



south ayrshire
health & social care
partnership

Mental Welfare Commission Feedback Report



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Section 1. Updates from Partners (Section four of the agenda forwarded by the Mental Welfare Commission)

The Mental Welfare Commission (MWC) have asked South Ayrshire Health and Social Care Partnership (SAHSCP) to provide updates in terms of what we have been doing over the past two years 2022 and 2023. In terms of our statutory work there have been some significant changes which the MWC are aware of from the regular meetings we have with them, with further updates are provided below.

One very significant caveat for us as a HSCP is that the changes for the new statutory Mental Health Officer (MHO) service began to take shape in September of 2022. This is where we began to keep specific and detailed performance information on our statutory mental health activities. It is clear that for the first 8 months of the year whilst we were operating differently, significant improvement was required. The improvements began to happen and remained consistent from September 2022 onwards.

The MWC have provide two different sets of statistics for this End of Year report:

- Mental Health Act Monitoring Report 2021-22.
- The End of Year scorecard for 2023. (Statistics data for 2022 and 2023).

They do present different statistics in terms of our HSCP performance data and in some areas, it is difficult to specifically report on the HSCP because the figures are health board wide and do not focus specifically on Souths Ayrshire's HSCP.

Section 2. Mental Health Act Monitoring Report 2021-22

The figures provided by the MWC are not synchronised with our statistics which in start in September 2022. Our baseline for statutory work is at a very high standard and reflects the significant changes in the way we manage and allocate statutory mental health work. Whilst the figures from the commission include the whole of 2022 and reflect a lower set of scores for statutory work nevertheless there are strong indications of where our performance as a HSCP has improved and include these figures below:

- 36.6% is the average across the country where MHO's have given consent to an Emergency Detention Certificate (EDC). We are sitting at 63.6% percent for giving consent in our HSCP area. We were last in 2021/2022 with 21%. That is a remarkable improvement on where we were. Only Dumfries and Galloway, and Orkney have better rates of MHO involvement in consents. From the statistics gathered locally for South Ayrshire HSCP the performance we are sitting at 90% for consents to EDCs but highlight this is for the period September 2022 to September 2023.
- For Social Circumstances Reports (SCRs) completed SAHSCP are sitting 8th out of 32 local authorities. This marks a significant improvement as in the previous reporting period our performance placed us last out of all partnerships and authorities. Data available locally highlights a figure of 99.21% completed from September 2022 to September 2023. This figure is impacted by the data from the first 8 months of 2022 prior to the implementation of the MHO team.
- For Compulsory Treatment Orders (CTO's) SAHSCP are 10th out of 32 local authorities with a score of 35.6 CTO's per 100,000 of the population. In addition, SAHSCP rate of Short Term Detentions Certificate (STDC's) as opposed to CTO's, halves over time.

In explanation; if we give consent to 10 STDC's in a month we usually or on average have 5 CTOs coming out of these 10 STDC's. That means the additional MHO resource is helping reduce the time people are detained, i.e. a shorter time of detention on an STDC and the number of people going on to be detained for a longer period is halved.

- The team take very few emergency place of safety orders – that is a section 297 order. We only had 7 this year. That is good because it is about people in the greatest immediate need where warrants and further civil detention are being used to support someone who is very unwell and in crisis. The fewer we have the better. It demonstrates that SAHSCP are supporting people in a consistent way and don't have to revert often to place of safety orders. SAHSCP are 5th lowest for taking place of safety orders in the country. Again, a very positive indicator of the good work mental health teams and the MHO team are doing to support the people we serve.

An analysis of these figures indicates that the investment we have made over the past year is paying off in producing a high quality and consistent statutory mental health service that delivers for the people of South Ayrshire.

Section 3. End of Year Score Card

The end of year score card focuses on several areas where the commission provide graphs of our performance in certain statutory events. In terms of consents for EDC's a pie chart is provided for the NSH Ayrshire and Arran area but no individual scores for our partnership. In terms of the health board, it is outperforming the rest of Scotland with 70% of EDCs with MHO consent. In the rest of Scotland, the average for consents is 40%. This does reflect SAHSCP figures for 2022/23 which place us at 90% for MHO consents for EDC's.

- The number of back-to-back STDC's is reported but no details provided of the circumstances of these. There were 2 back-to-back STDC's for 2022.
- The number of guardianships for the past five years was also reported for 2022 to 2023 the number recorded is 113 with 76 being private and 37 from the local authority. This is incongruent with our local data that highlights a higher figure. The partnerships own data indicates that there were 145 applications from September 2022 to September 2023, 84 were private and 61 were local authority. A significantly higher number than the data with the MWC's scorecard. Within the Mental Health Team we have invested in a Performance Assistant that monitors our stats for AWI applications and updates these every day. In addition, we complete monthly statistic reports which are sent to colleagues at the MWC. It would be helpful to tease out the differences in our statistical reporting and we are happy to provide any information that support the commission in this.
- Imbedded within this report are two appendices which demonstrate how we collate figures for AWI applications. Appendix 1 provides the figures for the year from September 2022 to September 2023. Appendix 2 is a spreadsheet provided by our performance assistant which outlines the applications completed since we started collecting figures and gives an overview of their onward journey for the Supervising Officer (SO) role. Again, SAHSCP welcome the opportunity to review and discuss these in detail with the MWC.

- In relation to SCR, data from the MWC relates to SCRs completed for 2022 and 2023. Data suggests that 49% of SCR's are not recorded in South partnership. Our current figures indicate that from September 2022 to September 2023 we report on 99.21% of our SCR's and sent 100% to the Mental Welfare Commission. Since Jan 2023 we have reported 100% of all SCRs. Again this highlights an incongruence in the data and we would be keen to explore with the MWC and establish the reasons for this.
- Number of advanced statements. I note the significant increase in advanced statements over 2023. There is no accompanying explanation around this and no indication how many are for the SAHSCP. Happy to discuss further with MWC.

Data highlights in months the time taken for guardianship orders to be granted. In South, the MWC report 24% completed less than a month, and 69% taking one month. Without an accompanying script or analysis, it is difficult to interpret these figures. However, we have outlined below what we are trying to do to improve our performance in South Ayrshire HSCP in respect of the Adults with Incapacity (AWI) process from start to finish, particularly in hospital. This will give the MWC an overview of what we are doing to promote fast, efficient, and safe hospital discharge around

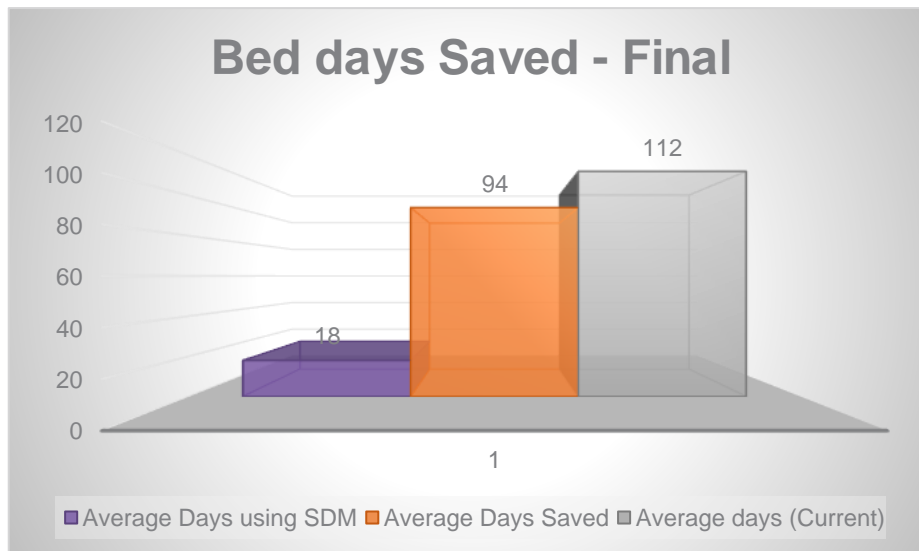
Section 4. Adults with Incapacity and Hospital Discharge

There has been recent guidance provided by the Scottish Government which has explored good practice in expediting guardianship applications when required in hospital. One of the suggestions in this guidance was to explore the provision of more interim guardianships to speed up the process of discharge for the person lacking capacity. SAHSCP have met with colleagues from legal and hospital discharge to explore this option. As the MWC will know our focus and values are in treating people as individuals and taking their individual circumstances into account. It is not appropriate to consider an Interim Guardianship on every occasion to make a discharge from hospital quicker. Rather every case will be looked at on its own merits and if an interim order can be applied for it will be applied for. Below sets out how the statutory team support hospital discharge:

- Every Wednesday Adults with Incapacity (AWI) delays are published. The statutory MHO team provides an update of where the application is at and the process of the application. AWI Hospital discharge cases are always allocated to an MHO and that MHO provides a weekly update on progress. MHO's are asked to prioritise these cases in their case load and ensure that they can complete all their tasks as quickly as possible for the person. A direct report is then provided on Thursday each week to our performance team to update the codes for AWI cases and hospital discharge removing cases from the delays where possible.
- MHO is allocated to every meeting that considers using an intervention under AWI, and hospital discharge meetings are prioritised for the MHO group. Since figures have been collated in Sept 2022 a MHO has attended every meeting requested by hospital discharge. There has been a 100% attendance at all AWI meetings to provide advice and guidance to staff.
- Regular support and guidance is provided around AWI meetings from the managers in the statutory MHO team to hospital discharge and are available to discuss any issues relating to concerns around using AWI legislation.
- A new service has been provided from 20th November to all social work teams including hospital discharge where a MHO will chair AWI meetings and help support staff to carry these out in line with AWI principles.

- Updated guidance has been provided for AWI meetings to ensure that all staff are aware of how important AWI principles are and how they should be adhered to.
- A Supported Decision Making (SDM) pilot project has been provided for Ayr Hospital primarily. This pilot ran from April to the end of October 2023. The final report is imbedded at the end of this report as Appendix 3. Below is the impact SDM can make in terms of bed days saved:

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|-----------------------------------|------------|
| Average bed days using SDM | 18 |
| Average days (Current) | 112 |
| Average bed days saved | 94 |



The graph above highlights that the average bed days saved using the SDM process were 94 per person. SDM was able to be successfully used with just under half the people referred to the pilot. It is evident that further knowledge and awareness will build competence within staff, it will have a significant impact on the hospital discharge process. The training for all hospital staff is key to promoting the use of this service. The initial implementation of this model identifies substantial benefits for those using our services and for the NHS Ayrshire and Arran and SAHSCP. More extensive work is needed to sustain its use in the hospital environment through developing a clear training and support plan.

Our model for the delivery of this is based on a training for trainer approach where the concept and practice of SDM can be cascaded across hospital services. The MHO team have developed learning materials that highlight an overview, of the links between AWI legislation, incapacity and SDM. It is intended that this would be implemented across all hospital services and settings in for SAHSCP to promote the use of SDM with people at stage 2.

The desired outcome would be for all health staff to be able to identify when SDM can be effective with people, be targeted, and used specifically with people it will benefit. The learning materials and presentation are imbedded in this report as Appendix 4.

A new SDM assessment is about to be launched on our CareFirst information system and an SDM social worker will be in post full time from 28th November 2023.

Section 5. Adults with Incapacity and the Supervising Officer role

This is an area where performance has been poor for the partnership in the past several years. Strong and lasting steps have been taken in the past year to improve performance in this area which include:

- New guidance for social workers which outlines the Supervising Officer (SO) role and gives clear expectations of what is required of each social worker in carrying out this statutory role. This guidance is imbedded in this report as Appendix 5.
- Six SO briefings have been developed to support and promote the guidance outlined above. Senior practitioners within the statutory team have been allocated SO briefings to do with groups of 15 social workers. This will ensure that all qualified workers will have had training and support in the SO role and understand what is expected of them in the SO role. Moving forward these briefings will be provided regularly as new staff come on board.
- An overview has been gained of all current guardianship orders within South's partnership area with a view to ensuring that all have of them have an SO in place. Our mental health performance assistance and the MHO coordinator are working consolidate the information we have on cases allocated an SO. To do this regularly meetings have been set up with the Chief Social Work Officer and Principle social workers to get an overview of the performance of all the teams across the partnership area and improve our ratio of allocated SO's to guardianship orders.
- Since the inception of the statutory MHO team our performance assistant developed and maintains records of all Guardianship Orders. The list of these is included as Appendix 2. In addition, we have put a place a system where the first 12 week SO visit is completed by the MHO who completed the report for the person subject to the order. In this way we know that every order granted since September 2022 has had an SO visit completed. In addition, we send out a series of letters that identify the locality team required to assume the SO role and ask them to take on the SO role going forward. If there is already a social worker allocated to the case, we ask that worker to assume responsibility for the SO role.
- Now that this system is in place, we have devised a plan to ensure that all SO visits are completed regularly. Allocated workers receive a letter from the Chief Social Work Officer to notify them of the need for an annual guardianship review. T hey are included as Appendix 6.
- One letter is sent out a month before the SO visits so that the social worker has time to prepare for it and if the visit is not completed a follow-up letter goes out to ask the worker why they have not completed the SO visits and to give their reasons to the Chief Social Work Officer. All these SO visits are collated by the performance assistance and regular reports in relation to these will be provided to the CSWO.
- The last years reports for Guardianship Orders granted and SO visits are in place, and we are working to review all SO visits. This data will give us a clear understanding of our priorities.

Section 6. Development of Statutory Mental Health Officer Team

The statutory MHO team has moved from strength to strength in the past year to assist in managing the work generated by mental health and incapacity law. Currently the team is composed of:

- MHO coordinator full time
- Team Leader fulltime
- 5 Senior Practitioner/MHOs fulltime
- 1 mental health performance assistant
- 1 admin worker
- In addition, we have devised a trainee MHO scheme which is imbedded as Appendix 7 of this report.

The figures for the first year of the statutory MHO team have demonstrated a marked improvement in the performance of the MHO service overall in South Ayrshire. This has been characterised by very real benefits coming in the form of EDC's having MHO's involved in consents, and SCR's having an almost 100% completion rate and on time for the entire year. The quality of the reports has been consistently high and have offered an alternative view to support the person in their journey whilst in hospital.

There has been continued improvement in the contribution of MHO's to the AWI process and in providing support to colleagues in Adults with Incapacity Case Conferences (AWICCs). MHOs are always available to attend 13Za and AWI meetings. In addition, a significant amount of work has been carried to improve the quality of meetings and ensure that the principles of AWI legislation are adhered to throughout the person's journey.

There continues to be room for improvement within the statutory team and in the wider management of AWI cases by colleagues. There have been two audits so far this year which have explored the recording of the MHO group and how we ensure consistency in our work. There is room for continued improvement in ensuring that records are clear and accurate and reflect the statutory work of the team.

The MHO team continues to meet its statutory targets to a remarkably high standard and has sustained the quality of its performance in legislative work over the past year. There is a solid foundation for the team which we will continue to build on in the coming year in supporting and strengthening the statutory work of the MHO service.

Section 7. Learning Disability Services

SAHSCP are aware that the MWC will make community visits to Community Learning Disability Teams (CLDT's) a priority over the year. It would be helpful at the end of year meeting to hear of any specific visits the MWC would want to make to our Learning Disability (LD) service.

There has been a recognition in LD of the need to bolster statutory support. The Learning Disability Service has funded an MHO to be hosted in the statutory MHO team. This worker works specifically with LD services to ensure that the SO role for guardianship orders has been completed.

One of our senior practitioners has been doing this over the past year and has completed a significant number of reviews for people with LD need. This support will continue into the future. This post was put in place to offer transparency and assurance to the Chief Social Work Officer where there is a Local Authority Guardianship.

While SAHSCP recognise there are local Emergency Services Pathway, providing Police Scotland and the Scottish Ambulance Service (SAS) direct access to mental health nurses. We hope to have further dialogue and investigate some more achievable outcomes for people who have complex mental health associated with their learning Disability with our multi-disciplinary colleagues.

South Ayrshire Learning Disability social work and wider Learning Disability service work jointly to improve outcomes for our learning disability community and their carers. Within social work teams there are 580 service users and carers who the team work closely with. There are approximately a quarter for whom there are formal powers in place.

There is a Learning Disability strategy which was implemented in August 2022 along with our board of carers and service users who are called “League of Champions”. The oversight group Performance and Audit committee receive reports 6 monthly as well as the League of Champions ensure there is oversight of the strategy.

We now hold a Dynamic Support Register (DSR) which considers the people we have out of area or people we have a duty to support. At this time there are 32 people on the register.

Our current processes we have in place meet the objectives of the register and promote multi-disciplinary assessment and care planning.

SAHSCP’s recognition of the social isolation and sustained mental distress during and since covid has been a major impact in our area. We have broadened our approach to services and now offer social opportunities for people in Troon, Prestwick, Ayr, Maybole, and Girvan with over 20 groups a week which has allowed us to be more visible and for us to care for folk less formally.

Our housing model has adapted, and we have developed a core and cluster in Ayr town centre and now have 3 new core and cluster one with an assessment and respite flat which is used solely for those with a learning disability.

The flat is staffed by a flexible assessment and support team which is an MDT who will work to facilitate hospital prevention, early discharge, reablement, prevent placement/home breakdown, support carer stress and also support individuals to become more independent. This facility opens this month.

Section 8. Community Mental Health Services

As noted earlier in the document there has been an increase in Advanced Statements, this is an area for which South Ayrshire community mental health services are working to improve on, with the aim of ensuring everyone is offered the opportunity to complete an advanced statement. Unfortunately, at present our recording system is unable to produce data of those individuals offered who chose not to develop an advanced statement, this is an area SAHSCP are working on currently.

In relation to place of safety orders, community mental health services across Ayrshire & Arran have developed a local Emergency Services Pathway, this provides Police Scotland and the Scottish Ambulance Service with direct access to mental health nurses, who when required, will attend with these services to assess the person in the community.

This reduces the use of section 297 and also ensures the person is assessed as soon as possible without the need of the distress that can be caused by being transported to, in the main, Emergency Departments.

South Ayrshire community mental health services and the new MHO Service have worked hard to ensure relationships and pathways for joint working were established. This cohesive working has contributed to extremely positive outcomes for those South Ayrshire residents, as can be seen from the earlier data.

In relation to dementia, the Community Mental Health Team for Elderly (CMHTE), as per the strategy, and in keeping with the anticipated SIGN guideline due for publication end of November 2023 the CMHTE offers Post Diagnostic Support (PDS) for all newly diagnosed individuals for one year. In addition to the PDS, in South Ayrshire we also offer Cognitive Stimulation Therapy (CST) is an intervention for people living with mild to moderate dementia. We are currently undertaking a test of change around those individuals admitted to care homes, where we will continue the post diagnostic support and CST through our care home liaison team. In order to make sure we are giving individuals diagnosed with dementia in South Ayrshire the best possible opportunity, enabling the person and their families to live their best possible lives.

There are many other excellent examples of care and developments underway, including beginning to develop a Mental Health Strategy for South Ayrshire. SAHSCP would be happy to discuss our services in more detail.

Section 9. Advocacy Services

Circles Advocacy Service provides advice, support and guidance to a range of people experiencing mental health and learning disabilities that may be subject to intervention under mental health or incapacity legislation. It has a productive and professional relationship with statutory mental health services and is well respected.

In the past year there has been 292 allocations as a result of relevant events from mental health legislation and 145 allocations as a result of intervention under AWI legislation for the statutory MHO team. 437 relevant pieces of statutory work have been completed by MHOs in our service over the past year.

In terms of AWI referrals the advocacy service has been involved with 93 people out of the 145 applications completed for the past year. That means circles advocacy saw 63% of the people where an intervention under AWI legislation was applied. The bulk of their work was with people subject to local authority applications of which there 61 last year. The figure given for involvement with these cases was as high as 95%. Therefore there are strong links with the local authority and advocacy are actively involved in the AWI process and the local authority.

The picture is very different with private applications of which there were 84 last year. Advocacy are reporting that they are involved in as little as 20% of these cases. The primary representative in these private applications are solicitors so some work may need to be done to make them aware of how advocacy can support people in this process. In addition it is mainly families that are involved for the first few months of the application whilst legal aid is being sought for a person so it would be helpful to make people more aware of how they can apply to advocacy services for support.

In terms of the Mental Health Act there were 119 short term detentions for the past year and advocacy were involved in 54 of these. This represents a rate of 47% of cases where advocacy were involved in where an STDC was applied. MHO's give out information packs and inform people of their right to advocacy every time there is an STDC. On many occasions though it may be a few weeks before someone is able to consider the use of advocacy because they are in crisis in their initial presentation and do not have the time to consider this.

There were 61 CTO applications in the past year and advocacy were actively involved in 28 of them. This represents a figure of 48% of cases where a CTO application was being made and advocacy were involved.

Overall advocacy were involved in 179 relevant events involving the Mental Health Act with service users. The overall figure of relevant events for the past year is 292. This equates to 62% of the overall relevant statutory events for the year had involvement for advocacy services.

Interestingly advocacy were involved with 423 service users which were informal and not subject to any intervention under mental health or incapacity legislation. They do however actively prioritise legislation cases when they arise.

Section 10. Priorities for 2024

1. Embed SDM into the hospital discharge service. Provide training and support to all health staff in hospitals in the partnership area on AWI and SDM.
2. Provide a comprehensive supervising officer service that records and manages all SO visits for orders across the partnership.
3. For the statutory MHO to continue to operate at a very high-performance level and provide statutory reports on time, to a quality standard and in high numbers.
4. Ensure we can identify where an advanced statement has been offered and where the individual at that time did not want to develop one.

APPENDICES

Appendix 1. MHO Stats September 2023 – available as separate document

Appendix 2. AWI Spreadsheet 2022/2023 – available as separate document

Appendix 3. SDM Pilot Project. Final Report – available as separate document

Appendix 4. AWI Training for Trainers – available as separate document

Appendix 5. Guidance Note, Supervising Officer Role 2023 - available as separate document

Appendix 6. Annual Supervising Officer Letters – available as separate document

Appendix 7. Trainee MHO Scheme Policy – available as separate document
