

Briefing: AWI Pressures for Renfrewshire Council

Prepared for: Sheriff Principal

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Date: 8th May, 2015

Purpose

To appraise the Sheriff Principal of the demand levels and issues for services arising from this area of work, and in particular the issues relating to Delayed Discharges from the Acute Hospital provision. At present nearly everyone delayed in their discharge requires intervention under Adults with Incapacity.

Mental Health Officer Service – Renfrewshire

Within Renfrewshire we have a full time Mental Health Officer (MHO) team and a number of 'dispersed' MHO's who work in various teams across our adult services.

The full time MHO team is directly line managed by the Team Manager (Mental Health Officer Service). There are 7 MHO's in the team (6.8 WTE). The caseload is all statutory work, most of which is relating to the Mental Health (Care & Treatment) (Scotland) Act 2003, this includes almost all of the work with Forensic Mental Health cases including Restricted Patients. In addition there is an increasing amount of work around Adults with Incapacity in terms of both local authority and private Guardianship applications. The full time team was established in 2009 with 3 MHO's it was expanded further by an additional 3.8 WTE posts in 2011.

A further post of an Adult's with Incapacity – Financial Welfare Officer was established for an officer to undertake the management of individuals finances under Part 3 of the AWI Act and also operating DWP Corporate Appointeeship.

The dispersed element of the team equates to approx 2 WTE Mental Health Officers. There are 5 Team Managers with a notional contribution to the Mental Health Officer workload of approximately 10% of their time and 8 Social Workers / MHO's whose notional contribution is 20% of their time. The dispersed MHO's are based in a range of teams, including criminal justice, learning disabilities, Community Mental Health Team and adult services locality teams.

Service Demands

The team provide advice and support to other teams, attend Adult Support and Protection (ASP) Case Conferences as required and work closely with colleagues undertaking adult protection work. The number of Adult Protection referrals has risen steadily from 1222 in 2010/11 to 1734 in 2013/14 an increase of 42% over 3 years. Figures for adult protection

show a steady year on year rise and current projections show an increase in referrals of some 62%.

New involvements with the MHO Team also increased in the same period from 331 in 2010/11 to 417 in 2013/14 an increase of 26%. The full time team holds approximately 80% of the Mental Health Officer service caseload.

Nationally the Mental Welfare Commission reports a significant increase in applications for guardianship under the Adults with Incapacity (Scotland) Act 2000. In Renfrewshire we have seen an increase of 91% in 2013/14 compared with the figures for previous year. (2nd highest in Scotland).

Currently the Chief Social Work Officer (CSWO) is Welfare Guardian to some 79 individuals. A further 30 applications are at various stages of the process and will be in place (subject to Court approval) within the next three months. A referral list of a further 15 cases is awaiting 'screening' for holding an AWI Case Conference where the decision about progressing an application will be made.

Our AWI Financial Welfare Officer is currently managing the funds of some 90 individuals and this number rises on an almost weekly basis.

A similar picture is reflected in Guardianship applications where a family member or private individual is seeking to become the guardian. In the past 12 months there have been just over 90 such requests which owing to the volume of work require the operation of a 'waiting list' for an MHO to be identified to undertake the required AWI MHO report. Currently the waiting time from a solicitor requesting such a report to an MHO being identified and allocated to this task is around 18 – 22 weeks.

The variability of both the understanding and speed of response from some local solicitors in dealing with AWI matters is a cause of concern in our AWI activity especially where the adult is one of the Delayed Discharge cases in the Royal Alexandra Hospital. Delays in solicitors obtaining legal aid approval are also a factor in adding further to the delay in this area of work.

This high level of work relating to AWI places significant pressures on the resources of the MHO service and impacts on our ability to properly fulfil our statutory duties in terms of the Mental Health (Care & Treatment)(Scotland) Act 2003 and the AWI Act.

MHO workload activity around the Mental Health Act is also increasing with Tribunal activity nationally showing a 16% rise in last 12 months.

People delayed in their discharge from acute hospital now consist almost solely of cases where AWI is required, and the impact that this is having on individuals who are having to remain in hospital longer than is necessarily in their best interests and the 'restrictions' and 'difficulties' around the use of the provisions of S13ZA of the Social Work (Scotland) Act which has questionable validity and is open to wide interpretation.

We also see a strong national and local focus on acute hospital service and in particular the Royal Alexandra Hospital. Currently some 25 individuals are deemed 'fit for discharge' within the Royal Alexandra Hospital but cannot be discharged until measures under the AWI Act are in place i.e. Guardianships. This accounts for some 572 bed days per month lost to delayed discharges and contributes significantly to the pressures currently being reported nationally and receiving significant political and public focus.

We also recognise that the Courts also are facing significant challenges in terms of work pressures and changes to administrative structures.

Conclusion

We are asking you to note that increase level of demand on services and the steps Renfrewshire Council has taken to mitigate these.

Renfrewshire Council are of the clear opinion that the current AWI legislation is requiring urgent review by the Scottish Government and is proving cumbersome and time consuming for all involved. With increasing demographics of an aging population the demand and need for measures under guardianship will continue to increase and the statistics reflect this. Whilst many people have made a Power of Attorney, these whilst helpful have limitations and do not always cover the powers required in an individuals circumstances and for complex cases where 'restrictions of liberty' is necessary will never suffice.

We would welcome any advice the Courts can give on how we can assist the expedition applications for Guardianship in the most timely manner possible in order to avoid unnecessary delays.

We would also welcome the Court's view on the requirement of consulting with or 'serving notice of application' on relatives who are estranged from the adult and who have had no dealings or involvement with the adult for many years. This can be a difficult area for families and MHO's and can cause significant distress or time delay as the whereabouts of individual family members may not be known to the family or authority.