and Learnin g Disabilit y Partners hip</p>	<p>March 2010</p> <p>April 2010</p> <p>March 2010</p>	<p>Build upon established links with relevant stakeholders to ensure understanding of MHO role is widely recognised with respect to specialist interventions.</p>
<p><b>Outcome 2.11</b> There is monitoring of the implementation of procedures relating to the securing and protection of property by local authority staff when a person is admitted to hospital or care under the 2003 Act, the 2000 Act or the 1995 Act. Procedures covering this should be</p>	<p>While monitored within line management and mentoring arrangements there requires to be an overview of practice.</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service. </li> </ul>	<p>Service Manage Mental Health and Learnin g Disabilit y Partners</p>	<p>March 2010</p>	<p>MHO practice with respect to securing and protection of property is robust 24/7</p>

<p>addressed in their Psychiatric Emergency Plans.</p>		<ul style="list-style-type: none"> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice sharing to be progressed within Mental Health Forum</li> </ul> <p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>PEP to be considered within the context of East Ayrshire to ensure local needs are being met.</li> </ul> <p style="text-align: center;"></p>	<p>hip</p> <p>Service Manager/ Mental Health Coordinator</p> <p>Ayrshire Mental Health and Learning Disability Partnership</p>	<p>April 2010</p> <p>March 2010</p>	
<p><b>Outcome 3.1</b> The MHO service is integrated into the care management and service commissioning infrastructure across all age and service user groups.</p>	<p>MHOs are located across service groups and inform practice and service delivery within each service.</p>	<ul style="list-style-type: none"> <li>Through MHO forum ensure MHOs are fully aware of their responsibility to inform service and practice development within their own services from an MHO perspective.</li> </ul> <p style="text-align: center;"></p>	<p>Mental Health Coordinator</p>	<p>April 2010</p>	<p>The MHO service informs practice and service development across sections.</p>
<p><b>Outcome 3.2</b> MHOs are able to evidence that care plans involve the least restrictive use of the legislation necessary to implement the care plan based on the assessed needs of the service user.</p>	<p>This principle is well established in all parts of the MHO Service. This is particularly emphasised when there is access to advice from the Legal Solutions Forum.</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service.</li> </ul> <p style="text-align: center;"></p> <ul style="list-style-type: none"> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed in Mental Health Forum</li> </ul> <p style="text-align: center;"></p>	<p>Service Manager Mental Health and Learning Disability Partnership</p> <p>Service Manager/ Mental</p>	<p>March 2010.</p> <p>April 2010</p>	<p>Appropriate consideration of least restrictive interventions are recorded in case files, reports, Social work information system as appropriate and in line with recording procedures.</p>

			Health Coordinator		
<p><b>Outcome 3.3</b> MHOs routinely contribute to the assessment of risk and vulnerability for people subject to statutory measures, or for whom statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act are being considered. Associated care plans identify risk, the management of it, and action to be taken in response to changes in circumstances which may affect the risk and its management.</p>	<p>Multi agency risk assessment and management tool well established routinely informed by MHOs.</p> <p>MHOs involved in CP and MAPPA processes where identified need.</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service. </li> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed in Mental Health Forum </li> <li>Liaison across social work services to raise awareness of MHO role and function and involvement in informing risk in situations where mental health may not be the presenting issue. </li> </ul>	<p>Service Management and Learning Disability Partnership</p> <p>Service Manager/ Mental Health Coordinator</p> <p>Mental Health and Learning Disability Partnership</p>	<p>March 2010.</p> <p>April 2010</p> <p>April 2010</p>	<p>MHOs continue to inform and advise risk assessment and management plans</p>
<p><b>Outcome 3.4</b> MHOs consult with all relevant parties including independent sector providers in compiling a 'Proposed Care Plan' as part of the application to the Tribunal for Compulsory Treatment Orders, and invite</p>	<p>Multi agency discussions with respect to care plan development are expected practice in East Ayrshire.</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service. </li> </ul>	<p>Service Management and Learning Disability</p>	<p>March 2010.</p>	<p>Care plans are fully informed by all stakeholders.</p>

<p>professionals with specialist knowledge and experience to contribute to the assessment, care planning and reviewing of cases where necessary.</p>		<ul style="list-style-type: none"> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed within Mental Health Forum.</li> </ul> 	<p>y Partners hip  Service Manage r/ Mental Health Coordin ator</p>	<p>April 2010</p>	
<p><b>Outcome 3.5</b> MHO assessments and subsequent care plans take account of the local authority's duties under the 2003 Act and the 2000 Act to make enquiries where an individual with mental disorder and/or their finances or property, may be or may have been vulnerable and/or at risk.</p>	<p>In EAC this is a key area of strength within the MHO service.</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service.</li> </ul>  <ul style="list-style-type: none"> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed in MHO Forum.</li> </ul>  <ul style="list-style-type: none"> <li>Ensure identified need in emerging training plans is translated into rolling programme of awareness raising with respect to responsibilities and legislative framework for making enquiries where risk has been identified.</li> </ul> 	<p>Service Manage Mental Health and Learnin g Disabilit y Partners hip  Service Manage r/ Mental Health Coordin ator  Senior Manage r Authorit y Wide Service s</p>	<p>Marc h201 0.  April 2010  Marc h 2010</p>	<p>MHOs and front line staff in general are aware of their duties to make enquiries where there are any issues of risk relating to a vulnerable person.</p>
<p><b>Outcome 3.6</b> Care plans for service users subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act in the</p>	<p>This matter is addressed as a matter of priority within the practice of MHO Service . Information routinely included in Risk Management Plan</p>	<ul style="list-style-type: none"> <li>Sampling of cases to ensure consistency of standards across MHO Service.</li> </ul> 	<p>Service Manage Mental Health and</p>	<p>1<sup>st</sup> April 2010</p>	<p>Care and risk management plans include details of alternative arrangements should</p>

<p>community include alternative courses of action to take, and support to be made available to the service user and, where relevant, carers in the event of the failure of essential components in the service user's care plan.</p>		<ul style="list-style-type: none"> <li>Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed in MHO forum.</li> </ul> 	<p>Learning Disability Partnership Service Manager/ Mental Health Coordinator</p>		<p>essential components break down.</p>
<p><b>Outcome 3.7</b> MHOs participate in regular multi-disciplinary reviews of care plans and the continuing need for use of statutory measures for all service users subject to the 2003 Act, the 2000 Act or the 1995 Act.</p>	<p>MHOs currently engage routinely in multi disciplinary reviews.</p>	<ul style="list-style-type: none"> <li>Continued monitoring of MHO capacity to engage in reviews and multi disciplinary meetings where their statutory involvement may have ceased.</li> <li>Raise awareness of the Legal Solutions Forum across social work services and it's role to advise and support officers consider legislative routes for intervention.</li> </ul>  	<p>Mental Health Coordinator Mental Health Coordinator</p>	<p>Immediate Immediate</p>	<p>Ongoing MHO overview of service users whose need for statutory intervention may fluctuate.</p>
<p><b>Outcome 4.1</b> Agreed protocols are in place with health service colleagues, the police, the courts, the Tribunal service and the independent sector on implementing the 2003 Act, the 2000 Act and the 1995 Act. Psychiatric Emergency Plans address some of these protocols.</p>	<p>Formal protocols require to be reviewed and updated reflecting changes in legislation and the introduction of the Adult Support and Protection (Scotland) Act.</p>	<ul style="list-style-type: none"> <li>Audit existing protocols</li> <li>Revise and update interagency and departmental protocols.</li> </ul>  	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire Mental Health and</p>	<p>July 2010</p>	<p>There are clear protocols and pathways in place amongst all agencies potentially concerned in intervention relating to mental health legislation</p>






		<ul style="list-style-type: none"> <li>Ensure PEP is informed by revised protocols</li> </ul> 	Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership		
<b>Outcome 4.2</b> Clear arrangements are in place to facilitate a responsive MHO service to the police, the courts and the Procurator Fiscal service to assist those service users with mental disorder who are involved in the Criminal Justice System.	There are currently specific MHOs located within criminal justice services funded by community care monies to meet the needs of mentally disordered offenders.	<ul style="list-style-type: none"> <li>Review the role, function and interface between criminal justice/ mental disorder personnel and community care services</li> </ul> 	Service manager Mental Health and Learning Disability Partnership	March 2009	There is a responsive and accessible MHO service to support the Criminal Justice System
<b>Outcome 4.3</b> The local authority with partner agencies commissions services which provide a range of alternatives to admission to psychiatric/learning disability hospitals.	Current service design and commissioning reflects identified needs for a range of community supports. In terms of sustainability and joint services this requires to be reviewed.	<ul style="list-style-type: none"> <li>As the test site for the Integrated Resource Framework relating to adult services, a full review and mapping exercise of need and multi agency resourcing to be undertaken.</li> <li>Identification of unmet need and revision of service models to meet needs sustainability will be undertaken as part of this exercise.</li> </ul>  	East Ayrshire Mental Health and Learning Disability Partnership	March 2010	There is a range of sustainable and suitable community resources which will provide a direct alternative to hospital admission for people in East Ayrshire.
<b>Outcome 4.4</b> The local authority with partner agencies is engaged in service development which identifies needs of service users affected by mental disorder, including	Current service design and commissioning reflects identified needs for a range of community supports. In terms of sustainability and joint services this requires to	<ul style="list-style-type: none"> <li>As the test site for the Integrated Resource Framework relating to adult services, a full review and mapping exercise of need and multi agency resourcing to be undertaken.</li> </ul> 	East Ayrshire Mental Health and Learning	March 2010	Develop responsive services to address needs of individuals and secure solutions to areas of unmet need with a partnership




<p>unmet needs, and plans and commissions services appropriate to these needs.</p>	<p>be reviewed.</p>	<ul style="list-style-type: none"> <li>• Identification of unmet need and revision of service models to meet needs sustainability will be undertaken as part of this exercise.</li> </ul>	<p>g Disability Partnership</p>		<p>approach with NHS Ayrshire &amp; Arran.</p>
<p><b>Outcome 4.5</b> There is access to social work/MHO expertise on mental disorder and the associated legislation available to social work criminal justice, child care and community care sections.</p>	<p>The Legislative Solutions Forum provides this facility.</p>	<ul style="list-style-type: none"> <li>• Raise awareness of the Legal Solutions Forum across social work services and it's role to advise and support officers consider legislative routes for intervention.</li> </ul>	<p>Mental Health Coordinator</p>	<p>Immediately</p>	<p>Access to MHO expertise is consistent and clear.</p>
<p><b>Outcome 4.6</b> There is a clearly articulated strategy agreed with health service and independent sector partners which details joint training and working arrangements and where the Mental Health Officer service sits within these arrangements. These arrangements include regular reviews, involving representatives of services users and their carers, of the effectiveness of these arrangements, so that arrangements may evolve as required.</p>	<p>Multi agency training is well established however a programme of joint training needs and formal monitoring of outcomes requires to be strengthened.</p>	<ul style="list-style-type: none"> <li>• Audit existing multi agency training calendar and provision.</li> <li>• Cross refer departmental training plans with audit outcome.</li> <li>• Identify upcoming shared training needs</li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>April 2010 June 2010 June 2010</p>	













<p>resolving disputes concerning MHO assessments under the 2003 Act, the 2000 Act and the 1995 Act.</p>		<ul style="list-style-type: none"> <li>Present within respective Mental Health and Learning Disability Partnerships to secure local agreement.</li> </ul>	<p>g Disability and Mental Health Partnership Service Manager Learning Disability and Mental Health Partnership</p>	<p>April 2010</p>	<p>MHOs and health service personnel.</p>
<p><b>Outcome 4.9</b> There is a system agreed with health colleagues and relevant others for reporting, auditing and reviewing serious accidents and incidents involving service users with a mental disorder so that, as necessary, practice may be changed to reduce the risk of any recurrence.</p>	<p>A system exists and is utilised.</p>	<ul style="list-style-type: none"> <li>Continue to utilise existing system.</li> </ul>	<p>Senior Manager Authority Wide Services</p>	<p>July 2010</p>	<p>An established system exists to facilitate joint review and practice development following a significant incident.</p>
<p><b>Outcome 4.10</b> All relevant local authority departments are involved in service planning, development and delivery essential to the proper implementation of the</p>	<p>Implementation of the 2003 Act involved a range of representatives from across departments and presentation given to the Corporate Management Team about</p>	<ul style="list-style-type: none"> <li>All service developments continue to routinely ensure representation from all appropriate departments</li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>Immediate</p>	<p>Mental health and wellbeing is the responsibility of the Community Planning Partners with different agencies and local</p>

<p><b>2003 Act, the 2000 Act and the 1995 Act.</b></p>	<p>local authority responsibilities.</p>		<p>s</p>		<p>authority departments having specific responsibilities for specific areas of service delivery.</p>
<p><b>Outcome 4.11</b>  <b>There is clear guidance for staff on responding to the expectations of the Mental Welfare Commission for Scotland relating to the exercise of functions under the 2003 Act, the 2000 Act and the 1995 Act in which there is, or may be, a common interest, such as in the overlapping duties to make enquiries in certain cases. Liaison arrangements are regularly reviewed and improved as required.</b></p>	<p>The Mental Health Coordinator is currently the link between the MWC and MHOs</p>	<ul style="list-style-type: none"> <li>Formalised recording processes to be established to ensure MHOs and their managers along with the wider community are routinely notified of MWC expectations and practice recommendations.</li> <li>MWC reports to be routinely shared across the services with commentary on how local practice reflects recommendations and actions required to raise standards.</li> </ul>	<p>Mental Health Coordinator</p> <p>East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>Immediate</p> <p>Immediate</p>	<p>MHO Services in East Ayrshire reflect the expectation, advice and guidance of the Mental Welfare Commission.</p>









<p><b>Outcome 4.12</b></p> <p>There is clear guidance for staff on responding to the expectations of the Public Guardian's Office relating to the exercise of functions under the 2003 Act and the 2000 Act in which there is, or may be, a common interest. Liaison arrangements are regularly reviewed.</p>	<p>There is an appropriately detailed plan in place to address the functions of local authority officers.</p>	<ul style="list-style-type: none"> <li>Annual invitations to the OPG to attend the MHO forum to be organised. </li> <li>Protocols and procedures relating to service delivery to be reviewed and updated regularly. </li> <li>A proportionate and risk assessed audit of all existing policies, procedures and practice guidance for staff will be undertaken </li> </ul>	<p>Mental Health Coordinator Senior Manager Authority Wide Services Resource and Senior Managers</p>	<p>January 2010  Immediate  March 2011</p>	<p>Personnel are clear about their roles and responsibilities with respect to implementation of their legislative functions.</p>
<p><b>Outcome 4.13</b></p> <p>The local authority and partner agencies monitor the implementation of their Procedures for the Protection of Vulnerable Adults to ensure that the use of statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act is considered wherever necessary to implement care plans designed to safeguard vulnerable individuals who have or appear to have a mental disorder.</p>	<p>There is established practice of considering a variety of legislative solutions where there is an issue of protection.</p>	<ul style="list-style-type: none"> <li>Ensure identified need in emerging training plans is translated into rolling programme of awareness raising with respect to responsibilities and legislative framework for making enquiries and providing protection measures where risk has been identified. </li> <li>Continue to report to Adult Protection Implementation Committee activities and outcomes for people subject to Adult Protection procedures. </li> </ul>	<p>Senior Manager Authority Wide Services Adult Protection Committee</p>	<p>March 2010  Immediate</p>	<p>All routes for protection are considered and monitored on a multi agency basis.</p>




<p>Outcome 5.1 There is monitoring of whether ethnic origin, race, culture, religion, language, gender, disability, age and sexual orientation are fully taken into account in contacts with and assessments of people who are or may be subject to statutory measures under the 2003 Act, the 2000 Act or the 1995 Act.</p>	<p>Robust monitoring requires to be established.</p>	<ul style="list-style-type: none"> <li>• Sampling of cases to ensure consistency of standards across MHO Service. </li> <li>• Dependent on outcome of sampling exercise, programme of awareness raising and best practice to be progressed within MHO forum. </li> <li>• Generic monitoring system to be established within the EAMH and LD Partnership. </li> </ul>	<p>Service Management Mental Health and Learning Disability Partnership</p> <p>Service Manager/ Mental Health Coordinator</p> <p>East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>April 2010</p> <p>June 2010</p> <p>June 2010</p>	<p>There is equal access to MHO services and account fully taken of every service user regardless of ethnic origin, race, culture, religion, language, gender, disability, age and sexual orientation.</p>
<p><b>Outcome 5.2</b> <b>MHOs and other social work staff receive training in anti-discriminatory practice which addresses the knowledge and skills required to respond to and support the individual needs of each person with mental disorder referred for assessment.</b></p>	<p>This is currently part of all ongoing local authority training calendar.</p>	<ul style="list-style-type: none"> <li>• Audit current training requirements with respect to equalities</li> <li>• Ensure training requirements inform training plan.</li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire</p>	<p>Ongoing</p>	<p>All personnel access training and awareness raising with respect to the Equalities agenda.</p>




			Mental Health and Learning Disability Partnership		
<b>Outcome 5.3</b> Clear and well-publicised arrangements are in place for accessing interpreters for service users, MHOs and Advocates as required when a person is being assessed for, or subject to, the use of statutory measures under the 2003 Act, the 2000 Act or the 1995 Act.	The main stakeholders are aware of routes to access interpreters and advocates, however requires to be improved and distributed more widely.	<ul style="list-style-type: none"> <li>Audit information available for accessing interpreter services </li> <li>Provide accessible pathway to facilitate access to interpreter services. </li> </ul>	Mental Health Coordinator  Mental Health Coordinator/Sensory Impairment Services	Ongoing  June 2010	A clear route to access interpreter services is readily available for service users and stakeholders involved where statutory measures are being considered or utilised.
<b>Outcome 5.4</b> There is an equal opportunity policy and action plan for recruitment, employment and service delivery.	Available and in place as Corporate Policy.	<ul style="list-style-type: none"> <li>Recruitment, employment and service delivery continue to reflect corporate policies, procedures and eligibility criteria. </li> </ul>	SMT	Immediate	Recruitment, employment and service delivery all reflect approved equal opportunity policy and procedures.
<b>Outcome 5.5</b> There is a policy for dealing with harassment and abuse of service users and staff.	Available and in place as Corporate Policy.	<ul style="list-style-type: none"> <li>All staff continue to be made aware of existing policies. </li> </ul>	SMT	Immediate	Policies and procedures are in place to advise on response to harassment of service users and staff.







<p><b>Outcome 5.6</b> The needs of the population it serves have been assessed with partner agencies, and service use is monitored to establish patterns of under and over representation.</p>	<p>Previous Mental Health strategies have been informed by the needs of the local population in partnership.</p>	<ul style="list-style-type: none"> <li>As the test site for the Integrated Resource Framework relating to adult services, a full review and mapping exercise of need and multi agency resourcing to be undertaken. </li> <li>Identification of unmet need and revision of service models to meet needs sustainability will be undertaken as part of this exercise. </li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>March 2010 March 2010</p>	<p>Services in East Ayrshire are developed in partnership to meet local need.</p>
<p><b>Outcome 6.1</b> There is a strategy for the recruitment, training and retention of adequate numbers of MHOs, including MHO staff with a variety of relevant specialist expertise, to meet the needs of their area.</p>	<p>A programme of succession planning and anticipated need has commenced.</p>	<ul style="list-style-type: none"> <li>Programme to be concluded with timescales and requirements for growth and replacement of MHOs in line with local need. </li> <li>Regular reporting to the EAMH and LD Partnership of MHO activity to facilitate a partnership overview of activity locally. </li> </ul>	<p>Mental Health Coordinator Mental Health Sub Group</p>	<p>March 2010 March 2010</p>	<p>Ensure the MHO Service continues to have capacity to meet demand in East Ayrshire.</p>
<p><b>Outcome 6.2</b> There is a programme of orientation/training for all newly appointed MHOs and MHO trainees which familiarises them with the range of care and treatment services available for people</p>	<p>This is largely met within the MHO Forum. It also is part of CPD via training from West of Scotland Learning Network</p>	<ul style="list-style-type: none"> <li>Expand and consolidate our position by increased use of mentoring role in EAC. </li> </ul>	<p>Mental Health Coordinator</p>	<p>March 2010</p>	<p>Ongoing appropriate CPD training available for all MHO s .</p>






with mental disorder on a local, regional and national basis.					
<b>Outcome 6.3</b> <b>The professional and practical support needs of individual MHO trainees are addressed in line with the recommendation of the training providers.</b>	This area is acted upon in terms of links that exist between Mental Health Co-ordinator and West Of Scotland Learning Network Monitoring & Development Group	<ul style="list-style-type: none"> <li>EAC continue to maintain representation within the Learning Network Monitoring and Development Group and its emerging replacement in terms of new MHO course and ongoing CPD for MHOs .</li> <li>MHO induction programme established for all new and new to authority MHOs</li> </ul>	Mental Health Co-ordinator  Mental Health Co-ordinator and Mental Health Forum.	Immediate  June 2010	Appropriate Learning Opportunities are provided to all MHO trainees and those new to East Ayrshire
<b>Outcome 6.4</b> <b>Newly appointed MHOs are supported in their role and given work appropriate to their experience and expertise.</b>	At present this is usual practice in East Ayrshire.	<ul style="list-style-type: none"> <li>Explicit description of expectation of workloads for newly appointed MHOs to be introduced and added to MHO Contracts</li> <li>Overview of workload of new MHOs to be kept to ensure consistency with guidance.</li> </ul>	Service Manager Mental Health and Learning Disability Partnership Mental Health Co-ordinator	February 2010  Immediate	Appropriate allocation & support needs for newly qualified MHOs addressed via audit, line management ,contractual & mentoring arrangements.
<b>Outcome 6.5</b> <b>There is a process for assessing the needs of individual MHOs and developing individualised plans for continuing professional development to ensure they are able to gain sufficient experience to maintain their competence and confidence. This is tied to the requirements for re-accreditation and re-appointment as outlined in Statutory Directions.</b>	At present CPD planning route via line management supervision and also in terms of existing mentoring arrangements. This is complemented by existing EAGER system in place for CPD in EAC.	<ul style="list-style-type: none"> <li>Enhance existing mentoring arrangements</li> <li>Establish peer mentoring arrangements across line managers.</li> </ul>	Mental Health Co-ordinator  Mental Health Co-ordinator	April 2010  April 2010	Appropriate CPD arrangements are available for MHOs to support their role and maintain high standards in service delivery.







<p><b>Outcome 6.6</b></p> <p>All MHOs have been given training on the relevant procedures and protocols concerning implementation of the 2003 Act, the 2000 Act and the 1995 Act.</p>	<p>MHOs have currently access to CPD /relevant training via the Learning Network and academic links e.g. Caledonian University. In addition access to internal and external training opportunities via their employers.</p>	<ul style="list-style-type: none"> <li>MHO induction training includes local processes and procedures required to undertake the MHO role. </li> <li>Develop MHO specific mainstream EAGER.  to supplement</li> </ul>	<p>Mental Health Coordinator</p> <p>Mental Health Coordinator</p>	<p>June 2010.</p> <p>June 2010</p>	<p>Ongoing CPD is available to enhance competent MHO Service and record unmet need in MHO training.</p>
<p><b>Outcome 6.7</b></p> <p>All MHOs are provided with and have access to information and training which keeps them abreast of developments in mental health and learning disability care and services, including psychiatric diagnosis, treatment and medication.</p>	<p>MHOs have currently access to CPD /relevant training via the Learning Network and academic links e.g. Caledonian University. In addition access to internal and external training opportunities via their employers.</p>	<ul style="list-style-type: none"> <li>Develop MHO specific EAGER to supplement mainstream EAGER. </li> <li>Ongoing information provision through MHO forum and multi agency training opportunities. </li> </ul>	<p>Mental Health Coordinator</p>	<p>June 2010</p>	<p>Secure ongoing CPD to enhance competent MHO Service and record unmet need in MHO training.</p>
<p><b>Outcome 6.8</b></p> <p>All MHOs have regular, structured access to advice and guidance from a designated, experienced MHO in respect of their MHO practice.</p>	<p>In their line management and current mentoring arrangements individuals are well placed to receive ongoing guidance regarding their roles.</p>	<ul style="list-style-type: none"> <li>Enhance existing mentoring arrangements </li> <li>Establish peer mentoring arrangements across line managers. </li> </ul>	<p>Mental Health Coordinator</p> <p>Mental Health Coordinator</p>	<p>April 2010</p> <p>April 2010</p>	<p>All MHOs are supported and afforded relevant guidance to ensure delivery of a robust service in East Ayrshire.</p>
<p><b>Outcome 6.9</b></p> <p>Arrangements are in place to assist MHOs in participating in regular local or supra-local MHO fora to discuss relevant matters relating to law, practice and service developments. Where staff are unable physically to attend a group/forum due to distance, the local authority should develop or access alternative support systems, for example, through use of video and/or</p>	<p>Arrangements are currently in place for MHOs in EAC to meet on a monthly basis .This is an ongoing area of development as we have been able to meet as a Pan Ayrshire MHO group to address local cross boundary issues . Further development is required to make best use of communication systems.</p>	<ul style="list-style-type: none"> <li>Continued attendance at local and Pan Ayrshire fora </li> <li>Alternate aids to communication, available within the Council, to be utilised as required. </li> </ul>	<p>MHOs</p> <p>All officers</p>	<p>Immediate</p> <p>All offices</p>	<p>Arrangements are in place to facilitate peer discussions with respect to law, practice and service developments.</p>

teleconferencing.					
<p><b>Outcome 6.10</b>  <b>Close liaison with health service partners and relevant others provides regular and accessible opportunities for joint education/training and structured professional advice.</b></p>	<p>At present there is an established close working relationship with NHS colleagues in NHS Ayrshire &amp; Arran. with good consultative links . Joint training is established practice.</p>	<ul style="list-style-type: none"> <li>• Audit existing multi agency training calendar and provision. </li> <li>• Cross refer departmental training plans with audit outcome. </li> <li>• Identify upcoming shared training needs </li> </ul>	<p>East Ayrshire Mental Health and Learning Disability Partnership  East Ayrshire Mental Health and Learning Disability Partnership  East Ayrshire Mental Health and Learning Disability Partnership</p>	<p>April 2010   June 2010   June 2010</p>	<p>Multi agency training and education opportunities are planned in response to need and demand.</p>

			hip East Ayrshire Mental Health and Learnin g Disabilit y Partners hip	Octob er 2010	
<b>Outcome 7.1</b> There is a senior manager responsible for Mental Health Officer services, including the co-ordination, development and monitoring of the MHO service and associated procedures and protocols.	There is a service manager with ultimate responsibility for MHO service provision located within a line management structure.	<ul style="list-style-type: none"> <li>In place </li> </ul>		In place	A Senior Manager has line management responsibility for the development and delivery of the mental health service.
<b>Outcome 7.2</b> There are clear policies and procedures on the allocation of referrals to the MHO service under the 2000 and 2003 Acts and for the appointment of Designated Mental Health Officers as outlined in section 229 of the 2003 Act, including those appointed to fulfil this role on an interim basis.	This is currently in place and an overview of this provision maintained by Mental Health Co-ordinator.	<ul style="list-style-type: none"> <li>Policies and procedures to be reviewed within wider departmental audit. </li> </ul>	Resourc e and Senior Manage rs	Marc h 2011	Policies and Procedures are in place for the appointment of designated MHOs in East Ayrshire.
<b>Outcome 7.3</b> There is an up to date list of MHOs which includes date of appointment, indication of appointment by adjoining authority and record of training, as well as operational location and availability.	Currently these details are held by MHO Admin line including record of MHO training appointment etc .	<ul style="list-style-type: none"> <li>MHO information to be enhanced and centralised in electronic format </li> </ul>	Mental Health Coordin ator	Marc h 2010.	Fully accessible data to inform allocation of work service delivery and identify CPD training required for MHO group.
<b>Outcome 7.4</b> All service users subject to compulsion as well as relevant others involved in the service	Currently service users and their carers are notified of role of DMHO and contact point.	<ul style="list-style-type: none"> <li>Develop MHO cards to assist info sharing with our target group. </li> </ul>	Mental Health Coordin ator	July 2010	All service users have record of contact details for DMHO

<p>user's care and treatment are aware of how to contact the Designated MHO as needed.</p>					
<p><b>Outcome 7.5</b> There is clear information available in written form for private welfare guardians under the 2000 Act which outlines how the local authority carries out its statutory duties to supervise welfare guardians under the Act. This information specifies the local authority's expectations of the guardian in relation to recording, reporting information to the local authority, contact with the adult and visits by the local authority.</p>	<p>Information requires to be further developed detailing the role of the local authority with private welfare guardians.</p>	<ul style="list-style-type: none"> <li>Audit existing available local and national information. </li> <li>Adapt or develop specific information relating to East Ayrshire MHO service. </li> <li>Distribute revised information across all stakeholders and public access areas. </li> </ul>	<p>Mental Health Coordinator Mental Health Coordinator Mental Health Coordinator</p>	<p>February 2010 June 2010 September 2010</p>	<p>Private welfare guardians are clear about the role of the local authority in supervising and supporting their function.</p>
<p><b>Outcome 7.6</b> There are clear procedures in place for monitoring how the guardian's duties are executed on behalf of the chief social work officer of the local authority when they are appointed as guardian in respect of the personal welfare of an adult.</p>	<p>This area is clearly noted in the AWI Procedures of EAC and standard met which is currently being updated.</p>	<ul style="list-style-type: none"> <li>Finalise and issue revised procedures </li> </ul>	<p>Mental Health Coordinator</p>	<p>January 2010</p>	<p>The role of the guardian when undertaken by the local authority is explained in an accessible format.</p>
<p><b>Outcome 7.7</b> There is efficient and effective communication between out-of-hours and daytime MHO services.</p>	<p>EAC commission MHO services from West of Scotland Standby Services at present.</p>	<ul style="list-style-type: none"> <li>Audit of effectiveness of current arrangement with respect to MHO services out of hours. </li> </ul>	<p>Mental Health Coordinator</p>	<p>April 2010</p>	<p>MHO services in East Ayrshire are robust and accessible 24/7.</p>
<p><b>Outcome 7.8</b> There is a system for reviewing the efficiency and quality of its MHO service, and its capacity to provide a quality service on an equitable basis. This includes monitoring how far the existing MHO service supports practice in</p>	<p>Ongoing review and succession planning is undertaken within the mental health and learning disability partnership operational processes.</p>	<ul style="list-style-type: none"> <li>MHO capacity and delivery to be monitored within the MH and LD Partnership operational meeting structure. </li> <li>Delivery against the action plan to be monitored and</li> </ul>	<p>Service Manager MH and LD Partnership Service</p>	<p>January 2010 – ongoing January</p>	<p>There are established systems for monitoring and reviewing MHO service delivery.</p>

accordance with the relevant Codes of Practice and the extent to which the service is delivered to the standards of the National Standards for Mental Health Officer Services.		updated by the MH and LD Partnership. 	Manager MH and LD Partnership	ary 2010 - ongoing	
<b>Outcome 7.9</b> Information on MHO referrals and response times is routinely monitored.	This is at present sampled by Mental Health co-ordinator and Team Leaders Mental Health and is met	<ul style="list-style-type: none"> <li>MHO referrals and response times to be established within the Authority Wide Service management reporting structure.</li> </ul> 	Senior Manager Authority Wide Services	Marc h2010	There is effective audit & review of MHO activity by the management team which informs service planning.
<b>Outcome 7.10</b> All MHOs are provided with sufficient, easily accessible administrative support to assist them in: <ul style="list-style-type: none"> <li>meeting deadlines for reports and statutory applications;</li> <li>alerting them to renewal dates well in advance;</li> <li>organising and minuting important multi-disciplinary case conferences; and,</li> <li>contacting relevant parties.</li> </ul>	Admin systems are subject to a review at present.	<ul style="list-style-type: none"> <li>Commentary will be provided once outcome of admin review is notified.</li> </ul> 	Senior Manager Authority Wide Services	January 2010	MHOs receive appropriate administrative support to undertake their role.
<b>Outcome 7.11</b> All MHOs have ease of access to personal computers, including Internet access, and are issued individual mobile phones and an additional means of summoning assistance in an emergency such as personal alarms.	All MHOs have access to pcs, the internet and mobile phones.	<ul style="list-style-type: none"> <li>Home visit and lone working risk assessed on an individual basis as a matter of practice.</li> <li>Audit of risk factors and solutions to be undertaken.</li> </ul>  	Mental Health and Learning Disability Partnership SMT	April 2010  April 2010.	Robust safety procedures in place to support officers undertake their duties in the community.

<p><b>Outcome 7.12</b> All MHOs have access to specialist legal advice and support necessary in carrying out their statutory duties under the 2003 Act, the 2000 Act and the 1995 Act.</p>	<p>This is currently strongly met by the readily available access to Legal Services within EAC. Solicitor sits on the Legal Solutions Forum.</p>	<ul style="list-style-type: none"> <li>In place through outposted solicitor in social work services and ready access to EAC legal services for advice and support.</li> </ul> 	<p>In Place</p>	<p>In place</p>	<p>MHOs have access to legal advice and support.</p>
<p><b>Outcome 7.13</b> All MHOs have access to financial advice and support necessary in carrying out their statutory duties in respect of the 2000 Act and the 2003 Act.</p>	<p>Out posted finance, resource support and welfare benefits advisors provide financial advice and support.</p>	<ul style="list-style-type: none"> <li>In place through a range of routes including out posted finance, resource support and welfare benefits advisors.</li> </ul> 	<p>In Place</p>	<p>In place</p>	<p>MHOs have access to financial advice and support.</p>
<p><b>Outcome 7.14</b> Each MHO has a personal copy of relevant legislation, the associated Regulations, Codes of Practice, the Memorandum of Procedures for Restricted Patients, all relevant local authority procedures and access to all Statutory Forms as needed.</p>	<p>All MHOs have access to relevant data in hard copy or electronic format.</p>	<ul style="list-style-type: none"> <li>MHO pack to be developed to collate all relevant information.</li> </ul> 	<p>Mental Health Coordinator</p>	<p>June 2010</p>	<p>Finalise fully developed MHO procedures /pack to be available to all MHO as part of their duties.</p>
<p><b>Outcome 7.15</b> All MHOs have ready access to assistance in communication, whether through human or by mechanical aid, appropriate to individuals with mental disorder who are or may be subject to statutory measures under the 2003 Act, the 2000 Act and/or the 1995 Act.</p>	<p>At present this is addressed by access to Language Line and EAC's sensory impairment service.</p>	<ul style="list-style-type: none"> <li>All appropriate measures will be taken to ensure that service users are interviewed using the appropriate communication.</li> </ul> 	<p>MHOs</p>	<p>Immediate</p>	<p>MHO service facilitates communication to meet the needs of all individuals they require to engage with.</p>
<p><b>Outcome 7.16</b> All MHOs have access to up to date lists, including contact details of key service provision throughout the area as well as up to date lists of contact details for key personnel both within and outwith the</p>	<p>Range of data available in a range of formats.</p>	<ul style="list-style-type: none"> <li>Audit quality of data available</li> <li>Develop core data requirement for MHOs</li> </ul>  	<p>Mental Health Coordinator  Mental Health Coordinator</p>	<p>March 2010  May 2010</p>	<p>Ensure MHOs have ready access to key information and contact details.</p>

<b>Department.</b>		<ul style="list-style-type: none"> <li>Establish procedure to provide MHOs with core data and system for ensuring information is maintained</li> </ul>	ator Mental Health Coordin ator	June 2010	
<b>Outcome 7.17</b> All MHO activity is recorded and aggregate data is regularly monitored.	All MHOs activity is recorded and monitored.	<ul style="list-style-type: none"> <li>Management information requires to be enhanced with respect to MHO activity.</li> </ul>	Mental Health Coordin ator	Febru ary 2010	Shared knowledge and understanding of MHO activity.
<b>Outcome 7.18</b> All MHOs are aware of policies and procedures to protect staff from violence or the threat of violence and to support staff who have been victims of violence. All MHOs have had training in dealing with violence and aggression.	Induction pack & HR circulars provide information regarding policies and procedures. Lack of specific regular training for staff.	<ul style="list-style-type: none"> <li>Audit training requirements</li> <li>Include training needs in training plans</li> <li>Via the MHO forum raise awareness of corporate policies and procedures.</li> </ul>	Mental Health Coordin ator  Mental Health Coordin ator  Mental Health Coordin ator	Febru ary 2010  Marc h 2010  Imme diate	Ensure all MHOs have appropriate training and information to ensure they conduct their duties with minimal risk.
<b>Outcome 7.19</b> Where local authorities serve communities in remote and rural areas there is a strategy which addresses, to the extent possible, issues of equity of MHO service response and the supervision and continued professional development of MHOs. Such strategies should be backed up by the investment necessary to implement this strategy.	This is met in terms of current service delivery	<ul style="list-style-type: none"> <li>Ensure continued monitoring of profile and capacity of MHOs</li> <li>Succession planning is established in terms of supporting MHO training.</li> </ul>	Mental Health Coordin ator  Mental Health Coordin ator	Imme diate  Imme diate	Appropriate level of MHO provision is available to meet needs of local population.
<b>Outcome 7.20</b> There is a whistle blowing charter which specifically takes account of the statutory duties and professional responsibilities of MHOs.	Met within HR policies in EAC.	<ul style="list-style-type: none"> <li>Ensure all MHOs are familiar with the corporate policy.</li> </ul>	Mental Health Coordin ator	Imme diate	MHOs provide a safe service to service users, carers and other individuals and there is a route for individuals to express concerns.

**NATIONAL STANDARD REMUNERATION  
FOR EAST AYRSHIRE COUNCIL  
MENTAL HEALTH OFFICERS**



This guidance outlines Mental Health Officer activity required in order to enable payment of the MHO remuneration in line with National Standards.

The role and responsibilities of the MHO is a valued and a recognised contribution to East Ayrshire Council's statutory duty. MHO's undertake considerable training and they exercise their responsibilities with motivation and commitment, hence East Ayrshire Council's financial recognition for the MHO role.

East Ayrshire Council has statutory demands that only MHO's can undertake and the new MHO standards indicate that every MHO must be active in the whole range of tasks for registration.

How each MHO will evidence their MHO contribution to East Ayrshire Council is being dealt with separately with the ultimate aim to ensure the Social Work Information System will evidence our activity.

In respect of the criteria for the Mental Health Officer payment it is required that every MHO within East Ayrshire Council must contribute to the delivery of East Ayrshire Council's statutory responsibilities. This requires the following:

MHO's must take a turn on the consent rota as back up and as duty worker. Each MHO should be on the rota for at least one day, for back up and duty, each month.

MHO's should complete SCR reports and CTO applications when this is required.

MHO's should act as designated MHO's.

MHO's should complete AWI Welfare Guardianship reports.

MHO's should be able to provide training on legislation.

MHO's should give advice and guidance to non MHO colleagues.

MHO's should be able to present legislation knowledge to anyone with an enquiry.

MHO's and others should act as Authorised and Supervising Officer to those subject to Guardianship provisions.

MHO's should undertake the specific requirements associated to the court processes for mentally disordered offenders.

MHO's should record their activity as per department criteria and requirements.

MHO managers should mentor MHO practice.

Every MHO in East Ayrshire Council is responsible for evidencing their contribution to statutory activity. A form is attached for this recording. MHO's should have worked on a fair proportion of all the statutory activities required throughout the year and it will be on this basis that the financial remuneration will be calculated. MHO's who are also Team Leaders/Managers will be required to evidence half of the requirement of activities that MHO's who are not managers evidence.

Whilst it is recognised that different roles within East Ayrshire Council offer different opportunities for practice experience, each case will be viewed on an individual basis and will be authorised by Service Manager (Mental Health Partnerships) based on evidence provided.

Any periods of absence in excess of 4 weeks will be taken into account and will be reflected in the calculation of the award.

In return, MHOs can expect support, guidance, professional development opportunities and the facilities required to undertake their role from East Ayrshire Council as their employees.

## GUIDANCE FOR COMPLETION OF MHO EVIDENCE SHEET

- This should be used to evidence on an annual basis that you have met the requirements for ongoing appointment as a Mental Health Officer. **This form should be submitted to a Mental Health Coordinator before 20<sup>th</sup> March each year. It is the MHO's responsibility to complete the form.**
- Payment for 2009/10 runs from April 1st – 31st March, thereafter this payment will be dependent on evidence provided on the MHO evidence sheet from November – November.
- The requirements for ongoing appointment are:
  - (a) The Mental Health Officer must complete a variety of activities per year under the 2003 Act, the 2000 Act, or the 1995 Act; and
  - (b) The Mental Health Officer must complete at least two Continuing Professional Development days per year on work related to their Mental Health Officer function which is designed to meet their individual specific learning needs and which could also count towards their three year fifteen day requirement for registration as a social worker; which could include MHO Forum attendance and MHO development days.
  - (c) The Mental Health Officer must complete at least **two** mentoring sessions per year with another qualified and practicing Mental Health Officer with at least two years mental health officer practice experience; and
  - (d) The Mental Health Officer, through their mentor, must also provide written confirmation to their local authority that they have fulfilled the requirements of (a), (b) and (c) above, annually.
- Please include the numbers of each piece of work undertaken. Please distinguish between different types of work e.g. SCRs, CTOs. **No names** should be used, SWIFT reference numbers should be only means of identification.
- Please include assessments where you have assessed that statutory intervention is not necessary.
- Where your line manager is an experienced MHO (2 or more years qualified) discussion of your role as MHO and your development needs will be integral to supervision sessions – please record this and note dates of supervision.
- Periods of absence will be considered in conjunction with the range of activities undertaken by the MHO and adjustments to remunerations applied as appropriate.

## **EVIDENCE OF MHO ACTIVITY**

**Name of MHO:**

**Name of Line Manager:**

**Name of MHO Mentor:**

**Work Base:**

**Periods of Absence:**

**Work Completed**

**Adults with Incapacity (Scotland) Act Reports:**

**Mental Health (Care and Treatment) (Scotland) Act Reports/Applications:**

**Criminal Procedure Reports:**

**Consents to Detention:**

**Provision of Training:**

**Mentoring of MHO Colleagues:**

**Other activities pertaining to the MHO Role:**

**Dates of Mentoring Sessions Completed:**

**Relevant Training Undertaken (including dates):**

**Signed:**

\_\_\_\_\_

**MHO**

\_\_\_\_\_

**MHO Mentor**

\_\_\_\_\_

**MHO's Line Manager**

\*Please return 1st November each year to the Mental Health Coordinator.