Notice of meeting and agenda

Midlothian Integration Joint Board

Venue: **Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ,**

Date: **Thursday, 09 February 2017**

Time: **14:00**

Eibhlin McHugh
Chief Officer

Contact:
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Further Information:

This is a meeting which is open to members of the public.

7 Date of Next Meeting

The next meetings of the Midlothian Integration Joint Board will be held on:

- 16 March 2017 at 2 pm – Special Midlothian Integration Joint Board
- 20 April 2017 at 2 pm - Midlothian Integration Joint Board
- 25 May 2017 at 2 pm – Development Session

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 1 December 2016	2.00pm	Conference Room, Melville Housing, The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Peter Johnston (Vice Chair)
Cllr Bryan Pottinger	Alex Joyce
Cllr Joe Wallace (substitute for Cllr Bob Constable)	Alison McCallum
	John Oates

Present (non voting members):

Eibhlin McHugh (Chief Officer)	Alison White (Chief Social Work Officer)
David King (Chief Finance Officer)	Hamish Reid (GP/Clinical Director)
Dave Caesar (Medical Practitioner)	Caroline Myles (Chief Nurse)
Patsy Eccles (Staff side representative)	Aileen Currie (Staff side representative)
Marlene Gill (User/Carer)	Ruth McCabe (Third Sector)

In attendance:

Keith Chapman	Nicky Hood (Alzheimer Scotland)
Jamie Megaw (Strategic Programme Manager)	Mike Broadway (Clerk)

Apologies:

Cllr Bob Constable	Cllr Derek Milligan
Margaret Kane (User/Carer)	

Midlothian Integration Joint Board

Thursday 1 December 2016

1. Welcome and introductions

The Chair, Catherine Johnstone, welcomed everyone to the Meeting of the Midlothian Integration Joint Board, in particular Keith Chapman and Nicky Hood (Alzheimer Scotland).

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 27 October 2016 was submitted and approved.

4.2 Arising from the minutes, the Board noted that in terms of the membership of MIJB, it was proposed that Keith Chapman be appointed to the vacant user/carer representative position. The Board agreed to approve the appointment and joined with the Chair in welcoming Keith to the meeting.

5. Public Reports

Report No.	Report Title	Presented by:
5.1	IJB Directions 2017-18	Jamie Megaw

Executive Summary of Report

This report summarised the key issues which required to be addressed in setting the 2017/18 Directions to be issued to Midlothian Council and NHS Lothian by the MIJB prior to April 2017.

The report highlighted that the Directions were intended to provide greater clarity about the key changes which need to be made during 2017-18 in the delivery of health and care services in Midlothian, and that they required to be considered alongside the MIJB Strategic Plan 2016-19.

Summary of discussion

Having heard from the Strategic Programme Manager and the Chief Officer, the Board in considering the emerging principles which should inform the redesign of services, discussed the need for a balanced approach between what could be achieved in the community; through the Community Hospital; and via acute hospital provision, as each was seen as having a role to play. Whilst it was evident that changes were required, it was important that they were proportionate and maximised outcomes within the resources available.

Midlothian Integration Joint Board

Thursday 1 December 2016

Decision

After further discussion, the Board:-

- **Approved the key requirements to be included in the IJBs Directions for 2017-18; and**
- **Agreed to receive a further report in March 2017 outlining the formal Directions and approving them for issue to NHS Lothian and Midlothian Council.**

Report No.	Report Title	Presented by:
5.2	Financial Update - 2016/17 Out-turn and 2016/17 Directions	David King

Executive Summary of Report

This report reflected on three issues :-

1. An update on the projected financial position of the IJB for 2016/17. The projections show an overspend position for the IJB but the IJB had now reached agreements with both NHS Lothian and Midlothian Council for non-recurrent support to underpin this position – the IJB was therefore projecting a break-even position for 2016/17;
2. That the financial values contained in the IJB's 2016/17 directions required to be updated to reflect the current budgets. This was to ensure a clean audit trail and would not affect the delivery of the delegated functions in 2016/17; and
3. A further consideration of the financial challenges facing the IJB in 2017/18 following from the projected financial out-turn in 2016/17and a reflection of any additional financial pressures and any proposed investments.

Summary of discussion

The Chief Finance Officer in presenting the report highlighted that the real challenge for the MIJB was to continue to deliver high quality services for its population within the financial resources available given that these resources were reducing in real terms and that the demand for the MIJB's functions were likely to increase.

The Board, in discussing the budgetary and demographic pressures that they were likely to be faced in the coming years, acknowledged the importance going forward of the Directions issued to NHS Lothian and Midlothian Council.

Decision

The Board:

- **Noted the projected out-turn position for 2016/17;**
- **Agreed the financial revisions to the 2016/17 directions; and**
- **Noted the potential financial pressures/investments for 2017/18.**

Midlothian Integration Joint Board

Thursday 1 December 2016

Report No.	Report Title	Presented by:
5.3	Adult Social Care and Health Budget Pressures	Eibhlin McHugh

Executive Summary of Report

The purpose of this report was to provide Members with the background to the current financial pressures in Adult Social Care and Health, together with a summary of actions being taken to address these pressures. The report also highlighted the key challenges facing social care in seeking to remodel services to meet increasing demand in the context of reducing public finance and a finite social care workforce.

Summary of discussion

The Board, having heard from the Chief Officer, welcomed the recovery plans that had been put in place and acknowledged that in order to successfully deliver these plans there would require to be a shift in public expectations. In this regard, staff would be working with individuals and their families to find best solutions which maximised outcomes within available resources. This approach mirrored the shift in thinking about health as outlined in the recently published report by Scotland's Chief Medical Officer "Realistic Medicine".

Decision

The Board:

- **Noted the work being undertaken to reduce/manage a major projected overspend in Adult Social Care and Health; and**
- **Agreed that further consideration be given to the implications of the current financial position when decisions about the financial offer to be made to the IJB by the Council for 2017-18 were being made.**

Report No.	Report Title	Presented by:
5.4	Chief Officer's Report	Eibhlin McHugh

Executive Summary of Report

This report provided a summary of the key issues which had arisen over the past two months in health and social care, highlighting in particular service pressures as well as some recent service developments.

The report also described the work that was being progressed to address the anticipated increased pressures on services in both acute hospital and community services over the winter period.

Decision
The Board, having heard from the Chief Officer: • **Noted the issues raised in the report.**

Report No.	Report Title	Presented by:
5.5	MELDAP Care Inspectorate – Validated Self-Evaluation Report	Alison White

Executive Summary of Report
This report provided a summary of the Care Inspectorate's Report on the work of MELDAP (Mid and East Lothian Drug and Alcohol Partnership) with regards to the progress made in the implementation of The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services (2014).

Summary of discussion
Having heard from the Chief Social Work Officer, the Board in discussing the report complimented MELDAP on the excellent services that they provided. MELDAP's ability to maintain these standards in the wake of the reduction in funding of substance misuse services was again raised, with serious concerns being expressed that this would have implications not just for the services provided directly by MELDAP but on other related services as well. It was noted that the MIJB's concerns had been highlighted in a response to the Minister's letter, and that whilst the dialogue was ongoing, there was nothing concrete to report as of yet.

Decision
The Board: • **Noted the significant strengths highlighted in the report in the areas of *Policy, Service Development and Planning*, *Partnership Working and Resources* and *Leadership and Direction* as well as the area for continuing improvement;** • **Noted the progress made by MELDAP and its services in implementing The Quality Principles;** • **Noted that the Midlothian Peer Support Project was identified as an example of good practice; and** • **Recognised the challenges from 2017 onwards in sustaining the very high level of service performance against a backdrop of reduced funding.**

6. Any other business

No additional business had been notified to the Chair in advance.

7. Date of next meeting

The next meeting of the Midlothian Integration Joint Board would be held on:

• Thursday 12th January 2017	2pm	Development Workshop – Substance Misuse/MELDAP
• Thursday 9th February 2017	2pm	**Midlothian Integration Joint Board**

The meeting terminated at 4.27 pm.

Midlothian Integration Joint Board
Audit and Risk Committee

Date	Time	Venue
Thursday 8th September 2016	2.00pm	Meeting Room 5, Midlothian House, Buccleuch Street, Dalkeith EH22 1DN.

Present:

Cllr Derek Milligan (Chair)	Allison McCallum
Cllr Andrew Coventry (substitute for Cllr Bob Constable)	Jane Cuthbert (Independent Member)

Present (non-voting):

Eibhlin McHugh (Chief Officer)	David King (Chief Finance Officer)
Elaine Greaves (Chief Internal Auditors)	

In attendance:

Paul Jacklin (External Auditor – via teleconferencing)	Mike Broadway (Clerk)

Apologies:

Cllr Bob Constable	Peter Johnston

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 8th September 2016

1. Welcome and introductions

The Chair, Derek Milligan, welcomed everyone to this Meeting of the Midlothian Integration Joint Board Audit and Risk Committee, following which there was a round of introductions primarily for the benefit of Paul Jacklin (External Auditor) who joined the meeting via teleconferencing.

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated.

3. Declarations of interests

No declarations of interest were intimated.

4. Minutes of Meeting

The Minutes of (i) Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 9th June 2016 and (ii) Special Meeting of the Midlothian Integration Joint Board Audit and Risk Committee held on 18th August 2016 were submitted and approved.

5. Reports

Report No.	Report Title	Presented by:
5.1	MIJB Annual Accounts 2015-16	David King

Executive Summary of Report
As a statutory public body, the MIJB was required to produce a set of annual accounts for every financial year in which it was operating. These were the annual accounts for 2015/16 which had now been audited by the Board's external auditors – Grant Thornton LLP.

Summary of discussion
The Chief Finance Officer presented the Annual Accounts to the Committee highlighting the background to the Midlothian Integration Joint Board (MIJB) and details of the Annual Accounts presented. He went on to explain that the MIJB was governed by the Local Government Scotland Act (1973) along with the 2014 regulations and that these accounts had been prepared on that basis. The accounts had also been audited by the MIJB's External Auditors – Grant Thornton LLP – and a copy of their report followed as item 5.2 on the agenda.

Midlothian Integration Joint Board
Audit and Risk Committee

Thursday 8th September 2016

Decision
After discussion and having regards to the External Auditors' report that followed, the Audit and Risk Committee agreed to recommend to the MIJB that the Annual Accounts for 2015/16 be accepted.

Report No.	Report Title	Presented by:
5.2	Auditors Report on the 2015-16 MIJB Annual Accounts	Paul Jacklin

Executive Summary of Report
The purpose of the report was to summarise the External Auditors' opinion and conclusions on significant issues arising from their audit of the 2015-16 MIJB Annual Accounts. The scope of their audit work was as set out in the Audit Plan dated 27 May 2016, which had been approved by the IJB Audit and Risk Committee at its meeting on 9 June 2016 (paragraph 5.6 refers). The Audit Report was addressed to those charged with governance (the IJB Board) and the Auditor General for Scotland.

Summary of discussion
The Committee heard from Paul Jacklin on behalf of External Auditors – Grant Thornton LLP, who confirmed that it was proposed to issue an unqualified opinion on the financial statements of the Midlothian IJB for the year ended 31 March 2016.

Decision
After discussion the Audit and Risk Committee noted the report.

6. Date of next meeting

The next meetings of the Midlothian Integration Joint Board Audit and Risk Committee would be held on:

- Thursday 15th December 2016 2.00pm
- Thursday 9th March 2017 2.00pm

The meeting terminated at 2.10pm.

Thursday 9 February 2017 at 2pm

Appointment of Standards Officer for the Midlothian Integration Joint Board

Item number: **5.1**

Executive summary

The purpose of this report is to confirm the recommendation to the Standards Commission for Scotland in relation to the appointment of the Standards Officer to the Midlothian Integration Joint Board.

Board members are asked to:

- ***To approve that Alan Turpie be recommended for the position of Standards Officer to the Midlothian Integration Joint Board to the Standards Commission for Scotland;***
- ***To approve the remit of the Standards Officer as per section 3.3 of the report; and***
- ***To instruct the Chief Officer to communicate the same to the Standards Commission for Scotland.***

Appointment of Standards Officer for the Midlothian Integration Joint Board

1. Purpose

The purpose of this report is to confirm the recommendation to the Standards Commission for Scotland in relation to the appointment of the Standards Officer to the Midlothian Integration Joint Board.

2. Recommendations

2.1 To approve that Alan Turpie be recommended for the position of Standards Officer to the Midlothian Integration Joint Board to the Standards Commission for Scotland;

2.2 To approve the remit of the Standard's Officer as per section 3.3 of the report;

2.3 To instruct the Chief Officer to communicate the same to the Standards Commission for Scotland

3. Background and Main Report

Nominated Standards Officer

3.1 To comply with the Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003, the Standards Commission for Scotland is required to approve the Standards Officer of devolved public bodies, where that body has no employees. The situation therefore applies to the Midlothian Integration Joint Board.

3.2 The Standards Commission for Scotland has agreed an approval process with the Scottish Government's Directorate for Health and Social Care Integration under which the following information has to be submitted on behalf of the Board together with confirmation of the nominee:

- A summary of the Standards Officer's key responsibilities;
- The name of the nominated individual;
- Whether the nominated individual is an existing Monitoring or Standards Officer; and
- The steps taken to assure themselves of the individual's suitability.

3.3 As per the 'Advice on the role of a Standards Officer' issued by the Standards Commission for Scotland, it is recommended that the Midlothian Integration Joint Board's Standards Officer perform the following role:

- The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.
- The Standards Officer should contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members on the interpretation and application of the Code of Conduct.
- Under Scottish Statutory Instrument 2003/135, the Standards Officer is responsible for ensuring the body keeps a Register of Interests. The Standards Officer should ensure the Members' Register of Interests in maintained and that a reminder to update entries on the Register of Interests is issued to Members at least once a year.
- The Standards Officer should be responsible for ensuring the Members' Register of Gifts and Hospitality is maintained. The Standards Officer should ensure that a reminder to update entries on the Register of Gifts and Hospitality is issued to Members at least once a year and that Members are aware of the duty to report any change in their circumstances within one month.
- The Standards Officer should ensure the body has in place a consistent approach to obtaining and recording declarations of interest at the start of its meetings.
- The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Member's conduct.
- The Standards Officer should also ensure that officers are aware of / familiar with the requirements of the Member's Code of Conduct.
- The Standards Officer may be required report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review. The Standards Officer should report any concerns about compliance with the Code of Conduct to the Chief Executive.
- The Standards Officer should provide support to the body's Governance or Standards Committee, if such a committee has been established.

The Standards Commission

- The Standards Officer will be the principal liaison officer between the body and the Standards Commission and may assist the Standards Commission whenever necessary in connection with any complaints against a Member of the body and in all matters relevant to the Ethical Standards Framework.
- The Standards Officer should be the point of contact for the Standards Commission and should advise the Standards Commission if they are leaving their post.
- The Standards Officer should try to attend any events arranged by the Standards Commission in order to be kept up to date with all relevant

developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or tends that emerge.

- The Standards Officer should familiarise themselves with the content of the Standards Commission's professional briefings and should ensure these are circulated to Members. The Standards Officer should also regularly review the Standards Commission's decisions and advise Members of any relevant learning points that have arisen at recent Hearings.
- The Standards Officer should respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

The CESPLS

- The Standards Officer will be the principal liaison officer between the body and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body. This includes providing information and evidence as requested and making arrangements for interviewing of any officers or other Members if CESPLS requires them as witnesses
- If local resolution in respect of complaints or concerns made about a Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer may be responsible for reporting any alleged breach of the Code of Conduct to the CESPLS.

Other Standards Officers

- The Standards Officer should try to develop relationships with other Standards Officers to share knowledge, experience and information about best practice and to see whether any joint training sessions for Members can be arranged.

Midlothian Integration Joint Board nomination

3.5 It is recommended that Alan Turpie who is Midlothian Council's Monitoring Officer be nominated to the Standards Commission as the Standards Officer for the Midlothian Integration Joint Board. By accepting this recommendation it is agreed by the Board that they are satisfied of Alan Turpie's suitability for this position.

4 Policy Implications

4.1 There are no policy implications arising from any decisions made on this report.

5 Equalities Implications

5.1 There are no equalities issues arising from any decisions made on this report.

6 Resource Implications

6.1 There are no resource implications arising from any decisions made on this report.

7 Risk

7.1 There are no risk implications as a result of this report.

8 Involving People

8.1 There are no implications for involving people as a result of this report.

9 Background Papers

9.1 There are no background papers in relation to the content of this report

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DATE	16 January 2017

Appendices: None

Thursday 9 February 2017 at 2pm

Budget Setting, Financial Planning and Financial Management 2017/18 – Outline and approach

Item number: **5.2**

Executive summary

On 15th December 2016, the Scottish Government announced its proposed budget settlement for both the Local Authorities and the NHS in Scotland for 2017/18. This announcement also contained further details about the social care fund and laid out the government's ambitions for IJBs.

In summary the Council's budget has been reduced and NHS Lothian has a net uplift of 0.4%.

Both the Council and NHS Lothian have provided the IJB with estimates of expenditure in 2017/18, these forecasts are considerably in excess of the budgetary resources that will be available.

The IJB will have to agree its17/18 budget and its Directions at its March meeting, this paper should be seen as a preparatory briefing for the finance paper to be presented to the March meeting.

Board members are asked to:

1. *Note the projected out-turn position for 2016/17*
2. *Note and consider the magnitude of the financial challenge facing the IJB in 2017/18*
3. *Consider the implications of Scottish Government's clear ambitions for IJBs which will need to be achieved with the financial resources available*

Report

Budget Setting, Financial Planning and Financial Management 2017/18 – Outline and approach

1. Purpose

1. This paper lays out :-

1.1 The projected financial out-turn for the IJB for 2016/17
1.2 The Scottish Government's budget settlement for Midlothian Council and NHS Lothian for 2017/18
1.3 The Scottish Government's indications for the IJB's budget settlement for 2017/18
1.4 The 'soft' offers from NHS Lothian and Midlothian Council to the IJB
1.5 The financial pressures identified by the current projection
1.6 The proposed approach to this settlement

2. Recommendations

The Board is recommended to:-

2.1 Note this report.
2.2 Note the projected out-turn position for 2016/17
2.3 Note the issues surrounding the 2017/18 budget settlement
2.4 Note the magnitude of the financial challenge facing the IJB in 2017/18

3. Background and main report

3.1 **IJB Projected Out-turn 2016/17**.

As was discussed in the finance paper presented to the IJB in December 2016, the IJB's budget has been revised since the opening budgetary position was laid out in the directions issued by the IJB at its March 2016 meeting. There have been a range of movements but broadly, NHS Lothian made a formal offer to the IJB (which was presented to the IJB) and Midlothian Council have adjusted the 2016/17 budget to include funds that had been brought forward from 2015/16.

In 2016/17 Midlothian Council is projecting an overspend against the social care budget of c. £1.4m and NHS Lothian are projecting an overspend of c. £1.4m for those delegated health functions. This is total forecast net overspend against the overall IJB's budget of c. £2.8m. However, as was reported previously, both NHS Lothian and Midlothian Council will cover these overspends with non-recurrent resources in 2016/17. The current projection for the IJB's financial out-turn for 2017/18 is therefore break-even.

There are clearly underlying financial pressures in the current financial year and the full year impact of these in 2017/18 is discussed below.

The IJB issued a specific Direction in 2016/17 for the Integrated Care Fund, the Delayed Discharge Fund and the Social Care Fund. It was agreed that the IJB would be provided with a detailed analysis of the use of these funds and detailed reports will be presented to the IJB in early 20171/8 when the final financial position for these funds is known. That said, there may be some slippage on the estimated spend on some of the projects that are being supported by these funds however given that these funds are now recurrent then the general principle is that any slippage in these funds will be used to support pressures elsewhere within the IJB's budgets. It would be neither reasonable nor within the spirit of the partnership to expect the Council and the NHS Lothian to underwrite the IJB's overspends whilst the IJB carried forward any elements of what are now recurrent funds.

3.2 **2017/18 Scottish Government Settlement**

Council Settlement

In general councils' core grant from the Scottish Government has been reduced by c 3.6% although the council tax freeze has now ended and Councils will retain the monies generated by the reform of Council tax bandings (c. £111m nationally) . The Scottish Government core grant represents c. 80% of any local authorities income and the council tax may only rise by a maximum of 3%. Any increase in the council tax will only provide a modest offset to the overall reduction in Council income. For Midlothian Council the core grant reduction for 17/18 is estimated at £4.3m whilst taken together the monies generated by Council Tax reform and increase will generate c £3m.

NHS Settlement

The Scottish Government has announced an uplift of 1.5% for the territorial health boards and for NHS Lothian this is £19.6m. However this includes the Social Care Fund II element (c. £14.2m) which is to be transferred to the IJBs (see below). NHS Lothian will therefore receive a net uplift of £5.4m (c. 0.41%) but will also be allocated additional funds of £19m as a contribution towards moving towards NRAC parity.

The Scottish Government has also included the Drug and Alcohol funding into the NHS Lothian base (this was previously an allocation made 'in year') and is funding is at the level of the 2016/17 budget.

Social Care Fund – 2017/18

The Scottish Government are making a total of £107m available through the allocation to the Health Boards (as above) for Integration Authorities to support the continued delivery of the living wage, sustainability in the care sector, disregarding the value of war pensions from financial assessments for social care and pre-implementation work in respect of the new carers' legislation. This is in addition to the £250m added to the 2016/17 budget.

Midlothian IJB's share of the Social Care fund is now £5.13m being £3.59 from 2016/17 along with an additional £1.54m from the £107m discussed above.

3.2 Settlement for the IJB

The settlement for the IJB will be a function of the partners' overall settlement above but the guidance from the Scottish Government states that 'NHS contributions to Integration Authorities for delegated functions will be maintained at 2016/17 cash levels' , '....local authorities will be able to adjust their allocations to integration authorities in 2017/18 by up to their share of £80m below the level of budget agreed with their Integration Authority for 2016/17'.

This means that the NHS allocation for 2017/18 should not be less that the recurrent budget agreed by the IJB for 2016/17 although the Council have the opportunity to reduce their allocation to the IJB.

The Social Care fund will be passed by the NHS directly to the IJB and the IJB will agree the use of this fund with its council partner.

3.3 'Soft' Offers from the Partners to the IJB

Neither NHS Lothian nor Midlothian Council have yet proposed a budget for 2017/1. Midlothian Council will set its budget at its meeting on 7th February 2017 and NHS Lothian will agree a budget before 31st March 2018. The IJB has been part of the 2017/18 financial planning process with both partners and, at this time, two 'soft' offers are available for examination. The offers being 'soft' in that they are not part of the final agreed budgets of the partners nor have they been fully discussed with the IJB.

Midlothian Council
At its meeting of 20th December 2016, Midlothian Council proposed an budgetary offer for the IJB of £37.5m. This excludes the social care fund.

The movement between the offer for 2017/18 and the 2016/17 opening budget offer is as follows :-

	£M
Midlothian budget offer to the IJB 2016/17	37.1
Additional uplifts and support for increased pressures	1.9
Efficiency targets (agreed by the Partnership)	-1.5
Budget offer per 20/12/16	37.5

It can be seen from the above table that Midlothian Council is offering the IJB a net increase of £0.4m more that the 2016/17 opening budget. As was discussed above the Scottish Government's guidance would allow the Council to reduce their offer to the IJB by their share of a national £80m (c. £1.2m) however the council has increased the budgetary offer for 2017/18 over that of 2016/17. Given the overall financial challenge to the council this is a very helpful offer from Midlothian Council.

NHS Lothian

NHS Lothian is continuing to develop its 2017/18 budget, the IJB has been provided with detailed analyses of the various versions of the budgetary proposals. A paper was presented to Lothian Finance and Review committee on18th January 2017 which laid out the financial plan. A further version of the financial plan was presented to the NHS Lothian Board and this will allow NHS Lothian to make an offer to the IJB. It is expected that this budget offer will meet the criteria laid out by the Scottish Government above. The key to the NHS Lothian offer will be that this offer is a fair share to the IJB of the resources available to NHS Lothian for the delegated functions

3.4 Financial Pressures identified by the Partners

The budget is a statement of the total financial resources available. The current financial planning work with the partners will ensure that the IJB's budget is a reasonable share of the overall resources available to the partners. However it is very clear from the financial planning process that the projected expenditure based on the current model of service delivery is considerably in excess of the budget available. There appear to be three underlying keys to this position:-

1. The costs of providing services to clients with disabilities. The numbers of such clients continues to increase year on year and the current model of provision has very high unit costs.

2. GP Prescribing costs continue to increase above the uplift available. Its accepted that the current GP prescribing budget is inadequate and steps are being worked through to improve the baseline position but the issues is very simple – if the GP prescribing costs continue to rise a significantly greater rate than the budgetary uplifts available then this pressures will overcome the IJB's ability to manage it. Midlothian has been leading work across the Lothian system to reduce this pressure, most promisingly through a project of 'deprescribing' where the efficacy of the current approach to drug use in Primary Care is being revised.

3. The ability of the operational management teams of the partners to achieve efficiency/recovery programmes is clearly challenged as much of the financial pressures in any year are the brought forward pressures of unactioned efficiency/recovery plans from the previous year.
   In summary these pressures would be:-

Outline of financial pressures 2017/18	Health £m	Social Care £m	Total £m
Pressures brought forward	1.0	1.0	2.0
Efficiency Targets for 2017/18/Pressures	1.0	1.6	2.6
FYE of Living Wage		0.0	0.0
Living Wage Uplift (£8.25 to £8.24)		0.0	0.0

NCHC Uplift			0.0
GP Prescribing (17/18)	1.1		1.1
Transitions for LD			0.0
Impact of future demand			0.0
	3.1	2.6	5.7

It is presumed that the full year costs of the living wage settlement, the 17/18 living wage up lift and the uplift for the National Care Homes Contract will be covered by the second tranche of the social care fund. Midlothian Council, as discussed above, have proposed an uplift to cover the additional costs of demographic pressures in 17/18.

This gross pressure will be offset by some uplift from NHS Lothian but the magnitude of the financial pressures in 2017/18 is considerably in excess of that in previous years.

3.5 Other Potential Financial Pressures

Primary Care.

The Scottish Government is negotiating a new contract with General Medical Practitioners – referred to as the GMS contract. The IJB will be aware of the current pressures on General Medical Practices, especially the issues around the recruitment of GPs and other pressures within the current model. Its possible that the new contract will increase the costs of delivering this service – however none of this potential financial projection is in neither NHS Lothian's nor the IJB;s financial plan for 17/18. Further briefings will be made available to the IJB as these become available.

Set Aside.

As the IJB is aware, a significant element of the budget represents those delegated functions which are delivered by the Acute system – which is part of the set aside budget. There are some proposed further investments laid out in the 2017/18 financial plan which the IJB will have to consider. These are:-

Pressure	Mid IJB Element £000's
Acute Recieving Unit	47
Insulin Pumps	46
Add'n Nurse Staffing	69
	162

The IJB will have to consider its response to the management of these proposals.

Non-Recurrent Support

NHS Lothian have underpinned their 2017/18 offer with a significant element of non-recurrent support and much of the resources available for 2017/18 have also gone to underpin the 2016/17 non-recurrent support. This will generate further financial pressures in 2018/19 and Lothian is painfully aware of this

matter but has no choice as it works to meet its statutory requirement to break-even.

3.6 Recovery and Efficiency Plans.

The operational management teams of NHS Lothian and the Partnership are preparing recovery plans to endeavour to provide a break even position. It can be seen from 3.4 above that the nature of the financial challenge is significant and is considerably in excess to the recovery and efficiency targets of previous years which themselves have clearly not been fully delivered.

Any recovery/efficiency plans will have to be supported by the IJB but the IJB must also support the delivery of financial balance for its delegated functions by laying out general principles. A series of principles and some broad examples were laid out in the report to the IJB at its November 2016 meeting.

This detail of these plans is still in development but whatever further information is available will be presented to the IJB at its March meeting

3.7 Scottish Government's Expectations

As part of the 2017/18 financial settlement the Scottish Government have articulated their ambitions for the IJBs. A list of 9 ambitions was laid out in the SG's letter of 15th December 2016, this was further detailed in the letter of 19th January 2017 – 'measuring performance under integration'. NHS Boards must submit a local delivery plan (an operational and financial plan) every year and the guidance for 2017/18 makes it clear that this plan has to be developed in collaboration with the IJB and emphasises the ambitions of the SG Health and Social Care Delivery Plan. These matters are further discussed in a report which will be presented to this IJB meeting and the IJB's direction will have to address the issues raised in these letters and guidance.

3.8 2017/18 budget and 2018/19 – 2020/21 financial strategy

Its proposed that the 2017/18 financial plan and settlement is for that year only. The IJB retains its clear ambition to have a long term financial strategy and, using the 2017/18 settlement as a base will then develop a three year strategy for 2018/19 to 2020/21 in line with the Strategic Plan.

3.9 Financial Management propositions for 2017/18

It is clear from the experience in 2016/17 that the IJB requires a detailed financial management agreement with the partners to ensure that financial pressures and the proposed actions to resolve them are reported timeously to the IJB. This is being developed.

4 Policy Implications

4.1 There may be some policy implications arising for the recovery/efficiency plans, these will be brought to the IJB as they are developed.

5. Equalities Implications

5.1 The implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper have yet to be assessed. Such issues will be the cornerstone of longer term planning to be undertaken beyond 2017/18, in partnership with the partners.

6. Resource Implications

6.1 The resource implications are laid out above.

7 Risks

7.1 Some of the risks are discussed above but this work requires to be fully developed in the IJB's risk register

8 Involving People

8.1 There are no direct implications for involving people as a result of this report.

9 Background Papers

9.1 Financial reports December and October 2016 IJB.

AUTHOR'S NAME	David King
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DATE	30th January 2017

Thursday 9 February 2017 at 2pm

Chief Officer Report

Item number:	**5.3**

Executive summary

This report describes progress with integration, some pressures being faced by health and care in recent months as well as some recent service developments.

Board members are asked to:

1. Note and comment upon the issues raised in the report.

Chief Officer Report

1. Purpose

1.1 This report provides a summary of the key issues which have arisen over the past two months in health and social care

2. Recommendations

2.1 Note the issues raised in the report.

3. Background and main report

3. Service Pressures

3.1 Care at Home Review Progress

At the IJB Meeting on 18th August 2016 a new Direction was issued to Midlothian Council requiring a review of the current design of care at home services and to develop proposals which address the current risks facing the service. The Council Chief Executive acknowledged and agreed to progress this Direction. Progress is described in some detail in Appendix 1.

3.2 Substance Misuse Services

At the AugustIJB Meeting on the 18th of August the IJB agreed the proposed approach by Meldap to manage the 23% reduction in 2016/17 budgets including short term measures to achieve a smooth transition for services. The IJB also agreed to write to the Cabinet Secretary for Health and Wellbeing, Shona Robson raising concerns about the impact of the funding reduction on people who rely on these services. A copy of the response received is attached in Appendix 2

.

Subsequent to this response the draft budget letter to NHS Boards included ADP funds in NHS Boards baseline budgets for transfer to integration authorities. While this allocation maintained the reduction in funding it afforded a degree of protection from further reductions.

Locally Meldap has continued to work with local providers to agree a range of budget reductions across services. Critical to the management of the risks arising from these reductions is the strengthening of community based services through the local management of the NHS Community Substance Misuse Team and the closer integration across all mental health and substance misuse services in Midlothian through the development of a locally based Recovery Hub as outlined at the IJB development session. On a pan Lothian basis Meldap has worked with Lothianwide substance misuse services and the other ADPs to

manage the risks arising from reductions in pan lothian services. The Meldap Strategic Group has agreed final proposals that are now subject to further consultation before implementation. The impact of these reductions will be monitored by the Meldap Strategic Group.

4. Service Developments

4.1 **The Wellbeing Service** This new service has now been rolled out to a further six GP practices. This service is a key development in supporting the sustainability of primary care services as well providing a more appropriate response to patients with long term conditions and poor mental health.

4.2 **Business case for expansion of the Acute Medical Unit:** The NHS Lothian Finance and Resource Committee considered a business case for the extension of the AMU at the Royal infirmary Edinburgh to provide a further 8 inpatient beds requiring an investment of £1million revenue funding. The Committee agreed as strategic planning for this service is delegated to the IJBs that a decision should be delayed to allow further consideration by IJBs. In order to consider alternative options to this development, East Lothian and Midlothian IJB Chief Officers have commissioned analysis of available data on patients who have been admitted to hospital and were discharged within 24 hours in order to explore the development of an ambulatory model of care for this group of patients that could be delivered within the hospital in partnership with hospital at home services. The outcome of this will be presented to the IJB at the March meeting.

5. Policy Implications

5.1 The issues outlined in this report relate to the new arrangements for the delivery of health and social care and the redesign of services.

6. Equalities Implications

6.1 An equalities impact assessment is informing the decision making and the mitigation of risks in relation to the proposed budget reductions in substance misuse services.

6.2 The extension of wellbeing services in Health Centres will contribute towards addressing health inequalities

7. Resource Implications

7.1 The reduction in funding available for substance misuse service is being managed through the closer integration of services and the strengthening of the recovery approach to service delivery.

7.2 The Primary Care Transformation Fund is providing funding for the extension of the Wellbeing Service

8 Risks

8.1 The service review of care at home service is addressing both the short term risks in relation to service delivery and the longer term risks of service sustainability

8.2 The risks arising from the reductions in substance misuse budgets are being managed in close collaboration with local service providers through the redesign of services and on a pan Lothian basis through the Lothian Substance Misuse Collaborative

9 Involving People

9.1 Not applicable

10 Background Papers

None

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DATE	10/10/2016

Care at Home

1. Key Areas of Activity

Following the report to the IJB meeting on the 18th August IJB meeting work has begun on the review with an initial focus on stabilising short term delivery while developing plans for a more sustainable approach in the longer term. This approach was required because of the continuing instability in service delivery from commissioned providers.

In particular we have been managing:

- continuing problems with external providers unable to provide the level of service commissioned.
- fluctuations in quality that have increased the risks around service sustainability.
- The prioritisation of service for hospital discharge means that we are managing unmet need arising from assessments of service users in the community.

2. Work with external providers

The following actions are being progressed:

- The termination of the contract with a care provider because of the poor quality of care that was being delivered and their continuing inability to deliver required levels of care hours.
- Establishment of a Public Social Partnership with a voluntary sector provider has provided short term sustainability and allowed some exploration of a model of care that is more outcome focused and less focused on time and task. The findings of the initial scoping and proposals for a new model of care are being carefully being considered before there is a decision to commit to further implementation.
- Intensive support for another provider to support service improvement whilst also ensuring the safety and wellbeing of service users who are dependent on the service.
- Planning to undertake a further procurement exercise to address short falls in delivery.
- Active dialogue with external providers to explore closer partnership working in relation to staff induction and training and in particular to consider how we can position the Reablement Service to support the development of more sustainable delivery across all services

.

3. Midlothian Council in-house services

The model of delivery for Midlothian Council's internal services is dependent on the capacity of external services to take on cases at agreed points of transfer. The problems that external providers are experiencing is reducing the efficiency of in-house services and contributing to budget pressures.

- Reablement was established to provide an initial 6 week support for all new packages of care. It provides a vital link between hospital and home for service users. The service is staffed by occupational therapists and care workers. The focus is on reducing service users' dependency on care packages by using a Reablement approach. It is estimated that the service reduces care packages by an estimated £1 ?m per year. However the capacity of the service is reduced when it is unable to pass care packages onto external providers after the six week period.

- The Complex Care Service was set up initially to provide long term care where needs are complex. In reality individuals needs vary considerably and often external providers retain cases that are complex and provide both continuity and a good quality of service for service users. More recently we have been testing some shifts in the model of delivery that has resulted in increased capacity and consequent reductions in costs. We are continuing to explore how this service can be better positioned to deliver a more cost effective service.

- The MERRIT service, was initially set up as an integral part of the hospital at home service, to provide a 24/7 emergency response crises service. Increasingly the service is providing longer term care after the initial emergency. This is not the purpose for which the service was set up and it is not a cost effective service response.

The challenges facing care at home services are complex and require a range of both short term responses to address immediate pressures and test new ways of working as well as a longer term strategy that adopts a whole system approach including a review of the role of both internal and external service provision, new models of care and workforce issues in order to achieve the service improvements that are required for a sustainable service.

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Ms Catherine Johnstone
Midlothian Integration Joint Board
Midlothian House
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Our ref: 2016/0031533
28 October 2016

Dear Catherine,

Thank you for your letter of 20 September 2016 to Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport, regarding Alcohol and Drug Partnership (ADP) funding in Midlothian. I am replying as the issues raised in your letter fall within my portfolio.

The allocation of 2016/17 ADP funding has to be seen in the overall budget context, which has taken place against the backdrop of the toughest public expenditure conditions we have yet faced. However, the Cabinet Secretary for Health and Sport's letter of 7 January to Chief Executives of Scotland's Health Boards made it clear that that Health Boards were expected to ensure resources are maintained at 2015/16 levels so that levels of service and outcomes could also be sustained.

I am aware that funding discussions are taking place in local areas and that there are some challenges. However, the overall health budget was protected, and indeed the baseline was increased. I would encourage you to look at any wider resources within the partnership which may be available to meet this commitment.

I know officials have convened a group looking at alcohol and drug partnership delivery issues, and that MELDAP has offered clear and focused contributions to that work. That will help inform spending decisions for future years.

I hope you find this reply helpful.

Aileen Campbell

AILEEN CAMPBELL

Thursday 9 February 2017 at 2pm

Risk Register

Item number:	**5.4**

Executive summary

This report accompanies the proposed IJB risk register for consideration and approval. The report delivers on the initial proposals approved at the IJB meeting held on 20th August 2015 and considered in more depth at the IJB Workshop on 14th January 2016. Reports on a risk policy, risk management and a draft risk register were considered and approved at IJB meetings held on 11th February, 14th April and 16th June 2016

Board members are asked to:

1. *Consider and approve in principle the Risk Register.*
2. *Note that the register will be routinely monitored by the IJB Audit and Risk Committee .*

Risk Register

1. Purpose

1. The report explains the development of an IJB risk register and invites comment on the risks and controls. This work builds upon the consideration of a Risk Management Policy at the IJB meeting on 11th February 2016 and incorporates the high level risks identified at the Risk Management Workshop held on 14 January 2016 and further developed and considered initially by the IJB in April 2016 and subsequently by the Audit and Risk Committee. It seeks consideration and approval of the Register and agreement to the proposal that the Register be routinely monitored by the IJB Audit and Risk Committee.

2. Recommendations

2.1 To approve the Risk Register.

2.2 To agree to remit the responsibility for monitoring the Risk Register to the IJB Audit and Risk Committee.

2.3 To agree to receive regular reports on the risks facing the IJB to support informed and effective decision making.

2.4 To confirm the risks presented in this report reflect the current risks/opportunities facing the IJB.

3. Background and main report

3.1 **Risk Management Policy:** The purpose of a risk management policy is to communicate how risk management will be implemented in an organisation to support the achievement of its objectives. A policy strives to ensure a uniform approach to risk management and aims to remove any uncertainty about the organisation's overall attitude to risk. The IJB approved such a policy on 11th February 2016.

3.2 **Risk Register:** The purpose of a risk register is to capture and maintain information on all the identified threats and opportunities relating to the IJB. The risk register provides a snapshot of the identified risks for the organisational activity, the priority of each risk, the "owner" for each, the internal controls currently in place and where required further action(s) being taken to manage the risks. The proposed risk register is attached at appendix 1.

3.3 **IJB:** The IJB will be responsible for the completion of a strategic plan; for giving Directions to NHS Lothian and Midlothian Council; for agreeing the strategic use of the resources allocated to the IJB; and for maintaining some overview of the operational delivery of health and care services. There will inevitably be risks and opportunities attached to this, therefore it is important to have an effective means of articulating these to assist the decision making process. The internal controls developed will form the basis of future internal audit plan activities; on a risk prioritised basis.

3.4 **Links between Risk Management Arrangements:** It is important that systems are developed to ensure that there is no uncertainty about how risk is being managed, whilst recognising there will inevitably be close links between the risk management arrangements of the IJB, NHS Lothian and Midlothian Council in delivering health and care.

3.5 **Key Risks:** The main concerns are as follows:

1. **IJB.IR.02**: Recruitment Pressures in Primary Care: The growing and ageing population; the increased complexity of care; and workforce shortages have combined to put significant pressure on primary care services. Proposals to address these pressures were considered at the IJB meeting on 27th October 2016. At present 5 GP Practices are operating to restricted lists although all Practices are experiencing severe pressures. The situation relation to recruitment of Health Visitors has improved and while recruitment of District Nurses remains a significant pressure short term cover has been arranged through increased deployment of Band 5 Nurses.

2 **IJB.RR.01**: Budget Pressures: These have been the subject of regular reports by the Chief Finance Officer. The specific pressures in 2016-17 in Adult Social Care were the subject of a separate report to the IJB on 10th December 2016. A separate report will be presented to a future IJB on the NHS Lothian pressures.

3 **IJB.RR.15:** Service Provider Continuity: There has been an ongoing concern about the sustainability of care at home services. The IJB issued a new Direction to Midlothian Council requiring “a full review of how care at home services are commissioned and delivered to ensure high quality of care, long term sustainability and is able to fully participate in a multi-agency locality based approach”. The situation remains vulnerable with one local provider now the subject of a large scale investigation.

4. IJB.RR.18: Use of Acute Hospital Beds: Midlothian’s performance in relation to delayed discharge has improved and in relation to repeat emergency admissions has remained stable. Nevertheless the pressures on the Acute Hospitals are severe so it is incumbent on the Midlothian Partnership to do everything it possibly can to reduce avoidable use of acute hospital beds. Local weekly bed management meetings continue to

be held, attended by the Head of Primary Care and Older People, the Chief Nurse and Service Managers in Adult Care.

4. Policy Implications

4.1 The establishment of the Integration Joint Board, as required by the Public Bodies (Scotland) Act 2014, introduces some complexity in the governance arrangements for health and social care. It is very important that clear governance arrangements are developed to ensure the achievement of the objectives of Integration. Robust Risk Management and Audit arrangements will be critical to the capacity of the IJB to function effectively.

5. Equalities Implications

5.1 There are no equalities issues arising from any decisions made on this report.

6. Resource Implications

6.1 There are no resource implications arising from this report.

7 Risks

7.1 There are no risk implications as a result of this report.

8 Involving People

8.1 The identification of the Strategic Risks facing the IJB were considered as part of an IJB Risk Management workshop held on 14th January 2016 and again by the IJB on the 14th April 2016. A draft risk register has also been considered by the IJB Audit and Risk Committee. On an ongoing basis members of both the IJB and IJB Risk and Audit Committee are able to suggest risks which should be considered for inclusion on the register.

9 Background Papers

Appendix 1 Risk Register

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DATE	2 April2016

IJB Risk Register

Midlothian

IJB.IR.01 Financial Stability

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.IR.01	**Risk cause** Uncertainty as to the allocation of financial resource to the IJB. **Risk event** The lack of a clear budget is prohibiting budget planning, with a reducing time until the IJB is formally in operation. **Risk effect** Inability of IJB to set its own budget and therefore to plan service delivery and redesign	Dave *King	Chief Finance Officer (CFO) appointed to IJB	5	5	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.IR.01-A1	Awaiting budget announcement by NHS Lothian.	**Q3 16/17** Final budget confirmed to IJB in August 2016.	Dave *King	31-Dec-2016	
IJB.IR.01-A2	Awaiting clarification on budget allocation from Midlothian Council	**Q3 16/17:** Core budget confirmed, including the allocation of the Social Care Fund	Dave *King	31-Dec-2016	
IJB.IR.01-A3	Awaiting final financial assurance report on adequacy of budget setting process	**Q1 16/17:** Core budget confirmed, finalising social care monies to come to IJB after core costs such as living wage costs.	Dave *King	31-Dec-2016	

IJB.IR.02 Current Recruitment of health visitors ,GPs and District Nurses

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.IR.02	**Risk cause** Current shortage of Health Visitors,GPs and District Nurses. **Risk event** Insufficient numbers of qualified people to deliver services based on current models. GP practices close. Increased number of closed and/or restricted lists and resulting impact on other practices Patients not being able to register with their local practice Additional workload for existing GPs due to inability to fill vacancies Increased pressure on other parts of the health & social	Allister Short	1. Individual meetings with Practices to discuss key issues and pressures. 2. Additional investment and capacity through LEGUP, pharmacy input, extension of premises and provision of equipment by the HSCP. 3. Monthly GP Reps meeting to review pressures and explore collective approaches. 4. Development & ongoing review of vulnerability register for all Practices in Midlothian. 5. Establishment of new Practice within Midlothian to create additional capacity within the area. 6. Funding for refurbishment work for new Practice now agreed 7. Procurement process due to start and 3 notes of interest in taking on new Practice 8. A Practice which previously had a restricted list is now fully open			

	care system Increased demands during Winter may impact on unscheduled care within the acute setting **Risk effect** Negative Impact on service delivery where services require Health Visitors,GPs and District Nurses. Six GP practices in Midlothian have now closed their lists to new patients.		9. Additional Winter investment for Hospital at Home and Homecare to provide more capacity and relieve pressures on primary care 10. Additional therapy input (OT & PT) through Winter funding to support rehabilitation services due to possible increased falls risk 11. Recruitment of further 'House of Care' wellbeing workers across 6 Practices in Midlothian to reduce demands on GP time (funded by PCTF)			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.IR.02.A1	Develop Alternative Services	Q3 16-17 The Wellbeing Service is being rolled out to 8 GP Practices	Allister Short	31-Mar-2017	
IJB.IR.02.A3	Recruitment of District Nurses	Q3 16/17 There is a national recruitment drive. Locally a number of band 5 nurses have been recruited to cover the shortfall in Band 6	Allister Short	31-Mar-2017	
IJB.IR.02-A2	Recruitment of Health Visitors	Q3 16/17 A number of newly qualified HV's are now is post. A national recruitment campaign is in place. More HV's are being trained nationally.	Allister Short	31-Mar-2017	

IJB.OP.01 Strategic Plan

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.OP.01	The creation of a Strategic Plan provides the opportunity to describe the future shape of health and care services.	Eibhlin McHugh	The Strategic Plan sets out the direction of travel for all health and care services and identifies how available funding will be used to enable some of these changes to take place. New funding such as social care monies and Primary Care Transformation funds will enable some of the aspirational plans to be put into effect. Direction provides clarity and specificity about actions flowing from the Strategic Plan. Health and Care Transformation Board has been established to ensure a SMART (Specific, Measurable, Achievable, Realistic, Timely) approach to implementation of the Strategic Plan.			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.OP.01.A2	Hospital Beds	Q3 16/17 Midlothians performance on Delayed Discharge has deteriorated in 16/17. The implementation of the Strategic Plan is dependant on improving the efficiency in the use of hospital beds. A series of actions have been taken to address the issue of delayed discharge.	Eibhlin McHugh	31-Mar-2017	

IJB.OP.02 Additonal funding for IJBs

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.OP.02	The IJBs share of additional social care funding announced by the Scottish Government is £3.6m.	Dave *King	Work continues to determine what proportion of this budget is available for transformation.			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.OP.02.A1	Living Wage	**Q3 16/17** Additional monies are to be made available by the Scottish Government in 2017/18 to include Personal Assistants and Day Care Staff	Alison White	31-Mar-2017	

IJB.RR.01 Budget Pressures

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.01	**Risk cause** Inadequate resources to meet demand in the manner in which services are currently delivered. **Risk event** Inability to meet demand within existing resources. **Risk effect** Overspends due to exessive demand for services, quality failures, and cuts in other services.	Dave *King	Chief Finance Officer appointed to IJB to support the management of finance. Early Warning Indicators from NHS Lothian and Midlothian Council. Strong budget control systems in place in NHS Lothian and Midlothian Council.	4	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.01.A1	Financial Strategy	Q3 16/17 The IJB has approved the approval to the development of a local financial strategy. Scottish Government announced the settlement for local government and NHS Boards on 15 December 2017	Dave *King	31-Jan-2017	

IJB.RR.02 Legacy Financial Commitments

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.02	**Risk cause** Financial commitments planned and/or incurred during 2015/16, which carry through to 2016/17 when the IJB assumes responsibility.	Dave *King	Early warning indicators from NHS Lothian and Midlothian Council Strong budget control systems in place in NHS Lothian and Midlothian Council	3	4	

	Risk event IJB is committed to expenditure which is inconsistent with the direction of travel outlined in its Strategic Plan. **Risk effect** The Community Health Partnership will have made financial commitments when in operation some of which will extend in to the period covered by the newly formed IJB and will require to be honoured.		Contracts with third parties are laid out in a way which reflects the likelihood of changes being required - particularly in relation to Self Directed Support.			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.02.A1	Risk Sharing	Q3 16/17 A risk sharing agreement has been agreed with NHS Lothian meaning that there is no financial risk to the council.		31-Mar-2017	

IJB.RR.03 Demographic Changes

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.03	**Risk cause** Increasing demands on services as a result of ageing population, and increasing numbers and complexity of need of children moving into Adult Services. **Risk event** Inability to meet demand within existing resources. **Risk effect** Demands made on Social Care resource budget exceed available budget. Capacity to maintain and develop preventative services is put at risk.	Eibhlin McHugh	Annual review of joint needs assessment so that the allocation of resources can be reviewed and amended. Continual process of service redesign to ensure people access services quickly, and their recovery is supported effectively.	5	5	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.03-A1	Budget report including demographic preasures	**Q3 16/17:** Council Budget report for 2017/18 report to Council, including detail of demographic impact on Service Budgets.	Dave *King	20-Dec-2016	

IJB.RR.04 Governance

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.04	**Risk cause** Complexity of governance arrangements for the three bodies - NHS Lothian , Midlothian Council and the IJB - having to work together	Eibhlin McHugh	Performance Reports Use of Audit to Monitor effectiveness of Internal controls Code of Corporate Governance	4	4	

	Risk event Issues arise which lead to uncertainty about decision making authority. **Risk effect** The IJB's governance systems are unable to operate effectively.		Integration Scheme			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.04-A1	Governance Action	**Q3 16/17:** Progress report considered by Audit & Risk Committee on Code of Corporate Governance Action Plan.	Eibhlin McHugh	31-Dec-2016	

IJB.RR.06 Information Security (Data Protection)

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.06	**Risk cause** IJB members are likely to be provided with a range of confidential materials in discharging their duties as IJB members. General Data Protection Regulation is a new piece of legislation currently being formulated by the European Commission. It is expected to be agreed in the first part of 2016 with a two year lead in period. **Risk event** Release of sensitive information into the public domain could breach data protection rules. The Regulation is expected to be agreed in the first part of 2016 with a two year lead in period. **Risk effect** Potential action against the board as a data controller. The Regulations are expected to bring about a number of requirements on the IJB including mandatory reporting of all data breaches, appointment of a Data Protection Officer and the potential for fines ranging to 4% of turnover or 20million Euros whichever is greater.	Eibhlin McHugh	Data sharing agreements in place Interagency Information Exchange will enable secure exchange of information at individual patient level.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.06.A1	Interagency Information Exchange	Q3 16/17 Developmental work continues with Corelogic to enable NHS staff to access social care information	Mike O'Rourke	31-Mar-2017	

IJB.RR.07 Managing Change

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.07	**Risk cause** Information on changes to service released before service user or employees consultation strategy developed. **Risk event** There is the potential for information to be released on draft schemes or proposals for changes to service delivery. **Risk effect** This could have a negative impact on Service Users and Employees by creating unnecessary concern regarding potential changes which have not been fully considered or consulted on.	Eibhlin McHugh	There is a Communication Officer allocated to support the IJB working in close collaboration with the Communication Teams in the Council and NHS Lothian. There is an Organisational Development Officer in post, delivering an OD programme alongside a number of Lothian-wide initiatives.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.07.A1	Communications Strategy	Q3 16/17 Communication plans are being developed and implemented across the service.		31-Mar-2017	
IJB.RR.07.A2	Organisational Development Programme	Q3 16/17 An organisation development programme is being delivered and a long term workforce being developed.		31-Mar-2017	

IJB.RR.08 Management Information

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.08	**Risk cause** The two main software systems used within the Council (Framework-i) and NHS Lothian (Trak) to support the delivery of adult and social care do not integrate at present. **Risk event** These systems are used to drive performance information. **Risk effect** The lack of integration of the information between the systems reduces the potential for holistic reporting.	Allister Short; Alison White	The Interagency Information Exchange allows direct and up to date access to other professional's information. The use of Anticipatory Care Plans will be rolled out so the information is available at times of crisis/deterioration.	5	3	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.08.A1	Interagency Information Exchange	Q3 16/17 Developmental work continues with Corelogic to enable NHS staff to access social care information	Mike O'Rourke	31-Mar-2017	

IJB.RR.09 Leadership Capacity - IJB

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.09	**Risk cause** Changing membership of IJB creates challenges to ensure all members have a clear understanding of the Integration of Health and Social Care. **Risk event** New members may have a knowledge gap around the work of the IJB, the planned outcomes and measures to drive forward improvement. **Risk effect** Ability of new members to make a positive contribution to the IJB.	Eibhlin McHugh	National and local Induction programs in place. Membership changes incrementally. User, Carer and Third Sector members receive pre-meeting support.	3	3	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.09.A1	IJB Development Sessions	Q3 16/17 An annual programme was implemented in November 2015. The programme has enabled members to grow in confidence in their understanding of their role and responsibilities, by way of focused discussion on specific topics. The sessions have involved dialogue with each other, drawing on the knowledge of key practitioners from the partnership, in attendance. Topics have included Financial management, Risk Assessment and Risk Management, Changing models of Health and Social Care, Primary Care Strategy, Mental Health, Substance Misuse and Recovery.	Eibhlin McHugh	31-Mar-2017	
IJB.RR.09.A2	Leadership	Q3 16/17 Midlothian has invested in the pan-Lothian 'Playing to your Strengths' learning opportunity for members of Senior managers and other key strategic posts. The focus of *Playing to your strengths* is on helping people to leverage their strengths as leaders, to become more resilient in pursuit of the organisation's vision. This approach assumes that where people play to their strengths they are energised and can channel energy into improving their resilience as leaders. 30 managers have participated with positive evaluation. The next step is for this to be offered in Midlothian to all middle managers within the H & SC partnership. The pan-Lothian commissioned team development toolkit will be beneficial to Team Leaders in their leadership role in 2017. Midlothian partnership is connecting with the National Collaborative Leadership resource in 2017 , with a focus on leadership within localities.	Eibhlin McHugh	31-Mar-2017	

IJB.RR.10 Workforce Capacity Including Recruitment & Retention of Health and Social Care Staff

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.10	**Risk cause** Potential future shortage of Health Visitors, District Nurses, GPs and Social Care staff. **Risk event** Insufficient numbers of qualified people to deliver services based on current models. **Risk effect** Negative impact on service delivery where services require Health Visitors and GPs.	Allister Short; Alison White	National program of training for GPS and Health Visitors. Living Wage commitment to address low paid positions. Local Workforce Plan being developed which will include the development of new roles and a changing skill mix. Health and Social Care Academy being established.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.10.A1	Workforce Planning	Q3 16/17 A significant amount of research has been done to establish the context of workforce planning for our partnership. In addition we have both a Midlothian Council Adult Care plan and an NHS Midlothian specific plan, both of which offer key data. Information has been extracted from SSSC Workforce data bank and we have a working relationship with SSSC to support finer inquiry into the data. Inclusion of all partners is essential and Midlothian has been instrumental in establishing a local interest group, with Third and Independent Sector participation , a pan-Lothian interest group and a live connection with Scottish Government on workforce planning issues. Interviews with key managers across the partnerships has started. The conversation about the Workforce has begun with creative thinking sessions happening with the Joint Management team. A second conversation event is planned for January 2017 with wider partnership involvement. The IJB Development session of March will focus on Workforce planning.	Eibhlin McHugh	31-Mar-2017	

IJB.RR.11 Working With Other Organisations (Partnership)

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.11	**Risk cause** The establishment of the Health and Care Partnership (HSCP) may reduce the efforts required to work with other Community Planning partners. **Risk event** THE HSCP focusses too narrowly on its immediate responsibilities to deliver direct services in health and care, and neglects the task of building long term sustainability. **Risk effect** The HSCP does not achieve its long term objectives.	Eibhlin McHugh	The IJB Chair and Chief Officer are members of the Community Planning Board. Health and Social Care are actively in Area Targetting Work. Inequality is the key objective of the CPP over the next three years. Other agencies - e.g. Housing; Libraries; Fire and Rescue; Ambulance - are actively involved in joint planning groups.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.11-A1	Community Plan	**Q3 16/17:** Adult Health & Care Action element of the wider Community Plan currently under development with input from key stakeholders.	Eibhlin McHugh	28-Mar-2017	

IJB.RR.12 Ability to Deliver Personal Outcomes

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.12	**Risk cause** Services are not responsive to the needs to individuals. **Risk event** People receive inappropriate, ineffective and inefficient services **Risk effect**	Eibhlin McHugh	The continuing implementation of Self Directed Support will help shift the culture of social care services. The implementation of "House of Care" Wellbeing Services will help to promote a "whole person" approach in Primary Care. Reporting on outcomes as well as quantifiable performance data will help reinforce this objective. Strategic Plans and Commissioning Processes will help to reinforce the focus on outcomes.			

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.12-A1	Realistic Care	**Q3 16/17:** Review of model of Social Care in relation to outcomes, risk and self-directed support.	Eibhlin McHugh	31-Dec-2017	

IJB.RR.13 Interdependencies with NHS Lothian and Midlothian Council

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.13	**Risk cause** The formal arrangements as laid out in the Integration Scheme and the Provision of Directions may encourage an "us" and "then" dynamic. **Risk event** Council and NHS Lothian staff fail to take initiatives and demonstrate full commitment to service redesign proposed by the IJB. **Risk effect** Innovation and collaborative working will be impeded.	Eibhlin McHugh; Alison White	Organisational Developement Programme. Inclusive approach to strategic planning. Continual reinforcement of a collaborative culture. Effective senior leadership capacity.	4	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.13	Directions	**Q3 16/17:** Initial report outlining key messaged contained in the 2017/18 Directions issued to Council and NHS Lothian.	Eibhlin McHugh	31-Mar-2017	

IJB.RR.14 Business Continuity

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.14	**Risk cause** Lack of clarity about Business Continuity arrangements. **Risk event** The Health & Social Care Partnership is unable to implement proposals in the absence of an effective governing body. **Risk effect** The IJB fails to make good progress with the implementation of its Strategic Plan.	Eibhlin McHugh	Integration Scheme - standing orders and a code of governance in place. Substitute IJB members in place by NHS Lothian, Midlothian Council, Users, Carers and Third Sector.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.14.A1	Code of Corporate Governance	Q3 16/17 The action plan continues to be developed and implemented.		31-Mar-2017	

IJB.RR.15 Service Provider Business Continuity

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.15	**Risk cause** Lack of clarity about Business Continuity arrangements **Risk event** The capacity to deliver good quality services is restricted **Risk effect** The delivery of adult and social care requires uninterrupted delivery of service as care needs are continuous.	Allister Short; Alison White	The Council and NHS have their own Business Continuity Plans and arrangements in place to monitor third party suppliers.	3	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.15.A1	Care at Home	Q3 16/17 New provider now in place and new model of care being developed another provider has signalled its difficulties in meeting the contract.	Allister Short	31-Mar-2017	

IJB.RR.16 Liberton Community Hospital

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.16	**Risk cause** The interdependency of the IJB on NHS Lothian and other IJBs may impact on the speed and clarity of plans to relocate to Midlothian Community Hospital and enhanced community services.	Allister Short	Cross Partnership Steering Group established under the chair of Midlothian Head of Health. Individual Project register sets out current risks and controls.	5	4	

	Risk event The changes do not go ahead within the planned timescale. **Risk effect** The key change planned in relation to shifting the balance of care does not proceed as planned. There is also a failure to generate the required financial savings.					

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.16.A1	Project Plan	Q3 16/17 Timescale has slipped to 31/3/2017 resulting in a loss of savings achieved in 2016/17	Allister Short	31-Mar-2017	

IJB.RR.17 Complex Care Build - Penicuik

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.17	**Risk cause** Failure to clearly determine the correct service design - building and staffing - and allocation criteria. **Risk event** The project is not delivered on time and/or to the correct specification. **Risk effect** The residents allocated to the service will not have the level of complexity of need originally envisaged, and therefore budget savings will not be realised.	Alison White	Project Risk Register Project Team in place	2	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.17.A1	Care Provider	Q3 16/17 Following a tendering process a new provider has been commissioned		31-Mar-2017	

IJB.RR.18 Use of Acute Hospital Beds

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.18	**Risk cause** Midlothian has too high a usage of hospital beds for people who are fit to be discharged or who did not need to be admitted in the first place. **Risk event** Acute hospitals are unable to function effectively and efficiently because of the number of people occupying beds who do not require hospital care.	Allister Short; Alison White	On going monitoring of quality			

	Risk effect The difficulty of shifting resources to community based services will continue, and people who need hospital care will experience delays. The acute hospital system has to commission services from private providers to meet national targets.					

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status
IJB.RR.18.A1	Hospital Plan	Q3 16/17 Series of discussions held about Midlothian direction of travel and how this should be reflected in the NHS Lothian Hospital Plan	Eibhlin McHugh	31-Mar-2017	

IJB.RR.19 Regulatory Change - Children & Young Person Act

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.19	**Risk cause** The Children & Young Person Act will extend the duration of care for young people into adulthood. **Risk event** The period of care afforded to young people is set to increase up to the age of 25. **Risk effect** Potential for uncertainty about respective responsibilities of children's and adult's services my result in confused arrangements.	Alison White	Transitions Group in place A review of the working arrangements between Adult Care, Child Care and Child Health Services is underway.	4	4	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status

IJB.RR.20 Regulatory Change - Carers Act

Risk Code	Risk Identification	Managed by	Risk Control Measures	Likelihood	Impact	Risk Evaluation
IJB.RR.20	**Risk cause** Carers Act continues to give rise to uncertainties about how respite for carers will be funded. **Risk event** The impact of the Act leads to a funding gap in charges generated by the Council. **Risk effect** A minimalist approach is adopted by the Partnership due to the concern that funding will not be available.	Allister Short; Alison White	Guidance is being sought continually from the Scottish Government and COSLA (Council of Scottish Local Authorities). Creative options being considered through the Self Directed Support Project Board.	3	3	

Related Action Code	Related Action	Related action latest note	Managed By	Due Date	Status

Thursday 9 February 2017 at 2pm

MAPPA Annual Report 2015/2016

Item number:	**5.5**

Executive summary

Board members are asked to:

Note the content of this report and background papers.

Report

MAPPA Annual Report 2015/2016

1. Purpose

1.1 This is a cover report for the MAPPA Annual Report for 2015 - 2016, the final report of the national MAPPA Joint Thematic Review which was published in November 2015 and the Lothian and Borders response to the areas for development identified in the Joint Thematic Review report.

2. Recommendations

2.1 Note the content of this report and background papers.

3. Background and main report

3.1 MAPPA was established in Scotland in 2007 to co-ordinate the response of a range of agencies in the management of registered sex offenders and restricted patients. In March 2016 MAPPA was extended to include violent offenders assessed as posing a risk of serious harm. The Joint Thematic Review took place in 2015 and therefore did not include the MAPPA extension. The Thematic Review was carried out jointly by the Care Inspectorate and HMICS.

The Joint Thematic Review found that MAPPA is well established across Scotland and that robust arrangements are in place to manage registered sex offenders with good information sharing and partnership working.

The report identified 17 areas for development. The Lothian and Borders Strategic Officers Group have prepared a response to all 17 suggestions. The response is attached to this report, along with the Joint Thematic Review report and the 2015-16 MAPPA Annual Report.

Members of the Lothian and Borders SOG were given verbal feedback by the inspectors about findings in the SOG area. The only criticism was the late review of one risk assessment in an audited file. This was not in Midlothian. Generally the inspectors were happy with how MAPPA arrangements are working in the SOG area and were impressed by the strength of partnership working.

The MAPPA Annual Report for 2015-16 showed no significant changes from the previous year. 915 registered sex offenders were managed in Lothian and Borders over this period with 91.25% being managed at MAPPA level 1, 30% at level 2 and 0.43% at Level 3.

Reoffending rates were very low. 10 Level 1 offenders were convicted of a Group 1 (violence) or Group 2 (indecency) offence in 2015-16, 1 Level 2 offender and no Level 3 offenders. No Midlothian sexual offender was convicted of a further Group 1 or Group 2 offence in 2015-16.

4. Policy Implications

4.1 The East and Midlothian Offender Management Group is working to a plan that identifies improvement actions for the management of high risk offenders in East and Midlothian. In turn this group reports to the Public Protection Committee and the Critical Services Oversight Group.

However while this is a challenging area of work there is no evidence of any concerning performance in Midlothian. Criminal Justice social workers are highly skilled and extensively trained in risk assessment and management of sexual offenders and in delivering accredited interventions to support behaviour change. We continue to analyse and learn from Serious Case Reviews from around the country when they are published.

5. Equalities Implications

5.1 Not applicable.

6. Resource Implications

6.1 There are no resource implications in this report.

7 Risks

7.1 The MAPPA process makes a significant contribution to the management of risk and the protection of the public in Midlothian.

8 Involving People

8.1 The MAPPA Joint Thematic Review report and the MAPPA Annual Report are both accessible to the general public. A range of community engagement activities have taken place in Midlothian over the past few years about the MAPPA process. The most recent was a presentation to the Federation of Community Councils in September 2016.

9 Background Papers

MAPPA Annual Report
Joint Thematic Review of MAPPA in Scotland 2015
Edinburgh Lothians & Scottish Borders Review of Areas of Development

AUTHOR'S NAME	Margaret Brewer
DESIGNATION	Statutory Manager
CONTACT INFO	0131 271 3833
DATE	27 January 2017

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

ANNUAL REPORT 2015-2016

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Contents

1 Foreword

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

The multi-agency approach to managing high-risk offenders is effective because professionals working together can achieve far more than any one agency acting alone. All Multi Agency Public Protection (MAPPA) partners in Edinburgh, the Lothians and Scottish Borders put public protection at the forefront of practice. Our utmost priority is to keep the public safe, particularly the most vulnerable members of our communities.

The danger presented to children and adults from people who are strangers is extremely low. Re-offending by registered sex offenders is also low, but our staff are determined to reduce both the risk posed by these offenders and the likelihood of re-offending. Only a very small number of people come under MAPPA management, but we recognise that the impact on their victims can be profound, long-lasting and reach into all aspects of their lives. Every MAPPA meeting considers the risk to any potential victim and details what action is to be taken to reduce this.

Managing the risks posed by sexual offenders within the community is a complex task, cutting across the organisational boundaries of local authorities, police, prisons, housing and health services. Working together allows us to create action plans and risk management strategies to reduce the risk an offender presents, and whereas it is not possible to eradicate risk completely, effective collaboration is a key protective factor to which we are all fully committed.

I hope this annual report helps to explain the work undertaken by all agencies in our area and provides insight into local public protection arrangements, which help to make our communities safer.

Michelle Miller
Chair Edinburgh, the Lothians and Scottish Borders
Strategic Oversight Group

2

What is MAPPA?

Multi-Agency Public Protection Arrangements in Edinburgh, Lothian and the Scottish Borders

Multi-Agency Public Protection Arrangements (MAPPA) provide a framework to manage the risk posed by registered sex offenders and restricted patients (mainly violent offenders, with a small number of sex offenders). MAPPA bring together professionals from the police, social work, housing, health and the Scottish Prison Service in Edinburgh, Lothian and Scottish Borders. These agencies are known as the 'Responsible Authorities'. While the arrangements are co-ordinated by a central unit based in Edinburgh, the practical management of offenders remains the responsibility of these agencies at local level.

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

The area covered by the Edinburgh, Lothian and Borders Community Justice Authority incorporates the City of Edinburgh, East Lothian, Midlothian, West Lothian and the Scottish Borders, representing a mixture of urban and rural areas. The population of the area is estimated at 981,830; currently 18.27% of the population of Scotland with: 498,810 residents in Edinburgh; 103,050 in East Lothian; 87,390 in Midlothian; 178,550 in West Lothian; and 114,030 in the Scottish Borders *(Population statistics sourced from General Register of Scotland 2014)*.

The responsible authorities represented are:

- The City of Edinburgh Council
- East Lothian Council
- Midlothian Council
- West Lothian Council
- Scottish Borders Council
- Police Scotland
- Scottish Prison Service
- NHS Lothian
- NHS Borders

There are three MAPPA management levels intended to ensure that resources are focused where they are needed most to reduce the risk of harm. Over the course of this annual reporting year, we managed 915 registered sex offenders under MAPPA; 91.25% (835) at Level 1; 8.30% (76) at Level 2; and 0.43% (4) at Level 3. Those offenders who present the highest management complexity are managed at Level 3. This year, for the eighth year in a row, there were no cases of a Level 3 offender being convicted of further Group 1 (violence) or Group 2 (indecency) crime.

Over the past year, there have been 71 MAPPA Level 2 and Level 3 meetings convened across Edinburgh, Lothian and Scottish Borders. Each Level 2 meeting will consider a number of offenders, whereas a Level 3 meeting is unique to that offender.

Further Information about MAPPA can be found on the Scottish Government website: www.scotland.gov.uk

3
Roles and Responsibilities

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

The responsible authorities for each area are required to involve other key agencies in the management of offenders. This is an important part of MAPPA, involving the exchange of information and drawing on the collective knowledge and expertise of numerous agencies. The roles and responsibilities in relation to MAPPA in our local area are outlined:

Police Scotland is responsible for the enforcement of the notification and compliance requirements of the Sexual Offences Act 2003 (sex offender registration), and for policing activities, including risk assessment, preventative/monitoring strategies, coupled with investigation and prosecution of any registered sex offender who re-offends. Responsibilities include: maintaining an accurate record of those offenders resident within each local authority area subject to the notification requirements; the creation of risk management plans to mitigate or reduce risk; making enquiries where such persons fail to comply with the requirements placed upon them; managing sex offenders whose current behaviour is of concern. Police Scotland is the lead responsible authority for those community-based registered sex offenders who are not subject to any other form of statutory supervision. These duties are carried out in partnership with all responsible authorities and 'duty-to-cooperate' agencies.

The local authority is the responsible authority for registered sex offenders who are subject to statutory supervision. The Council's criminal justice social work service is responsible for the supervision of such offenders, but housing, adult social care and children and families services also play a key role in the management of sex offenders in the community.

Criminal justice social work makes a significant contribution to public protection by supervising and managing registered sex offenders in accordance with the requirements of MAPPA and other public protection-related legislation.

Social workers supervise offenders on community payback orders and prisoners who have been released subject to formal supervision. Social workers are required to use accredited risk assessment tools, and in collaboration with other agencies, develop plans for the risk management and supervision of offenders. Social workers can request that additional requirements or conditions be placed on orders and licences by the courts and the Parole Board. These requirements and conditions can range from restrictions relating to accommodation and employment, to instructions to avoid certain locations or victims, or to attend counselling or treatment programmes. These requirements and conditions allow social workers to monitor and influence aspects of offenders' behaviour, as breaches of requirements or conditions can lead to the court or Parole Board returning the offender to custody.

Each local authority within Edinburgh, Lothian and Scottish Borders has a Sex Offender Liaison Officer (SOLO) or Lead Officer, within the criminal justice social work service, who acts as a single point of contact for information relating to registered sex offenders. They are responsible for chairing risk management case conferences and liaising with other agencies as appropriate.

Local authority housing SOLOs are responsible for offenders' access to housing, which includes accessing temporary accommodation and identification of suitable permanent housing.

Registered social landlords, as 'duty to co-operate' agencies, work with the local authority housing SOLO to identify positive housing solutions, which contribute to public protection.

The role of the housing service is to contribute to the responsible authorities' management of risk through:

- providing suitable accommodation
- contributing to environmental risk assessments to ensure accommodation is appropriate
- liaising with the responsible authorities regarding the ongoing management and monitoring of the risk of the offender as a tenant, including any tenancy moves or evictions
- having regard to community safety and having in place contingency plans for when a property is no longer suitable and/or the offender's safety is at risk.

The local authority is responsible for ensuring the development of a strategic response to the housing of sex offenders. However, in any local authority area there is likely to be a multiplicity of housing providers, and local authorities must involve and consult registered social landlords in their area when developing their strategic response.

It is the responsibility of the local authority to provide an initial single point of contact for accommodation requests from other responsible authorities. This single point of contact is the housing SOLO, whose role involves:

- identifying the most appropriate housing provider, following risk assessment
- ensuring that when an appropriate housing provider has been identified, they are included by the responsible authorities in liaison arrangements relevant to the identification of appropriate housing and the management of risk
- liaising pro-actively with responsible authorities and housing providers regarding ongoing risk management and community safety issues.

NHS Lothian continues to play an important role in MAPPA locally, as the responsible authority for mentally disordered, restricted patients, and in fulfilling its wider duty to cooperate in the management of registered sex offenders.

NHS Lothian and NHS Borders have a Public Protection structure (including child protection, adult protection and MAPPA), which is the responsibility of the Nurse Director at Health Board Level. In addition, NHS Lothian now has an Assistant Director of Public Protection, Designated Consultants for MAPPA (consultant forensic mental health clinicians) and a MAPPA Health Liaison Officer. This is to ensure appropriate information sharing and joint working between NHS Lothian and other MAPPA agencies. The aim of the structure is to provide governance for NHS Lothian's contribution to MAPPA and to ensure health issues that arise in relation to MAPPA cases (including mental health, physical health, staff and patient safety, and information sharing) are dealt with appropriately. The Assistant Director of Public Protection attends all Level 3 MAPPP (Multi-Agency Public Protection Panel) meetings, as does a consultant. A consultant and the health liaison officer attend all Level 2 MAPPA meetings with the NHS Lothian area.

Following the end of the of the Scottish Government pilot to extend the remit of the NHS Lothian Sex Offender Liaison Service (SOLS) to include violent offenders, the service continues to provide specialist clinical consultation, training, assessment, clinical supervision and treatment to support criminal justice social work and the police to manage difficult sexual offenders in the community. The reduction in funding has meant a significant reduction in the size of the staff team but providing input to MAPPA meetings remains a priority for SOLS. With the introduction of the serious risk of harm category offender as of 31st March 2016 into MAPPA, NHS Lothian has provided additional temporary funding to increase the clinical capacity of SOLS and thereby meet any additional need. The impact of the introduction of this new category of offender to MAPPA is as yet unknown in terms of workload. The input of the services continues to be viewed very positively by all agencies. The recent Thematic Review of MAPPA highlighted SOLS as an area of good practice.

NHS Borders also provides a strong contribution to MAPPA. Senior officers from within mental health and learning disability services attend all Level 2 meetings and the Associate Director of Nursing attends all Level 3 MAPPP meetings.

Community Intervention Services for Sex Offenders (CISSO)

This service continues to support the risk management of partner agencies through the delivery of community-based group treatment programmes, addressing the behaviour and attitudes associated with sexual offending. In addition, staff provide assessment reports for the court to aid the sentencing of some convicted sexual offenders, consultation to criminal justice social workers in Edinburgh, Lothian, and Scottish Borders, and undertakes some individual pieces of work with offenders and their supervising officers.

The Community Intervention Service for Sex Offenders in the second year of implementing the accredited group work programme Moving Forwards: Making Changes. The team now provided five MF: MC groups run weekly, four during the day and one in the evening. CISSO has continued its collaboration with the forensic learning disability service and one of the groups is open to learning disabled clients. Over the last year a total of 45 men have been involved in the MF: MC groupwork.

Lothian and Borders have run a group specifically for Internet offenders for several years. It is aimed at offenders who do not present a high risk but do have a level of treatment need (moderate on stable) and do not require the MF: MC programme.

This is a closed group and the programme is 18 sessions long. Although the format is different the theoretical base is the same as MF: MC and the men usually complete the MF: MC pre-group sessions. Selection for this group is on the basis of formulation. This group is run on a bi-annual basis and gives places to 16 men per anum. Although it is non-accredited it appears to work very well with the client group and is valued by attenders and their supervising officers. Given the demand on resources of the new programme, CISSO would have struggled to place these men in MF: MC. The MF: MC programme would also be over treating their needs.

With regard to court report, CISSO staff jointly interviewed 61 offenders prior to sentence. 50 court mandate CISSO risk assessments were prepared. This number reflects an increase in court requests for CISSO report. Consultation was offered for all other report requests.

The project also offers training courses for local criminal justice staff on working with sexual offenders, including introductory days; the 3 day case management course for MF: MC and skills based training that aims to consolidate learning on the case management and risk assessment courses. The team has also set up a case managers forum which meets every two months to look at practice issues related to MF: MC.

This decision was taken on practice grounds to best meet the assessed level of risk and need. We were able to identify a number of men who whilst eligible and requiring some intervention did not merit a programme of over a year's duration.

Lothian and Borders would have struggled with resources to place all of these men in MF: MC and it would have resulted in significant waiting lists. However, if funding were reduced in the future, this option would cease.

Keeping Children Safe

The Community Disclosure Scheme provides that parents, carers and guardians of children under 18 can ask for information about a named person who may have contact with their child if they are concerned that he or she might have convictions for sexual offences against children (e.g. if a parent wants to find out more about a new partner). Police officers discuss the concerns of the applicant in a face-to-face meeting and offer advice and support.

In this reporting year, police in Edinburgh, Lothian and Scottish Borders received 29 applications under this scheme.

Further information can be found at: http://www.scotland.police.uk/keep-safe/safety-advice-jj/children-and-young-people/child-protection-keeping-children-safe/

4 Achievements in Developing Practice

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Training and Promoting MAPPA

During this reporting year, we have held a number of multi-agency training events.

In April 2015, the MAPPA Coordinator delivered a training event for staff new to the role of chairing MAPPA meetings.

Also in April 2015, NHS Borders hosted a multi-agency MAPPA awareness-training day, aimed at staff that may only have limited contact with sex offenders. This event promoted information sharing and understanding relative to the management of registered sex offenders.
In June 2015, the MAPPA Coordinator delivered training to staff from the Lifeline Project who work with individuals, families and communities both to prevent and reduce harm, to promote recovery, and to challenge the inequalities linked to alcohol and drug misuse. The aim was to increase the workers awareness of the higher risk and more complex cases managed under MAPPA, and to enable them to play an active role in mitigating these risks.

In February 2016, West Lothian Council hosted a multi-agency MAPPA awareness-training day, aimed at staff that may only have limited contact with sex offenders. This event promoted information sharing and understanding relative to the management of registered sex offenders.

Scottish Borders have held a number of multi-agency training events, aimed at staff that may only have limited contact with sex offenders. These events promoted information sharing and understanding relative to the management of registered sex offenders.

On 3 March 2016, the Scottish Government published new MAPPA Guidance. This guidance reflects the new risk of serious harm offender category, who by reason of their conviction are subject to supervision in the community by any enactment, order or licence: are assessed by the responsible authorities as posing a high or very high risk of serious harm to the public, which requires active mutli-agency management at MAPPA Level 2 or 3.

In March 2016, Edinburgh, the Lothians and Scottish Borders Strategic Oversight Group hosted a multi-agency half day conference, aimed at staff and managers who will be directly involved in the management of offenders under the new risk of serious harm category being introduced under MAPPA in April 2016.

Developing the use of Sexual Offences Prevention Orders (SOPO)

This is an order granted by the Court. It places conditions on an offender's behaviour, provides a power of arrest if breached and enhances the police role in managing such offenders. SOPOs could initially only contain prohibitive measures, however, a change in legislation in November 2011 allows for these orders to contain positive obligations as well as prohibitions. Police Scotland may now apply to the court at the point of sentencing, for conditions requiring the offender to take specific actions, where previously there was no such obligation to comply.

For some offenders, the existence of a SOPO is enough to provide structure to their daily life, through which they are able to avoid further offending. On 31 March 2016 there were 69 SOPOs in place locally.

5 Strategic Overview Arrangements

MAPPA
Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Edinburgh, Lothian and Scottish Borders – Strategic Oversight Group

This group is responsible for the overview and co-ordination of the Multi-Agency Public Protection Arrangements, ensuring the sharing of best practice and learning from significant case reviews. The group also provides a strategic lead for developing local multi-agency policy and strategy in relation to shared priorities, with regard to the management of offenders.

Edinburgh, Lothian and Scottish Borders – MAPPA Operational Group

This multi-agency operational group supports the work of the Strategic Oversight Group. The remit of this group is to share learning, develop best practice, and where relevant, ensure consistency of practice.

Offender Management/Reducing Re-offending Committees

These committees monitor the performance and quality of local service delivery; they provide strategic direction to local member agencies and develop local policy and practice. These committees include representatives from all key agencies, a number of which are also members of the local child and adult protection committees, ensuring effective communication across public protection.

NHS Lothian Public Protection Action Group

The main aim of this group is to ensure NHS Lothian discharges its responsibilities for MAPPA, child and adult protection. This group will provide a general forum to discuss important practice issues, in addition to developing good practice in relation to the management of high-risk offenders within the health care setting.

6 Statistical Information

Unless stated, the statistics recorded are for the reporting period 1 April 2015 to 31 March 2016.

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

Table 1: General

REGISTERED SEX OFFENDERS (RSOs)		No.
a) Number of:	**I.** per 100,000 population on 31 March	70.27
	II. at liberty and living in the area on 31 March	690
b) The number of RSOs having a notification requirement who were reported for breaches of the requirements to notify		50
c) The number of "wanted" RSOs on 31 March		0
d) The number of "missing" RSOs on 31 March		0

Table 2: Civil Orders applied and granted in relation to registered sex offenders

THE NUMBER OF	No.
a) Sexual Offences Prevention Orders (SOPOs) in force on 31st March	69
b) SOPOs imposed by courts between 1st April and 31 March	3
c) Risk of Sexual Harm Orders (RoSHO) in force on 31 march	3
d) Sex offenders convicted of breaching SOPO conditions between 1 April and 31 March	6
e) Number of people convicted of a breach of RSHO between 1 April and 31 March	0
f) Foreign Travel Orders imposed by the courts between 1 April and 31 March	0
g) Notification Orders imposed by the courts between 1 April and 31 March	1

Table 3: Registered sex offenders by level, reconvictions and notifications

REGISTERED SEX OFFENDERS (RSOs)		No.
a) By MAPPA Level as at 31 March;	**I.** Level 1 – Routine Risk Management	681
	II. Level 2 – Multi-agency Risk Management	9
	III. Level 3 – MAPPP	0
ai) By MAPPA Level between 1 April 2015 and 31 March 2016	**IV.** Level 1 – Routine Risk Management	835
	V. Level 2 – Multi-agency Risk Management	76
	VI. Level 3 - MAPPP	4
b) Convicted of a further Group 1 or 2 crime;	**I.** MAPPA Level 1	10
	II. MAPPA Level 2	1
	III. MAPPP Level 3	0
c) Returned to custody for a breach of statutory conditions (including those returned to custody because of a conviction of Group 1 or 2 crime)		16
d) Indefinite registrations reviewed under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April and 31 March		18
e) Notification continuation orders issued under the terms of the Sexual Offences Act 2003 (Remedial) (Scotland) Order 2011 between 1 April and 31 March		6
f) Notifications made to Jobcentre Plus under the terms of the Management of Offenders etc. (Scotland) Act, 2005 (Disclosure of Information) Order 2010 between 1 April and 31 March		156
g) Number of RSOs subject to formal disclosure		0

Table 4: Restricted patients

RESTRICTED PATIENTS (RPs):		No.
a) Number of RPs;	**I.** Living in the area on 31 March	31
	II. During the reporting year	44
b) Number of RPs per order	**I.** CORO	34
	II. HD	1
	III. TTD	9
c) Number within hospital/ community;	**I.** State Hospital	9
	II. Other hospital no suspension of detention (SUS)	27
	III. Other hospital with unescorted SUS	9
	IV. Community (Conditional Discharge)	8
d) Number managed by category on 31 March;		
Level 1 – Routine agency risk management		30
Level 2 – multi-agency risk		1
Level 3 – MAPPP		0
e) Number of RPs convicted of a further crime of Group 1 or 2 crime	**I.** MAPPA Level 1	0
	II. MAPPA Level 2	0
	III. MAPPP Level 3	0

RESTRICTED PATIENTS (RPs):		No.
f) Number on suspension of detention;	**I.** who did not abscond or offend	43
	II. who absconded	1
	III. who absconded and then offended	0
	IV. where absconding resulted in withdrawal of suspension of detention	1
g) Number on conditional discharge;	**I.** who did not breach conditions, not recalled or did not offend	8
	II. who breached conditions (resulting in letter from the Scottish Government)	0
	III. recalled by Scottish Ministers due to breaching conditions	0
	IV. recalled by Scottish Ministers for other reasons	0

Table 5: Registered sex offenders by age on 31 March 2016

AGE	RSO Number	RSO Percentage
Under 18	0	0
18-20	16	2.31
21-30	117	16.95
31-40	139	19.56
41-50	140	20.28
51-60	151	21.88
61-70	91	13.18
71-80	38	5.50
81-90	2	0.28
91-100	0	0
Total	690	100%

Table 6: Registered sex offenders by gender on 31 March 2016

SEX	RSO Number	RSO Percentage
Male	689	99.86
Female	1	0.14

Table 7: Registered sex offenders managed under statutory conditions and/or notification requirements on 31 March 2016

CONDITIONS	Number	Percentage
On statutory supervision	248	35.54
Subject to notification requirements only	442	64.05

MAPPA

Edinburgh, the Lothians and Scottish Borders Multi-Agency Public Protection Arrangements

NHS Lothian

NHS Borders

SPS Scottish Prison Service

Midlothian

Police Scotland – Keeping people safe

East Lothian Council

Scottish Borders Council

West Lothian Council

Edinburgh – Your Council – Your City

HM INSPECTORATE OF CONSTABULARY IN SCOTLAND

and

THE CARE INSPECTORATE

Joint Thematic Review of MAPPA in Scotland

November 2015

Produced by Her Majesty's Inspectorate of Constabulary in Scotland and the Care Inspectorate

Laid before the Scottish Parliament by Her Majesty's Inspector of Constabulary in Scotland under Section 79(3) of the Police and Fire Reform (Scotland) Act 2012

Published by HMICS, November 2015

HMICS/2015/09

COMMS-1115-184

www.hmics.org.uk

www.careinspectorate.com

HM Inspector of Constabulary in Scotland

HM Inspectorate for Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the '*state, effectiveness and efficiency'* of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).[1]

We have a statutory duty to ensure that the Chief Constable and the SPA meet their obligations in terms of best value and continuous improvement. If necessary, we can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate. We also have an established role in providing professional advice and guidance on policing in Scotland.

- Our powers allow us to do anything we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions.
- The SPA and the Chief Constable must provide us with such assistance and co-operation as we may require, to enable us to carry out our functions.
- When we publish a report, the SPA and the Chief Constable must also consider what we have found and take such measures, if any, as they think fit.
- Where our report identifies that the SPA or Police Scotland is not efficient or effective (or best value not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the Authority to take such measures as may be required. The SPA must comply with any direction given.
- Where we make recommendations, we will follow them up and report publicly on progress.
- We will identify good practice that can be applied across Scotland.
- We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication.
- We aim to add value and strengthen public confidence in Scottish policing and will do this through independent scrutiny and objective, evidence-led reporting about what we find.

Our approach is to support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs.[2]

This joint review of the multi-agency public protection arrangements (MAPPA) in Scotland was undertaken in terms of Section 74(2) (a) of the Police and Fire Reform (Scotland) Act 2012 and laid before the Scottish Parliament in terms of Section 79(3) of the Act.

[1] Chapter 11, Police and Fire Reform (Scotland) Act 2012.
[2] HMICS, *Corporate Strategy 2014-17* (2014).

The Care Inspectorate

The Care Inspectorate was established under the Public Services Reform (Scotland) Act 2010 (the 'Act') and is the independent scrutiny and improvement body responsible for regulation and inspection of care and support services, Criminal Justice Social Work services and joint inspections with other scrutiny partners of services for adults and children.

In all our scrutiny activities we are required by statute to take into account the National Care Standards and the Scottish Social Services Council's codes of conduct and practice in making our judgements and decisions on the quality of care. We are an executive non-departmental public body and our functions, duties and powers are set out in the Act and in delegated legislation made under the Act.

We operate independently and at arm's length from Scottish Ministers but are accountable to them through the Scottish Parliament. The Care Inspectorate is governed by its Board which holds responsibility for setting the strategic direction of the organisation, executing good governance and managing performance while taking account of legislation and policy guidance from the Scottish Government to contribute to national outcomes and priorities.

The Act imposes a Duty of Co-operation which requires us to collaborate closely with other scrutiny and improvement bodies and national policy makers. The regulation, audit and inspection activities of scrutiny bodies should be co-ordinated to be efficient, effective and economical for all those involved. We work closely with other bodies such as Healthcare Improvement Scotland, Education Scotland, Audit Scotland and HMICS to co-ordinate our activities so that regulation, inspection and audit across Scotland are efficient, effective and duplication is reduced.

In accordance with Section 54 of the Act we published our inspection plan summary for 2014-15[3] and a commitment to work with HMICS in a joint inspection of MAPPA in Scotland.

[3] The Care Inspectorate, Inspection Plan Summary 2014-15.

Contents

Foreword

The multi-agency public protection arrangements (MAPPA) were set up in 2007 to co-ordinate the approach of a range of agencies who work together to reduce the potential risk of serious harm[4] posed by registered sex offenders and keep communities safe. This report presents the findings of our review into how well these arrangements contribute to public protection.

Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) and the Care Inspectorate agreed to jointly work together to undertake a proportionate, risk-based and intelligence led review of MAPPA in Scotland. As part of this review, we engaged with more than 500 practitioners involved in the delivery of MAPPA across Scotland and scrutinised 10% of records maintained on the Violent and Sex Offender Register (ViSOR). We also observed the risk management review of 45 sex offenders discussed at 17 MAPPA meetings across the country and undertook analysis of 78 case records. This approach provided an in-depth understanding of the operational and strategic delivery of MAPPA.

Our main findings are that there is strong evidence that MAPPA is well-established across Scotland and that Responsible Authorities,[5] through joint working and information sharing, discharge their duties effectively under the terms required by the Management of Offenders etc. (Scotland) Act 2005.[6]

That said, whilst MAPPA is effective in contributing to keeping people safe, overall efficiency in the management of risk could be improved by implementing a more proportionate and consistent approach through streamlining processes and reducing unnecessary bureaucracy.

It should be stressed that while the fundamental purpose of MAPPA is to protect the public, MAPPA and the work of Responsible Authorities cannot entirely eradicate risk. Although the number of sex offenders identified and managed through MAPPA continues to rise, which can in part be attributed to an increase in the reporting of sexual crime to the police[7] and an increase in convictions for internet offending, the number of registered sex offenders managed at Level 2 and 3 continues to reduce each year as shown at Exhibit 6.[8]

We have identified a number of areas for development that can be delivered at an operational level. We have also outlined ten recommendations which are of a strategic nature, requiring a national response.

Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland. Building upon the multi-agency approach that first introduced MAPPA, there is an opportunity for the Scottish Government in partnership with Responsible Authorities to lead and facilitate the delivery of the strategic recommendations ensuring that MAPPA remains effective and efficient.

[4] Risk of serious harm is defined as; the likelihood of harmful behaviour of a violent or sexual nature, which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, may reasonably be expected to be difficult or impossible. MAPPA National Guidance 2014.
[5] The Responsible Authorities are Police Scotland, Local Authorities, Scottish Prison Service and Health Boards or Special Health Boards.
[6] Management of Offenders etc. (Scotland) Act 2005.
[7] Recorded crime in Scotland 2014-15.
[8] The MAPPA management levels are outlined at page 17.

We will now ask the Scottish Government and Responsible Authorities to provide an action plan in response to our recommendations. We will monitor progress against this plan and publish our findings as part of our annual reporting process.

Derek Penman QPM
HM Inspector of Constabulary in Scotland

Karen Reid
Chief Executive
Care Inspectorate

November 2015

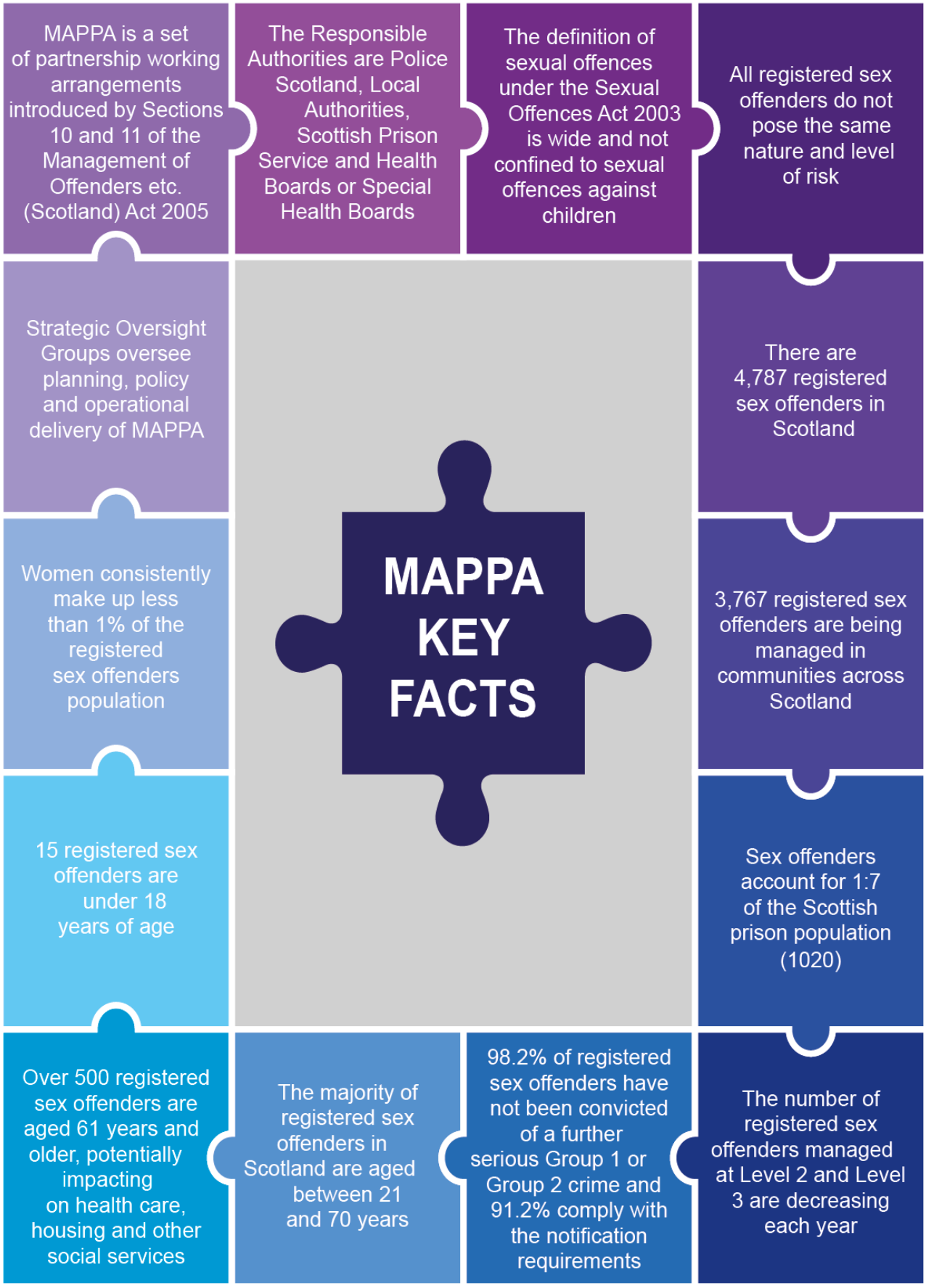
Acknowledgements

The Review team wish to record their thanks to all who contributed to the joint thematic review including the MAPPA Co-ordinators, front line staff, first line managers, members of the Strategic Oversight Groups and other stakeholders. In addition, thanks are due to members of the MAPPA Review Programme Board,[9] the MAPPA Review Short Life Working Group and Review Reference Group who helped shape the methodology shown at Appendix One.

Our review was led by Stephen Whitelock, Lead Inspector, HMICS and Ray Jones, Strategic Inspector, the Care Inspectorate. The review was supported by colleagues from both organisations. Executive lead was provided by the Assistant Inspector of Constabulary, Andy Cowie and Kevin Mitchell, acting Director of Inspection, the Care Inspectorate.

[9] MAPPA Review Programme Board comprised senior representatives from HMICS, the Care Inspectorate, HM Inspectorate of Prisons in Scotland, Scottish Government, Police Scotland, Scottish Prison Service, Risk Management Authority, Healthcare Improvement Scotland, Social Work Scotland and Community Justice Authorities.

10



[10] Sources: Scottish Government MAPPA Annual Overview Report 2015 and Strategic Oversight Group MAPPA Annual Reports 2015.

Key findings

Outcomes and impact

- Multi-agency public protection arrangements (MAPPA) are well-established across the country. Responsible Authorities, as named in the governing legislation, have robust arrangements in place to manage registered sex offenders (RSO) through dedicated offender management teams, joint working and information sharing.
- MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. However, we are confident that MAPPA is working effectively and as a result, makes a critical contribution to keeping people and communities safe.
- When a registered sex offender comes to the attention of the police for further offending, for the vast majority, it is in relation to their failure to comply with the notification requirements[11] as opposed to the commission of a further serious offence. This is in the context of an increased number of registered sex offenders being managed in the community, the high compliance rate by offenders with notification requirements and a low rate of further conviction for serious violent and sexual offending.
- Registered sex offenders are being managed at the appropriate risk management level, as shown at Exhibit 6, and community integration is supported by risk management plans.
- A range of skilled professionals are working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

Delivery of services

- Nationally adopted risk assessment tools are used effectively and in accordance with MAPPA National Guidance (2014),[12] Standards and Guidelines for Risk Management[13] and FRAME[14] principles, standards and practice process.
- The introduction of the housing Sex Offender Liaison Officer[15] role as part of MAPPA has strengthened the assessment and planning for sex offender accommodation.
- All Strategic Oversight Group areas have an Environmental Risk Assessment (ERA)[16] process in place as required by national guidance. There is effective communication and strong relationships between offender management staff, Criminal Justice Social Work and housing Sex Offender Liaison Officers in the delivery of these assessments.
- The increasing number of registered sex offenders managed at Level 1 can in part be attributed to an increase in convictions for internet offending and increased reporting of sexual crimes.
- MAPPA Level 2[17] meetings are well planned and meaningful however, we identified areas for development which, if actioned, could improve the overall efficiency of the process.
- Offenders who pose a significant risk of potentially causing serious harm, appropriately receive a more intensive level of multi-agency management at Level 3.[18] Meetings are carried out to a very high standard and commensurate with the level of risk posed.

[11] Sex Offender Notification Requirements. See Glossary.
[12] MAPPA National Guidance (2014).
[13] RMA, Standards and Guidelines.
[14] Framework for Risk Assessment, Management and Evaluation. Paisley: RMA.
[15] Sex Offender Liaison Officer (SOLO). See Glossary.
[16] Environmental Risk Assessment. See Glossary.
[17] MAPPA management Level 2 is multi-agency risk management.
[18] MAPPA management Level 3 is conducted by Multi Agency Public Protection Panels. See Glossary.

- The statistics which have been gathered and outlined within MAPPA annual reports indicate that the number of individuals convicted of sexual offences and subject of the sex offender notification requirements continue to show a gradual but steady increase.
- There is widespread consensus that posting of self-generated indecent images on social media networks by young people, known as 'sexting', has become a common phenomenon across the country.

Management

- Robust operational structures are in place to manage multi-agency public protection arrangements. There is close and purposeful working by members of the strategic and operational management groups, who demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.
- Police Scotland's National Offender Management Unit conduct a structured audit of processes, procedures and recording practices. Having a centralised audit function to support local delivery is helpful in supporting a consistent approach to offender management across the country.
- Robust arrangements are in place to ensure that practitioners receive the required training to undertake their duties, principally in the assessment and management of risk.
- Staff are confident in their role in offender management and the use of nationally adopted assessment tools but require additional guidance in the assessment of the risk that internet offenders may pose of further offending.
- MAPPA has transformed relationships and partnership working between Responsible Authorities. It has played a crucial role in cementing particularly strong and effective joint working between Police Scotland and Criminal Justice Social Work.
- MAPPA Co-ordinators play a key role in public protection arrangements, undertaking a wide range of important duties. However, given the demands that are placed on Co-ordinators there is a need to review the role and function in preparation for the MAPPA extension.[19]

Leadership

- Strategic leaders and managers provide clear operational direction and encourage a supportive and positive culture of joint working arrangements in the management of registered sex offenders.
- There are clear governance structures in place for the delivery of MAPPA through well-established strategic oversight and operational groups.
- Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland.

[19] The MAPPA Extension programme extends MAPPA beyond registered sex offenders and includes those offenders assessed as posing a risk of serious harm.

Recommendations

Whilst MAPPA is effective in contributing towards public protection our review identified a number of emerging trends and issues which are cross-cutting in nature. The ten recommendations outlined in the report require a multi-agency response facilitated by the Scottish Government to set policy and a strategic framework to strengthen the future delivery of MAPPA in Scotland.

Recommendation 1
Scottish Government in partnership with Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an Environmental Risk Assessment which is proportionate, practicable and sustainable.

Recommendation 2
Scottish Government in partnership with the Risk Management Authority and Responsible Authorities should provide additional guidance to enable staff[20] to better assess the risk posed by internet offenders.

Recommendation 3
Scottish Government in partnership with Responsible Authorities should undertake a technical capacity and capability review of equipment, training and guidance required to support staff in monitoring the use of social media devices by registered sex offenders to ensure compliance with licence conditions.

Recommendation 4
Scottish Government in partnership with Responsible Authorities should develop a strategy to address the risks posed to children and young people from 'sexting' in order to build healthy respect and avoid the potential for exploitation and criminalisation.

Recommendation 5
Scottish Government in partnership with Responsible Authorities should collaborate in order to develop minimum practice standards for the management of Level 1 registered sex offenders in order to support consistent and efficient practice.

Recommendation 6
Scottish Government in partnership with Responsible Authorities should review the function and role of the MAPPA Co-ordinator to ensure compliance with agreed guidance and to meet the challenges of the MAPPA extension.

Recommendation 7
Scottish Government should lead on the development and delivery of an action plan in order to overcome the barriers to the effective and efficient usage of ViSOR by Criminal Justice Social Work, outlining owners and timeframes.

Recommendation 8
Scottish Government in partnership with Responsible Authorities should design a national public engagement strategy regarding offender management that includes the management of registered sex offenders in the community.

Recommendation 9
Scottish Government in partnership with Responsible Authorities should establish a robust national governance structure to develop and utilise trend data relating to sex offending to better inform strategic planning for the continued effective and efficient delivery of MAPPA.

[20] Staff relates to police Offender Management Units and Criminal Justice Social Work teams.

Recommendation 10
Scottish Government in partnership with Responsible Authorities should develop and introduce a structured and standardised process to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

Areas for development

We have identified **17** areas for development across key processes that can be delivered locally at an operational level. They are directed primarily at Strategic Oversight Groups and Responsible Authorities. We are confident that they have the capacity to take forward the areas for development and where implemented could improve overall efficiency in the management of registered sex offenders.

Two areas for development (**10** and **12**) are considered by us to be a basis for a well-balanced approach to multi-agency public protection and where we saw them fully integrated as part of MAPPA there was evidence of enhanced partnership working and information exchange.

We recognise that the areas for development will have more significance for some than others. In order to support continuous improvement we encourage Strategic Oversight Groups to carry out a self-assessment against each of the listed areas for development.

Area for development 1
Responsible Authorities should ensure that all Stable and Acute 2007 (SA07)[21] assessments are current and updated in accordance with national guidance and circulars.[22]

Area for development 2
We encourage Responsible Authorities to explore best practice approaches to ensure that staff are equipped to assess the risks and needs of female sex offenders.

Area for development 3
Strategic Oversight Groups should ensure that members of staff have the required knowledge and skills to undertake the assessment of the risk posed by young people subject to MAPPA.

Area for development 4
Whilst overall, MAPPA meetings were well planned and effective, we identified a number of areas for development which, if addressed, could improve the overall efficiency of the process. These are outlined in chapter 2 page 25 and include: attendance, scrutiny of minutes and actions, use of pre-information sharing and training.

Area for development 5
As a result of the increasing number of internet related sex offenders becoming subject to MAPPA, early intervention and diversionary approaches aimed at addressing the risk posed by such offenders should be further scoped by Responsible Authorities in partnership with the Scottish Government.

Area for development 6
Strategic Oversight Groups should ensure that MAPPA forms part of an integrated public protection strategy.

Area for development 7
Strategic Oversight Groups and Responsible Authorities should develop and implement a more structured approach to self-assessment.

[21] Stable and Acute 2007 (SA07). See Glossary.
[22] Justice Circular No: JD/13/2007 and Justice Circular No: JD/01/2013.

Area for development 8
Strategic Oversight Groups should introduce a mechanism which ensures that staff from Responsible Authorities are provided with key information regarding the strategic direction of MAPPA and have an opportunity to contribute to organisational development.

Area for development 9
Strategic Oversight Groups should explore additional opportunities for the delivery of multi-agency training.

Area for development 10
We found evidence of strong local engagement where co-location of staff responsible for delivery of MAPPA was established, providing an enriched understanding of roles, responsibilities and enhanced partnership working.

Area for development 11
It is essential that Strategic Oversight Groups review Information Sharing Protocols to ensure that Registered Social Landlords are clear on their responsibilities and have signed relevant agreements.

Area for development 12
Where the NHS had an integrated single point of contact at the Strategic Oversight Group for all MAPPA related matters, we saw enhanced information exchange which had a positive impact on risk management planning.

Area for development 13
Strategic Oversight Groups and NHS should deliver additional introductory level training for health and care staff.

Area for development 14
Health Boards should ensure that there is an appropriate long term arrangement in place to maintain compliance with ViSOR standards.

Area for development 15
The Scottish Prison Service should monitor and maintain the continued improvement in the use of ViSOR.

Area for development 16
Responsible Authorities in partnership with the Scottish Government should provide opportunities to raise awareness of the release processes, including the role of the Parole Board, in order to enhance planning and mitigate risk for those released into communities.

Area for development 17
The process of engagement with victim support services could be further improved through involvement with Strategic Oversight Group chairs at a national level.

Chapter 1 Outcomes and impact

- Multi-agency public protection arrangements (MAPPA) are well-established across the country. Responsible Authorities, as named in the governing legislation, have robust arrangements in place to manage registered sex offenders through dedicated offender management teams, joint working and information sharing.
- MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. However, we are confident that MAPPA is working effectively and as a result, makes a critical contribution to keeping people and communities safe.
- When a registered sex offender comes to the attention of the police for further offending, for the vast majority, it is in relation to their failure to comply with the notification requirements as opposed to the commission of a further serious offence. This is in the context of an increased number of registered sex offenders being managed in the community, the high compliance rate by offenders with notification requirements and a low rate of further conviction for serious violent and sexual offending.
- Registered sex offenders are being managed at the appropriate risk management level, as shown at Exhibit 6, and community integration is supported by risk management plans.
- A range of skilled professionals are working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

Outcomes for, and impact on, communities

In response to public concerns regarding sexual offending and the potential impact on victims, a range of legislation, policies and interventions have been introduced by the Scottish Government to improve the management, supervision and treatment of individuals who pose a risk to the public. The timeline of key legislation and policies is laid out in Appendix Two: Legislative and policy timeline 1997 - 2015.

Most significant of these policies has been the introduction of the multi-agency public protection arrangements (MAPPA) introduced in 2007 by virtue of Sections 10 and 11 of the Management of Offenders etc. (Scotland) Act 2005.

MAPPA is not a legal entity in itself but a set of partnership working arrangements placing a statutory duty on Responsible Authorities [Exhibit 1] to jointly establish arrangements for assessing and managing risk posed by registered sex offenders.

Practitioners commented that prior to MAPPA the previous arrangements lacked consistency regarding the management of high risk people and information exchange between agencies was informal and ad hoc in nature.

Exhibit 1: Responsible Authorities in Scotland

Police Scotland	Local Authority	Scottish Prison Service	Health Boards and Special Health Boards
Police Scotland will normally be the Responsible Authority for those offenders subject to the Sex Offender Notification Requirements who are not subject to statutory supervision by the Local Authority.	Responsible through Criminal Justice Social Work for the management of sex offenders subject to statutory supervision in the community.	Responsible Authority for sex offenders whilst they are in custody and during periods of temporary release.[23]	Responsible Authority in relation to the assessment and management of mentally disordered offenders. Restricted patients are reviewed under the Care Programme Approach and risk to the community is managed through MAPPA.

The purpose of the joint thematic review was to assess the state, efficiency and effectiveness of the multi-agency public protection arrangements in Scotland, in terms of keeping people safe and reducing the potential risk of serious harm by registered sex offenders in our communities. A key question which this thematic review sought to answer was: how effective are the Responsible Authorities in the discharge of their statutory duties, under terms of the Management of Offenders etc. (Scotland) Act 2005, including adherence to national guidance and good practice?

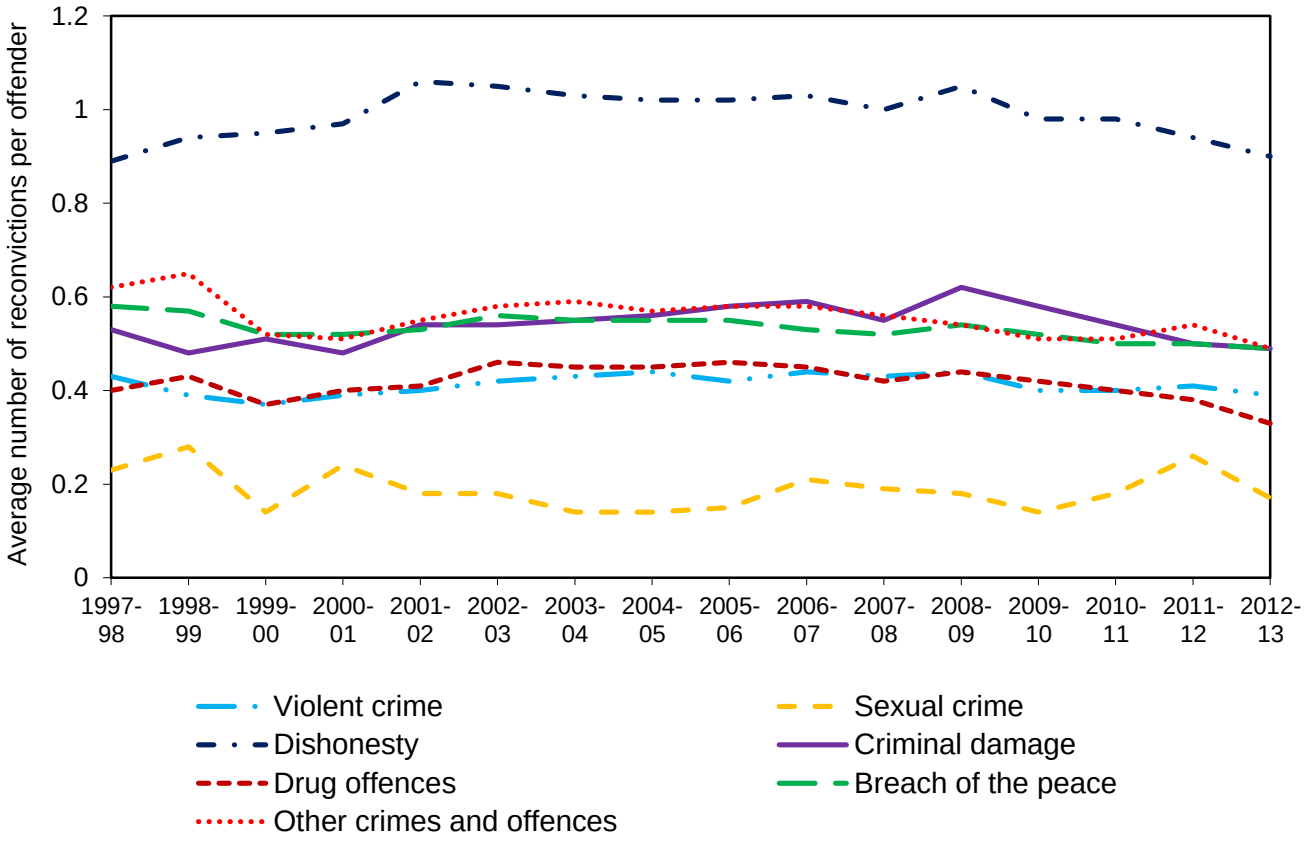
Managing the risks posed by sex offenders within the community is a complex task involving a broad range of organisations and agencies. Registered sex offenders are required to comply with the notification scheme which includes notifying the police within three days of conviction of their personal details. Where the sex offender is in prison on the day that this requirement falls then notification is required within three days of release. Registered sex offenders must also notify the police of any change to their name or address, intention to travel overseas and reconfirmation of personal details at least once every 12-months.

Success in the effective management of a registered sex offender is judged by the public on whether or not there has been any reoffending or reconviction by a known registered sex offender. Studies of sex offending consistently show relatively low rates of recidivism relative to all other types of offending and statistics in Scotland highlight that sexual offenders have amongst the lowest rates of return to custody after two years.[24]

Scottish Government, Statistical Bulletin, Crime and Justice Series entitled: *'Reconviction rates in Scotland 2012-13'*,[25] reported that offenders in 2012-13 with an index crime[26] for a sexual crime had the lowest average number of convictions and the lowest reconviction rate compared to other offenders. [Exhibit 2]

[23] Temporary release includes, day release, special escorted leave, community work placement and home leave.
[24] Ash and Biggar (2001) Recidivism amongst Serious and Violent and Sexual Offenders.
[25] Scottish Government. Statistical Bulletin, Crime and Justice Series. Reconviction rates in Scotland 2012-13, published 31 March 2015.
[26] Index crime. See Glossary.

Exhibit 2: Average number of reconvictions per offender, by index crime: 1997-98 to 2012-13 cohorts



We have extracted elements of the above data in order to demonstrate the reconviction rate of sex offenders in comparison to other offenders. [Exhibit 3]

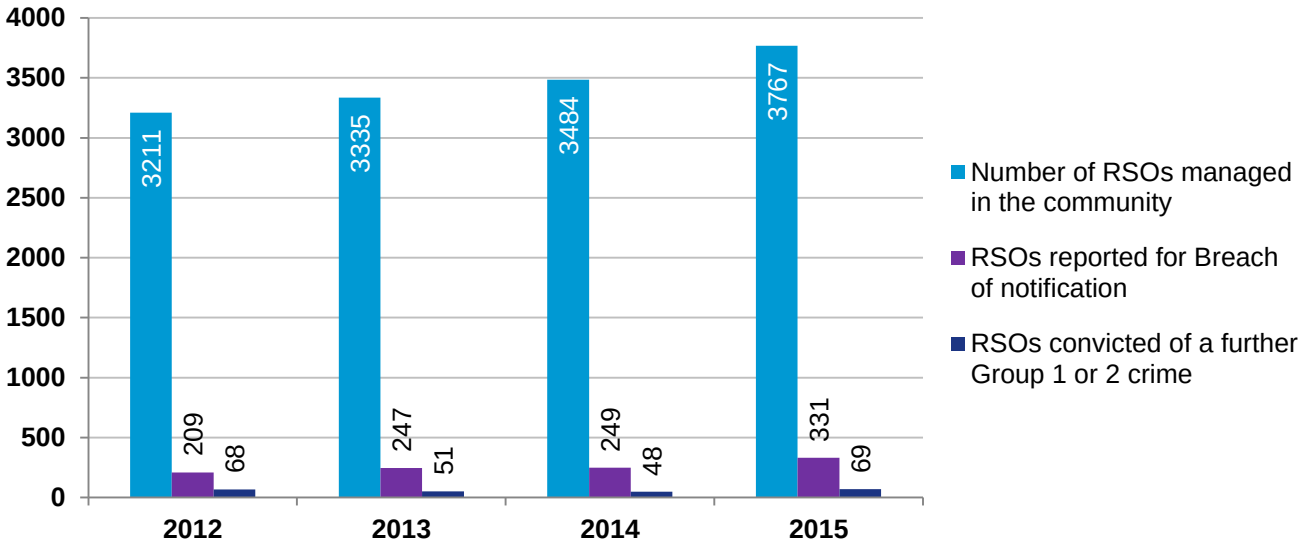
Exhibit 3: Average number of reconvictions per offender, by index crime: 2010 - 13

Index crime	Number of offenders	Reconviction rate	Average number of reconvictions per offender
Violent crime			
2012-13	12386	24.0	0.39
2011-12	13530	24.6	0.41
2010-11	13516	24.7	0.40
Sexual crime			
2012-13	624	12.2	0.17
2011-12	521	12.9	0.26
2010-11	478	11.9	0.18
Dishonesty			
2012-13	8000	41.3	0.90
2011-12	8742	42.3	0.94
2010-11	9122	43.5	0.98

In March 2015 there were 3767 registered sex offenders being managed in the community [Exhibit 4] of which 8.8% (331) had been reported for breach of notification requirements. These offences primarily relate to failing to notify the police of a change in personal circumstances and not the commission of a further serious offence. The monitoring and management arrangements that are in place, including proactive management and partnership working, have enabled the Responsible Authorities to identify a breach in notification and respond accordingly.

Exhibit 4 also indicates that 1.8% (69) of registered sex offenders had been convicted of a further serious Group 1 or Group 2 crime.[27] We note that the manner in which the data was collected does not differentiate between Group 1 or Group 2 crimes. Better collection and analysis of data would provide clearer reconviction data to support strategic planning.

Exhibit 4: Number of registered sex offenders in the community 2012 - 15 including breach of notification and conviction for a further Group 1 or 2 crime[28]



It is clear therefore that when a registered sex offender comes to the attention of the police for further offending, for the vast majority it is in relation to their failure to comply with the conditions of the notification process as opposed to the commission of a further serious offence.

MAPPA activities and the work of Responsible Authorities cannot entirely eliminate risk. Analysis of sex offender conviction data indicates that on average, the likelihood of sexual recidivism[29] is low, and in general, this risk declines over time. However, in the case of more serious sex offenders, including those subject to indefinite notification periods, whilst the risk of repeat sex offending is very low, the risk of reoffending does not fall significantly over time and never reaches zero.[30]

Outcomes for, and impact on, those people subject to MAPPA

When a registered sex offender is released from prison it is a requirement for Responsible Authorities to assess the proposed address as part of risk management planning. This can prove to be challenging given the sensitivity that exists around this subject and the identification and availability of housing for registered sex offenders which requires significant co-operation across agencies to ensure that they are housed appropriately. We discuss this issue further in chapter 2.

[27] Crime group descriptors. See Glossary.
[28] Scottish Government Strategic Oversight Group annual reports. Snap shot data on 31 March each year.
[29] Sexual crimes excluding offences relating to prostitution.
[30] Scottish Government. Statistical Bulletin, Crime and Justice Series. Reconviction rates in Scotland 2012-13, published 31 March 2015.

Practitioners told us of their belief that the majority of registered sex offenders following conviction and release from prison return to their home address or to their original community. To examine the type and geographical location of the accommodation provision for registered sex offenders, both pre and post release, we carried out a review of all registered sex offenders released from prison during a two year period between 1 January 2013 and 31 December 2014.

We found that there was a wide geographic coverage with registered sex offenders being housed across Strategic Oversight Group areas. Environmental Risk Assessments (ERA) had been completed in all cases in respect of the post release address. Within the period reviewed, 86% of sex offenders released returned to the same type of housing following imprisonment[31] and 73% returned to the same or a neighbouring community, confirming what practitioners told us.

We found that MAPPA is well-established and Responsible Authorities have robust arrangements in place to manage registered sex offenders through dedicated offender management teams, joint working, information sharing and the completion of collaborative risk assessments and risk management plans. This approach contributes to a reduction in the potential risk of serious harm by registered sex offenders in communities. We are confident that MAPPA is working effectively and as a result makes a critical contribution to the management of risk and public protection.

In this thematic review, we also set out to assess the impact of MAPPA on registered sex offenders and the extent to which the arrangements improve outcomes for them, in helping them manage their behaviour.

Individuals who commit sexually motivated offences do not form a homogenous group and come from all walks of life, age ranges and ethnic groups. They include individuals who pose a low risk of reconviction and others who require intensive supervision and monitoring to ensure that communities are protected. The MAPPA risk management structure is based on the principle that individuals should be managed at the lowest MAPPA level commensurate with the level of risk posed.[32] MAPPA includes three levels at which risk is assessed and managed:

- Level 1: routine risk management
- Level 2: multi-agency risk management
- Level 3: Multi Agency Public Protection Panels (MAPPP)

The number of registered sex offenders is collated annually in a published report by each Strategic Oversight Group and statistics are provided to the Scottish Government. The Scottish Government MAPPA Annual Overview Report 2015[33] records 4,787 registered sex offenders in Scotland with the management levels shown at [Exhibit 5].

Exhibit 5: Total number of registered sex offenders and management levels in Scotland. March 2015

Registered sex offenders in Scotland 2015	MAPPA management levels
4544	Level 1
234	Level 2
9	Level 3
4787	

Many of the registered sex offenders whose cases we reviewed had complex needs which required innovative responses from Responsible Authorities and their duty to co-operate partners. All cases reviewed contained evidence of completed risk assessments, risk management plans and each case had a Violent and Sex Offender Register (ViSOR) record. During our observation of

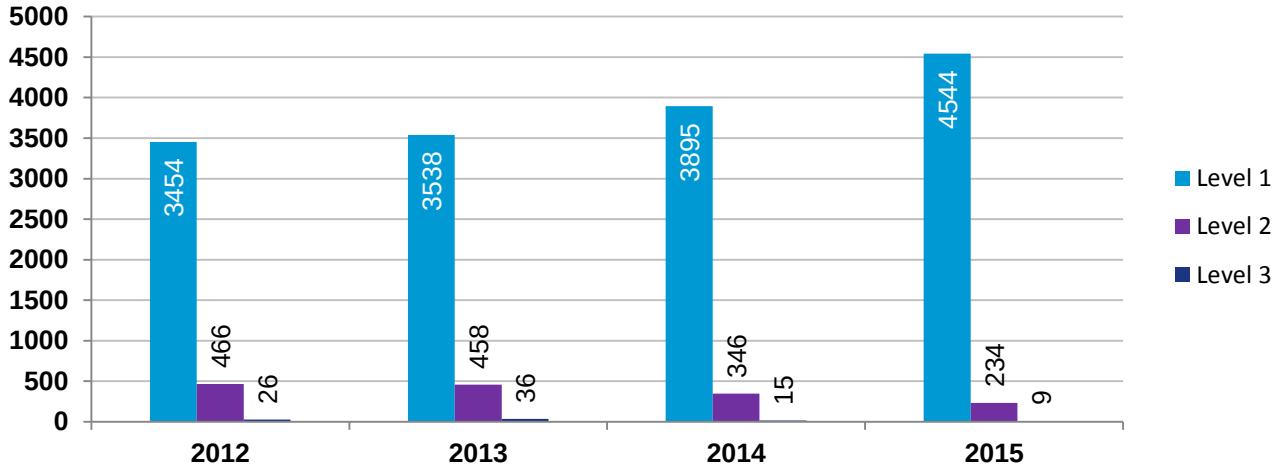
[31] Housing type: Council to Council, Registered Social Landlord to Registered Social Landlord, Owner Occupier to Owner Occupier, Private Landlord to Private Landlord.
[32] MAPPA National Guidance (2014).
[33] Scottish Government, MAPPA Annual Overview Report 2015.

MAPPA meetings we saw that staff were considering victim impact issues, community and offender needs consistently.

The majority of registered sex offenders are being managed appropriately at risk management Level 1, the lowest defensible level of management, and are being integrated into communities. The number of individuals being managed at Level 2 on a multi-agency risk management basis has steadily decreased over time as a result of Responsible Authorities' increased knowledge, skills and ability to assess and manage risk.

The number of registered sex offenders who pose the most serious or imminent risk of reoffending, or who have complex risk management plans as a consequence of a high degree of public or media scrutiny and therefore managed at Level 3 remains low, reducing each year [Exhibit 6]. This indicates that the principle of managing individuals at the lowest defensible level is being maintained, with expensive multi-agency resources being utilised to manage those who pose the greatest risk of serious harm.

Exhibit 6: Number of registered sex offenders by level of management 2012 -15



Offenders were provided with appropriate information which explained the requirements of the notification process. There was clear indication of positive outcomes being achieved for individual offenders. This is evidenced by the high level of compliance with and completion of statutory supervision and notification; the reduction in risk level over the course of the supervision period; good access to offender programmes and increased stability as a result of community integration.

Impact on staff

A major strength of MAPPA is the purposeful engagement of front line staff and managers. Practitioners indicated that arrangements are in place to ensure that they receive appropriate training to undertake duties, principally in the assessment and management of risk which has improved their skills and confidence. We saw evidence of strong front line engagement between police Offender Management Units and Criminal Justice Social Work teams.

Managers are aware of the impact that working in this area may have on staff and there was evidence of support, advice and guidance being provided as necessary. Staff confirmed that they have access to helpful welfare arrangements if required. We were impressed by a clear culture of mutual respect and understanding across Responsible Authorities and the extent to which staff demonstrated their commitment to the delivery of MAPPA. Practitioners viewed working within MAPPA as being a safe and supportive environment in which to undertake this challenging work.

Chapter 2 Delivery of services

- Nationally adopted risk assessment tools are used effectively and in accordance with MAPPA National Guidance (2014), Standards and Guidelines for Risk Management and FRAME principles, standards and practice process.
- The introduction of the housing Sex Offender Liaison Officer role as part of MAPPA has strengthened the assessment and planning for sex offender accommodation.
- All Strategic Oversight Group areas have an Environmental Risk Assessment (ERA) process in place as required by national guidance. There is effective communication and strong relationships between offender management staff, Criminal Justice Social Work and housing Sex Offender Liaison Officers in the delivery of these assessments.
- The increasing number of registered sex offenders managed at Level 1 can in part be attributed to an increase in convictions for internet offending and increased reporting of sexual crimes.
- MAPPA Level 2 meetings are well planned and meaningful however, we identified areas for development which, if actioned, could improve the overall efficiency of the process.
- Offenders who pose a significant risk of potentially causing serious harm, appropriately receive a more intensive level of multi-agency management at Level 3. Meetings are carried out to a very high standard and commensurate with the level of risk posed.
- The statistics which have been gathered and outlined within MAPPA annual reports indicate that the number of individuals convicted of sexual offences and subject of the sex offender notification requirements continue to show a gradual but steady increase.
- There is widespread consensus that posting of self-generated indecent images on social media networks by young people, known as 'sexting', has become a common phenomenon across the country.

The aim of MAPPA is to strengthen the ways in which staff across services work together to manage risks presented by registered sex offenders. Key MAPPA processes include:

- identification of convicted offenders who may pose a risk of harm
- assessment of the nature and extent of the risk posed
- planning for and managing the identified risk which effectively protects victims, communities and reduces further harm.

Identification and notification

The term 'sex offender' relates to a person who is convicted of an offence listed in Schedule 3 to the Sexual Offences Act 2003.[34] Following conviction, all sex offenders automatically become subject to the sex offender notification requirements (SONR) as set out in Part 2 of the Sexual Offences Act 2003 including those made subject to a Sexual Offences Prevention Order[35] or convicted of a breach of a Risk of Sexual Harm Order.[36] The number of offenders identified and subsequently subject to the SONR continues to increase.

[34] Sexual Offences Act 2003.
[35] Sexual Offences Prevention Order. See Glossary.
[36] Risk of Sexual Harm Order. See Glossary.

Assessment of the nature and extent of the risk posed

The cases reviewed demonstrated comprehensive application of nationally adopted risk assessment tools in accordance with MAPPA National Guidance (2014), Standards and Guidelines for Risk Management and FRAME. However, there were a small number of cases where Stable and Acute 2007 (SA07)[37] assessments had not been updated as required. Responsible Authorities should ensure that all Stable and Acute 2007 assessments are current and updated in accordance with national guidance and circulars. (Area for development 1)

In support of MAPPA, a National Accommodation Strategy for Sex Offenders in Scotland (NASSO) was introduced in 2007 and required Criminal Justice Social Work and police to undertake an address profile or 'scan' in partnership with the housing Sex Offender Liaison Officers (SOLO) as part of risk management activities. The introduction of the housing SOLO as part of MAPPA and the operational practices demonstrated by staff strengthened the process of assessment and planning for sex offender accommodation. The role of the housing SOLO is a cornerstone of MAPPA and we support the continuation of this arrangement.

The NASSO Guidance was revised in 2012[38] and introduced the term Environmental Risk Assessment (ERA). The purpose of the ERA is to gather information and to use it to make an assessment of the accommodation identified and its appropriateness for an individual registered sex offender managed at either MAPPA Levels 2 or 3. The guidance also advises that the lead Responsible Authority should consider the need for an ERA for offenders managed at MAPPA Level 1 based on set criteria.

We found that all Strategic Oversight Group areas had an appropriate ERA process in place and there was effective communication and strong relationships between Offender Management Unit staff, Criminal Justice Social Work and the housing SOLO in the delivery of the ERA. However, a key challenge for these officers is managing the demand for temporary accommodation when a registered sex offender is made homeless or released from prison at short notice balanced with the availability of suitable housing.

We found a number of strengths within the ERA process. It promotes a high level of collaboration between agencies and is clearly improving risk management plans. Visiting proposed tenancies and carrying out checks on police and Local Authority information systems, albeit data systems vary, is a robust approach in managing the potential risks posed by offenders.

A Significant Case Review published in 2013[39] recommended that Police Scotland have an audit process in place to enable an annual environmental scan for all addresses occupied by every registered sex offender they manage in the community. Police Scotland carried out an internal review of the ERA process across policing and identified inconsistencies in their use of the ERA. A national policy designed to provide clarity and to ensure consistent practice by police was introduced with limited consultation with Criminal Justice Social Work partners. We found that while Police Scotland delivered the change in the ERA process through centralised oversight, the ability of Criminal Justice Social Work staff and housing SOLO's to deliver with the same level of consistency across all local authorities was inhibited by the lack of a collaborative plan for implementation.

This has resulted in different approaches being applied with some areas using component parts of both the 2007 and 2012 guidance, resulting in inefficient duplication of activities. With the continued increase in the number of registered sex offenders becoming subject to MAPPA and in

[37] Stable and Acute 2007 (SA07). See Glossary.
[38] National Accommodation Strategy for Sex Offenders in Scotland 2012.
[39] MAPPA Significant Case Review (2013).

order to improve overall efficiency, key partners need to ensure that the ERA is proportionate with the risk posed by an individual offender and consistently delivered across the country. The Scottish Government and Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an ERA, ensuring these are sustainable, proportionate and workable.

Recommendation 1

Scottish Government in partnership with Responsible Authorities should work together to produce additional guidance on the parameters and minimum practice standards for conducting an Environmental Risk Assessment which is proportionate, practicable and sustainable.

Internet Offending

With the rapid growth in the use of the internet and expansion of social media, this provides a platform for sex offenders to pursue the sexual abuse of children and young people. As there is no single offence that covers all aspects of internet offending and as the term is open to interpretation, we have focused on a number of offences as shown at Appendix Three that include online child sexual exploitation, possession of and distribution of indecent images of children, on-line grooming and 'live' streaming.

Since 2013, Police Scotland has proactively raised and responded to a number of intelligence reports including information provided by the National Crime Agency CEOP (Child Exploitation and Online Protection) Command that have led to the detection of 679 individuals for internet related offences with cases being progressed through the criminal justice system.[40] The data shown at [Exhibit 7] is an indicator of the number of offenders convicted in the past three years of internet related offences; an increase of 109% between 2012-13 and 2014-15.

Exhibit 7: Number of offenders convicted for internet related offences 2012-15. Source: ViSOR National Systems Support

Legislation	Offenders Convicted		
	2012-13	2013-14	2014-15
The Civic Government (Scotland) Act Section 51(a)	27	80	101
The Civic Government (Scotland) Act Section 52 (1) and 52 A(1)	202	308	387
The Protection of Children and Prevention of Sexual Offences (Scotland) Act Sections 1,9 and 10	16	21	22
The Sexual Offences (Scotland) Act 2009, Sections 26 and 36	7	11	17
Totals	**252**	**420**	**527**

The increased identification of internet offenders provides an opportunity to minimise the risk of further harm as result of the screening processes that are provided by the Protection of Vulnerable Groups (Scotland) Act 2007,[41] and the Keeping Children Safe community disclosure scheme.[42] The latter enables parents, carers and guardians to enquire as to whether or not people who have access to their children have convictions for child sex offences.

[40] Information provided by Police Scotland 2015.
[41] Disclosure Scotland.
[42] Keeping Children Safe.

It has been reported that internet offenders present a relatively low risk of reoffending compared to contact sex offenders.[43] However, there is limited research in this area of offending and studies present differing findings. Practitioners found the process of assessing the potential risk that an internet offender poses of committing a contact offence particularly challenging and lacked confidence in this area. Although a range of guidance is available in terms of risk assessment standards and principles, there are no nationally adopted risk assessment tools for those who commit internet related offences. The provision of further guidance would strengthen the assessment process and enable Responsible Authorities to deploy resources more efficiently and proportionately with the level of risk posed by an offender. Notwithstanding the gap in guidance we saw robust risk management plans in place to manage such offenders.

Recommendation 2

Scottish Government in partnership with the Risk Management Authority and Responsible Authorities should provide additional guidance to enable staff to better assess the risk posed by internet offenders.

Police Scotland and Criminal Justice Social Work staff are trained to undertake their role in offender management. Police Scotland have access to field search software required to scrutinise media devices used by some offenders necessary to monitor compliance with licence conditions. However, such equipment is not available within Criminal Justice Social Work teams and there is a reliance on police to undertake this activity on their behalf.

Practitioners expressed concern at the growing number of internet offenders and the challenge this posed in terms of management and risk assessment. Staff indicated that they would benefit from greater access to such equipment supported by a code of practice to enable them to proactively determine whether or not a registered sex offender has accessed the internet in breach of licence conditions and / or commission of a further offence.

Recommendation 3

Scottish Government in partnership with Responsible Authorities should undertake a technical capacity and capability review of equipment, training and guidance required to support staff in monitoring the use of social media devices by registered sex offenders to ensure compliance with licence conditions.

The internet provides both anonymity and distance to an offender and understanding the scale of the threat remains challenging. We recognise that police continue to develop their approach to victim identification, investigative strategies and the detection of internet sex offenders.

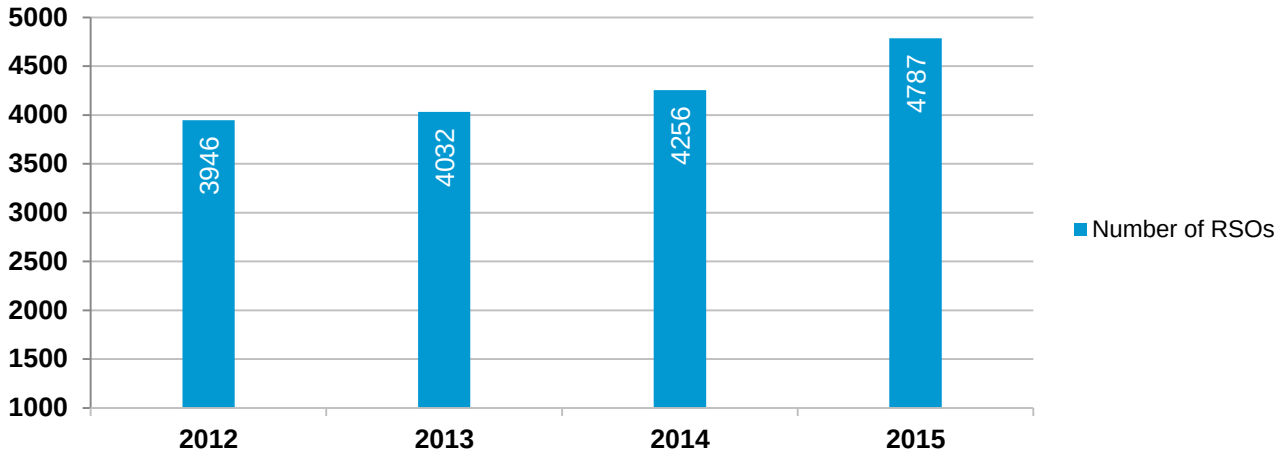
The National Crime Agency CEOP Command estimate that during 2012 there were around 50,000 individuals in the United Kingdom involved in downloading and sharing indecent images of children[44] and that the proliferation of indecent images of children and online child sexual exploitation remains of serious concern.[45]

As public confidence grows in reporting sexual crimes including internet offending and coupled with the technical and specialist developments by police it is likely that there will be an increased number of investigations, detections and prosecutions which may present a challenge to the capacity of agencies responsible for sex offender management.

[43] Seto, M. (2014) Internet-Facilitated Sexual Offending.
[44] Threat Assessment of Child Sexual Exploitation and Abuse, June 2013.
[45] National Strategic Assessment of Serious and Organised Crime 2015 published 23 June 2015.

The statistics which have been gathered and outlined within MAPPA annual reports, indicate that the number of individuals convicted of sex offences and subject of the sex offender notification requirements continue to show a gradual but steady increase. [Exhibit 8] To ensure that multi-agency public protection arrangements remain effective there is a requirement to scope future demand. We discuss this further at chapter 4.

Exhibit 8: Number of registered sex offenders in Scotland 2012 - 15



Female sex offenders

Whilst females consistently make up less than 1% of registered sex offenders, there are particular complexities involved in assessing risks and needs. The lack of a nationally adopted risk assessment model for females who sexually offend was identified as an area of concern by practitioners who stated that they would benefit from access to additional guidance in assessing the risk posed by female sex offenders. Whilst we did see practitioners adopting a pragmatic approach using available tools as a guide and accessing research to support their professional judgement, a gap remains. We encourage Responsible Authorities to explore best practice approaches to ensure that staff are equipped to assess the risks and needs of female sex offenders. (Area for development 2)

Young people

The majority of young people in Scotland involved in offending behaviour are dealt with by the Children's Hearing system, which provides an integrated approach to addressing risks and needs. A minority of young people aged between 16 and 18 years who are involved in sexual offending will be processed through the criminal courts and become subject to supervision and monitoring under MAPPA. Analysis of the available statistics indicates that in 2015 there were 15 young people[46] subject to MAPPA in Scotland.

The guidance and standards for the assessment and management of young people who commit sex offences is contained within FRAME guidance.[47] One of the principal assessment instruments used to consider the level of risk posed by this category of young people is the AIM2[48] framework, which is outlined within the Risk Management Authority (RMA) Rated[49] manual. While we saw evidence that this was being used well to assess risks and needs of the small number of young people managed within MAPPA there was a lack of knowledge and confidence among some members of staff in dealing with this aspect. Therefore, Strategic Oversight Groups should ensure that members of staff have the required knowledge and skills to undertake the assessment of the risk posed by young people subject to MAPPA. (Area for development 3)

[46] Strategic Oversight Group MAPPA annual reports 2015.
[47] RMA (2014) Framework for Risk Assessment Management and Evaluation (FRAME) for Local Authorities and partners - For Children and Young People under 18. Edinburgh: Scottish Government.
[48] Assessment, Intervention and Moving on Project, Version 2. G-MAP (2012).
[49] RMA (2012) RATED: Risk Assessment Tools Evaluation Directory.

We noted good examples of MAPPA reviews managing the transition of young people who pose a risk of sexually harmful behaviour from youth to adult services by ensuring that all relevant risk management information was shared and that relevant staff were in attendance.

During our review we established that the posting of self-generated indecent images on social media networks by young people (sexting), was common practice across the country. This trend is supported by research that indicates that 44% of British girls aged 13-17 years have sent indecent images of themselves and that sexting is now considered a way of life by some young people.[50] The National Crime Agency CEOP Command report that the majority of this imagery has been freely produced by young adolescents and did not involve coercive or exploitative conduct by an adult.[51] However, many young people may not recognise that they are being coerced or exploited due the anonymity provided by the internet. The scale of the problem could increase the vulnerability of young people at risk of exploitation and potentially result in them becoming subject of criminal justice processes including offender management.

Recommendation 4

Scottish Government in partnership with Responsible Authorities should develop a strategy to address the risks posed to children and young people from 'sexting' in order to build healthy respect and avoid the potential for exploitation and criminalisation.

Planning for and managing the identified risk

MAPPA National Guidance (2014), along with FRAME outline the standards and practice process relevant to undertaking MAPPA review meetings for managing offenders at Level 2 and Level 3. The overarching principles are that the risk assessment and risk management plans must be defensible, proportionate, evidence-based and collaborative.

The primary function of MAPPA is to share information to review the risk of serious harm and establish agreement regarding the development and implementation of a risk management plan. MAPPA members also make decisions to address any obstacles to the delivery of the plan and consider whether the MAPPA level should increase or decrease depending on the risk assessment.

Level 3

The number of registered sex offenders managed at Level 3 has been consistently low. [Exhibit 6] During this thematic review we attended and observed all Level 3 meetings across Scotland[52] and found that offenders who posed a significant risk of potentially causing serious harm received an appropriately more intensive level of multi-agency management. We are confident that Level 3 meetings were being carried out to a very high standard and were commensurate with the level of risk posed.

Level 2

The MAPPA chair plays a crucial role in ensuring that all participants are fully engaged and that relevant information is considered so that a consensus on the management of risk can be reached. We found Level 2 management arrangements to be robust, the chairing of MAPPA meetings effective and that MAPPA chairs demonstrated decision making in a consistent manner.

[50] Research conducted by Bristol University.
[51] Threat Assessment of Child Sexual Exploitation and Abuse, June 2013.
[52] During the fieldwork stage 3 footprint there were two Level 3 meetings which were observed by the review team. Appendix One.

Whilst overall, MAPPA meetings were well planned and effective, we identified a number of areas for development which, if addressed, could improve the efficiency of the process. These are shown below as (Area for development 4) and include the following:

- Attendance at MAPPA meetings by the agencies which are required to attend was of a good standard and representatives had an appropriate level of seniority and ability to make decisions. The Scottish Prison Service (SPS) routinely attend MAPPA Level 3 meetings. While there is no requirement for the SPS to attend Level 2 meetings, as outlined within the MAPPA National Guidance (2014), it is evident that there were some cases where SPS attendance and contribution would be beneficial to the risk management process. MAPPA chairs should have the mandated authority to decide in advance which agencies should be in attendance at Level 2 meetings based on the circumstances of each case.

- MAPPA chairs need to ensure that all participants make a contribution to meetings and are held to account for the successful completion of allocated tasks. Where MAPPA actions are recorded as 'done' or 'on-going' there is a need for the provision of more detail by participants and scrutiny by the chair.

- While we found that most MAPPA documentation was of a good standard, in a few areas MAPPA minutes were of poor quality, difficult to follow and the rationale for decisions not clearly recorded. Minutes should better reflect the decisions made particularly when the level of risk management is changed.

- Whilst some areas share pre-information reports,[53] as required by guidance, which is designed to avoid lengthy repetition of discussion during the MAPPA meetings we found that this was not the case across all areas. This meant that some MAPPA meetings were excessively long. MAPPA chairs should ensure that pre-meeting information is used more efficiently in order to avoid unnecessary repetition during MAPPA meetings.

- The majority of MAPPA reviews demonstrated a high standard of information sharing, as well as clear evidence of joint working and shared responsibility. While risk assessments were robust, MAPPA chairs should ensure that risk factors identified during assessment are clearly linked to a corresponding action outlined within risk management plans.

- MAPPA chairs need to maintain and enhance their knowledge and understanding of current MAPPA processes and procedures. We acknowledge that the Scottish Government and the Risk Management Authority are delivering a programme of training and we encourage participation by MAPPA chairs.

- In order to administer the process efficiently, Responsible Authorities are creating agency-specific risk management plans. An unintended consequence is duplication and lack of collective oversight by MAPPA members. Strategic Oversight Groups and MAPPA chairs should ensure that the MAPPA risk management plan is the primary document and accurately reflects all risk management decisions, actions and outcomes.

- In some cases insufficient care was taken in the preparation of reports and we saw the use of 'cut and paste' from previous reports which resulted in the inaccurate transfer of offenders' personal details from one set of forms to another. There is a need for better scrutiny by supervisors to ensure that MAPPA documentation is accurate and that quality assurance processes are in place and working effectively.

[53] MAPPA National Guidance (2014).

Level 1

The MAPPA National Guidance (2014) indicates that Level 1 arrangements are considered to be the duty of Responsible Authorities in each area. Our analysis of published Significant Case Reviews (2013) and (2014)[54] highlighted that the development of more specific guidance in relation to the management of registered sex offenders at Level 1 should be introduced.

Whilst the arrangements put in place by Strategic Oversight Groups and Responsible Authorities to manage offenders at Level 1 were robust and contributed to community safety, it was evident that the lack of guidance has resulted in variable and inconsistent practice across Responsible Authorities. In some areas the arrangements had become overly bureaucratic, resource-intensive and therefore impracticable. We could see that structures and arrangements differed considerably across Strategic Oversight Group areas. While this, in itself, did not pose a risk to the management of registered sex offenders in the community, it highlighted that there are efficiencies to be made through adopting a more proportionate and consistent approach.

Throughout the course of this thematic review, practitioners consistently called for better guidance to create parity in arrangements between areas. The Risk Management Authority is working closely with the Scottish Government and Police Scotland on the development of a practice model to support police offender management staff in the management of MAPPA Level 1 offenders. While this is a positive development, we encourage the inclusion of statutory cases that are managed at Level 1, on a multi-agency basis, to enable a more consistent approach across agencies.

Recommendation 5

Scottish Government in partnership with Responsible Authorities should collaborate in order to develop minimum practice standards for the management of Level 1 registered sex offenders in order to support consistent and efficient practice.

Access to appropriate services and intervention

Strategic Oversight Groups have well-established arrangements in place for the provision of therapeutic intervention programmes for registered sex offenders. Evaluation of the various types of programme or the different models for delivery that exist, including the provision of these services through dedicated Criminal Justice Social Work teams, is outside the scope of this review. Nonetheless, we did examine the availability of programmes to support and facilitate change in the behaviour of registered sex offenders and the reduction of risk of further offending.

Moving Forward: Making Changes

The primary intervention approach for registered sex offenders in Scotland is Moving Forward: Making Changes (MF: MC). It is an accredited programme developed by the Scottish Government and the Scottish Prison Service for the treatment of adult male offenders[55] who have been assessed as posing a medium and above risk of reoffending through the application of risk assessment tools including Stable and Acute 2007, RM2000[56] and LS/CMI.[57] It is delivered both within prison and in the community and uses the latest research, evidence and practice to work with registered sex offenders to reduce the likelihood of reoffending and to increase opportunities to build a productive life that does not involve harming others. This is an area of good practice and the specialist teams, projects and individuals involved in the delivery of this work are making a valuable contribution to multi-agency public protection arrangements.

[54] MAPPA Significant Case Review (2013) and MAPPA Significant Case Review (2014).
[55] MF:MC has been designed for males who have been convicted of a sexual offence or non-sexual offence that contains a sexual element, Scottish Government 2015.
[56] RM2000 – Risk Matrix 2000. See Glossary.
[57] Level of Service/Case Management Inventory (2004). Andrews, D., Bonta, J. & Wormith, J.S: Canada.

Whilst MF: MC can include some individuals convicted of internet sex offences, most will fall below the criteria outlined within the MF: MC assessment manual and will not be included. Such offenders will continue to be managed and monitored under MAPPA.

Whilst the management arrangements in place were effective it was evident that there was limited focus on diversionary approaches with internet offenders. As a result of the increasing number of internet related sex offenders becoming subject to MAPPA, early intervention and diversionary approaches aimed at addressing the risk posed by such offenders should be further scoped by Responsible Authorities in partnership with the Scottish Government. (Area for development 5)

Chapter 3 Management

- Robust operational structures are in place to manage multi-agency public protection arrangements. There is close and purposeful working by members of the strategic and operational management groups, who demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.
- Police Scotland's National Offender Management Unit conduct a structured audit of processes, procedures and recording practices. Having a centralised audit function to support local delivery is helpful in supporting a consistent approach to offender management across the country.
- Robust arrangements are in place to ensure that practitioners receive the required training to undertake their duties, principally in the assessment and management of risk.
- Staff are confident in their role in offender management and the use of nationally adopted assessment tools but require additional guidance in the assessment of the risk that internet offenders may pose of further offending.
- MAPPA has transformed relationships and partnership working between Responsible Authorities. It has played a crucial role in cementing particularly strong and effective joint working between Police Scotland and Criminal Justice Social Work.
- MAPPA Co-ordinators play a key role in public protection arrangements, undertaking a wide range of important duties. However, given the demands that are placed on Co-ordinators there is a need to review the role and function in preparation for the MAPPA extension.

Operational and strategic planning arrangements

Strategic Oversight Groups

Strategic Oversight Groups were established to oversee the performance management and quality of local MAPPA operations. This arrangement was introduced in response to the inspection report entitled 'Assessing and managing offenders who present a high risk of serious harm'.[58]

Strategic Oversight Group membership comprises senior representatives from the Responsible Authorities and duty to co-operate agencies. Chairs are experienced practitioners with a senior social work or police background. [Exhibit 9] We noted robust operational structures in place and they demonstrated strengths in the development of planning, policy and operational delivery of MAPPA.

[58] Social Work Inspection Agency (SWIA), HMICS and HMIPS Report 'Assessing and managing offenders who present a high risk of serious harm' 2009. Recommendation 19.

Exhibit 9: Strategic Oversight Groups -Chairs as at June 2015

Strategic Oversight Group Area	Chair
Fife	Independent Chair
South West Scotland	Police Scotland
Edinburgh, the Lothians and Scottish Borders	Social Work Services
Forth Valley	Police Scotland
Glasgow	Social Work Services
North Strathclyde	Social Work Services
Tayside	Social Work Services
Lanarkshire	Police Scotland
Northern	Police Scotland

The management of registered sex offenders should not sit in isolation from the wider approach to public protection and we saw a variety of operational arrangements across the country designed to incorporate the role of the Strategic Oversight Group with Child Protection Committees and Adult Protection Committees. Building on existing frameworks, Strategic Oversight Groups should ensure that MAPPA forms part of an integrated public protection strategy. (Area for development 6)

Performance management and quality assurance

Strategic Oversight Groups are responsible for performance monitoring and quality assurance of MAPPA, ensuring that organisations are working together effectively to reduce risk. In compliance with the MAPPA National Guidance (2014) we saw a range of performance data[59] collected and scrutinised by the Strategic Oversight Groups including the number of registered sex offenders being managed in the area and management levels. We also noted that regular updates on performance were provided to elected members and community planning partnerships on MAPPA.

Strategic Oversight Groups undertake a range of operational audits which have supported and improved the delivery of key services and enhanced partnership working. These include performance reviews and audits of case files and risk management plans. MAPPA Co-ordinators also collate statistics relating to registered sex offenders which are published in MAPPA annual reports which provide information on the number of registered sex offenders and their risk management levels within each Strategic Oversight Group area.

Police Scotland was formally established on 1 April 2013 bringing together eight legacy police forces. Tackling sexual crime and the sexual abuse and exploitation of children and people at risk of harm remains a priority for policing in Scotland.[60] We found that the introduction of a single police service has resulted in a more clearly defined public protection structure with each local policing division having an Offender Management Unit with dedicated officers working in partnership through MAPPA to manage registered sex offenders.

The local policing arrangements are supported by a National Offender Management Unit (NOMU) that provides centralised functions that were previously delivered by each of the eight legacy police force areas. This includes an audit and governance team carrying out audits across all 14 divisional Offender Management Units.

[59] 90% of Level 3 cases reviewed no less than once every 6 weeks; 85% of Level 2 cases reviewed no less than every 12 weeks; disclosure to be considered and decision recorded in Level 2 and Level 3 minutes; total number of registered sex offenders (RSO) being managed at Level 2 and Level 3 in the community; total number of RSO being managed at all Levels in the community; total number of restricted patients Level 2 and Level 3 meetings; total number of restricted patients being managed in the community; new referrals being managed at Level 2 and Level 3 in the community and the number wanted / missing RSO.

[60] Police Scotland, Annual Police Plan 2015-16.

Whilst we noted that Strategic Oversight Groups and the National Offender Management Unit had a structured audit of process in place, self-assessment is at an early stage and requires continued attention. Building on this foundation there is an opportunity for Strategic Oversight Groups and Responsible Authorities to develop and implement a more structured approach to self-assessment. (Area for development 7)

Staff training, development and support

MAPPA Operational Groups

To support delivery of MAPPA, Strategic Oversight Groups established multi-agency management groups. These are often referred to as MAPPA Operational Groups however other nomenclature is used. The operational groups have responsibility for ensuring that MAPPA operates effectively within their area. While the structure of these groups varies across the country we have found the groups to be well-established and effective.

Staff commented that MAPPA Operational Groups provided clear operational direction. However, in light of emerging trends such as the ageing population of registered sex offenders and internet offending they were less clear on the future direction of MAPPA. Strategic Oversight Groups should introduce a mechanism which ensures that staff from Responsible Authorities are provided with key information regarding the strategic direction of MAPPA and have an opportunity to contribute to organisational development. (Area for development 8)

Scottish Government and the Risk Management Authority, in preparation for the MAPPA extension, is providing additional training to police and Criminal Justice Social Work staff in the assessment of the risk of serious harm posed by some offenders. We recognise that multi-agency training is seen as positive by staff and is a particular strength where this has taken place. Understanding each other's role in the delivery of MAPPA provides a level of confidence that enhances partnership working. Strategic Oversight Groups should explore additional opportunities for the delivery of multi-agency training. (Area for development 9)

Partnership working

There was consensus among staff at all levels that MAPPA has transformed partnership working between Responsible Authorities and that relationships are particularly strong between Police Scotland and Criminal Justice Social Work. We found evidence of strong local engagement where co-location of staff responsible for delivery of MAPPA was established, providing an enriched understanding of roles, responsibilities and enhanced partnership working. (Area for development 10)

Duty to Co-operate Agencies

Information sharing is an essential component of MAPPA and the 2005 Act places a requirement on Responsible Authorities to act in co-operation with agencies specified by Scottish Ministers known as the Duty to Co-operate (DTC).[61] The DTC is reciprocal, requiring two-way co-operation and information exchange between Responsible Authorities and DTC agencies. The DTC persons or bodies in Scotland include registered social landlords, third sector agencies and the Children's Reporter.

Registered Social Landlords

Housing Sex Offender Liaison Officers commented that the effective management of registered sex offenders is enhanced by close working relationships and meaningful information sharing arrangements between housing providers, including registered social landlords (RSL), and Responsible Authorities which enhances risk management planning and public safety.

[61] Duty to Co-operate (DTC). See Glossary.

It was evident that there is inconsistency in the degree to which RSLs, who provide accommodation to registered sex offenders, are signed up to Information Sharing Protocols. This has resulted in a lack of clarity among some RSLs regarding the parameters of information sharing and maintaining required standards of confidentiality. It is essential that Strategic Oversight Groups review Information Sharing Protocols to ensure that Registered Social Landlords are clear on their responsibilities and have signed relevant agreements. (Area for development 11)

A small number of community based housing associations have declined to provide accommodation for registered sex offenders and to sign Information Sharing Protocols. We understand the nature of the challenges that exist in housing a registered sex offender in a small community which may have influenced this position. However, the risk of not sharing information about registered sex offenders has the potential to undermine risk assessment and risk management planning. We acknowledge the continued dialogue between the Strategic Oversight Group and community based housing associations to progress this matter.

Health Boards

Health Boards and Special Health Boards are Responsible Authorities in relation to restricted patients. They are a Duty to Co-operate partner in respect of registered sex offenders. We reviewed the case records of two restricted patients who had been the subject of conditional discharge and integrated into the community whilst subject to the sex offender notification requirements.[62] Although the sample size was small these records provided an opportunity to review the processes as required in the MAPPA national guidance. We found that the required risk assessments had been undertaken and that a comprehensive risk management plan had been developed and implemented. These documents, as well as a record of contact visits by police and other agencies, were recorded appropriately on ViSOR. From the documentation reviewed, it was evident that in both instances there was effective multi-agency working to support the safe reintegration of both restricted patients into the community.

Attendance at MAPPA meetings by NHS staff is strong in some Strategic Oversight Group areas but inconsistent in others. Some areas had a nominated and integrated single point of contact for all MAPPA related matters which effectively supported the process of information sharing and risk management planning. Where specialist consultancy is available from health services such as the Sex Offender Liaison Service (SOLS) to inform MAPPA decisions, this strengthens risk management planning.

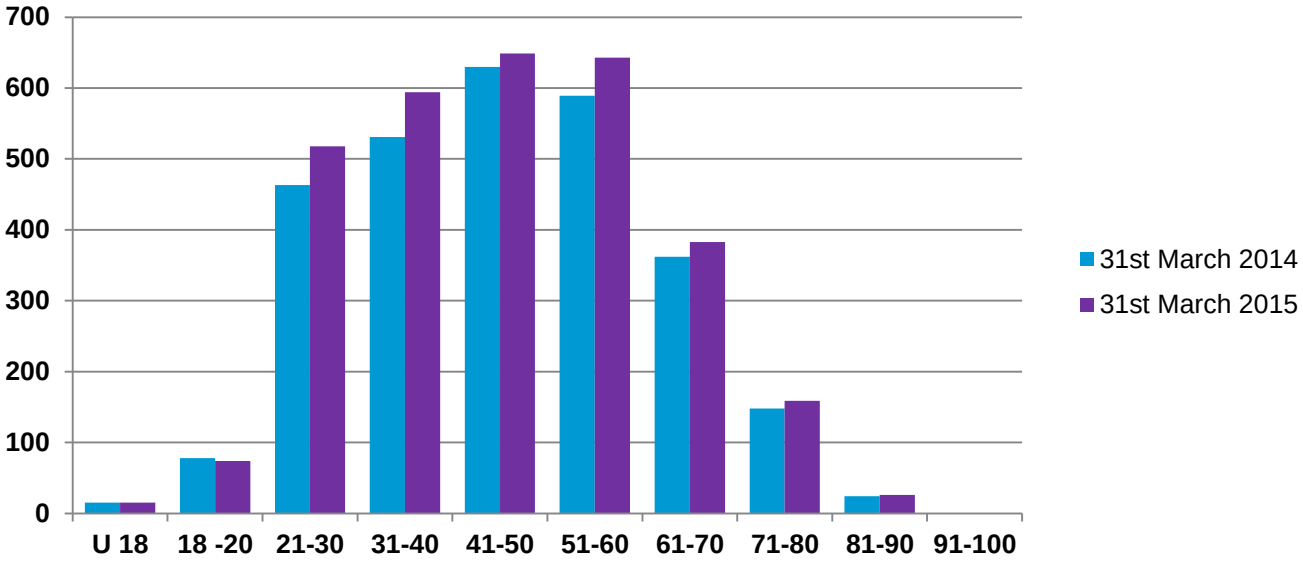
To reduce the inconsistent level of service provided by NHS, a more efficient process to support staff to attend MAPPA meetings is required in order to enhance information sharing and contribute to the risk management process. Where the NHS had an integrated single point of contact at the Strategic Oversight Group for all MAPPA related matters, we saw enhanced information exchange which had a positive impact on risk management planning. (Area for development 12)

With the projected ageing population of registered sex offenders [Exhibit 10] which may increase demand on the NHS and other care services, including the potential for offenders to be resident in care settings, NHS staff would benefit from additional knowledge and understanding of the complexities around MAPPA. Strategic Oversight Groups and NHS should deliver additional introductory level training for health and care staff. (Area for development 13)

There is no single recipe for delivery of this specific area for development. We encourage Strategic Oversight Groups to engage with key partners to gain an insight into the potential challenges that may exist and the opportunities to deliver this area for development through a structured training needs analysis.

[62] Between the period 2013 -15 two restricted patients subject to the notification requirements were subject of conditional discharge.

Exhibit 10: Registered sex offenders by age 2014-15[63]



Since 2011, Police Scotland has seconded a police officer to the Mental Health Division within the Scottish Government to manage ViSOR on behalf of Health Boards in relation to restricted patients. During our review, Police Scotland indicated that this arrangement was unlikely to continue in the long term with the seconded officer being redeployed. To maintain continuity of approach in the use of ViSOR for restricted patients by the Scottish Government restricted patients team, Health Boards should ensure that there is an appropriate long term arrangement in place to maintain compliance with ViSOR standards. (Area for development 14)

Scottish Prison Service

The Scottish Prison Service (SPS) acts as the lead Responsible Authority for all registered sex offenders whilst in custody and during periods of temporary release. Sex offenders are subject to the Enhanced Integrated Case management[64] process whereby professionals meet together within a prison establishment with the prisoner, in order to review progress and prepare plans for progression and future release.

We reviewed 20% of all case records of registered sex offenders released from custody in the past two years to evaluate the quality of the risk assessment, risk management plans and multi-agency engagement. We found that the majority of records reviewed were fully compliant with MAPPA national guidance. All of the cases reviewed contained a risk management plan which demonstrated that robust monitoring and supervision arrangements had been agreed. It was evident that Responsible Authorities were working effectively together in the preparation and planning for the release of registered sex offenders.

MAPPA National Guidance (2014) states that the lead Responsible Authority with knowledge of the relevant offender must make a notification to the relevant MAPPA Co-ordinator. We found that in the majority of cases the police led in terms of notification at the point of conviction to ensure that there was early visibility of the offender through ViSOR. We recognise that this practice is working well and contributes to public safety.

[63] The data shown is collected from Strategic Oversight Group annual reports. The collection process varies across the country and should not be regarded as a definitive picture of registered sex offender numbers. Exhibit 8 reflects the numbers across Scotland.
[64] Integrated Case Management is a process where the Scottish Prison Service work closely with other agencies to prepare for prisoner release.

The SPS did not as a matter of routine record notifications, referrals and relevant dates on ViSOR and in most cases this activity was also undertaken by police. However, analysis of current cases on ViSOR has shown an improvement in this area by SPS which is attributed to the fact that there is an increased awareness as well as the number of staff who are able to access ViSOR. The SPS should monitor and maintain the continued improvement in the use of ViSOR. (Area for development 15)

The Parole Board directs the release of offenders in cases where the level and nature of risk is deemed to be manageable in the community. This is based on risk assessment and risk management plans provided to them. The Parole Board has no role in risk management planning and no role in MAPPA.

The key dates for release are the parole qualifying date and the earliest date of liberation[65] and these are maintained by the SPS. The dates are provided to the MAPPA Co-ordinator and the Responsible Authorities as soon as practicable to enable forward planning. We found strong evidence that the SPS held pre-release case conferences to establish the offender's continued level of risk and the level of multi-agency management required upon release. In the majority of cases examined, community based social work was in attendance at the pre-release meeting.

The release of a registered sex offender into the community remains highly emotive and often attracts media attention potentially impacting on risk management plans. Early notification of the release date of a registered sex offender into the community enables Responsible Authorities to ensure that the risk management plans reflect current risk and needs. Where there is short notice of the release of a registered sex offender by the SPS to Responsible Authorities this can impact on the time available to Responsible Authorities to re-evaluate risk management plans prior to release.

It is the role of Responsible Authorities to put in place risk management plans without unnecessary delay before the SPS implement the Parole Board decision to release a sex offender. The Parole Board recognise that there is a need to balance the right of the offender to prompt release with the competing rights of victims and public protection. The Parole Board do not direct the timing of release which they state must be intimated and executed without unnecessary delay. A short delay in the process to ensure that release arrangements designed to manage risk are in place is considered unobjectionable by the Parole Board.

During our review we found some misunderstanding of the process that relates to the immediate release of a registered sex offender. The MAPPA national guidance advises MAPPA members not to engage directly with the Parole Board instead, contact should be via reports provided by the Criminal Justice Social Work supervising officer. This approach does not support a helpful understanding of the release process.

To ensure that there is an appropriate level of knowledge and understanding of the procedures in place for the release of a registered sex offender into the community we suggest that an awareness session for those tasked with MAPPA and offender release would be beneficial. Responsible Authorities in partnership with the Scottish Government should provide opportunities to raise awareness of the release processes, including the role of the Parole Board, in order to enhance planning and mitigate risk for those released into communities. (Area for Development 16)

Third sector agencies

We engaged with third sector agencies which provide practical and emotional support to victims. We also engaged with agencies which provide services to sex offenders in order to reduce their likelihood of offending.

[65] Parole Qualifying date: the half-way point of a sentence when a prisoner serving a sentence of 4 years or more is eligible for parole. Earliest date of liberation is when an offender reaches the 2/3rd point of their sentence and is subject of statutory release on licence.

Victim Support Scotland

Victim Support Scotland[66] is an independent agency which offers support to all people affected by crime on a free and confidential basis. Victim Support Scotland is supportive of MAPPA and has representation on some of the Strategic Oversight Groups. Their involvement adds a useful victim perspective in planning for the delivery of services. The level of involvement is not consistent across Strategic Oversight Group areas but while Victim Support Scotland value the opportunity to contribute as an organisation, they have limited resources to engage consistently on a local area basis across the country. To maximise the wider understanding of victim impact issues and support service planning, engagement with victim support services could be further improved through their involvement with Strategic Oversight Group chairs at a national level. (Area for development 17)

SACRO

SACRO[67] is a Scottish Third Sector organisation which works to create safer and more cohesive communities across Scotland. During our stakeholder engagement SACRO commented that MAPPA provides a platform for information-sharing and confidentiality and since its introduction has been positive in contributing towards public protection.

Stop it Now! Scotland

Stop it Now! Scotland[68] is a registered charity, as part of the Lucy Faithfull Foundation, with a remit for the prevention of sexual abuse. The charity receives funding from the Scottish Government to develop services for those affected by child sexual abuse and also provides information and advice intended to divert individuals from offending behaviours. A number of Strategic Oversight Groups work closely with Stop it Now! Scotland and where this was in place, it provided additional options for risk management.

The involvement of third sector agencies in MAPPA provides an additional opportunity for information sharing, the provision of services for victims and offenders to address risks and needs, which supports the risk management process.

Management of resources

MAPPA Co-ordinators have a key role in the efficient and effective delivery of MAPPA and provide a single point of contact for advice on all MAPPA related matters particularly to the Strategic Oversight Group and individual Responsible Authorities. They also carry out a quality assurance role predominately for Level 2 and Level 3 managed cases.

While many of the core tasks undertaken by Co-ordinators remains consistent across the country we found that the role differs in some aspects. This includes the chairing of MAPPA meetings and assigning risk and management levels. These activities are not compatible with national guidance.

Given the demands that are placed on MAPPA Co-ordinators, including undertaking activities out with the original remit, there is a need to review the existing role and function to meet the challenges of the MAPPA extension.

Recommendation 6

Scottish Government in partnership with Responsible Authorities should review the function and role of the MAPPA Co-ordinator to ensure compliance with agreed guidance and to meet the challenges of the MAPPA extension.

[66] Victim Support Scotland.
[67] SACRO.
[68] Stop It Now! Scotland.

To assist in the management of registered sex offenders, Police Scotland introduced a resource model of 1:25 ratio (1 manager to 25 offenders) to provide a consistent approach to offender management. Whilst this model was a useful approach in the initial days of police reform and provided a platform to make operational decisions around the best use of resources, feedback from staff suggested that the long term approach is not sustainable as a result of the complexity of individual cases, the geographical challenges and the predicted increase in the number of Level 1 registered sex offenders as shown at [Exhibit 6]. Police Scotland have indicated that they shall continue to review resource management in order to ensure flexibility. This is an area that remains of interest to HMICS and we may return to the resource allocation model to establish that flexibility is delivered.

Violent and Sex Offender Register (ViSOR)

The recording and sharing of information about individuals who have been identified as posing a risk of serious harm to the public remains fundamental to the effective and efficient delivery of MAPPA. The names of sex offenders subject to notification requirements are placed on the Violent and Sex Offender Register (ViSOR).

ViSOR is a secure central web-enabled, national system, accessible over the Criminal Justice extranet. ViSOR is owned alnd managed by the Home Office Police ICT Company Directorate. Police Scotland National Systems Support (NSS), funded by the Scottish Government, facilitate and support access to ViSOR by Responsible Authorities in Scotland.

ViSOR holds details of registered sexual offenders and facilitates the sharing of information including, risk assessment and risk management plans on individual offenders across Responsible Authorities in Scotland. The ViSOR database is also used by all police forces in the United Kingdom as well as a number of other agencies. The benefits of ViSOR usage are provided in the examples shown below.

ViSOR Example 1

A registered sex offender informed Police Scotland that he had relocated from England to Scotland and wished to register a new home address. Enquiry through ViSOR established that the individual had failed to notify the offender management team in England that he had relocated to Scotland and was in breach of notification requirements.

The registered sex offender was returned to England and action taken in response to the breach of notification.

ViSOR Example 2

A Children and Families Social Worker contacted the local Offender Management Unit about a male who was suspected of being a registered sex offender who had recently arrived in the area and had access to a vulnerable woman and her children.

A search of ViSOR identified that the individual was the subject of a sexual offences prevention order in Northern Ireland. The use of ViSOR removed the need for protracted cross jurisdiction enquiries enabling offender management teams to react quickly to the risk posed.

During our review we examined 10% of all ViSOR records. In each record reviewed there was evidence of a completed risk assessment and risk management plan. The majority of registered sex offenders are managed by Police Scotland at Level 1 using ViSOR as the primary database and there was a consistently high level of use and compliance with the national ViSOR standards by Police Scotland.

Where an offender has been released on licence or community supervision, Criminal Justice Social Work (CJSW) will manage that person using a number of datasets including ViSOR. We established that ViSOR was not being fully utilised by CJSW and we noted local arrangements where police supervisors provided a considerable level of support by routinely updating ViSOR on behalf of CJSW. Whilst this day to day engagement between police Offender Management Units and CJSW supported the exchange of information and contributed to risk management planning, the over reliance on police to update ViSOR on behalf of CJSW was reminiscent of the 2009 inspection[69] where we commented that there was a requirement to address the reasons underlying the poor use of the ViSOR database by agencies other than police.

We investigated this position further and held a special focus group with key stakeholders involved in the delivery of ViSOR in Scotland. This identified three key themes (security, accessibility and vetting of staff) that inhibited full exploitation of ViSOR by CJSW.

- **Security:** Terminals remain stand-alone and located in a secure setting with key pad entry. Access tokens to facilitate user log on are often secured in a separate area. Whilst we recognise the need for proportionate security, the current arrangements are not conducive to an effective and efficient working environment.
- **Accessibility:** The ViSOR system remains incompatible with other Criminal Justice Social Work data systems.
- **Vetting:** In 2011 Non Police Personnel Vetting (NPPV2) was introduced as the national standard required for access to ViSOR. There is ambiguity around the purpose of vetting and consequently resistance from some Local Authority areas to increase the level of vetting for staff. Each Local Authority is responsible for individual decisions on vetting and it is clear that there is no consistency in terms of vetting across the country.

Since the 2009 inspection, we established that there were signs of improvement with an increased number of ViSOR terminals available to CJSW which has supported data input. Scottish Government funding also enabled CJSW to address the issue of double / triple keying by enabling secure email to be used to enable cut and paste information from Local Authority case recording systems to ViSOR. However, CJSW are not fully utilising the system with an over reliance on the relationship with Police Scotland to manage data on their behalf. This position is likely to undermine their ability to meet their expected role in relation to the MAPPA extension.

A working group led by the Scottish Government comprising key stakeholders has met to discuss the issues and a number of potential solutions to overcome existing barriers have been identified. This now requires a strong commitment and decisive leadership to develop and deliver an action plan for the effective and efficient usage of ViSOR by CJSW. Despite the barriers listed creative solutions can be found, however, we do not believe that Responsible Authorities can do this on their own. Rather, it will require leadership by the Scottish Government and meaningful joint working with Responsible Authorities.

Recommendation 7

Scottish Government should lead on the development and delivery of an action plan in order to overcome the barriers to the effective and efficient usage of ViSOR by Criminal Justice Social Work, outlining owners and timeframes.

[69] Social Work Inspection Agency (SWIA), HMICS and HMIPS Report 'Assessing and managing offenders who present a high risk of serious harm' 2009. Recommendation 11.

Chapter 4 Leadership

- Strategic leaders and managers provide clear operational direction and encourage a supportive and positive culture of joint working arrangements in the management of registered sex offenders.
- There are clear governance structures in place for the delivery of MAPPA through well-established strategic oversight and operational groups.
- Whilst planning to address emerging issues at a local level is effective, there is a need for a robust national governance structure to prepare and plan for existing and future cross-cutting issues likely to impact on MAPPA in Scotland.

Vision, values and culture

The vision and values of Strategic Oversight Groups are derived from the contribution of constituent agencies and is implicit within strategic plans. We met with all nine strategic groups and noted the articulation of a clear vision for the delivery of services with the aim of reducing the risk of harm posed by registered sex offenders and prioritising community safety. It was evident however that Strategic Oversight Groups could make better use of available data[70] on the nature and pattern of offending in order to plan more effectively for the long term delivery of services.

The strong values of the Responsible Authorities were evident through our observation of MAPPA review meetings, the review of case records and direct contact with staff in focus groups. Strategic leaders provided clear operational direction to staff and encouraged a positive culture of partnership working which is ably supported by joint working arrangements and information sharing processes which have enhanced offender management.

Leadership and governance of strategy and direction

There are clear governance structures in place with well-established Strategic Oversight Groups and MAPPA Operational Groups. We are confident that they are following the Principles of Good Governance Standard for Public Services,[71] demonstrating clear focus on purpose and outcomes for the public and service users.

The MAPPA Operational Groups are responsible for the delivery of key services relating to MAPPA. We found that MAPPA meetings were appropriately multi-agency in nature and well managed. In some areas a sub-group structure was established in order to support the work of the Strategic Oversight Group. This has had a positive impact on the development of operational practice and delivery of priorities.

The management of MAPPA offenders requires effective partnership between all agencies and we found that across Strategic Oversight Group areas, a variety of productive practice including highlighting MAPPA annual reports, the use of web sites to inform the public and positive engagement with elected members through presentations and sharing of management and performance data.

[70] Data sets include: ViSOR, LS/CMI and the Criminal History System (CHS).
[71] The Good Governance Standard for Public Services, CIPFA Scotland, the Chartered Institute of Public Finance and Accountancy.

The management of sex offenders in the community remains a sensitive and emotive subject and public perception can be influenced by social media campaigns which may impact negatively on offender management and on public reassurance. As yet, there is no national overarching communications strategy to raise awareness of MAPPA in Scotland and ownership rests with individual Strategic Oversight Groups and Responsible Authorities. Strategic Oversight Groups have found the requirement to increase public awareness of the management of offenders subject to MAPPA challenging and sought guidance on the best approach to raise awareness without raising fear and concern.

Police Scotland's public facing website is used to publish statistical data on registered sex offenders including the numbers wanted or missing which contributes to raising awareness.[72] This approach has led to an improvement in the visibility of information for the public and may have been a contributory factor in a reduction in the number of Freedom of Information requests, received and processed by Police Scotland regarding the management of registered sex offenders.

Strategic Oversight Groups would welcome the opportunity to develop, in partnership with the Scottish Government, key messages that balance the rights of the victim, communities and registered sex offenders with the facts which highlight MAPPA's contribution to keeping people safe. With the planned implementation of the Community Justice Bill, which has a focus on managing offenders in the community and the extension of MAPPA to include other offenders who pose a risk of serious harm, there is an opportunity to do this in a coherent and inclusive manner.

Recommendation 8

Scottish Government in partnership with Responsible Authorities should design a national public engagement strategy regarding offender management that includes the management of registered sex offenders in the community.

MAPPA National Strategic Group

Strategic Oversight Groups have identified emerging issues potentially impacting on the future delivery of MAPPA including; the use of the Environmental Risk Assessment for all offenders, the increase in identification and conviction of internet offenders, the ageing population of registered sex offenders and the potential impact on health and care services. Whilst we saw robust planning at a local level to address emerging issues, there was a requirement for a more cohesive response across the country to strategic planning.

The National Strategic Group comprising the Scottish Government (Public Protection Unit), Strategic Oversight Groups chairs, Police Scotland and the Scottish Prison Service, meet on a quarterly basis to provide national oversight of MAPPA. While effective in the delivery of operational matters, it is less effective in progressing national cross-cutting issues; a position strongly commented on by practitioners. There is little evidence that the National Strategic Group has had the required level of mandate to drive change at a national level.

With the continued development in approach to encourage the reporting of sexual crime and the techniques to identify and detect sex offenders it is our assessment that the trend of an annual increase in the number of offenders subject to MAPPA is unlikely to change in the foreseeable future. Combined with the change in offender behavior (internet offending) and the ageing population of sex offenders, there is a need to understand the emerging nature and scale of sex offending in Scotland to better inform future planning arrangements.

Building upon the multi-agency approach that first introduced MAPPA there is an opportunity for the Scottish Government to lead and facilitate the future policy and strategic framework for the cross-cutting issues outlined in our report ensuring that MAPPA remains effective and efficient.

[72] Police Scotland, National Offender Management Unit.

Recommendation 9

Scottish Government in partnership with Responsible Authorities should establish a robust national governance structure to develop and utilise trend data relating to sex offending to better inform strategic planning for the continued effective and efficient delivery of MAPPA.

Under the Management of Offenders etc. (Scotland) Act 2005, Community Justice Authorities [Appendix Five] have responsibility for the disbursement and monitoring of funds provided by Scottish Ministers for community based Criminal Justice Social Work services. The introduction of the Community Justice (Scotland) Bill[73] will result in the dissolution of the Community Justice Authorities. However, the Bill will not repeal Section 11 of the 2005 Act, merely removing reference to the CJA. During the transition period between the dissolution of the CJA and establishment of new arrangements, we consider that maintaining the Strategic Oversight Group structure will provide a recognised platform for partnership engagement across Responsible Authorities, supporting continuity of service delivery and minimising the risk of dilution of existing multi-agency public protection arrangements.

Learning from Significant Case Reviews

A second question which the review sought to answer was: how effective are the MAPPA Significant Case Review (SCR) processes including the arrangements that are in place to promote organisational learning and development across the Responsible Authorities?

The MAPPA National Guidance (2014) advises that each Strategic Oversight Group must have a process to examine incidents[74] which may lead to an SCR. Where there has been an incident and the circumstances appear to meet the criteria, an initial case review (ICR) will be commissioned by the Strategic Oversight Group chair. We found that Strategic Oversight Groups demonstrated clear and collaborative processes for the commissioning of an ICR. Following completion of an ICR the Strategic Oversight Group decide on whether or not to proceed to an SCR, based on criteria laid out in the guidance.

We examined all SCRs published since 2007 and found inconsistencies in approach, style and content. This is attributed to the lack of clear guidance available at that time. However, we recognise that the current guidance[75] provides a much clearer structure for commissioning and completing SCRs. It should be noted that at the time of our fieldwork no SCRs had been published since the introduction of the 2014 guidance.

The overarching themes emerging from our scrutiny of the SCRs related to issues about communication and information sharing, aspects of risk assessment, risk management, staff training and the use of ViSOR. We recognise that since publication of these reviews, the Scottish Government, Responsible Authorities and other relevant agencies, including the Risk Management Authority, have made progress in relation to the issues identified and have implemented a range of actions which have resulted in improvements in risk assessment and risk management including the introduction of FRAME and the LS/CMI risk assessment instrument.

Strategic Oversight Groups have responsibility for implementing the recommendations emanating from their own SCR and we saw good structures in place to record, monitor and review delivery of actions locally including lessons learned.

[73] Community Justice (Scotland) Bill 2015.
[74] When an offender managed under MAPPA is charged with a serious crime or offence; when significant concern has been raised in respect of the management of a registered sex offender under MAPPA; when a registered sex offender has been killed or seriously injured as a result of their status.
[75] MAPPA National Guidance (2014).

The MAPPA National Strategic Group provides a forum for Strategic Oversight Group chairs to identify good practice. We saw members raising and discussing matters and cascading lessons learned from SCRs through local arrangements. However, we established that there is no comprehensive means to share learning emanating from an ICR, which may have national relevance, across Responsible Authorities which we consider to be a gap in the process.

There are clear structures in place for sharing lessons learned from significant case reviews relating to children and young people[76] and there is an opportunity to take cognisance of this approach to further develop the process for MAPPA ICR and SCR to maximise learning and development across Responsible Authorities.

Scottish Government in partnership with Responsible Authorities should develop a structured and standardised processes to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

Recommendation 10

Scottish Government in partnership with Responsible Authorities should develop and introduce a structured and standardised processes to maximise the learning and development emanating from both Initial Case Reviews and Significant Case Reviews.

[76] Scottish Government, National Guidance for Child Protection Committees, Conducting a Significant Case Review.

Conclusion

We recognise that the challenges in managing registered sex offenders are often complex and that risk can never be eradicated. MAPPA is well-established across the country and we saw professionals working effectively on a day to day basis to protect communities from harm through shared responsibility and good information exchange.

From our evidence, Responsible Authorities adhere to the statutory requirements and effectively discharge their duties under the 2005 Act, thus contributing to National Outcome 9: *We live our lives safe from crime, disorder and danger.*

Appendix One: Methodology

The Management of Offenders etc.(Scotland) Act 2005 Act sets out three broad categories of offender who can be subject to MAPPA:

Category One: Offenders subject to the Sex Offender Notification Requirements
Category Two: Violent offenders
Category Three: Other offenders[77]

This joint review focused on Category One offenders subject to the statutory notification process. To ensure that the joint thematic review was integrated, co-ordinated and improvement led, a MAPPA Review Programme Board was established. The Board, jointly chaired by HMICS and the Care Inspectorate, included senior representatives from Her Majesty's Inspectorate of Prisons for Scotland, Police Scotland, the Scottish Prison Service, Social Work Scotland, Community Justice Authorities, Healthcare Improvement Scotland and the Scottish Government. The joint thematic review of MAPPA in Scotland was delivered over six stages.

Stage One: Design and planning

A MAPPA Review Reference Group[78] was also established to support the Review team in the development of scrutiny tools and processes. Inspired by the Quality Scotland Public Sector Improvement Framework, a MAPPA Quality Indicator Framework (QIF) was designed which is shown at Exhibit 11 below and supported a consistent and objective approach to our work.

Exhibit 11: MAPPA Quality Indicator Framework

<table>
<tr><th>What key outcomes have we achieved?</th><th>How good is our delivery of services?</th><th>How good is our management?</th><th>How good is our leadership?</th></tr>
<tr><td>1. Key performance outcomes</td><td>3. Delivery of key processes</td><td>4. Policy, service development and planning</td><td>7. Leadership and direction</td></tr>
<tr><td>1.1 Adherence to statutory duties</td><td>3.1 Identification and notification</td><td>4.1 Operational and strategic planning arrangements</td><td>7.1 Vision, values and culture</td></tr>
<tr><td>1.2 Adherence to national guidance</td><td>3.2 Assessing risk and need</td><td>4.2 Performance management and quality assurance</td><td>7.2 Leadership and governance of strategy and direction</td></tr>
<tr><td>1.3 Outcomes for communities</td><td>3.3 Planning for and managing risk</td><td>4.3 Improvement through self-evaluation</td><td>7.3 Leadership of people</td></tr>
<tr><td>2. Impact</td><td>3.4 Access to appropriate services and intervention</td><td>5. Management and support of staff</td><td>7.4 Leadership of change and improvement</td></tr>
<tr><td rowspan="2">2.1 Impact on communities</td><td rowspan="2">3.5 Effective multi-agency working</td><td>5.1 Staff training, development and support</td><td>8. Capacity for improvement</td></tr>
<tr><td>5.2 Staff deployment and team work</td><td rowspan="2">8.1 Judgement based on an evaluation of performance against statutory obligations and guidance</td></tr>
<tr><td>2.2 Impact on those subject to MAPPA</td><td rowspan="3"></td><td>6. Partnership and resources</td></tr>
<tr><td rowspan="2">2.3. Impact on staff</td><td>6.1 Partnership working</td><td rowspan="3">8.2 Organisational learning and development across responsible authorities</td></tr>
<tr><td>6.2 Management of resources</td></tr>
<tr><td>6.3 Information systems and data management</td></tr>
</table>

[77] The MAPPA Extension programme extends MAPPA beyond registered sex offenders and includes those offenders assessed as posing a risk of serious harm and are outwith the scope of this joint thematic review.
[78] A Short Life Working Group (SLWG) was initially created to support the development of the review tools and methodology. Once achieved the SLWG evolved to a Reference Group.

Stage Two: Desk top analysis October 2014 – March 2015

Desk top activity included document review of legislation, national guidance, current research, MAPPA annual reports and scanning of media and other public documents. We carried out a review of findings from the six published Significant Case Reviews, undertaken since the commencement of MAPPA in 2007 to identify cross-cutting themes.

A Position Statement aligned to the MAPPA Quality Indicator Framework was completed by each Strategic Oversight Group and used to determine the current position in relation to MAPPA including areas of good practice and areas for development.

A quantitative review was also undertaken of 10% (362) of records held on the Violent and Sex Offender Register (ViSOR) which then informed our selection of case records for qualitative review.

Stage Three: Fieldwork 30 March – 30 June 2015 – Exhibit 12

A programme of interviews with staff, management teams and strategic leaders was carried out across all Strategic Oversight Group areas. In addition, a qualitative review of 78 case records was completed which included 20% of registered sex offenders released from custody within the two years prior to January 2015. The review of records relating to those released from custody was undertaken in collaboration with Her Majesty's Inspectorate of Prisons for Scotland.

Overall, the records reviewed were selected from Level 1 and Level 2 cases albeit some of the Level 2 cases had been reduced to Level 1 at the commencement of fieldwork. The Review team also examined the process regarding the conditional discharge of restricted patients subject to the notification requirements into the community. During fieldwork we undertook 76 focus groups and engaged with over 500 members of staff involved in the delivery of MAPPA in Scotland.

We observed 17 MAPPA review meetings being undertaken across the country which related to the review of 45 cases from all three management levels. This included the observation of all Level 3 reviews held between March - June 2015.

Exhibit 12: MAPPA Joint review stage 3 fieldwork footprint

Strategic Oversight Group area	Dates
Fife	30 March - 1 April The initial fieldwork methodology was tested during the review stage in the Fife Strategic Oversight Group area.
South West Scotland	20 - 24 April Following lessons learned from Fife the methodology was adjusted and successfully used during the fieldwork stage for South West Scotland Strategic Oversight Group area.
Edinburgh, the Lothians and Scottish Borders	5 - 8 May
Forth Valley	11 - 14 May
Glasgow	18 - 21 May
North Strathclyde	25 - 28 May
Tayside	8 - 11 June
Lanarkshire	15 - 19 June
Northern	22 - 25 June

During the review we met with representatives of Registered Social Landlords through focus groups and with housing Sex Offender Liaison Officers providing us with a comprehensive understanding of the challenges that exist in the housing of registered sex offenders.

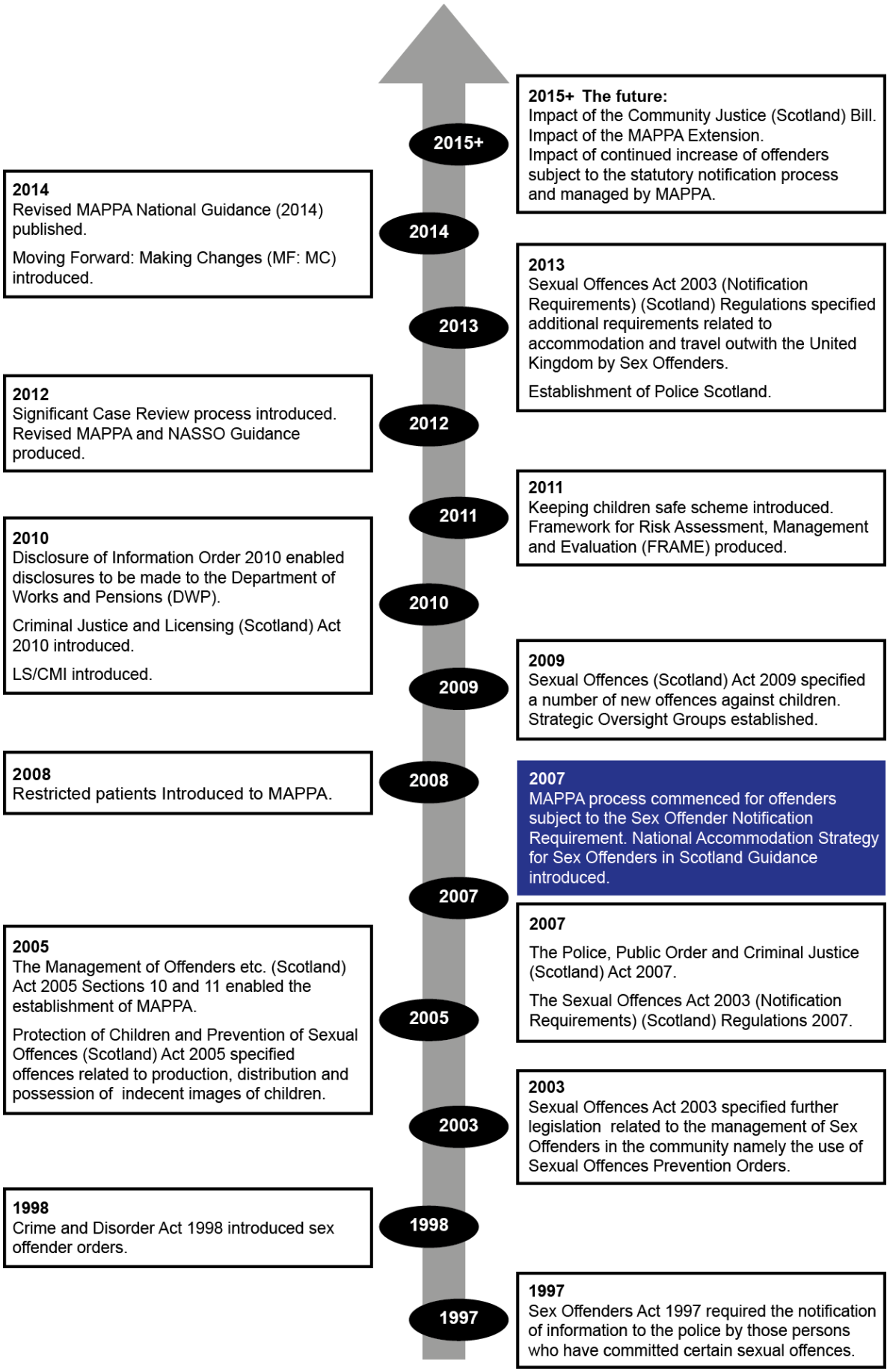
Stage Four: Analysis and stakeholder engagement 1 July – 28 August 2015

During this stage we analysed documents received including fieldwork evidence. A literature review was undertaken and areas for further examination completed including stakeholder engagement.

Stages Five and Six: Report writing and publication 31 August – 26 November 2015

The final stage of the review resulted in the publication of a national report.

Appendix Two: Legislative and policy timeline 1997 - 2015



Appendix Three: Internet related offences

Legislation	Key elements
The Civic Government (Scotland) Act 1982, Sections 52 (1) and 52 A(1).	Possession of indecent photographs of children.
The Criminal Justice and Licensing (Scotland) Act 2010 Section 42 which amended Section 51(a) of the Civic Government (Scotland) Act 1982.	Possession of extreme pornographic and obscene images.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 1.	Those who groom children (a person under 16 years) for the purposes of carrying out unlawful sexual activity.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Sections 9 and 14.	Where the offence(s) involved the use of the internet or had a significant internet element to the offending.
The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, Section 16.	Relates to curbing the production, distribution and possession of abusive images.
The Sexual Offences (Scotland) Act 2009, Sections 26 and 36.	Where the offence(s) involved the use of the internet or had a significant internet element to the offending.

Appendix Four: Glossary

ACPO	The Association of Chief Police Officers previously led the development of policing practice for England, Wales and Northern Ireland and was replaced by the National Police Chief's Council in April 2015.
ACPOS	The Association of Chief Police Officers in Scotland was the collective organisation of senior police leadership in Scotland and ceased to exist following the establishment of Police Scotland in April 2013.
ADSW	The Association of Directors of Social Work was the primary leadership organisation for the social work profession in Scotland until it was replaced by Social Work Scotland in June 2014.
CEOP	The National Crime Agency CEOP (Child Exploitation and Online Protection) Command is an organisation which works with key child protection partners across the United Kingdom to identify threats to children and co-ordinate activity.
CJA	Community Justice Authorities are a multi-agency group which provides a co-ordinated and structured approach towards planning and monitoring the delivery of offender services in Scotland.
CJSW	Criminal Justice Social Work services are responsible for the management of offender services within local authorities which includes the assessment and supervision of registered sex offenders subject to statutory supervision in the community.
COG	Chief Officer Groups provide oversight of certain public sector activity related to community planning within each Local Authority area in Scotland.
COPFS	The Crown Office and Procurator Fiscal Service is an agency which provides a prosecution service in Scotland.
CPA	The Care Programme Approach is a process for organising the multi-disciplinary care and treatment of patients with mental health problems.
CPO	A Community Payback Order is a court order designed to ensure offenders payback to society and to particular communities by requiring an offender to make reparation through a range of disposals.
CPP	Community Planning Partnerships are strategic forums which bring together public agencies to work together with the community to plan and deliver better services within local authorities.
CRIME GROUP DESCRIPTORS	**Group 1 Crimes of violence** Homicide Attempted murder Serious assault Robbery and assault with intent to rob Possession of a firearm with intent to endanger life **Group 2 Sexual crimes** Rape and attempted rape Sexual assault Crimes associated with prostitution

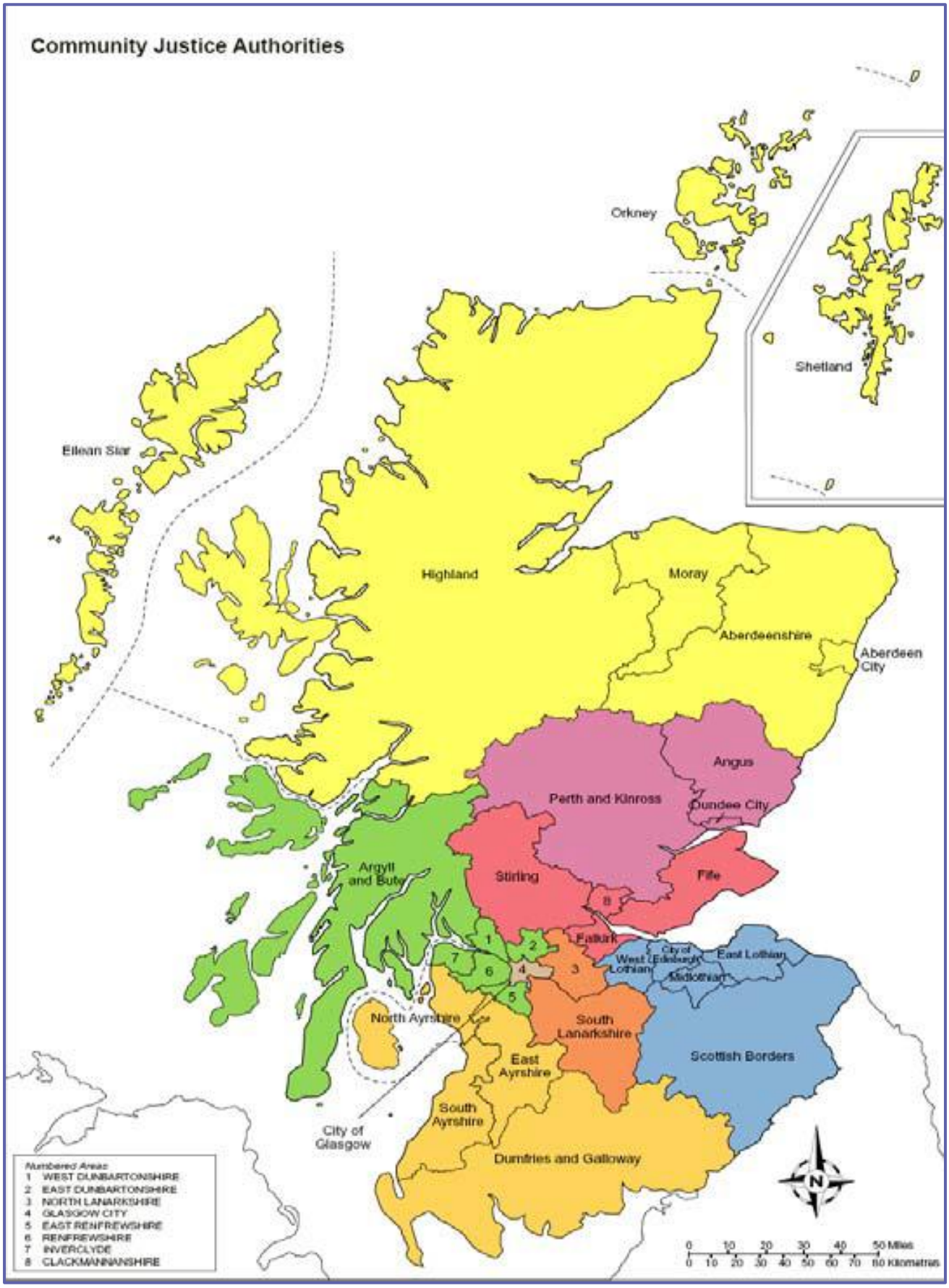
DTC	Duty to Co-operate persons or bodies in Scotland are listed within The Management of Offenders etc. (Scotland) Act 2005 (Specification of Persons) Order 2007. They include registered social landlords, the Principal Reporter to the Children's Panel, electronic monitoring providers, and any persons/organisations providing services to, or on behalf of, a responsible authority in connection with the assessment and management of the risks posed in a relevant area by any person to whom Section 10(1)(a) of the 2005 Act applies. NHS is a DTC partner in respect of registered sex offenders. Health Boards are a Responsible Authority in relation to restricted patients who are subject of the sex offender notification requirements.
DWP	The Department for Work and Pensions is a UK wide public service department responsible for welfare, pensions and child maintenance policy.
ERA	Environmental Risk Assessment is a process used to identify housing related risk and informs decisions on the most suitable accommodation for use by registered sex offenders in order to minimise risk towards the community.
FRAME	FRAME promotes consistent and proportionate practice by proposing a tiered approach in which the same standards, principles and practice process apply, but are delivered proportionate to the risk. 'Active and alert risk management' is the term applied to the approach indicated when managing those who pose a risk of serious harm.
HIS	Healthcare Improvement Scotland is a national healthcare improvement organisation which supports the healthcare priorities of the Scottish Government.
HMICS	Her Majesty's Inspectorate of Constabulary in Scotland has statutory responsibility for inspection of the state, effectiveness and efficiency of Police Scotland and the Scottish Police Authority.
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland is an agency which has responsibility for inspecting prisons in Scotland.
ICM	Integrated Case Management is a management structure used by the Scottish Prison Service and brings together the prisoner and other key staff and agencies to examine the prisoner's progress through custody.
ICR	An initial Case Review is a process which is initiated within MAPPA following receipt of information about a case that meets the criteria for a significant case review.
INDEX CRIME	An index crime is the crime which resulted in an index conviction. The index conviction is the reference conviction which is determined by either the estimated release date for a custodial sentence or the sentence date for non-custodial sentences imposed for the conviction.
ISP	Information Sharing Protocols are documents which set out the principles by which information can be shared between agencies involved in the management of registered sex offenders.

LS/CMI	The Level of Service Case Management Inventory is an assessment tool principally used by Criminal Justice Social Work and prison staff, which measures the risk and need factors of offenders.
MAPPA	Multi-Agency Public Protection Arrangements are a set of arrangements which the police service, Local Authority, prison service, health service and others are statutorily obliged to operate, with the objective of protecting the public from the risks that may be posed by registered sex offenders.
MAPPP	The Multi-Agency Public Protection Panel (MAPPP) has responsibility for the management of offenders who are generally assessed as presenting a high or very high risk of harm within the MAPPA framework.
MFMC	Moving Forward: Making Changes is a therapeutic intervention programme designed for adult males who have been convicted of a sexual offence or non-sexual offence that contains a sexual element.
MOG	MAPPA Operational Groups have responsibility for the operation of MAPPA.
NASSO	The National Accommodation Strategy for Sex Offenders in Scotland is the national framework for housing sex offenders in the community.
NCA	National Crime Agency see CEOP.
NHS	National Health Service.
NOMU	The National Offender Management Unit operates within Police Scotland and provides a governance, audit and compliance role in respect of all areas of offender management.
NSS	The Police Service of Scotland National Systems Support department manage and provide support to all MAPPA Responsible Authorities in the maintenance and use of the ViSOR system.
OMU	An Offender Management Unit is a police team responsible for the on-going management and supervision of registered sex offenders.
PAROLE BOARD	The Parole Board for Scotland is a Tribunal Non-Departmental Public Body whose members are appointed by Scottish Ministers. The Parole Board operates independently from the Scottish Government.
PPU	A Public Protection Unit is a police team that deals with a range of crimes including the investigation of serious sexual offences.
QIF	The Quality Indicator Framework provides a set of key quality indicators which are used to ensure that a consistent methodology is applied in the course of inspection activity.
RA	Responsible Authorities are agencies defined by the Management of Offenders etc. (Scotland) Act 2005 and are Police Scotland, the Local Authority, the Health Board, Special Health Boards and the Scottish Prison Service.

RMA	The Risk Management Authority is a body which exists to provide a centre of best practice in risk assessment and management, promoting excellence and regulating the delivery of services to help manage and minimise the risk of serious harm caused by sexual and violent offenders.
RM2000	Risk Matrix 2000 is an actuarial risk assessment tool applied to men aged 18 years and over convicted of sexual offences and is used by trained professionals to assess the risk of reconviction.
ROSH	A Risk of Sexual Harm Order is an order which places restrictions and obligations on someone who is behaving in such a way to suggest that they pose a risk of sexual harm to a particular child or to children generally.
RP	Restricted patients are people who are detained in hospital and have usually committed an offence punishable by imprisonment, but as a result of mental disorder are not imprisoned and instead are ordered to be detained in hospital for treatment.
RSO	A Registered Sex Offender is an offender convicted of an offence specified in Schedule 3 of the Sexual Offences Act 2003 and therefore subject to the notification requirements.
SA07	Stable and Acute 2007 is a dynamic risk assessment tool which provides a structured method for identifying and measuring dynamic risk factors that are predictive of sexual offence recidivism.
SCR	The MAPPA National Guidance (2014) advises that each Strategic Oversight Group must have a process to examine incidents which may lead to a Significant Case Review.
SOG	Strategic Oversight Groups operate in each Community Justice Authority area and are responsible for the development of planning, policy and operational delivery of MAPPA.
SOLO	Sex Offender Liaison Officers are staff, usually within housing, who provide a single point of contact for accommodation requests from Responsible Authorities in respect of the housing of Registered Sex Offenders.
SOLS	The Sex Offender Liaison Service is a service delivered by NHS Lothian across the Lothian Borders area, which assesses and consults on sex offenders to assist relevant agencies to manage them in the community.
SONR	The Sex Offender Notification Requirements are set out in legislation and identify certain requirements, in terms of notification, that all Registered Sex Offenders must comply with when placed on the ‘sex offenders register.’
SOP	Standard operating procedures are written instructions intended to document how staff within organisations perform certain activities to ensure a consistency of approach in the application of corporate policies.
SOPO	A Sexual Offence Prevention Order is an order which a court may make at the time of dealing with certain sexual offenders or when the police make application on account of an offender's behaviour in the wider community.

SPS	The Scottish Prison Service is an agency of the Scottish Government which is legally required to deliver custodial and rehabilitation services for those sent to prison by the courts.
SWIA	The Social Work Inspection Agency provided an inspectorate role until the work of this organisation passed to the Social Care and Social Work Improvement Scotland; known as the Care Inspectorate.
SWS	Social Work Scotland is the leadership body for the social work profession and replaced the Association of Directors of Social Work in 2014.
ViSOR	The Violent and Sex Offender Register is a computer system which provides a UK wide multi-agency information sharing tool for offenders which can be accessed and updated by the police, Scottish Prison Service, Local Authorities and the Scottish Government.

Appendix Five: Community Justice Authorities



Appendix Six: Exhibits

Description	Title
Exhibit 1	Responsible Authorities in Scotland
Exhibit 2	Average number of reconvictions per offender 1997-98 to 2012-13
Exhibit 3	Average number of reconvictions per offender by index crime 2010-13
Exhibit 4	Number of registered sex offenders managed in the community and breach of notification and reconviction rates for Group 1 and Group 2 crimes 2012-15
Exhibit 5	Total number of registered sex offenders and management levels in Scotland 2015
Exhibit 6	Number of registered sex offenders by management levels 2012-15
Exhibit 7	Number of offenders convicted for internet related offences 2012-15
Exhibit 8	Number of registered sex offenders in Scotland 2012-15
Exhibit 9	Strategic Oversight Group chairs June 2015
Exhibit 10	Registered sex offenders by age 2014-15
Exhibit 11	MAPPA Quality Indicator Framework
Exhibit 12	MAPPA Joint review stage 3 fieldwork footprint

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HMICS/2015/09

COMMS-1115-184

Edinburgh, the Lothian and Scottish Borders
Strategic Oversight Group
Response to Areas for Development
Thematic Review of MAPPA 2015

AREAS FOR DEVELOPMENT

1. **RA's should ensure that all SA07 assessments are current and updated in accordance with national guidance and circulars.**

RESPONSE:

One assessment had not been updated within our CJA area. However, there were unusual circumstances relating to this matter and this was the exception to the rule. Under current arrangements CJSW and Police have robust arrangements in hand for insuring that all risk assessments are current and are updated in accordance with national guidance. We also undertake proactive Level 1 case file audits and all of these arrangements are ongoing.

2. **We encourage RA's to explore best practice approaches to ensure that staff are that equipped to assess the risks and needs of female sex offenders.**

RESPONSE:

There are very low numbers of female sex offenders. Currently, we have one female sex offender within our area. The group acknowledged that SOLS provide expertise advice should we require it and that given the very low numbers the group agreed that a specific training or general advice to staff would not be necessary. Each case would be considered on the nature of the offender and the risk presented by the individual. It was acknowledged that SOLS do not currently provide a service to the Scottish Borders. Therefore, where expert advice was required this would need to be outsourced by NHS Borders if necessary and proportionate to do so.

3. **SOGs should ensure that members of staff have the required knowledge and skills to undertake the assessment of the risk posed by young people subject to MAPPA.**

RESPONSE:

The numbers are exceedingly low and there are risk assessment tools in place relative to young persons convicted of sexual offending. Again SOLS provide expert advice should any member of our staff require to undertake an

assessment relative to the risk posed by a young person. Currently SOLS refer staff to the Intervention for Vulnerable Youth (IVY) project. This was introduced by the Centre for Youth and Criminal Justice (CYCJ) to promote best practice in forensic mental health risk assessment and management for young people who present a serious risk of harm to others. IVY is based on awareness that a significant proportion of young people with severe conduct and offending behaviour problems do not have access to services capable of meeting their complex needs. It is a national service, which is funded by the Scottish Government and free for professionals to refer to.

4. **Whilst overall, MAPPA meetings were well planned and effective we identified a number of areas for development, which, if addressed, could improve the overall efficiency of the process. These are outlined in Ch 2 P 25 and include: attendance, scrutiny of minutes and actions, use of pre-read information and sharing and training.**

RESPONSE:

The group acknowledged that our current arrangements are efficient and effective. There is good use of pre-read information sharing and we have key performance indicators that can monitor attendance, actions and other performance matters relating to MAPPA.

The group did agree that Level 2 minute taking was still an issue in terms of consistency and detail contained within the minutes. All 5 Local Authority areas acknowledged the challenges in ensuring that experienced administration assistants are able to support the MAPPA process. There were challenges both in terms of RMCC/RMP minutes, which feed the Level 2, as well as the minutes for Level 2 meetings. The group agreed it would be beneficial if the MAPPA Co-ordination Unit were able to provide minute takers for all Level 2 meetings.

Currently the MAPPA Unit are not in a position to deliver this service however this will remain under review by the Strategic Oversight Group.

The new minute templates published in the MAPPA Guidance 2016 has assisted in the overall efficiency of the process.

5. **As a result of the increasing number of Internet related sex offenders becoming subject to MAPPA, early intervention and diversionary approaches aimed at addressing the risk posed by such offenders should be further scoped by RA's in partnership with the Scottish Government.**

RESPONSE:

This work is being led by the Scottish Government in discussion with the RMA but locally the MAPPA Conference in March 2017 will focus on the assessment and management of Internet Offenders.

In 2016 the Edinburgh Offender Management Committee convened a short life-working group to develop and implement a communications strategy focusing on people who are worried about their sexual thoughts towards children/online behaviour and to encourage them to seek support before committing an offence. This group has representation from Police Scotland; Stop it Now, NHS Lothian Serious Offender Liaison Service, City of Edinburgh Council, Community Intervention Services for Sex Offenders, Young People's Service, Media Relations and Education.

On 31 March 2016 a half day MAPPA Conference will take place within the Lecture Theatre, Fettes Police Station, Edinburgh. The aim of this event is to provide criminal justice social workers, offender management officers and other key staff the latest research and advice relative to the assessment of risk and risk management strategies for Internet related sex offenders.

6. **SOGs should ensure that MAPPA forms part an integrated public protection strategy.**

RESPONSE:

Our local arrangements support an integrated public protection strategy. Since the inception of MAPPA Local Offender Management committees have played a key role in our integrated public protection strategy linking child protection, adult protection and offender management. The group welcomed the introduction of the multi agency reducing re-offending committees, which will enhance our integrated public protection strategy.

7. **SOGs and RA's should develop and implement a more structured approach to self-assessment.**

RESPONSE:

Each agency has in place arrangements for self-assessment. As a multi agency group we consider case file audits and learning from ICR and SCRs.

8. **SOGs should introduce a mechanism, which ensures that staff from RA's are provided with key information regarding the strategic direction of MAPPA and have an opportunity to contribute to organisational development.**

RESPONSE:

Each offender management committee is currently considering the recently completed communication and engagement strategy and this should address this area for development.

9. **SOGs should explore additional opportunities for the delivery of multi-agency-training**

RESPONSE:

This is delivered through local offender management committees but where necessary CJA-wide multi-agency training when identified is delivered. Numerous training events have been held over previous years and all are promoted within our annual report.

10. **We found evidence of strong local engagement where co-location of staff responsible for delivery of MAPPA was established, providing an enriched understanding of roles, responsibilities and enhanced partnership working.**

RESPONSE:

All agreed that where co-location could be delivered then this strengthened relationships however a lack of co-location in no way reduced the operational effectiveness of MAPPA.

11. **It is essential that SOGs review Information Sharing Protocols to ensure that RSL's are clear on their responsibilities and have signed relevant agreements**

RESPONSE:

The group agreed that an Edinburgh, Lothians and Scottish Borders information sharing protocol with registered social landlords was not the best way to address this issue. As it stands all areas have a local information sharing protocol with registered social landlords and it was agreed that these should be refreshed in light of this area for development. It was agreed that Housing SOLOs would be best placed in each of the 5 Local Authorities to review their information sharing protocols with Registered Social Landlords. The group agreed that this should be completed by 31 December 2016.

City of Edinburgh Council, Midlothian Council and Scottish Borders Council have all recently reviewed their Information Sharing Protocols with RSL's within their respective council areas and have agreed dates to sign the relevant agreements in the New Year.

East Lothian Council and West Lothian Council have reported this matter is work in progress.

12. **Where the NHS had an integrated single point of contact at the SOG for all MAPPA related matters, we saw enhanced information exchange which had a positive impact on risk management planning.**

RESPONSE:

It was acknowledged that NHS Lothian have an integrated single point of contact for MAPPA related matters. It was agreed that NHS Borders needed to consider this area for development and NHS Borders undertook to progress this. This action is completed as NHS Borders have appointed a single point of contact for MAPPA.

13. **SOGs and NHS should deliver additional introductory level training for health and care staff**

RESPONSE:

The group agreed that MAPPA does form part of induction for health staff but at a very basic level and there is information on NHS websites. The group agreed that it was more important to have a NHS SOLO in place than provide additional training to health staff generally. As long as NHS staff understand and are directed to the single point of contact for their organisation this will better serve than individual training, which may never then be used.

It was agreed that the MAPPA awareness training sessions that are undertaken across the 5 Local Authorities are beneficial and offer health staff a better understanding of the work undertaken to manage RSOs.

14. **Health Boards should ensure that there is an appropriate long term arrangement in place to maintain compliance with VISOR standards.**

RESPONSE:

This is a matter primarily for the Scottish Government mental health division and relates to the creation of VISOR nominals relative to restricted patients.

15. **The SPS should monitor and maintain the continued improvement in the use of VISOR**

RESPONSE:

SPS have increased their VISOR terminals from 1 to 3 within their headquarters and they will continue to improve their use of VISOR.

16. **RA's in partnership with the SG should provide opportunities to raise awareness of the release processes, including the role of the Parole Board, in order to enhance planning and mitigate risk for those released in communities.**

RESPONSE:

The group agreed that this was a matter for the Scottish Government to discuss with the Parole Board rather than each Local Authority seeking to raise this issue.

17. **The process of engagement with victim support services could be further improved through involvement with SOG Chairs at a national level**

The group agreed this was a matter for the National Strategic Group who should invite a senior representative of victim support to join this national group.

Local Community Planning Partnerships will have representation from victim support services.

Agreed by SOG on 08.03.16 with a review date by 31.12.16

Reviewed by MAPPA Operational Group on 23.11.16

Reviewed and ratified by SOG on 06.12.16

Thursday 9 February 2017 at 2pm

East Lothian and Midlothian Public Protection Committee Biennial Report 2014/16

Item number: **5.6**

Executive summary

Board members are asked to:

- Note the report and the progress made by the East and Midlothian Public Protection Committee during 2014/16.

Report

East Lothian and Midlothian Public Protection Committee Biennial Report 2014/16

1. Purpose

Purpose of Report; The convener of East Lothian and Midlothian Public Protection committee are required to submit a Biennial Report to Scottish Government on the exercise of the Committee's functions under Section 42 of the Adult Support and Protection (Scotland) Act 2007. This report reflects the work undertaken of East Lothian and Midlothian Public Protection Committee 2014/16 thereby informing council of its progress in that time.

2. Recommendations

The IJB is asked to:-

Note the report and the progress made by the East and Midlothian Public Protection Committee during 2014/16.

3. Background and main report

3.1 The East Lothian and Midlothian Public Protection Committee (EMPPC) is the key strategic group dealing with public protection matters across East Lothian and Midlothian adult support and protection falls within the remit of EMPPC. This includes representatives from key partners (e.g. Social Work, Police Scotland, NHS Lothian, Education, Housing, 3rd Sector etc). The committee reports to senior officers through the East Lothian and Midlothian Critical Services Oversight Group. It remains committed to an outcome focused approach to supporting and protecting adults and children who may be at risk of harm, based on an understanding of need gained from evaluation activity.

3.2 There are two sub-groups which support EMPPC with this approach, one of which focuses on Performance and Quality Improvement across all areas.

3.3 The Learning and Practice Development sub-group, oversees the development and delivery of the EMPPC Learning and Development Strategy. During 2015/16 we carried out a service review of the training and development function within the team and have introduced a new role of Public Protection Learning and Development Co-ordinator to lead the implementation of the Learning and Development strategy. Page 20-21 of the report details the training activity over the year 2015/16.

3.4 The East Lothian and Midlothian Public Protection Team support the work of the EMPPC and is based in the East Lothian and Midlothian Public Protection Office (EMPPO) in the Brunton Hall, Musselburgh. It includes officers from adult support and protection, child protection and the domestic abuse service and is co-located with the local Police Scotland Public Protection Unit and Midlothian and East Lothian Drug and Alcohol Partnership. The primary aim of the team is to work in a more integrated way to strengthen practice across the whole public protection arena.

4. Policy Implications

4.1 This is the second annual report of the East Lothian and Midlothian Public Protection Committee (EMPPC) and it provides an opportunity to reflect and take stock of our activities and our achievements within this complex area of service.

4.2 People do not neatly fit into one category and issues like domestic abuse and substance misuse are common themes with many of the service users with whom we work. Bringing together the individual partnerships into one Public Protection Committee across two local authorities has streamlined processes considerably and now demonstrates a significant level of trust and integrity for example, senior officers chairing case reviews for the other local authority.

5. Equalities Implications

5.1 An Equalities Impact Assessment is not currently required as no policy or people changes have been identified. This will be undertaken in line with streamlining operational practice.

6. Resource Implications

6.1 The key driver for the service continues to be ensuring sustainable services and streamlining future provision by sharing staff capacity and knowledge wherever possible. All posts in the team are joint posts across both council areas.

7 Risks

7.1 The Public Protection service contributes to addressing corporate risk that the councils and their partners would be unable to maintain or improve the quality and standard of public protection work due to increased complexities and depleting resources thus leaving service users in Midlothian at risk of harm.

8 Involving People

8.1 East and Midlothian Public Protection Committee remains committed to involving communities and other stakeholders wherever possible, although this can prove a challenge in this area of work.

9 Background Papers

East Lothian and Midlothian Public Protection Committee Biennial Report 2014/16

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DATE	27 January 2017

East Lothian and Midlothian Public Protection Committee

Adult Support and Protection Biennial Report 2014-2016

Signed off by EMPPC on 21/10/16

Contents

1) Introduction

This biennial report reflects the changes to the structure of the East Lothian and Midlothian Adult Support and Protection Committee as reported in the previous biennial report (2012-14). It has been recognised for some time that there have been cross cutting issues for service users across all aspects of public protection. In recognition of this and in order to take a lifespan approach to Public Protection, the East Lothian and Midlothian Critical Services Oversight Group (CSOG) agreed to streamline its Committee structures and establish a single Public Protection Committee to address the significant overlaps.

The East Lothian and Midlothian Public Protection Committee is chaired by Anne Neilson (Director of Public Protection, NHS Lothian) and was established in July 2014. It is constituted in terms of the provisions of the Adult Support and Protection (Scotland) Act 2007, National Guidance for Child Protection Committees (2005), Equally Safe – Scotland's strategy for preventing and eradicating Violence Against Women and Girls (Scottish Government 2014) thereby incorporating all functions and responsibilities of constituent committees and continuing to maintain robust links with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). The EMPPC is responsible for local oversight of the Multi-agency Public Protection Arrangements (MAPPA), introduced under the Management of Offenders etc (Scotland) Act 2005, enabled in April 2007. MAPPA provides a framework to manage the risk posed by registered sex offenders and restricted patients (mainly violent offenders, with a small number of sex offenders). As of 31st March 2016 MAPPA also provides a framework for the management of offenders who are subject of statutory supervision, assessed as presenting a serious risk of harm, which requires an active multi-agency management at MAPPA level 2 or 3. The committee monitors the performance and quality of local service delivery, provides strategic direction to local member agencies and develop local policy and practice. Please refer to appendix 1 – East Lothian and Midlothian Public Protection Governance diagram.

Structure

EMPPC is the key strategic group dealing with public protection matters across East Lothian and Midlothian and includes representatives from key partners (e.g. Social Work, Police Scotland, NHS Lothian, Scottish Fire and Rescue Service, Education, Housing, 3rd sector etc). The committee reports to Chief Officers through the East Lothian and Midlothian Critical Services Oversight Group. Our core values of respect, integrity and commitment underpin our work towards supporting and protecting all people who may be at risk of harm in our communities. All public protection activity takes place within two axes:

- Preventative ⟺ Reactive;
- Individual ⟺ Community Engagement.

The EMPPC has two sub-groups, the Performance and Quality Improvement sub-group and Learning and Practice Development sub-group. The Performance and Quality Improvement sub-group lead on the development of the Public Protection Performance Framework which includes the Adult Support and Protection Improvement Plan, performance indicators, evaluation calendar and evaluation summary. The Performance Framework was implemented on 1st April 2015 and provides a framework for self-evaluation, scrutiny and continuous improvement. The sub-group also co-

ordinates and manages the governance of all levels of case file audits, self-evaluation and case reviews, ensuring that learning is incorporated into practice across all public protection areas.

The Learning and Practice Development sub-group, oversee the development and delivery of the EMPPC Learning and Development Strategy. The scope and remit of this strategy includes:

- Adult Support and Protection;
- Child Protection;
- Alcohol and drugs;
- Violence Against Women and Girls;
- Multi-agency Public Protection Arrangements (MAPPA).

The Learning and Development Strategy takes cognisance of the cross cutting themes of public protection across all sectors of our communities and the aim of EMPPC is to create a more integrated approach to public protection "across the lifespan", which will promote the understanding of the impact of trauma for all ages and stages of life. It is hoped that this approach will provide innovative opportunities for a seamless response and will support operational staff and partner agencies to improve outcomes for our most vulnerable service users.

Public Protection Team

We have also established a Public Protection Team which leads and supports the work of the EMPPC. The team includes the lead officers for adult support and protection and child protection, the violence against women and girls strategy co-ordinator and learning and development co-ordinator. The team is also co-located with staff from the Police Scotland 'J' Division Public Protection Unit and Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP). The primary aim of the team is to work in a more integrated way to strengthen practice across the whole public protection arena.

Activities which are supported by the Public Protection Team include community and agency staff awareness raising, education and risk management initiatives and specific initiatives to address identified harm to groups (e.g. financial harm, sexual exploitation and investigation and protection planning).

There are strong and positive working relationships and links established with the NHS Lothian Public Protection Team and the development of the EMPPC office 'hub' has provided valuable opportunities to further promote and raise awareness of the NHS Lothian roles of Adult Support and Protection Advisor and MAPPA Health Liaison Officer. The role and function of the Child Protection Advisors while already well established, has also been enhanced. These key health roles all make a significant contribution to operational working, helping to build effective communication and liaison across the core agencies and support timely information sharing.

The NHS Lothian learning and development leads actively collaborate in the development and delivery of a broad range of training opportunities to promote best practice and encourage learning.

The East Lothian and Midlothian Public Protection Office (EMPPO) is well placed at the hub in the centre of the spectrum of activity, both having an overview and offering support and guidance to operational staff across all agencies, working towards a more holistic approach.

Some of the main benefits and impacts which have been identified are:

- Taking a “Lifespan” approach by considering support and protection issues at all ages and stages of life;
- Putting the person at the centre of the process and looking at the situation with a wider lens;
- Sharing staff capacity and knowledge, resulting in a broader more flexible base;
- Less duplication of effort;
- More effective and efficient processes.

2) Adult Support and Protection

EMPPC are committed to delivering on the development of the national work streams and will work alongside practitioners to raise awareness and share information of all national developments in relation to the support and protection of adults at risk of harm.

This report reflects the implementation of the Scottish Government national data set introduced in April 2014. EMPPC has fully supported the implementation of the national data set and continues to work with Scottish Government.

The implementation of the national data set led to a review of the EMPPC adult support and protection procedures with a focus on section 4 *Duty to Inquire* and section 7 *Duty to Investigate*. This was also an area that the Care Inspectorate considered during their recent inspection of older peoples' services in East Lothian between June and October 2015. A number of briefing sessions were delivered to all Council Officers across East Lothian and Midlothian in respect of the changes and planned implementation from 1st April 2015.

National Data Set

EMPPC acknowledge that that the data provided is out with the reporting parameters of the biennial report (October 2014 – 2016). However, the data reported provides a more accurate picture of the adult support and protection activity within East Lothian and Midlothian and has been collated within the annual reporting periods (1st April – 31st March 2014-15 and 2015-16).

There has been a small increase in the number of adult support and protection referrals in both East Lothian and Midlothian in 2015/16 when compared to 2014/15. Midlothian Council received 501 referrals in 2015/16, an increase of 11% when compared to 452 in 2014/15. East Lothian Council received 493 referrals in 2015/16, an increase of 15% when compared to 427 in 2014/15. Police Scotland continues to be the main referrer to both Councils. This is reflective of the data collated by Scottish Government (2014/15) with Police Scotland being the biggest referrer of adult concern forms to local authorities with 53%.

Both authorities have experienced a reduction in the number of investigations undertaken in 2015/16, more notably East Lothian Council with a decrease of 45%. This has been attributed to a recording issue where the investigation was being recorded as part of the enquiry process and has now been resolved.

East Lothian:

Measure	2014 / 15	2015 / 16
Referrals	427	493
Investigations	125	69
Protection orders	3	3
Number of Large Scale Investigations	3	2

Midlothian:

Measure	2014 / 15	2015 / 16
Referrals	452	501
Investigations	94	129
Protection orders	1	1
Number of Large Scale Investigations	2	2

Given the volume of police referrals submitted to East Lothian and Midlothian Council and the co-location of Police colleagues from the public protection unit based within the public protection office, this offered an opportunity for agencies to work more cohesively and provide a co-ordinated approach to the screening and outcomes of all the adult concerns forms received to each local authority. An adult concern form consultation process was developed and piloted from August 2015 to December 2015 and comprised of twice weekly meetings attended by Police, social work from the respective local authority and health.

The purpose of the consultation process was to share information between core agencies enabling shared and informed decision making, the early identification of risk and whether the adult met the criteria of an adult at risk of harm, timely intervention where necessary and identifying the most appropriate route for information sharing and referral.

The adult concern form consultation process reduced the number of adult concerns submitted to social work in both authorities throughout the duration of the pilot (Aug – Dec 2015). During the pilot East Lothian Adult Wellbeing received 49% of the adult concern forms in comparison to 88% during the same period in the previous year. Police Scotland received 13% of the adult concern forms in comparison to 12.4% in the same period of the previous year and NHS Lothian received 38% of the overall referrals discussed during the adult concern form consultation. NHS Lothian did not previously receive direct referrals from police as there is no direct referral route between police and health and all adult concerns considered relevant for health are processed through social work.

Midlothian Adults and Community Care Team received 51% of the adult concern forms during the pilot period in comparison to 92% received in the same time period of the previous year. Police Scotland received 11% of adult concern forms in comparison to 8% the previous year. NHS Lothian received 38% of the overall referrals discussed during the adult concern form consultation.

A workshop was held with all staff involved in the adult concern form consultation, who evaluated the pilot very positively and described the benefits as:

- Having access to multi-agency information;
- Enabled more informed decision making;
- Identified the most appropriate route for referral / information sharing;
- Earlier identification of an adult at risk of harm;
- Earlier intervention where necessary;

- Clearer identification of roles and responsibilities;
- Availability of information from health and an identified health professional that enabled ease of access to information from other health professionals (e.g. GPs more willing to share information with another health professional).

As well as recognising the benefits of the pilot there were also a number of challenges:

- Volume of referrals and the impact this had on resources and time;
- Time lapse between meetings (twice a week);
- Health not always represented.

The adult concern form consultation was considered a good practice example by the Care Inspectorate during their Inspection of Older People's Services in East Lothian. The pilot was discontinued due to challenges in identifying a single point of contact within NHS Lothian and the implementation of the Police Scotland proof of concept within 'J' Division. As a result the pilot was deemed too resource intensive to implement on a permanent basis. A copy of the report on the Joint Inspection of Adult Health and Social Care Services for Older People in East Lothian is available here.

Good practice example of multi-agency working

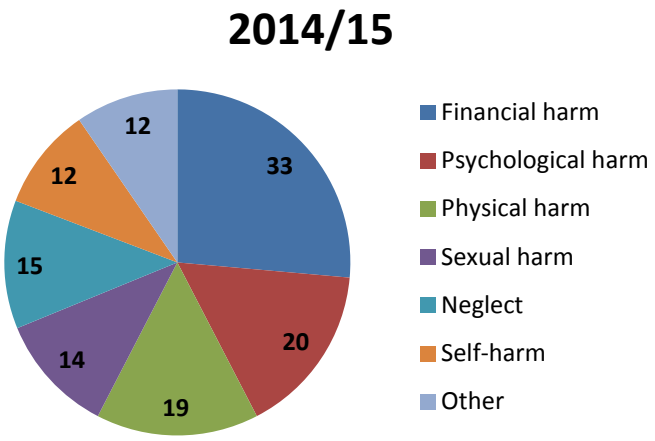
An adult with autism and mild learning disabilities who was subject to adult support and protection for a lengthy period of time in the past year was of concern due to his aggressive and threatening communications with various members of the public and professionals. Within a few months the adult had been subject to 60 police concern forms. As a result of close collaborative multi-agency working the adult is now subject to a local authority welfare guardianship order which helps to meet his complex needs.

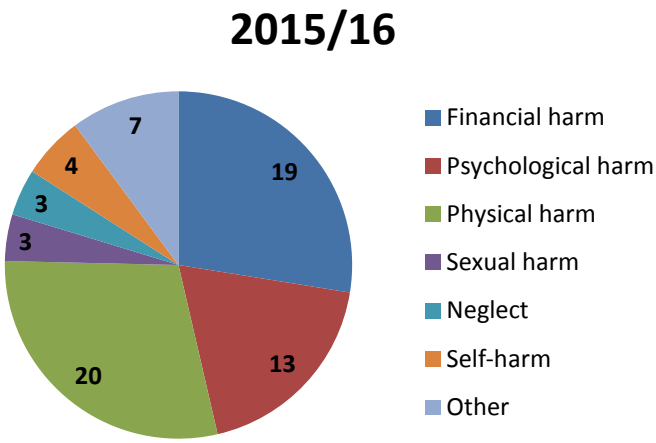
Key points that made a difference in this case were:

- Close collaboration between police and social work from the outset. At some points there was daily contact between the social work team leader and the public protection unit (police);
- Multi-agency discussion meetings at the Public Protection Office ensured an immediate plan was put in place and issues relevant to individual agencies taken forward without delay. The involvement of the adult support and protection advisor from NHS Lothian was extremely valuable in this case;
- The involvement of a psychiatrist and their investment in the process;
- Core group meetings were arranged which supported the communication process;
- Health facilitated an extremely quick assessment of the adult's capacity which enabled professionals to progress under the Adults with Incapacity (Scotland) 2000 Act immediately;
- Health set up immediate access to psychological therapy for the adult to address anger issues. This continues to be facilitated by social work.

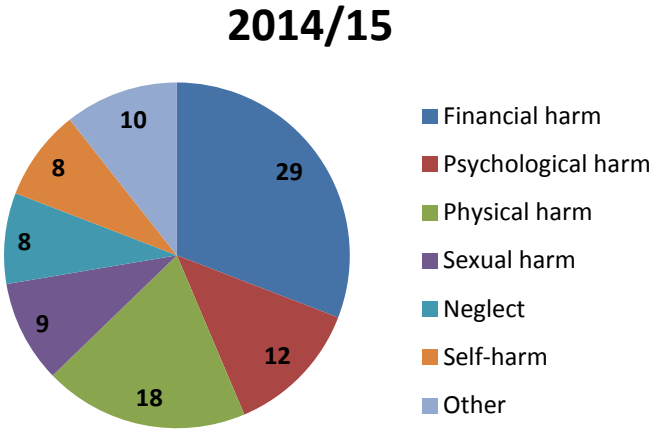
3) Principal type of harm

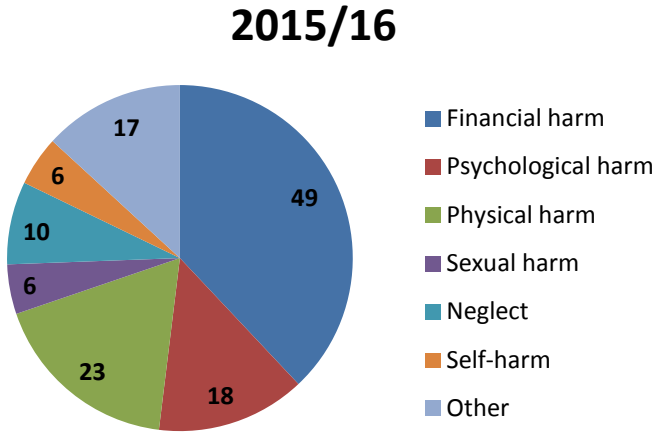
East Lothian





Midlothian





Financial Harm

Financial harm continues to be reported as one of the main principal types of harm in both Council areas, which correlates with the national picture identified via the national data set. EMPPC welcome the increase of investigations into financial harm as a progressive development as this suggests that there is an increased awareness throughout our services, stakeholders and the wider community and once identified this is being reported to the local authority for further inquiry and investigation.

EMPPC have developed a financial harm group, the focus of which is to establish links with partner agencies and raise awareness of financial harm locally. Initially this group was established with the adult support and protection lead officers from neighbouring authorities and representation from some of the local banks. This group did not continue because the National Financial Harm Prevention Group was formed which has strategic oversight. However local operational staff from trading standards, police, social work and the Fire and Rescue Service continue to meet to look at

preventative ways of identifying and providing a proportionate response to financial harm. A number of initiatives have since been developed.

EMPPC have developed financial harm training which provides information on the roles and responsibilities of each agency in response to the disparate range of financial harm. This training was reviewed and updated in 2015/16. The training is delivered to an inter-agency audience which includes third sector staff. The following is an example of where the training has been effective and illustrates a clear understanding of roles and responsibilities:

"An occupational therapist (OT) was visiting a family with a disabled child. The family had been approached by a local company who were persuading the mother to buy a specialist bed at an astronomical cost. The mother felt considerable pressure from the company to buy the bed for her son which was well out of her budget and was not necessary. The OT shared her concerns with trading standards who were aware of the company, which had previously operated under a different name and were known for their rogue practices. A joint visit to the family was undertaken to inform the mother of the information known to trading standards. The circumstances became a criminal matter and were subsequently investigated by Police".

EMPPC have shared their training materials on financial harm with local banks at their request. This will assist the banks to raise awareness of financial harm with their staff.

Using the funding received from Scottish Government, the EMPPC, in conjunction with Midlothian Council, funded a *No Cold Calling Zone*. Trading standards subsequently reported that the number of complaints received in relation to bogus workmen and scammers in this zone had reduced significantly. EMPPC have also supported local advertising on buses using the materials from the national adult support and protection campaign in order to raise awareness of financial harm amongst members of the public.

EMPPC are in the process of developing a guidance document for multi-agency staff to raise awareness of roles / functions of the relevant agencies and of the varying types of financial harm. Financial harm will continue to be an ongoing area of development as it evolves.

Physical harm

Physical harm features highly in the data collected and it is thought that this is related to large scale investigations of care at home services where a number of service users may have had missed visits, medication errors or experienced poor manual handling. This type of physical harm often affects multiple people supported by the organisation. EMPPC are committed to undertaking further analysis of this data to determine the nature of the physical harm and if there is a correlation with a specific client group.

Large Scale Investigations

Large scale investigations continue to feature in the landscape of adult support and protection work. In 2015/16 both East Lothian and Midlothian Council have undertaken two large scale investigations each with three of these being specific to care at home services. This picture appears to be changing as previously large scale investigations were more prevalent although not exclusive to care homes. EMPPC have developed a Large Scale Investigation Protocol which has been reviewed to include care

at home services. This provides guidance to inter-agency staff in the investigation of harm within care homes and care at home services.

EMPPC implemented inter-agency quality in care meetings that continue to meet every 2 months in relation to care homes and every 3 months for care at home services. This provides a forum for agencies (NHS Lothian, social work and the Care Inspectorate) to share information and discuss concerns in relation to the quality of care delivered to residents within care homes and adults supported at home.

> *"Thank you for the train the trainers course, it was an enjoyable and informative course and I cannot wait to start the training"*
> Quote from attendee at train the trainers course

A train the trainers pack on adult support and protection has been developed and delivered to care home managers. This training has also been adapted and delivered to care at home service managers who are contracted with the Council.

An example of where the training has been effective:

"I actually can't wait to deliver it to our staff and volunteers. I see this as a great way forward for managers. Ensuring their staff have instant training at induction and not having to wait months to get a place on level 1 adult support and protection training. This is very vital training and this awareness makes such a difference to protecting our vulnerable adults".

EMPPC also carried out an audit of all care homes and care at home services adult support and protection policies and procedures within East Lothian and Midlothian. This work was progressed following a similar audit of child protection policies where it became clear that some organisations were attempting to combine their child protection and adult support and protection policies and procedures. A questionnaire style audit tool was used to evaluate policies and procedures which were devised from work already undertaken in another local authority area.

In total 28 care homes were contacted across both authorities with 16 responding. 4 of the care home providers that did not respond had previously been subject to large scale investigations. We also contacted 28 care at home agencies with 17 responding. 3 of the care at home providers that did not respond had previously been subject to a large scale investigation. The agreed recommendations from the above audit were as follows:

- Develop an adult support and protection policy template, based on the evaluation tool with examples of good policy information and a guidance note;
- Send the policy template to the agencies who have not yet provided their adult support and protection policy and request that their policy is checked against the template and if necessary to subsequently update / amend their policy prior to submitting it for review;
- Give specific feedback to the agencies that have been evaluated;

- Agree specific wording for future contracts with external agencies providing a direct service to adults and their families in East Lothian and Midlothian that clarifies expectations in relation to adult support and protection policies and training;

- Share the outcome of the evaluation with strategy and policy teams;

- Share information with operational teams of agencies identified with poor policy / procedures for staff;

- Provide "Train the Trainers" training for care at home managers on adult support and protection:
  - How to identify harm;
  - Roles and responsibilities;
  - When and where to report any concerns and / or adult support and protection concerns.

EMPPC continue to review, scrutinise and evaluate the adult support and protection policy and procedures of care homes and care at home services and share their findings with the Care Inspectorate.

4) Outcomes and strengths

Adult Support and Protection Improvement Plan

The EMPPC Performance and Quality Improvement sub-group continue to develop and monitor the progress of the adult support and protection improvement plan. The initial focus of the plan was informed by the Scottish Government national priorities: the national data set, financial harm, care homes and independent hospitals, service user and carer involvement and aspects of these areas continue to feature within the plan. The improvement plan also focuses on key areas of practice development highlighted through multi-agency case reviews and single agency case file audits which have identified areas of practice development through relevant training and guidance documents.

A single agency case file audit identified a gap in the recording of chronologies and the benefits of a chronology in the assessment and management of risk. A case file audit was undertaken and practitioners were consulted via an online questionnaire of their understanding of the purpose of a chronology in the support and protection of adults at risk of harm. The outcomes of the combined process identified the need for practice development for staff and this was delivered through workshops and supported by the development of a guidance document for practitioners. The continued improvement of chronologies in adult support and protection is monitored through the performance framework indicators and reported through the Performance and Quality Improvement sub-group (please see appendix 2 – Adult Support and Protection Performance Indicators).

5) Challenges and priorities

Service Users and Carers Involvement

The evaluation of service user and carer feedback is essential to the development of all adult support and protection practice across East Lothian and Midlothian. This area of practice is monitored as part of the performance framework indicators (ASP11 and ASP12), which record whether adults attend their own adult support and protection case conferences and whether or not they feel safer as a result of the intervention.

The validity of the data reported to the EMPPC has been questioned and in light of the discussions a more robust approach was taken in an attempt to capture more qualitative data. It was thought that the most effective way to do this is to interview adults who have experienced the adult support and protection process whilst being mindful not to revisit the actual harm experienced.

> *"As a family we were very apprehensive at being made a 'case'. However the meeting was extremely well chaired and did not get sidetracked from the main issues. The plan put in place is an undoubted improvement"*
> Adult Support and Protection Case Conference service user feedback

Some of the difficulties experienced locally in engaging and capturing service user feedback in a timely manner are also reflected nationally. This area of practice continues to present challenges and further discussion is necessary to develop more robust and effective ways of engaging and obtaining the views and experiences of service users and their carers within the adult support and protection process.

Presently there is no direct service user and / or carer representative on the EMPPC and this was reflected in the Care Inspectorate report of older peoples' services in East Lothian and is an area of consideration for the EMPPC.

Learning from Case Reviews

EMPPC support and facilitate learning informed by practice through recommendations and outcomes of Initial / Significant Case Reviews and have developed a protocol for conducting Significant Case Reviews based on the Scottish Governments guidance *Protecting Children and Young People: Interim Guidance for Child Protection Committees for conducting a Significant Case Review.* The EMPPC are in the process of planning a learning event for multi-agency practitioners, taking cognisance of recommendations of local and national significant case reviews and local initial case reviews and of the benefits that learning brings to practice.

Within this reporting period (2014-2016) there have been four initial case reviews (ICRs) for adult support and protection, there have been no significant case reviews.

Although independent of each other there were three ICRs that had similar themes of self-neglect, non-engagement with services and the assumption of capacity without full investigation. The combined set of circumstances presented agencies with a number of challenges specific to information sharing, when and how to intervene without the adults consent and the clear

comprehensive assessment of risk. The recommendations relate to information sharing guidance, a review of existing referral systems, the inclusion of adult support and protection in assessment and discharge planning and the provision of a carer's assessment. More significantly one recommendation highlighted the need for national guidance on the transfer of adult support and protection cases between local authorities. The development of this document has included the involvement of the National Co-ordinator for Adult Support and Protection and Lead Officers of the Adult Support and Protection sub-group of Social Work Scotland. This also informed the review of the *EMPPC – Adult Support and Protection Procedures* which now includes a section on the transfer of cases between local authorities.

A number of the recommendations identified locally are comparable to other recent case reviews undertaken nationally (e.g. the Glasgow Adult Protection Committee Significant Case Review on Mrs Ellen Ash). All recommendations from the case reviews are incorporated within the adult support and protection improvement plan to ensure the development of practice. This includes the development of practice learning sessions for staff which include multi-agency training on: the Interaction of the three acts; Risk assessment and risk management; Awareness raising of roles / responsibilities and Reporting routes of agencies.

In collaboration with our neighbouring authorities EMPPC have also developed an inter-authority adult support and protection investigation protocol to assist practitioners when investigating the risk of harm where an adult is temporarily placed in another authority (e.g. hospital admission) following a number of cases where Adult support and protection investigations were complicated by cross boundary residency. This protocol addresses the following scenarios;

a) When the alleged harm has occurred within the temporary service, hospital or clinic;

b) When the alleged harm has occurred in their home area to where the adult will return.

6) Self-evaluation

Multi-agency case file audits

The last multi-agency self-evaluation concluded in December 2013 under the previous East Lothian and Midlothian Adult Protection Committee and the recommendations are embedded within the current adult support and protection improvement plan (2015-18). Since the implementation of the EMPPC a number of single agency (social work) audits have been undertaken with a specific focus on information sharing and the assessment and management of risk. Areas for practice development have been included within the improvement plan and operational staff are working hard to improve specific areas of practice (e.g. chronologies and risk assessments) and their achievements are reflected in the performance framework indicators for quarter 1 of 2016/17. To ensure the quality of the support and protection of adults at risk of harm, future audits must focus on the multi-agency arrangements of information sharing and the assessment and management of risk through multi-agency case file audits.

Critical Services Oversight Group (CSOG)

An internal self-evaluation of the role and function of CSOG was undertaken in June 2015 with core areas being identified as: communication and engagement; equality and diversity; self-evaluation and scrutiny; governance and accountability. A number of actions were identified in regard to communication and engagement with recognition that a communication and engagement strategy is to be developed and embedded into practice. This would assist with raising awareness and the understanding of CSOG and its vision, strategy and priorities across agencies, at all levels with a particular focus on practitioners. The self-evaluation of CSOG will be incorporated into the wider public protection performance framework with set dates included within the evaluation calendar.

East Lothian and Midlothian Public Protection Committee Performance and Quality Improvement sub-group

A further self-evaluation of the role and function of EMPPC and the performance and quality improvement sub-group was undertaken on 15th October 2015. The outcome of the self-evaluation noted that the majority of themes indicated “some areas of good practice with some areas for improvement”, whilst people practices and approaches were generally noted as areas of good practice. Those areas noted as little or no evidence, and therefore a priority focus for improvement are as follows:

- **Service planning –** particular areas noted for improvement relate to:
  - Communication and consultation with customers, partners and stakeholders;
  - Performance management;

- **Processes and services** – development for this theme was noted against managing customer needs and expectations;

- **Customer results** – the self-evaluation noted that improvements were needed in measuring both customer perception / satisfaction and in identifying indicators related to outcomes;

- **Community results –** as for customer results the self-evaluation noted that improvements were needed in measuring both community perception / satisfaction and in identifying indicators related to outcomes.

In addition to the above priority areas for improvement / action further areas for consideration were identified by the group as follows:

- **Engagement –** further consideration to ensure engagement across a range of groups:
  - Front line staff (including criminal justice);
  - Public;
  - Service users.

7) Engagement with communities and service users

EMPPC fully supported the Scottish Governments national campaign on adult support and protection and used the materials to engage with members of the public, local communities and service users. A combination of campaign posters and leaflets were distributed to all council buildings, community centres, libraries, health centres, chemists and dentists within the local areas. A number of "pop up" stalls were constructed within local supermarkets to assist with the engagement of the general public and raise awareness of adult support and protection. Attendance at local community events, such as Midfest (family festival in Midlothian) and sharing a stall with our colleagues in trading standards, attendance at a local Age Scotland event held in East Lothian as well as publications in local newspapers and an interview on local radio.

EMPPC have worked hard to engage the public and to raise awareness of adult support and protection within our local communities and this is an area of continued development.

8) Conclusion

The East Lothian and Midlothian Public Protection Committee (EMPPC) has now been operating for two years and while there have been considerable challenges in bringing the four aspects of public protection together into one Committee there are advantages for all agencies in taking this approach to Public Protection. These advantages relate to the centralisation of the Public Protection Team which includes the lead officers for adult support and protection, child protection and violence against women and girls. The team have been co-located with staff from the Public Protection Unit of Police Scotland. This has provided the opportunity to have immediate access to police colleagues which has improved the response rate to adult protection concerns.

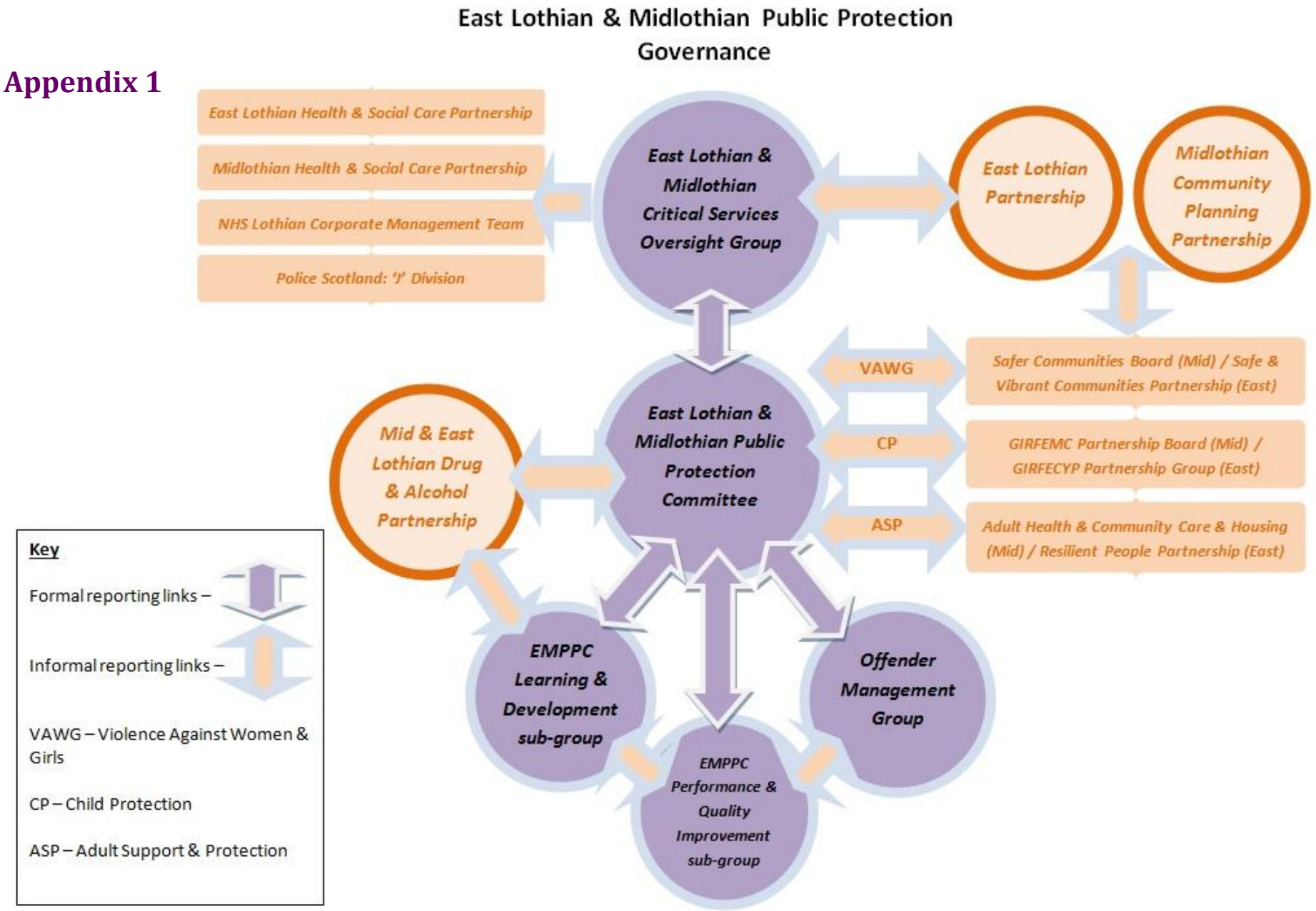
Further benefits of the joint Committee has been the work related to the development of the Significant Case Review Guidance and the work around Sexual Exploitation. The Committee have developed joint guidance for conducting Significant Case Reviews for all areas of Public Protection based on the initial guidance provided to Child Protection Committees. This has ensured consistency in the way both Initial and Significant Case reviews are conducted and discussions at the EMPPC have benefited from the wider perspective of both adult and children's services when considering the circumstances and identifying areas for improvement. In addition the development of the Child Sexual Exploitation guidance and action plan will influence and assist in the future work of the Committee around Sexual Exploitation and Human Trafficking.

This report demonstrates that partner agencies have committed to taking a lifespan approach to Public Protection and the EMPPC is now firmly established. All agencies across both local authority areas have demonstrated a high quality response to adults at risk of harm and recognise the key to ensuring good outcomes for adults at risk is collaborative working, good information sharing and confident and competent practitioners. The joint Committee has provided the opportunity to develop policies and guidance across both local authority areas and the recent completion of the local authority adult protection guidelines is a good example of cross authority working.

The Committee are currently setting out an ambitious programme of improvement for the next two years and face considerable challenges as a result of the increasing numbers of adults at risk in a difficult economic climate.

The implementation of the Integrated Joint Boards (IJB's) has been a key development within the timeframe of this report. This is a major change for both local authority areas and good communication between the Public Protection Committee and the IJB's will be crucial as we move forward.

Appendix 1



Signed off by EMPPC on 21/10/16

Appendix 2 – Adult Support and Protection Performance Indicators

Ref	Measure
	Adult Support and Protection
ASP01	Total number of cases with a live Adult Support and Protection plan
ASP02	Number of repeat Duty to Inquires within a 12 month period following Adult Support and Protection Case Conference
ASP03	Percentage of Duty To Inquires that have been completed within procedural timescales (within 5 working days)
ASP04	Number of Adult Support and Protection IRD's undertaken
ASP05	Number of adults with a repeat IRD within a 12 month period
ASP06	Percentage of Adult Support and Protection initial case conferences held within procedural timescale (from date of IRD rather than referral)
ASP07	Percentage of Adult Support and Protection review case conferences held within procedural timescales (within a maximum of 3 months of the initial / review case conference)
ASP08	Percentage of Adult Support and Protection initial case conferences where council officer reports were completed within procedural timescale (within 5 working days of the date of the case conference)
ASP09	Percentage of adults, at Adult Support and Protection initial / review case conference that have a single agency chronology in place
ASP10	Percentage of adults where a comprehensive multi-agency risk assessment has been completed within 28 days of the case conference
ASP11a	Percentage of Adult Support and Protection case conferences where the adult attended
ASP11b	Percentage of Adult Support and Protection case conferences where an advocate / guardian / power of attorney attended
ASP12	Number of adults reporting that they feel safer as a result of intervention (following Initial Case Conference)

Thursday 9 February 2017 at 2pm

Reserves Policy

Item number:	5.7

Executive summary

Because the IJB is governance by the local authority regulations, the IJB may hold a reserve. A reserve is simple a mechanism to carry forward from one financial year to another a balance of unused funds. These funds may be specifically earmarked for a particular purposes or just held as a general financial buffer against unforeseen in year events or as part of a loner term financial plan.

The IJB is required to have a formal reserves strategy – which is attached as an appendix – which lays out what reserves will be held and how these will be reported.

Because the IJB has not the current capacity to build up a reserve there will not be any reserves in the current financial year.

The Board is asked to :-

1. ***Note the paper***
2. ***Agree and adopt the reserves strategy.***

Reserves Policy

1. Purpose

1.1 The purpose of this report is to provide the IJB with a draft Reserves Policy for consideration and approval.

2. Recommendations

2.1 To note the contents of this report

2.2 To approve and adopt the draft reserves Strategy as laid out in the annex to this report.

3. Background and Main Report

3.1 The IJB approved the Financial Regulations at its meeting in October 2015. These regulations laid out that the IJB may hold reserves and the Chief Finance Officer will prepare a policy to hold and manage any such reserves which will be presented to the IJB for approval.

3.2 A draft reserves policy for the IJB is attached to this report and this provides full detail to support the governance for creating and holding revenue reserves for the Integration Joint Board.

3.3 Reserves are generally held for 3 purposes:

i. create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;

ii. create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves;

iii. create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

3.4 The Reserves Policy suggests a prudent level of general reserve (i.e. bullets i. and ii. above) be set at around 2% of the Integration Joint Board revenue budget, excluding significant fixed costs such as FHS, Prescribing and Specialist Services. This equates to approximately £1m. This 2% compares to Midlothian Council reserves policy of 4%.

3.5 Whilst this level of general reserve would allow the Integration Joint Board a degree of flexibility this must be proportionate and take cognisance of the level of savings required to be delivered within the revenue budget. Given the unprecedented economic climate in which the Integration Joint Board and partners are operating this will be kept under regular review.

3.6 The proposed 2% should be viewed as an optimum level of reserves, to be built up over time, recognising the tension between prudent financial planning and budgetary constraints.

3.7 The IJB does not in 2016/17 have the resources to fund a general reserve nor does it seem likely that the financial position in 2017/18 will allow the creation of such a reserve. That said, the IJB does require a reserves policy and this policy proposes that a reserve of c. 2% of its annual budget is built up as appropriate.

3.8 The Reserves Policy supports the Financial Regulations which set out the financial governance framework that the Integration Joint Board will operate within.

4. Policy Implications

4.1 The reserves policy, if approved, will become one of the IJB's policies.

5. Equalities Implications

5.1 There are no equalities issues arising from any decisions made on this report.

6. Resource Implications

6.1 There are no resource implications arising from any decisions made on this report.

7. Risk

7.1 A reserve is can be used as part of the financial risk management process. Given that this reserve may take several years to build up other risk management process will have to be put in place.

8. Involving People

8.1 There are no implications for involving people as a result of this report.

9. Background Papers

9.1 None.

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DATE	17th January 2017

Appendices: IJB's Draft Reserve Policy

Reserves Policy - Index

1. Background

1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the Midlothian Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.

1.2 The purpose of a reserve policy is to:

- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
- indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of reserves and balances.

1.3 In common with local authorities, the Integration Joint Board can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

2.1 Local Government bodies - which includes the Integration Joint Board for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve	*Powers*
General Fund	Local Government Scotland Act 1973

2.2 For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the Integration Joint Board cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
  - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
  - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves the Integration Joint Board would aim to hold (the prudential target). The Integration Joint Board, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium term and the Integration Joint Board's overall approach to risk management.

5.2 In determining the prudential target, the Chief Financial Officer should consider the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.

5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent approximately 2% of net expenditure. This value of reserves must be reviewed annually as part of the Integration Joint Board Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.

6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Financial Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;

- the adequacy of general reserves in light of the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment;

- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and

- if the reserves held are under the prudential target, that the Integration Joint Board should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

Thursday 9 February 2017 at 2pm

Development of IJB Strategic Indicators

Item number:	**5.8**

Executive summary

Board members are asked to:

Note the plan to update the performance information that the IJB receives to reflect the new directions and recent correspondence from Scottish Government

Note that a more detailed report will be presented to the IJB in March 2017

Development of IJB Strategic Indicators

1. Purpose

1.1 To make the IJB aware of national and local developments that will change the performance information received by the IJB.

2. Recommendations

2.2 The IJB are asked to :-

- note the national and local developments that will change the performance information received by the IJB.
- expect a more detailed report in March on this topic with proposed objectives for each indicator approved by the Ministerial Strategic Group for Health and Community Care.

3. Background and main report

3.1 The IJB in December 2015 approved recommendations in a paper describing the content and development of a performance information framework for the IJB. This included the recommendation of the content of an IJB performance report which provides information to IJB members of performance against strategic 'weathervane indicators' and progress with implementing the Strategic Plan.

3.2 A combination of the development of directions for 2017/18 and correspondence from Scottish Government requires amendments to the current information the IJB receives. This paper is intended to make you are aware of this. A more detailed paper will be written for the IJB meeting in March with detail of the new performance indicators and proposed improvement trajectories.

3.3 The correspondence from Scottish Government marks a shift in the expectation on IJBs to improve system-performance. IJBs are required to agree performance targets for key indicators and to deliver on set targets for other indicators. These are summarised below.

4. Measuring Performance Under Integration

4.1 The Ministerial Strategic Group for Health and Community Care has agreed that in 2017/18 progress by IJBs will be tracked across the following:

(1) Unplanned admissions;

(2) Occupied bed days for unscheduled care;

(3) A&E performance;

(4) Delayed discharges;

(5) End of life care; and

(6) The balance of spend across institutional and community services.

4.2 IJBS have been asked to set local objectives for each indicator and to describe expected performance per quarter during 2017/18.

5. Health and Social Care Delivery Plan (appendix 1)

5.1 In December 2016 the Health and Social Care Delivery Plan was published by Scottish Government. The plan sets out Scottish Government's programme to further enhance health and social care services and describes actions and performance improvement that is expected from IJBs. There are three specific actions that should be included within the IJB's revised strategic indicators:

(1) Raise performance on delayed discharges to the top quartile of local authority areas (by end of 2017)

(2) Reduce unscheduled bed days in hospital by up to 10% by reducing delayed discharges, avoidable admissions and long lengths of stay (by end of 2018)

(3) The majority of the health budget being spent in the community (by end of 2021)

6. Policy Implications

6.1 None

7. Equalities Implications

7.1 There are no equalities implications from this report.

8. Resource Implications

8.1 There should be sufficient resources within Midlothian Council, NHS Lothian and ISD Scotland to provide the information required by the IJB.

9. Risks

9.1 There is a risk that the IJB does not get the information it needs to fulfil its duties.

10. Involving People

10.1 The trajectories and indicators will be developed by the Joint Management Team and will be discussed with the Strategic Planning Group

11. Background Papers

Appendix 1: Health and Social Care Delivery Plan

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DATE	26/1/17

Health and Social Care Delivery Plan

Healthier Scotland
Scottish Government

December 2016

Introduction

1. Our aim[1] is a Scotland with high quality services, that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so.
2. This delivery plan sets out our programme to further enhance health and social care services. Working so the people of Scotland can live longer, healthier lives at home or in a homely setting and we have a health and social care system that:
   - is integrated;
   - focuses on prevention, anticipation and supported self-management;
   - will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting;
   - focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
   - ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

3. To realise these aims, we will continue to evolve our health and care services to meet new patterns of care, demand, and opportunities from new treatments and technologies. Since 2007 we have ensured that NHS funding has not only been protected but has increase to record high levels, supporting NHS frontline staffing to substantially increase. There have also been significant improvements in treatment times, reductions in mortality rates, and reductions in healthcare associated infections. As a consequence of these improvements, delivered by committed health and care staff across the country, patient satisfaction has also increased to record highs.

4. To meet the changing needs of our nation, investment, while necessary, must be matched with reform to drive further improvements in our services. Our services will increasingly face demands from more people with long-term conditions needing support from health and social care. These challenges were recognised in the Audit Scotland report[2], NHS in Scotland 2016, and underline the importance of bringing together the different programmes of work to improve health and social care services.

1 http://www.gov.scot/Topics/Health/Policy/2020-Vision.
2 http://www.audit-scotland.gov.uk/report/nhs-in-scotland-2016.

5. This plan is not an exhaustive list of all the actions being taken to improve our health and our health and social care system. While it concentrates on health services, our aspirations will only be delivered through a wider focus on the support provided by a range of services. It acknowledges that change must take place at pace and in collaboration with partners across and outside of the public sector, and that partnership working is essential for the planning that will deliver the actions described here.

How Will We Deliver Our Plan?

6. This plan will help our health and social care system evolve, building on the excellence of NHS Scotland, recognising the critical role that services beyond the health sector must play and is ultimately fit for the challenges facing us. What that will look like for individuals is described in more detail in **Appendix 1**. We must prioritise the actions which will have the greatest impact on delivery. We will focus on three areas, often referred to as the 'triple aim':
    - we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('**better care**');
    - we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management ('**better health**'); and
    - we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('**better value**').

Better care

7. We need to ensure that everyone receives the right help at the right time, not just now, but in the years to come as our society continues to change. That requires a change in our approach to medicine and in how and where the services that support our health are delivered. First, we need to move away from services 'doing things' to people to working with them on all aspects of their care and support. People should be regularly involved in, and responsible for, their own health and wellbeing.

8. Ultimately, individuals and where appropriate, their families – should be at the centre of decisions that affect them. They should be given more freedom, choice, dignity and control over their care. Care planning should anticipate individuals' health and care needs – both by helping those with chronic and other complex conditions to manage their needs more proactively, and by focusing on a prevention and early intervention approach to supporting health throughout people's lives. This is not always a question of 'more' medicine, but making sure that support fits with, and is informed by, individual needs. Success should be measured by better outcomes for individuals, not simply on whether processes and systems have been followed. As set out in the Healthcare Quality Strategy for Scotland[3], it is an approach to health rooted in the principles of care that is person-centred, safe and effective.

9. We need services that have the capacity, focus and workforce to continue to address the increasing pressures of a changing society. Our approach to primary and community care on the one hand, and acute and hospital services on the other, should support the critical health challenges our society faces, not least with respect to an ageing population. For our Community Health Service, that will mean everyone should be able to see a wider range of professionals more quickly, working in teams. For acute and hospital services, it will mean thinking differently about how some health and care services are delivered if we are to ensure people receive high-quality, timely and sustainable support for their needs throughout their lives.

Better health

10. To improve the health of Scotland, we need a fundamental move away from a 'fix and treat' approach to our health and care to one based on anticipation, prevention and self-management. The key causes of preventable ill health should be tackled at an early stage. There must be a more comprehensive, cross-sector approach to create a culture in which healthy behaviours are the norm, starting from the earliest years and persisting throughout our lives. The approach must acknowledge the equal importance of physical and mental health as well as the need to address the underlying conditions that affect health.

11. This can only be done by health and other key public sector services (such as social care and education) working together systematically. All services must be sensitive to individual health and care needs, with a clear focus on early intervention. Moreover, it will not just be what services can provide, but what individuals themselves want and what those around them – not least families and carers – can provide with support. Services need to be designed around how best to support individuals, families and their communities and promote and maintain health and healthy living.

3 http://www.gov.scot/Resource/Doc/311667/0098354.pdf.

Better value

12. Better value means more than just living within our means; it means improving outcomes by delivering value from all our resources. It is not just about increasing the efficiency of what we currently do, but doing the right things in different ways. This will demand an integrated approach to the components of the delivery plan so that the whole approach and its constituent parts are understood and joined up.

13. Critical to this will be shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

14. Taking full account of the current pressures on primary and community services, we need to redesign those services around communities and ensure that they have the right capacity, resources and workforce. At the same time, people should look to improved and sustainable services from hospitals.

15. We need to free up capacity in hospitals and acute care, allowing for specialist diagnostic and elective centres to provide better-quality services to people and potentially changes to be made to the location of some services. Services should be organised and delivered at the level where they can provide the best, most effective service for individuals. Regional – and in some case, national – centres of expertise and planning should develop for some acute services to improve patient care. The governance structures of all our NHS Boards should support these changes and maximise 'Once for Scotland' efficiencies for the kind of functions all health services need to deliver. That doesn't mean structural change to NHS Boards responsible for the delivery of services to our patients but it does mean that they must work more collaboratively and across boundaries.

16. Evolving our services must also be rooted in a widespread culture of improvement. Sustainable improvements in care, health and value will only be achieved by a strong and continued focus on innovation, improvement and accountability across the whole health and social care workforce.

17. Our health and care system has achieved a great deal in the last ten years using improvement methods which are data rich, engaging of leaders and frontline staff, and outcome driven. The Scottish Patient Safety Programme[4] is a good example of what this approach can deliver. While work in safety, efficiency and person-centred care has been planned and led centrally, the improvement has been local. The NHS Scotland workforce is crucial to this, and teams released to test and measure have already produced globally recognised improvements for Scotland's patients, families and carers.

4 http://www.gov.scot/Resource/Doc/311667/0098354.pdf.

18. We will build on the extensive investment in improvement skills and capacity across the health service to continue testing and measuring changes to improve care, supported by the dedicated expertise of Healthcare Improvement Scotland.

19. In meeting the triple aim, our ambition is not about a single strand of work or necessarily about commissioning a new series of projects. Indeed, much of the work is already underway. It is about making sure the different components of change work together to achieve the interlinked aims of better care, better health and better value at pace. Across those different aims, our actions are being driven by four major programmes of activity:

    - health and social care integration;
    - the National Clinical Strategy[5];
    - public health improvement; and
    - NHS Board reform.

20. Taken together, these changes in health and social care will bring long-term sustainability of our services and the continuing improvement of the nation's health and wellbeing. They are underpinned by a series of cross-cutting, thematic programmes of activity, which are also set out below.

Health and social care integration

21. Optimising and joining up balanced health and care services, whether provided by NHS Scotland, local government or the third and independent sectors, is critical to realising our ambitions. Integration of health and social care has been introduced to change the way key services are delivered, with greater emphasis on supporting people in their own homes and communities and less inappropriate use of hospitals and care homes. The people most affected by these developments, and for whom the greatest improvements can be achieved, are older people, people who have multiple, often complex care needs, and people at the end of their lives. Too often, older people, in particular, are admitted to institutional care for long periods when a package of assessment, treatment, rehabilitation and support in the community – and help for their carers – could better serve their needs.

5 http://www.gov.scot/Resource/0049/00494144.pdf.

22. For better integrated care to become a reality, the new Health and Social Care Partnerships must plan and deliver well-coordinated care that is timely and appropriate to people's needs. We are integrating health and social care in Scotland to ensure people get the right care, at the right time and in the right place, and are supported to live well and as independently as possible. An important aspect of this will be ensuring that people's care needs are better anticipated, so that fewer people are inappropriately admitted to hospital or long-term care. Consequently, we are focusing actions around three key areas: **reducing inappropriate use of hospital services**; **shifting resources to primary and community care**; and **supporting capacity of community care**.

Health and social care integration: actions

Reducing inappropriate use of hospital services

In **2017**, we will:

- Ensure Health and Social Care Partnerships – with NHS Boards, local authorities and other care providers – make full use of their new powers and responsibilities to shift investment into community provision by reducing inappropriate use of hospital care and redesigning the shape of service provision across hospital, care home and community settings. This will be a key lever in shifting the focus of care across health and social care services.
- Agree with partners how to deliver an ambition of raising the performance of the whole of Scotland on delayed discharges from hospitals to the performance of the top quartile of local areas. This will be done as a step to achieving our wider commitments of eliminating delayed discharges, reducing unscheduled hospital care and shifting resources into primary and community care.
- By **2018**, we aim to: Reduce unscheduled bed-days in hospital care by up to 10 percent (ie. by as many as 400,000 bed-days) by reducing delayed discharges, avoidable admissions and inappropriately long stays in hospital. A range of actions will be taken to achieve this, including improving links between secondary, primary and community care under integration, supported by further work to understand better and take action on the extent to which emergency admissions are currently inappropriate and avoidable. As a result, people should only stay in hospital for as long as necessary and get more appropriate care in a more homely setting. It will reduce growth in the use of hospital resources, support balance across NHS Board budgets and give clear impetus to the wider goal of the majority of the health budget being spent in the community by **2021** (as set out below). The annual reports produced by Health and Social Care Partnerships and regular monitoring data will enable progress to be tracked.

Health and social care integration: actions – continued

- By **2021**, we aim to: Ensure that everyone who needs palliative care will get hospice, palliative or end of life care. All who would benefit from a 'Key Information Summary' will receive one – these summaries bring together important information to support those with complex care needs or long-term conditions, such as future care plans and end of life preferences. More people will have the opportunity to develop their own personalised care and support plan. The availability of care options will be improved by doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting.

Shifting resources to the community

- By **2021**, we will: Ensure Health and Social Care Partnerships increase spending on primary care services, so that spending on primary care increases to 11 percent of the frontline NHS Scotland budget. Again, the annual reports produced by Health and Social Care Partnerships and regular monitoring data will be used to assess progress.

Supporting the capacity of community care

- In **2017**, we will: Continue to take forward a programme of work to deliver change in the adult social care sector, together with COSLA and other partners. This has begun with work to reform the National Care Home Contract, social care workforce issues and new models of care and support in home care. Reform of the National Care Home Contract will maintain the continuity, stability and sustainability of residential care provision while embedding greater local flexibility, maximising efficiency, improving quality, enhancing personalisation and promoting innovation. This national, consensus-based approach to improving social care will reinforce the ability of Health and Social Care Partnerships to match care and health support for individuals more quickly and more appropriately.

National Clinical Strategy

23. The National Clinical Strategy sets out a framework for developing health services across Scotland for the next 10-20 years. It envisages a range of reforms so that health care across the country can become a more coherent, comprehensive and sustainable high-quality service – one that is fit to tackle the challenges we face. At its heart is a fundamental change in the respective work of acute and hospital services and primary and community care, and a change in the way that medicine is approached. As a result, the Strategy aims to:
    - strengthen primary and community care;
    - improve secondary and acute care; and
    - focus on realistic medicine.

Primary and community care

24. Community and hospital-based care needs to be integrated and rebalanced to ensure that local health services are more responsive and supportive to the needs of individuals, not least those with chronic conditions who would be better supported in primary and community care. That requires reforming the latter to deliver a stronger, better resourced and more flexible service for people. We are also working to address the current workload pressures and recruitment challenges facing many GP practices and cannot simply result in a crude redistribution of pressures between different parts of the health service. To do this, we must:

    - support individuals, families and carers to understand fully and manage their health and wellbeing, with a sharper focus on prevention, rehabilitation and independence;
    - expand the multi-disciplinary community care team with extended roles for a range of professionals and a clearer leadership role for GPs;
    - develop and roll out new models of care that are person- and relationship-centred and not focused on conditions alone;
    - enable those waiting for routine check-up or test results to be seen closer to home by a team of community health care professionals, in line with the work of the Modern Outpatient Programme[6] in hospitals (as detailed later);
    - ensure the problems of multiple longer-term conditions are addressed by social rather than medical responses, where that support is more appropriate; and
    - reduce the risk of admission to hospital through evidence-based interventions, particularly for older people and those with longer-term conditions.

    We will achieve this by **building up capacity in primary and community care** and **supporting development of new models of care**.

6 http://www.gov.scot/Publications/2016/12/2376.

Primary and community care: actions

Building up capacity in primary and community care

- In **2017**, we will: Continue the investment in recruitment and expansion of the primary care workforce which began in 2016, and which will mean that, by **2022**, there will be more GPs, every GP practice will have access to a pharmacist with advanced clinical skills and 1,000 new paramedics will be in post. This will reinforce the workforce and the capacity of primary and community care to support our services for the future and will be done in line with our National Health and Social Care Workforce Plan (as discussed later).

By **2018**, we aim to:

- Have increased health visitor numbers with a continued focus on early intervention for children through addressing needs identified through the Universal Health Visiting Pathway[7], which started in 2016. As a result of this, every family will be offered a minimum of 11 home visits including three child health reviews by **2020**, ensuring that children and their families are given the support they need for a healthier start in life.
- Have commenced Scotland's first graduate entry programme for medicine. This will focus on increasing the supply of doctors to rural areas and general practices more generally.
- By **2020**, we aim to: Have implemented the recommendations of the Improving Practice Sustainability Short Life Working Group, the GP Premises Short Life Working Group and the GP Cluster Advisory Group. These actions will support more sustainable GP practices over the long term and build stronger links to Health and Social Care Partnerships, ensuring that the changes in primary care are both effective and sustainable.

By **2021**, we aim to:

- Have strengthened the multi-disciplinary workforce across health services. We will agree a refreshed role for district nurses by **2017**, train an additional 500 advanced nurse practitioners by **2021** and create an additional 1,000 training places for nurses and midwives by **2021**. This will build on four successive increases in student nursing and midwifery intakes to meet additional demand, especially in primary and community settings.
- Have increased the number of undergraduates studying medicine by 250 as a result of the 50 additional places in Scotland's medical schools introduced in **2016**.
- Have increased spending on primary care and GP services by £500 million by the end of the current parliament so that it represents 11 percent of the frontline budget. This is a fundamental change in how health resources are directed and will enable the critical shift in balance to primary and community care.

7 http://www.gov.scot/Resource/0048/00487884.pdf.

Primary and community care: actions – continued

Supporting new models of care

In **2017**, we will:

- Negotiate a new landmark General Medical Services contract, as a foundation for developing multi-disciplinary teams and a clearer leadership role for GPs.
- Test and evaluate the new models of primary care in every NHS Board, which will be funded by £23 million, and disseminate good practice with support from the Scottish School of Primary Care. These new models of care will include developing new, effective approaches to out-of-hours services and mental health support, and are essential for moving to a more person- and relationship-centred approach to individual care across the whole of Scotland.
- Taken forward the recommendations from the Review of Maternity and Neonatal Services[8] and progress actions across all aspects of maternity and neonatal care.
- Launch Scotland's Oral Health Plan, following consultation, as part of a comprehensive approach to modernise dentistry and improve the oral health of the population through a prevention and early intervention approach.

By **2018**, we will:

- Have rolled out the Family Nurse Partnership programme nationally to provide targeted support for all eligible first-time teenage mothers. This will give intensive support to mothers and their children and give their health and wellbeing a strong start.

Secondary and acute care

25. People should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than necessary for their care. This will mean reducing inappropriate referral, attendance and admission to hospital, better signposting to ensure the right treatment in a timely fashion, and reducing unnecessary delay in individuals leaving hospital. Addressing admission to, and discharge from, hospitals will be the responsibility of Health and Social Care Partnerships; but all partners will need to work together to reduce the levels of delayed discharges, ensure services are in place to facilitate early discharge and avoid preventable admissions in the first place.

26. At the same time, within hospitals, more needs to be done to ensure better outcomes for people, while making a more effective use of resources. There is increasing evidence that better outcomes are achieved for people when complex operations are undertaken by specialist teams and some services are planned and delivered on a population basis. This might mean some services currently delivered at a local level would produce better outcomes for people if delivered on a wider basis. This kind of service change needs to be accompanied by investment in new, dedicated facilities to ensure that the capacity for high-quality, sustainable services can be delivered at the appropriate level.

8 http://www.gov.scot/Topics/People/Young-People/child-maternal-health/neonatal-maternity-review.

27. To achieve this we will take intensive and coordinated action in several key areas of secondary and acute care: **reducing unscheduled care**; **improving scheduled care**; and **improving outpatients**.

Secondary and acute care: actions

Reducing unscheduled care

In **2017**, we will:

- Complete the roll out of the Unscheduled Care Six Essential Actions[9] across the whole of acute care. Through improving the time-of-day of discharge, increasing weekend emergency discharges and a more effective use of electronic information in hospitals, we will enhance a patient's journey at each stage through the hospital system and back into the community without delay.
- Undertake a survey on admission and referral avoidance opportunities. This will give a strong evidence base to target modelling for how to reduce unscheduled care through integrated primary and secondary care services.

Improving scheduled care

In **2017**, we will:

- Put in place new arrangements for the regional planning of services. The National Clinical Strategy sets out an initial analysis of which clinical services might best be planned and delivered nationally and regionally, based on evidence supporting best outcomes for the populations those services will serve. This is a critical first step towards strengthening population-based planning arrangements for hospital services, working across Scotland. NHS boards will work together through three regional groups. In **2018**, the appropriate national and regional groups will set out how services will evolve over the next 15 to 20 years, in line with the National Clinical Strategy.
- Reduce cancellations and private care spend in scheduled care by rolling out the Patient Flow Programme from the current pilots across all NHS Boards. The Programme builds on the success of previous programmes – such as Day Surgery, Enhanced Recovery for Orthopaedics and Fracture Redesign – by increasing national and local capacity to use operations management techniques to improve care for patients. Four pilot boards are implementing improvement projects covering emergency and elective theatre operations, elective surgery planning and emergency medical patient flow. As this is expanded, it will introduce more responsive and efficient secondary care and reduce wastage and the unnecessary use of resources.

9 http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/UnscheduledCare/6-Essential-Actions-To-Improving-Unscheduled-Care.

Secondary and acute care: actions – continued

By **2021**, we will:

- Complete investment of £200 million in new elective treatment capacity and expanding the Golden Jubilee National Hospital. Overall, this investment will ensure that there is high-quality and adequate provision of elective care services to meet the needs of an ageing population.
- Complete investment of £100 million in cancer care to ensure: earlier detection with more rapid diagnosis and treatment; more and better care during and after treatment, taking account of what matters most to people with cancer; increased entry to clinical trials/research; and an evidence driven cancer intelligence system for clinicians and patients with access to near-to-real time information through care pathways. Addressing cancer in such a comprehensive way will target one of the critical health issues facing the population.

Improving outpatients

- By **2020**, we aim to: Have reduced unnecessary attendances and referrals to outpatient services through the recently-published Modern Outpatient Programme. The aim is to reduce the number of hospital-delivered outpatient appointments by 400,000, reversing the year-on-year increase of new appointments. It will draw on the existing Delivering Outpatient Integration Together (DOIT) Programme and other activities such as the Technology Enabled Care Programme to:
  - give GPs greater access to specialist advice to reduce the time people wait to get appropriate treatment;
  - use clinical decision support tools to reduce the amount of time people wait to get the right treatment;
  - reduce the number of attendances for people with multiple issues through a holistic approach to their support and care;
  - enable GPs to have more access to hospital-based tests so that people can be referred to the right clinician first time; and
  - facilitate more return or follow-up appointments in non-hospital settings through virtual consultation from their own home.

Realistic medicine

28. We need to change our long-term approach to the role of medicine and medical interventions in our health and wellbeing. A new clinical paradigm, based on a 'realistic medicine' approach and backed by clinical leadership, will support people through informed, shared decision-making that better reflects their preferences and what matters most to them. There needs to a greater focus on the discussions that medical practitioners have with people about their care, and what different types of medical intervention can entail. Relationships between individuals and practitioners should be based on helping people understand options about their care and choose treatment according to their preferences.

29. At the same time, we must get better value out of medicine and medical interventions and find ways to reduce any unnecessary cost. Waste and variation in clinical practice need to be addressed, and we should also support the reliable implementation of effective interventions that are not currently being made available to people.

30. Consequently, we need to take forward actions that will strengthen **relationships between professionals and individuals** as well as **reduce the unnecessary cost of medical action**.

Realistic medicine: actions

Strengthening relationships between professionals and individuals

In **2017**, we will:

- Refresh our Health Literacy Plan, Making It Easy[10], to support everyone in Scotland to have the confidence, knowledge, understanding and skills we need to live well with any health condition we have.
- Review the consent process for patients in Scotland with the General Medical Council and Academy of Medical Royal Colleges and make recommendations for implementation from **2018** onwards. This is a key element in transforming the relationship between individuals and medical professionals.

10 http://www.gov.scot/Topics/Health/Support-Social-Care/Health-Literacy.

Realistic medicine: actions – continued

By **2019**, we aim to:

- Commission a collaborative training programme for clinicians to help them to reduce unwarranted variation. This will support a workforce that can find more effective and valued ways of delivering medicine.
- Refresh the Professionalism and Excellence in Medicine Action Plan[11] and align high-impact actions to realistic medicine.

Reducing the unnecessary cost of medical action

By **2018**, we aim to:

- Incorporate the principles of realistic medicine as a core component of lifelong learning in medical education and mainstream the principles of realistic medicine into medical professionals' working lives at an early stage.

By **2019**, we aim to:

- Develop a Single National Formulary to further tackle health inequalities by reducing inappropriate variation in medicine use and cost and reduce the overall cost of medicine.

Public health improvement

31. Scotland's ability to respond to infectious diseases and other risks to health matches and, in some cases, exceeds that of much of the developed world. But in common with many developed societies, we face greater challenges to public health arising from lifestyle behaviours, wider social-cultural factors that prevent positive health choices being made and a modern environment that impacts on the health and wellbeing of individuals, families and communities. There are many social determinants which impact on health and wellbeing, including those that can affect us from our earliest years throughout our lives, such as Adverse Childhood Experiences. We need to increase public and service knowledge and awareness of where avoidable harm can be reduced, including a wider understanding of both physical and mental health and the right actions to promote and strengthen healthy lifestyles.

11 http://www.gov.scot/Publications/2014/01/8967.

32. This requires a concerted, sustained and comprehensive approach to improving population health through targeting particular health behaviours, acting to reduce avoidable harm and illnesses and taking a population- and lifetime-wide approach to prevention and early intervention treatment. We will:
    - create a clear set of **national public health priorities** for Scotland as a whole and streamline the currently cluttered **public health landscape**;
    - develop and build on our sustained approach to addressing the **key public health issues** of alcohol and tobacco misuse and diet and obesity;
    - drive forward a new approach to **mental health** that ensures support and treatment are mainstreamed across all parts of the health service – and beyond – and is not simply the responsibility of specialist services, working within the framework of a new 10-year mental health strategy to be published in early 2017; and
    - support a **More Active Scotland**[12].

Public health improvement: actions

Supporting national priorities

- In **2017**, we aim to: Set national public health priorities with SOLACE and COSLA, that will direct public health improvement across the whole of Scotland. This will establish the national consensus around public health direction that will inform local, regional and national action.
- By **2019**, we aim to: Support a new, single, national body to strengthen national leadership, visibility and critical mass to public health in Scotland. Such a body will have a powerful role in driving these national priorities and providing the evidence base to underpin immediate and future action.
- By **2020**, we aim to: Have set up local joint public health partnerships between local authorities, NHS Scotland and others to drive national public health priorities and adopt them to local contexts across the whole of Scotland. This will mainstream a joined-up approach to public health at a local level.

12 http://www.gov.scot/Resource/0044/00444577.pdf.

Public health improvement: actions – continued

Supporting key public health issues

In **2017**, we will:

- Continue delivery of the ambitious targets set out in our 2013 Strategy, Creating a Tobacco Free Generation[13], including reducing smoking rates to less than 5 percent by 2034. We will implement legislation to protect more children from secondhand smoke and reduce smoking in hospital grounds.
- Refresh the Alcohol Framework[14], building on the progress made so far across the key areas of: reducing the harms of consumption; supporting families and communities; encouraging positive attitudes and choices; and supporting effective treatment. A key part of the Framework is the introduction of a minimum unit price for alcohol and we will work towards its implementation at the earliest opportunity, subject to the current legal proceedings. This will combine into a highly ambitious approach to reducing alcohol harm in Scotland.
- Consult on a new strategy on diet and obesity. There are huge preventable costs to NHS Scotland and society associated with poor diet, as one of the critical health issues we are facing, and it requires a different approach to diet and obesity.
- Introduce the Active and Independent Living Improvement Programme which will support people of all ages and abilities to live well, be physically active, manage their own health conditions, remain in or return to employment, and live independently at home or in a homely setting.
- By **2021**, we will: Deliver the Maternal and Infant Nutrition Framework with a focus on improving early diet choices and driving improvements in the health of children from the earliest years. This will include: by **2017**, rolling out universal vitamins to all pregnant women; by **2019**, consolidating best practice and evidence on nutritional guidance for pregnancy up to when children are aged 3, and developing a competency framework to promote and support breastfeeding; and by **2020**, have integrated material into training packages for core education and continuing professional development.

13 http://www.gov.scot/resource/0041/00417331.pdf.

14 http://www.gov.scot/Publications/2009/03/04144703/14.

Public health improvement: actions – continued

Supporting mental health

- By **2018**, we will: Improve access to mental health support by rolling out computerised cognitive behavioural therapy services nationally.

By **2019**, we will:

- Have evaluated the most effective and sustainable models of supporting mental health in primary care, and roll these out nationally by **2020**.
- Have rolled out nationally targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder.

By **2020**, we will:

- Have improved access to mental health services across Scotland, increased capacity and reduced waiting times by improving support for greater efficiency and effectiveness of services, including Child and Adolescent Mental Health Services and psychological therapies. This will be accompanied by a workforce development programme and direct investment to increase capacity of local services.
- Have delivered new programmes promoting better mental health among children and young people across the whole of Scotland.
- By **2021**, we will: Have invested £150 million to improve services supporting mental health through the actions set out in the 10-year strategy.

Supporting a More Active Scotland

- In **2017**, we will: Publish a new delivery plan to support the Active Scotland Outcomes Framework and the Vision for a More Active Scotland, with greater action to address inequalities in physical activity across Scotland and a refocusing of resources.
- By **2019**, we will: Have embedded the National Physical Activity Pathway in all appropriate clinical settings across the health care system, ensuring that:
  - hospitals routinely support patients and staff to be more physically active;
  - we build on our success in schools, creating a culture of being active within children and young people. This will include rolling out the Daily Mile, extending the number of school sports awards, strengthening the Active Schools network creating more quality opportunities and supporting more active travel to and from school;
  - all partners stay on track for delivering 200 Community Sports Hubs, providing local places for communities to be active designed by themselves around their own needs; and
  - we continue to build on the legacy of the 2014 Commonwealth Games using the European Championships in Glasgow in 2018 to encourage more Scots to be active.

NHS Board reform

33. As the NHS moves into this new and changing delivery environment, we need our health bodies and governance models to reflect those changes and support the delivery for the people of Scotland. Our reform focus will continue to be on providing quality care for people, a shift towards prevention and early intervention, and making best use of our resources, rather than on structures and bureaucracy. Governance arrangements will only adjust to support this shift if required – i.e. the 'form' of governance would follow the 'function' of service planning and delivery. Any such changes would have to meet two tests. Firstly, that the changes were better able to respond to the needs of local communities. Secondly, that the changes would have to ensure better collaboration between NHS boards and, additionally, improve how our NHS works with providers of other public services to secure better outcomes for people.

34. We will also build on the work that has already taken place through a 'Once for Scotland' approach to provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis. The approach will consider the differing needs across Scotland, and will be, for example, 'island-proofed' as part of the Scottish Government's wider commitment on recognising the distinct nature of island communities. Our territorial and patient facing national boards such as the Ambulance Service and NHS 24 must be allowed to focus on delivery of the "triple aim" of better care, better health and better value.

NHS Board reform: actions

In **2017**, we will:

- Review the functions of existing national NHS Boards to explore the scope for more effective and consistent **delivery of national services** and the support provided to local health and social care system for service delivery at regional level. As part of this, clear guidance will be put in place to NHS Boards that their Local Delivery Plans for 2017/18 must show their contributions to driving the work of this delivery plan, not least their contributions in support of the regional planning of clinical services.
- Ensure that NHS Boards expand the **'Once for Scotland' approach** to support functions – potentially including human resources, financial administration, procurement, transport and others. A review will be completed in **2017**, and new national arrangements put in place from **2019**.
- Start a comprehensive programme to look at **leadership and talent management** development within NHS Scotland. This will ensure that current leaders are equipped to drive the changes required in health and social care, but it will also ensure sustainability of approach by identifying the next cohort of future leaders of NHS Scotland.

Cross-cutting actions

35. Improvements will be driven by the key components set out above, but they will need to be supported by a series of cross-cutting sets of actions. These are the key programmes of work which will inform all the change set out here:
    - our approach to improving the services for children and young people through Getting It Right For Every Child;
    - the National Health and Social Care Workforce Plan;
    - the review of health and social care targets.
    - a focus on research and development, innovation and digital health; and
    - a robust approach to engagement.

Getting It Right For Every Child

36. The principles of our Getting It Right For Every Child[15] approach to improving services for children and young people are simple: more effective and widespread prevention and early intervention; better cooperation amongst professionals and between them, the child or young person, and their family; and a holistic approach to addressing a child's wellbeing. In addition to actions included in the main components of work above, we will drive this agenda through: continued implementation of Children and Young People (Scotland) Act 2014[16], in particular, the Named Person and the Child's Plan; and developing a new Child and Adolescent Health and Wellbeing Strategy in **2017**. This will form the cornerstone for a comprehensive approach to ensuring that all the factors affecting a child's or young person's health are regularly identified and supported with the individual, their family and, where appropriate, services.

15 http://www.gov.scot/Topics/People/Young-People/gettingitright/what-is-girfec/foundations.

16 http://www.legislation.gov.uk/asp/2014/8/contents/enacted.

National Health and Social Care Workforce Plan

37. Reform that delivers improved outcomes for patients can only happen with a committed, supported workforce that has the right skills, flexibility and support. Everyone Matters: 2020 Workforce Vision[17] sets out the health and social care workforce policy for Scotland, and a vision and values. The National Health and Social Care Workforce Plan will take forward the commitment to a sustainable workforce by establishing the priorities for action, assess current resources, and detail the actions to close the gap between what we have and what we will need to deliver high-quality, integrated and transformed services to those who need them. To be published in Spring **2017**, the Plan will:

    - align workforce planning more effectively with the different components of the delivery plan so that capacity challenges are identified at an early stage; and
    - improve workforce planning practice to make clearer what should be planned at national, regional and local levels.

    A short discussion paper outlining these arrangements, produced in consultation with key stakeholders, is attached at **Appendix 2**.

Review of health and social care targets

38. Targets can be instrumental in driving improvements in performance, but we need to ensure that performance is focused on improving outcomes for individuals and communities. Chaired by Sir Harry Burns, a national review is being conducted into the present suite of targets and indicators for health and social care. The review will work with service users, staff, professional bodies, and providers to ensure targets and performance indicators lead to the best outcomes for people being cared for, whether in hospital, primary care, community care or social care services. The interim report is expected in the Spring and the final report later in **2017**.

Research and development, innovation and digital health

39. Research is central to all high-performing health systems, leading to better targeted and more personalised treatment and improved patient outcomes. Scotland has a solid track record as a health research nation and in winning competitively awarded research funds. Research and development (R&D) and innovation are core activities for our health and social care services in Scotland and development in health and social care will depend on the science and discovery that underpins it. Through NHS Research Scotland (NRS), there is already a firm foundation of collaborative R&D partnership working successfully across NHS Scotland, academia and life-science industries. We will continue to invest in NRS to support health-related R&D, building on its model to drive a renewed effort in health innovation, as well as in Scottish Health Innovations Ltd to encourage, develop and appropriately commercialise innovative ideas and new technologies arising from within the health services. By **2018**, we will also:

17 http://www.workforcevision.scot.nhs.uk.

- create governance structures to support a new, coherent and concerted effort on the promotion and exploitation of health-related innovation and new technologies for the benefit of the whole health service;
- develop regional innovation clusters to translate cutting-edge research and innovation into excellent individual health care; and
- support innovation and technology capacity-building at national, regional and local levels by facilitating, encouraging and empowering those who work in health and care to identify innovation challenges and develop partnerships to deliver solutions.

40. Digital technology is key to transforming health and social care services so that care can become more person-centred. Empowering people to more actively manage their own health means changing and investing in new technologies and services, by, for example enabling everyone in Scotland to have online access to a summary of their Electronic Patient Record. The time is right to develop a fresh, broad vision of how health and social care service processes in Scotland should be further transformed making better use of digital technology and data. There is an opportunity to bring together all IT, digital services, tele-health and tele-care, business and clinical intelligence, predictive analytics, digital innovation and data use interests in health and social care. This will be taken forward through:

    - a review led by international experts of our approach to digital health, use of data and intelligence, to be completed in **2017**, which will support the development of world-leading, digitally-enabled health and social care services; and
    - a new Digital Health and Social Care Strategy for Scotland, to be published in **2017**, that will support a digitally-active population, a digitally-enabled workforce, health and social care integration, whole-system intelligence and sustainable care delivery.

Engagement

41. Engagement with patients, service users, staff and their representatives, key stakeholders and volunteers is vital in delivering our plans. The public and all stakeholders must not only be aware of the broader context within which decisions about any service changes are taken over the coming years, but inform how those decisions are taken from a position of understanding both the challenges and opportunities facing us.

42. There has already been huge engagement in developing health and social care integration, realistic medicine and through the National Conversation on Creating a Healthier Scotland[18]. The latter alone reached over 9,000 people through 240 events and engagements and with over 360,000 inputs through digital and social channels. Building on this work, the Our Voice framework[19] has been developed in partnership with NHS Scotland, COSLA, the ALLIANCE and other third sector partners to support people to engage, with purpose, in improving health and social care. The framework builds on much of the good work already underway at individual and local level to hear the voices of patients, their families, carers and unpaid carers, and involve them in improvement. We will explore ways in which Our Voice can support engagement on the work of this delivery plan through use of methods such as the national citizens' panel and citizens' juries.

43. Key to this will also be building on existing engagement mechanisms to ensure that all those who will be critical in delivering this change are fully involved in planning how it will take place. Work will continue with delivery partners across the public sector on how to take forward the different existing components of the delivery plan's activity, and this will be accelerated in the context of ensuring that the links between different activities are identified and opportunities for joint working maximised.

44. At the same time, it will be essential that engagement with the NHS Scotland workforce around this agenda is robust and makes full use of the potential of the workforce to drive this change. Through developing the National Health and Social Care Workforce Plan and as part of wider professional engagement, we will work with relevant organisations and bodies to ensure that the workforce needs of the future are identified early and fully and the contributions of the workforce to these workstreams are properly supported. In recognition of the established partnership working model in NHS Scotland, we will develop this work further in collaboration with trade union and professional organisations.

18 https://healthier.scot/.

19 http://www.scottishhealthcouncil.org/patient__public_participation/our_voice/our_voice_framework.aspx#.WEk5e7lDTEo.

How Will Delivery Of Our Plan Be Funded?

45. Achieving long-term financial sustainability of our health and care system and making the best use of our total resources is critical to this delivery plan. We will need to deliver transformational change while managing increasing demand for services, inflationary pressures and the growing needs of an ageing population. This will require a short-, medium- and long-term focus on sustainability and value of services alongside reform.

46. Over the next five years, we will invest £70 billion of resources in our health and social care system. At the same time the impact of our demographics and inflation in pay and in prices means that we must increase our overall productivity. Health funding is expected to grow in resource terms by the end of this Parliament, with significant planned investment in areas such as primary care, mental health, social care, cancer and new elective capacity. Spending on primary care services is set to increase by £500 million so that it accounts for 11 percent of the frontline NHS Scotland budget by May 2021.

47. A financial plan will support this delivery plan, creating the environment and incentives for change, and supporting transition. This will ensure stability to maintain the quality of care, health of the population and best value from resources through:
    - providing dedicated funding to invest in the levers of change;
    - putting in place arrangements to support sustainable financial balance across the whole of NHS Scotland;
    - creating short-term financial capacity to allow time to deliver change through efficiencies in current ways of working;
    - supporting clinicians to make best use of resources through investment in costing and value tools to support shared decision making on clinical and financial evidence;
    - driving an early intervention and prevention approach across services; and
    - developing an approach to infrastructure and digital that supports the shift from hospital to community and primary care and works across the public sector estate.

48. The components within the delivery plan will be financially and economically assessed at key stages in their development, from initial scoping through to implementation, to create a comprehensive assessment of affordability and sustainability.

How Will Delivery Be Tracked?

49. It is crucial that the delivery plan does not remain a simple statement of intent, but a continuing process of monitoring, challenge and review. Every component of the delivery plan will continue to be tested for its fit with our strategic aims and how it supports shifting the balance of care towards community settings, managing demand, reducing waste, harm and variation, and delivering value from our total resources. We will challenge the expected levels of investment and levels of efficiencies in local, regional and national plans to ensure delivery of the aims of the delivery plan.

50. As part of this, a robust, integrated performance framework for the different components of the delivery plan will be developed for early **2017**. Progress will be regularly reviewed to ensure that actions not only remain on track and anticipated outcomes can be fully realised, but that the delivery plan is updated with new measures as appropriate. It cannot remain a static document, but a way of continually assessing whether the measures and approach being taken are appropriate and sufficient to secure our Vision.

Appendix 1: What Will Be Different in a Transformed Health and Social Care System in Scotland?

What will be different for individuals

- People will be equal partners with their clinicians, working with them to arrive at decisions about their care that are right for them. They will be supported to reflect on and express their preferences, based on their own unique circumstances, expectations and values. This might mean less medical intervention, if simpler options would deliver the results that matter to them.
- People will be supported to have the confidence, knowledge, understanding and skills to live well, on their own terms, with whatever conditions they have. They will have access to greater support from a range of services beyond health, with a view to increasing their resilience and reinforcing their whole wellbeing.
- Health and social care professionals will work together to help older people and those with more complex needs receive the right support at the right time, and where possible, live well and independently by managing their conditions themselves.
- Hospitals will focus on the medical support that acute care can and should provide, and stays in hospital will be shorter. Individuals will benefit from more care being delivered in the community, and where possible, at home.
- Everyone will have online access to a summary of their Electronic Patient Record and digital technology will underpin and transform the delivery of services across the health and social care system.
- Children, young people and their families will benefit from services across the public sector – including health, education, social care and other services – working together to support prevention and early intervention of any emerging health issues.
- The diet and health of children from the earliest years will improve from coordinated and comprehensive nutritional support for children and families.
- There will be a significant reduction in the harmful impact on health of alcohol, tobacco and obesity, and our approach to oral health will be founded on prevention.
- People will have access to more and more effective services across the health system to support mental health, including the specialist services for children and young people. Mental health will be considered as important as physical health.
- People will lead more active, and as a result, healthier lifestyles.
- People will receive more sensitive, end of life support that will aim to support them in the setting that they wish. All those who need hospice, palliative or end of life care will receive it and benefit from individual care and support plans. Fewer people will die in hospitals.

What will be different for communities

- Most care will be provided locally through an expanded Community Health Service, avoiding the need to go into hospital.
- People will benefit from local practices and other community care with a wider range of available support. Practices will typically consist of complementary teams of professionals, bringing together clusters of health support and expertise. Communities will have access to quicker and joined-up treatment – this might be the GP, but supported by a team including highly-trained nurses, physiotherapists, pharmacists, mental health workers and social workers. GPs will take on a greater leadership role.
- Local practices will be able to provide more information and secure better advice for people locally without the need to attend hospitals to get specialist consultancy advice. That advice will be increasingly delivered locally.
- Families will receive more integrated and extended primary and community care for their children. There will be more home visits from health care professionals, including three child health reviews, and teenage mothers will receive more intensive and dedicated maternal support.

What will be different regionally

- Some clinical services will be planned and delivered on a regional basis so that specialist expertise can deliver better outcomes for individuals, services can be provided quicker and stays will be shorter. This will ensure that the services provided to people are high quality and the expertise remains as effective as possible.
- More centres will be provided to help NHS Scotland handle the growing demand for planned surgery, particularly from an ageing population. Such centres will allow medical professionals to become extremely skilled and have facilities to the highest standards. This will take pressure off other hospitals so there are fewer delays when urgent or emergency care is needed.

What will be different nationally

- There will be a national set of health priorities giving clear, consistent direction for how to improve public health across the whole of Scotland and a single national body to drive the priorities.
- Services and functions of the health service which can be delivered more efficiently at national level will be done on a 'Once for Scotland' basis.

Appendix 2: National Health and Social Care Workforce Plan: Outline Discussion Paper

Introduction

1. This document sets out the initial arrangements for the production, in early 2017, of a National Discussion Document on workforce planning in health and social care. A consultation exercise undertaken at this stage will report back and a final version of a National Health and Social Care Workforce Plan will be published in Spring 2017. There are three distinct stages:
   - **Outline Discussion Paper:** setting out initial arrangements prior to –
   - the **National Discussion Document:** to be published in early 2017, leading to –
   - the **National Health and Social Care Workforce Plan**, to be published by Spring 2017.

2. This is a complex area which will need time for all relevant stakeholders to have an opportunity for real engagement in order fully scope the landscape, issues and levers in order to 'get it right'. The production of the Workforce Plan by Spring 2017 should be seen as an **intermediate** step and part of a developing and iterative approach, not an end in itself. The Workforce Plan will be the first in an **annual series** aimed at improving workforce planning practice, as well as developing more effective and informed intelligence.

3. The Workforce Plan will present an opportunity to: a) refresh guidance for production of NHS Scotland workforce plans; and b) introduce workforce planning to which provides an overall picture for health and social care staff. The current position is different for NHS Scotland and Health and Social Care Partnerships, but the two will become increasingly interdependent in delivering care across Scotland, linking back to the recent Audit Scotland report recommendations. This outline discussion paper, the forthcoming National Discussion Document and the Workforce Plan, therefore, seek to achieve a balance in referring to working planning as it applies across NHS Scotland, and social work and social care interests.

4. Health and Social Care Partnerships are expected to develop integrated workforce plans to ensure people get the right support at the right time from staff who not only have the skills but are working in the most appropriate setting. The Workforce Plan should, therefore, look to support this agenda.

5. The need for the Workforce Plan derives from the national and international context within which workforce planning in health and social care needs to take place. The incremental approach reflects the timelines required to deliver a changed workforce and the effects of changing demand, demography and generational perspectives on work/life balance and careers. While the Workforce Plan and subsequent annual Plans will be practically focused and useable, they must also read across to and be able to adjust to strategic areas of health and social care reform.

6. This paper describes outline arrangements, processes around engagement, and some of the context for this work.

Aim of the Outline Discussion Paper

7. The aim of this paper is to set out the intended actions reflecting the Scottish Government's Programme for Government commitment on workforce planning and to assure organisations within health and social care – including NHS Boards and the full range of employers in the social service sector – of their full involvement in the work being undertaken to realise this commitment.

Objectives

8. We are working to develop national and regional workforce planning through a Workforce Plan which helps deliver the direction set out in a range of strategic developments – among them this delivery plan as well as the National Clinical Strategy – while also reflecting progress in key areas of health and social care such as integration and self-directed support. To do this, we must ensure that all key stakeholders are able to contribute to and help to shape the Workforce Plan, so that it addresses their interests and issues.

9. As we work towards a Workforce Plan in 2017, we want to ensure a clear view for those responsible for workforce planning within health and social care services, on:

   - roles and responsibilities with regards to workforce planning, and in the production of the Workforce Plan itself, as well as current arrangements already in place;
   - Ministers' intentions to ensure better coordination of national, regional and local workforce planning against a complex and shifting health and social care background; and
   - how more consistent and coordinated workforce planning can help deliver better services and outcomes for Scotland's people.

   The Workforce Plan will also provide an opportunity to consider integrated workforce planning arrangements, recognising differences in workforce planning practice between NHS Scotland, local authorities and other social service employers.

Context

10. The need for a Workforce Plan stems from the Programme for Scotland commitments in relation to health and social care, as well as from Audit Scotland recommendations on workforce planning in relation to its recent findings on the public sector workforce[20], health and social care integration[21] and on the NHS in 2016[22].

11. It is important that the Workforce Plan should apply in an integrated context, covering the social care services sector, comprising a wide range of support and services and employing 130,000 NHS Scotland staff and over 200,000 staff across the third, independent and public sectors[23]. There is a statutory duty on NHS Boards to undertake workforce planning and this will continue to apply. We, therefore, expect the Workforce Plan to be:

    - **a strategic document**, setting out the workforce vision for health and social care services, the priorities to be taken forward, the assessment of current resources to deliver the vision, and actions to close the gap between what we have and what we will need;
    - **apply at a national level**, linking, as appropriate, to regional and local levels; and
    - **active and useable**, making coherent workforce planning links between national and regional activity and offering frameworks for practical workforce planning in both the NHS Scotland and social services sectors.

12. The Workforce Plan will consider how workforce planning is influenced by the following developments in health and social care:

    - public service reform and integration of health and social care, allowing space for NHS Boards, local authorities and Health and Social Care Partnerships to plan for the workforce for the health and social care system that Scotland needs, now and in future;
    - Progr.5ng plans for elective centres;
    - recommendations on workforce planning from Audit Scotland[24];
    - the NHS Scotland Workforce 2020 Vision, Everyone Matters; and
    - approaches and methodologies in use which support development of services delivered by multi-disciplinary teams – for example, the Workforce Planning Guide by the Scottish Social Services Council, the NHS Scotland 6 Step Model, and local authority tools and guidance.

20 http://www.audit-scotland.gov.uk/report/scotlands-public-sector-workforce.

21 http://www.audit-scotland.gov.uk/report/health-and-social-care-integration.

22 http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_161027_nhs_overview.pdf.

23 http://data.sssc.uk.com/data-publications/22-workforce-data-report/128-scottish-social-service-sector-report-on-2015-workforce-data.

24 "The Scottish Government, in partnership with NHS Boards and integration authorities, should share good practice about health and social care integration, including effective governance arrangements, budget-setting and strategic and workforce planning". [Audit Scotland – NHS in Scotland 2016-17].

13. In relation to meeting the challenging health and social care needs required, the Workforce Plan will:
    - set out a useable framework to improve current workforce planning practice;
    - clarify how workforce planning should take place nationally, regionally and locally across health and social care;
    - map and coordinate similarities and differences in workforce planning practice; and
    - harmonise, reconcile and share approaches where appropriate, while preserving what works well.

Intended outcomes

14. The Workforce Plan will help to bring about:
    - clearer understanding about respective roles and responsibilities on workforce planning;
    - clearer understanding about the changes and improvements which need to be made and why;
    - improved consistency, allowing for sharing of best workforce planning practice across Scotland;
    - clearer evidence that robust workforce planning helps to deliver effective, efficient delivery of services and better patient/ service user/ client outcomes; and
    - a longer-term view of the challenges in regard to capacity and capability of this workforce and the solutions we need to design now in response to these.

Process for developing the Workforce Plan

15. An important first step will be to define and articulate the scale of the challenge and the scope of the Workforce Plan. Though NHS Boards are required to follow a single methodology, workforce planning practice can vary significantly. There is also considerable diversity in workforce planning practice between NHS Boards and employers in the social services sector. However, there are indications that workforce challenges are common to both, including: an ageing workforce and the need to provide care for a larger proportion of the population; increasing activity and demand on services; difficulties in recruitment for some hard-to-fill posts; the need to design multi-professional approaches to service challenges; and the availability and suitability of training and career pathways. Starting to be clearer about what can/should be dealt with nationally, regionally and locally will help.

16. Some workforce planning issues will require more pressing action. For the short to medium term, the Workforce Plan will need to:

    - for NHS Scotland, align workforce planning objectives with strategic policies, enabling capacity challenges to be identified before they become an issue;
    - improve workforce planning practice and issue more useable guidance to assist employers. This will apply across health and social care and, for NHS Scotland, will be specific about how this can be done at national, regional and local levels, recognising the key interest of Health and Social Care Partnerships in this development; and
    - examine how collecting, reporting and triangulating workforce planning information might be undertaken more efficiently, so we ensure it embeds with strategic and financial planning issues and translates into planned rather than reactive action. This might also be explored in an integrated context, given the range of different tools and resources available.

17. For the longer term, the Workforce Plan will need to develop a series of actions, perhaps set within a framework of tools accessible by different employers, allowing them to use these to build sufficient numbers of appropriately trained and qualified staff. This will involve exploring how to develop better intelligence through workforce analysis – being clear how a range of demand factors impact on supply. We will want to describe this in more detail as we move to publish the National Discussion Document in early 2017.

Timescale

18. Designing a framework for workforce planning which can apply successfully to different sectors will take time. The arrangements for publishing the National Discussion Document and the Workforce Plan are:

- in **December 2016**, issue this Outline Discussion Paper, seeking input in parallel from key stakeholders and consulting with COSLA and other key local government partners, NHS Management Steering Group, the Scottish Partnership Forum, the Human Resources Working Group on Integration and employer representative bodies such as Scottish Care and the Coalition of Care and Support Providers in Scotland. There will also be discussions with NHS Scotland and Health and Social Care Partnerships, professional bodies, representatives from the primary care sector and other professional stakeholders;
- in **early 2017**, publish the National Discussion Document, aligning with other relevant publications/releases at that time; and
- in **Spring 2017**, publish the National Health and Social Care Workforce Plan, which NHS Boards and employers in the social care sector can use to support development of their local plans, working with Health and Social Care Partnerships as appropriate.

Approach

19. The proposed new approach in the Workforce Plan will require roles and responsibilities in respect of workforce planning activity to be clarified and will involve:

i. forging closer links between and among:

- senior managers in NHS Boards, local government and the social services sector responsible for strategic planning;
- planners in NHS Boards, local government and the social services sector involved with implementing robust, progressive workforce plans, and aligning them with those for financial and service planning;
- service managers, in a unique position to know the strengths and weaknesses of services to patients, service users and clients provided locally;
- groups of health and social care professionals, whose views on achieving an optimum workforce balance will help build a workforce which will meet the future needs of health and social care;
- trade unions across health and social care, whose input is key to creating the right working conditions for those professionals; and

ii. equipping NHS Boards, local government and the social care sector with the means to plan ahead effectively to ensure they have the right staff in the right place at the right time to provide safe, high-quality health and social care services for Scotland's people.

Next steps

20. We want as far as possible to use the **existing** infrastructure to work towards a Workforce Plan by:
    - using this Discussion Paper and the National Discussion Document to invite constructive input, views and comment; and
    - visiting NHS Boards, Health and Social Care Partnerships, COSLA, local authorities and other social services employers to seek views, intelligence and support; and consulting the full range of stakeholders across the health, social care sectors, independent sector, trade unions and professional/regulatory organisations, educational institutions and other interested parties.

21. Arrangements covering governance, data and risks are currently being put in place to underpin the development of the Workforce Plan. These will ensure priority issues faced by the health and social care sector are addressed in a fully inclusive way. Once agreed, these arrangements will be shared with relevant parties.

Challenges

22. Some of the workforce planning challenges specific to NHS Boards and social services sector are outlined below.

NHS Boards

23. Building a more effective workforce planning network with NHS managers, including HR Directors and workforce planners in NHS Boards, is urgently required.
    - **Nationally:** we will hold early discussions with HR Directors about the establishment of a national workforce planning group, to be taken forward in partnership between Scottish Government and the service, to ensure there is clarity of responsibility, governance and expectation. Dialogue to facilitate and establish this will involve membership from the wider medical and non-medical professions. This group will also need to consider how best to involve Health and Social Care Partnerships and social care representatives on practical workforce planning issues. The group will require a work programme that is solution-driven, and will need an active and dynamic agenda that prioritises workforce planning challenges, linked clearly to national priorities.
    - **Regionally:** regional workforce planning already takes place in the North, West and South East/Tayside – but it is variable in scope. A more inclusive approach is needed to allow solutions to be designed across individual NHS Board boundaries. The discussions above could also consider how work should be grouped at regional level, to evolve regional approaches to particular capacity challenges.

- **Locally:** we need to maintain links with individual NHS Boards, local authorities and Health and Social Care Partnerships to ensure they are aware of and able to respond to the challenges in the Workforce Plan.

Social care employers

24. The Workforce Plan will need to recognise and address the challenges faced by the social services sector in recruiting and retaining the staff needed to deliver social care services. It will need to be relevant in different contexts, and achieve a 'fit' between existing workforce plans within health and social care (including NHS Boards, Health and Social Care Partnerships and local authorities).

25. Opportunities for joint working on this topic should be explored to minimise duplication of effort. It may be possible in future, for example, to consider the scope of Health and Social Care Partnership and NHS Board workforce plans so that they apply in more focused ways to different parts of the workforce – for example, the workforce delivering community health and social care services, and the workforce which delivers acute sector services. There will be opportunities to look at these issues in the National Discussion Document in early 2017.

26. It may be appropriate for the social care services sector to consider: whether it might build national and regional approaches into its workforce planning; and how local flexibility can best operate (particularly in the context of local government). Discussion on this will require further engagement within the social care sector, specifically involving local government and its representative organisations. In the social services sector it is understood that most, if not all, organisations take decisions about workforce planning at senior level and collect data on current:

    - staff numbers and costs;
    - vacancies; and
    - training activity.

    Most organisations use this data for budget setting, day to day management and planning for short term needs. However relatively few use workforce planning tools – the most widely used being the Scottish Social Services Council Workforce Planning Guide[25].

25 http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=25.

27. There is acknowledgement within the social service sector[26] about the urgency of workforce planning issues in light of demographic effects (such as ageing workforce) which influence the ability to plan ahead, the reliance of forecasting on available budgets and the daily effects of service changes (with consequences in planning for workforce). There are strong interconnections between workforce planning and pay, recruitment and retention and a range of other factors. It is clear that this will require an integrated approach not only to planning for services but also to workforce planning. This will require a systematic approach informed by accurate, coordinated and relevant data, allowing available capacity to be deployed flexibly.

Health and Social Care Partnerships

28. Although Health and Social Care Partnerships are required to complete integrated workforce development plans, not all have yet been completed and there is some variance in their contents. The position of Health and Social Care Partnerships is relevant here too. Although Health and Social Care Partnerships are not employers themselves, they are tasked with managing joint budgets to provide integrated health and community care services in the most effective way possible. They will play a key role in shaping workforce demand and in supporting 'intelligent forecasting', which should be reflected in both NHS Scotland and social care services workforce planning.

Discussion

29. We plan to contact all NHS Boards, COSLA and Health and Social Care Partnerships as we engage on developing the National Discussion Document. While aims and expectations depend on effective communication, we are realistic about the audience we can achieve in the limited time available. All are important and will need good reason to invest in facilitated time.

26 "Recruitment and Retention in the Social Service Workforce in Scotland" – Shona Mulholland, Jo Fawcett and Sue Granville (Why Research).

30. We will aim to involve the following professional staff groupings, principally through their existing representative bodies but also, where possible, individually:
    - staff side representatives – including Scottish Partnership Forum, the Society for Personnel and Development Scotland, Unison, Unite, GMB, the Royal College of Nursing, the Royal College of Midwives, and the British Medical Association;
    - the HR Working Group on Integration;
    - COSLA;
    - NHS Boards and local government (through SOLACE);
    - Health and Social Care Partnerships;
    - HR and SP Directors;
    - Medical Directors;
    - Nursing Directors;
    - Chief Social Work Officers;
    - Finance Directors;
    - service managers;
    - workforce Planners in NHS Boards – regional and local – and in local authorities;
    - recruitment managers;
    - service planners, including for acute and elective services, as well as representatives from local cancer planning groups and other condition-specific groups (such as the National Advisory Committee on Stroke);
    - clinicians and health and social care professionals;
    - NHS Education in Scotland, Scottish Social Services Council and other regulatory and educational interests;
    - the Royal Colleges; and
    - social care employer representatives bodies – the Coalition of Care Providers in Scotland, Scottish Care and others.

31. We will communicate with the groups outlined above in various ways, including:
    - tapping into planned meetings of existing committees, boards and other gatherings as appropriate, rather than setting up new structures;
    - assessing whether 'roadshow'-type events – with regional/board variations taking account of local issues – may be useful;
    - holding specific small events or workshops – informal and flexible, with few attendees but lively discussion;
    - organising more formal meetings, with presentations followed by discussion; and
    - facilitated discussion, at events such as Strengthening the Links.

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Thursday 9 February 2017 at 2pm

Proposed Schedule for Meetings and Development Workshops for the Midlothian Integration Joint Board

Item number: **5.9**

Executive summary

The purpose of this report is to set the dates for the meetings and development workshops of the Midlothian Integration Joint Board for 2017/18.

Board members are asked to:

- ***To approve the schedule of meetings of the Midlothian Integration Joint Board as set out in the report.***
- ***To approve the schedule of meetings of the Midlothian Integration Joint Board – Audit and Risk Committee as set out in the report.***
- ***To approve the schedule of development workshops for the Midlothian Integration Joint Board as set out in the report.***
- ***To note the approach for Service Visits for the Members of the Midlothian Integration Joint Board as set out in the report.***

Proposed Schedule for Meetings and Development Workshops

1. Purpose

To set the dates for meetings and development workshops of Midlothian Integration Joint Board for 2017/18 as prescribed by the Midlothian Integration Joint Board Standing Orders – 5.2.

2. Recommendations

2.1 To approve the schedule for meetings of the Midlothian Integration Joint Board for 2017/18, as set out in section 3.1 of the report.

2.2 To approve the schedule for meetings of the Midlothian Integration Joint Board – Audit and Risk Committee for 2017/18, as set out in section 3.3 of the report.

2.3 To approve the schedule of development workshops for the Midlothian Integration Joint Board as set out in section 3.5 of the report.

2.4 To note the approach for Service Visits for the Members of the Midlothian Integration Joint Board as set out in section 3.7 of the report.

3. Background and Main Report

Meetings of the Midlothian Integration Joint Board

3.1 The schedule of meetings of the Midlothian Integration Joint Board for 2017/18 is presented to the MIJB for approval. The proposed dates for 2017/18 are as follows:

- Thursday 15 June 2017, 2 pm
- Thursday 24 August 2017, 2 pm
- Thursday 5 October 2017, 2pm
- Thursday 7 December 2017, 2pm
- Thursday 11 January 2018, 2pm
- Thursday 1 March 2018, 2pm
- Thursday 3 May 2018, 2pm

3.2 The venue for these meetings will be confirmed when the agenda for each of the meetings is published.

Midlothian Integration Joint Board – Audit and Risk Committee

3.3 The schedule of meetings of the Midlothian Integration Joint Board – Audit and Risk Committee for 2017/18 is presented to the MIJB for approval. The proposed dates for 2017/18 are as follows:

- 8 June 2017, 2pm
- 7 September 2017, 2pm
- 14 December 2017, 2pm
- 22 March 2018, 2pm

3.4 The venue for these meetings will be confirmed when the agenda for each of the meetings is published.

Development Workshops

3.5 The schedule of development workshops for the Midlothian Integration Joint Board for 2017/18 is presented to the MIJB for approval. The proposed dates for 2017/18 are as follows:

- 11 May 2017, 2pm
- 7 September 2017, 2pm
- November 2017, 2pm
- 8 February 2018, 2pm
- 5 April 2018, 2pm
- 7 June 2018, 2pm

3.6 The venue for development workshops will be confirmed when the session information is confirmed.

Service Visits

3.7 Service visits will be scheduled as required or at the request of members of the Midlothian Integration Joint Board.

4 Policy Implications

4.1 There are no policy implications arising from any decisions made on this report.

5 Equalities Implications

5.1 There are no equalities issues arising from any decisions made on this report.

6 Resource Implications

6.1 There are no resource implications arising from any decisions made on this report.

7 Risk

7.1 There are no risk implications as a result of this report.

8 Involving People

8.1 There are no implications for involving people as a result of this report.

9 Background Papers

9.1 There are no background papers in relation to the content of this report

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Appendices: None