

For meeting on

Agenda 2017

A meeting of the East Dunbartonshire Health and Social Care Partnership Integration Joint Board will be held within the **Committee Room, 12 Strathkelvin Place, Kirkintilloch G66 1XT** on **Thursday, 26 January 2017** at **9.30 am** to consider the undernoted business.

(Sgd) Councillor Rhondda Geekie
Chair, East Dunbartonshire Health and Social Care
Partnership Integration Joint Board

12 Strathkelvin Place
KIRKINTILLOCH
Glasgow
G66 1XT

Tel: 0141 201 4217
Date: 19 January 2017

AGENDA

Sederunt and apologies

Any other business - Chair decides is urgent

Signature of minute of meeting HSCP Board held on 1 December 2016

Seminar 9am to 9.30am / Main meeting 9.30am - Topic - Unscheduled Care

STANDING ITEMS			
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ITEMS FOR DISCUSSION			
6	SC	Performance report – Quarter 2	57 – 72
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9	PM	National Strategy and Framework for Outcomes, Performance and Improvement for Community Justice	85 – 144
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EXCLUSION OF THE PUBLIC			
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Minute of meeting of the Health & Social Care Partnership Board held within the Committee Room, 12 Strathkelvin Place, Kirkintilloch on **Thursday, 1 December 2016.**

Voting Members Present: EDC Councillors **GEEKIE & MCNAIR**

NHSGGC Non-Executive Directors **FRASER, LEGG & RITCHIE**

Non Voting Members present:

J. Hobson	Interim Chief Officer - East Dunbartonshire HSCP
M. Brickley	HSCP Service User Representative
G. Thomson	HSCP Voluntary Sector Representative
W. Hepburn	HSCP Professional Nurse Adviser
A. Jamieson	HSCP Carer Representative – substitute
A. McDaid	HSCP Staff Partnership Forum - Secretary
G. Morrison	HSCP Clinical Lead Representative
C. Shepherd	HSCP Carer Representative
I. Twaddle	HSCP Service User Representative – substitute

Rhondda Geekie (Chair) presiding

Also Present:	F. Borland	HSCP Communications
	S. Cairney	Head of Strategy, Planning & Health Improvement
	J. Campbell	Chief Finance and Resources Officer
	M. Cunningham	EDC Corporate Governance Manager
	A. Martin	Head of Adult & Primary Care Services
	P. Mazzoncini	Chief Social Work Officer
	F. McCulloch	Planning & Performance Manager
	G. Notman	Change & Re-Design Manager
	L. Tindall	Organisational Development Lead

APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Councillor O'Donnell.

CHAIR'S REMARKS

Councillor Geekie welcomed everyone to the meeting particularly Ian Ritchie and Anne McDaid who were attending for the first time. Susan Manion, the newly appointed Chief Officer was also present, prior to taking up post in January 2017. The Board agreed that appropriate officers should arrange a meeting / seminar with the Carers and Users representatives for early 2017.

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
1 DECEMBER 2016

1. MINUTE OF MEETING – 6 OCTOBER 2016

There was submitted and noted minute of the meeting of the HSCP Board held on 6 October 2016.

2. CHIEF OFFICER'S REPORT

The Interim Chief Officer submitted a Report HSCP 2016/17-02, copies of which had previously been circulated, which summarised the national and local developments in relation to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 since the last meeting of the Partnership Board. Details from the report included:-

- Appointment of Susan Manion as Chief Officer;
- Progress with implementation of Intermediate Care Service by the Head of Adult & Primary Care Services;
- Update on refurbishment of KHCC;
- Accounts Commission report on Social Work in Scotland; and
- Audit Scotland report on the NHS in Scotland 2016.

Thereafter the Board agreed to note the Report.

3. FINANCE REPORT – MONTH 6 OUTTURN & FORECASTING TO YEAR END

Report HSCP 2016/17-03 by the Chief Finance and Resources Officer, copies of which had previously been circulated, update the Board on the projected financial outturn for the Health & Social Care Partnership for 2016/17 and to update on the IJB Budget 2016/17.

The financial performance in relation to the forecast outturn for the Health & Social Care Partnership was based on the period 6 reporting cycle for the period to 30 September 2016 (dates vary between the differing NHS and Council reporting cycles). This was still early in the financial year and the position could vary significantly based on unknown demand pressures (particularly throughout the winter period) and the volatile nature of Social Work budgets.

Following further consideration, the Board:

- Noted the projected outturn position for the HSCP for 2016/17 - £2.6m surplus and that uncertainty existed in both funding and operational costs of demand sensitive areas;
- Agreed net revenue budgets of £96.9m (including Acute Set Aside) to NHS GG&C and £52.1m to East Dunbartonshire Council and direct that this funding be spent in line with the strategic plan;
- Agreed the application of the transformation savings (£372,208) applied by the Council to the allocation to the IJB detailed in 4.17.
- Noted the risk to the projected out turn position detailed in 4.22.

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
1 DECEMBER 2016**

4. BOARD DIVERSITY AND THE PUBLIC SECTOR EQUALITY DUTY

Report HSCP 2016/17-04 by the Head of Strategy, Planning & Health Improvement, copies of which had previously been circulated, which informed the HSCP Board of their - as members of the Board, and the Partnership's - legal duties, to comply with Section 149 of the Equality Act 2010 (The Public Sector Equality Duty) and the Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012.

Following further consideration, the Board agreed as follows:-

- That when invited by Scottish Ministers, they would complete the online system designed to gather equalities information.
- To analyse the anonymised information to ensure that it met the general duties contained within the Equalities legislation.
- To include reference to the protected characteristic of the gender of its board members within its Equalities mainstreaming report.
- To report on intended actions and progress within the Equalities mainstreaming report relating to Board diversity.

5. LOCALITY PLANNING GROUP PROGRESS REPORT

Report HSCP 2016/17-05 by the Interim Chief Officer, copies of which had previously been circulated, updated the Board on the progress made by the established Locality Planning Groups in East Dunbartonshire.

The Board noted that the East and West Locality Planning Groups had each met three times.

The West Locality Planning group focused on the following priorities:-

- Supporting people with dementia and mild cognitive impairment in their community
- Developing positive dialogue with acute on shared experiences of intermediate and continuing care.

The East Locality Planning group's priorities:-

- Prevention and early screening for cancer.
- Supporting people who are housebound in the community
- Outcomes of discussions and actions report into the Strategic Planning Group.

Members commented on the diversity of priorities between East and West Locality Groups. Clarification was sought as to the membership of these groups which had been prescribed by the Scottish Government and it was agreed that the membership would be circulated to all HSCP members. In addition it was anticipated that the creation of Service User and Carers Support Groups would augment communications across the Locality Groups.

Thereafter the Board noted the contents of the Report.

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6. CHIEF SOCIAL WORK OFFICER REPORT

Report HSCP 2016/17-06, copies of which had previously been circulated, presented the Chief Social Work Officer's (CSWO) Annual Report to East Dunbartonshire's Health and Social Care Partnership covering the period 1 April 2015 – 31 March 2016.

The Report covered key matters such as child protection, adult protection, corporate parenting and the management of high risk offenders. The report summarised information relating to:-

- Key Challenges and Developments;
- Partnership Structures/Governance Arrangements;
- Social Services Delivery Landscape;
- Finance;
- Service Quality and Performance;
- Delivery of Statutory Functions;
- User and Carer Empowerment;
- Workforce Planning and Development; and
- Improvement Approaches.

Having heard from the Chief Social Work Officer in response to questions, the Board commended the Report and the template format which assisted benchmarking across Partnerships and thereafter noted the report.

7. HSCP GP CLUSTERS UPDATE

The Interim Chief Officer submitted Report HSCP 2016/17-07, copies of which had previously been circulated. This provided an update on development of general practice cluster groups.

The Clinical Director updated the Board on general progress, highlighting the need for support to these fledgling bodies, the separation of remuneration from service quality drivers and also some clarity regarding the clusters and their reporting hierarchy. The Board noted there were 3 clusters – Bearden & Milngavie, Bishopbriggs and Kirkintilloch & the Villages; each GP practice had established a Practice Quality Lead who would report to the Cluster – each Cluster would be led by a Cluster Lead

Following discussion the Board noted the progress of the development of the GP Cluster groups and agreed that progress reports would be submitted on a 6 month basis.

8. REFUGEE CRISIS AND UNACCOMPANIED ASYLUM SEEKING CHILDREN

The Interim Chief Officer presented Report HSCP 2016/17-08, copies of which had previously been circulated, updated the Board on East Dunbartonshire Council's decision to support refugees through the Asylum Seeker Dispersal Scheme and the resettlement arrangements for Syrian refugees (up to 4 families) and unaccompanied asylum seeking children (UASC) (up to 4 children).

HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
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The Chair and the Chief Social Work Officer updated the Board on the background, the process and the progress following the Council's decision; they reiterated the existing legislative commitments and limitations, the current and proposed funding position statements;

Following further consideration, the Board noted the content of the report and considered their role in supporting the Council's response to the refugee crisis.

9. COMMUNICATION OBJECTIVE – CREATING A BRAND FOR THE EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP

Report HSCP 2016/17-09 by the Interim Chief Officer, copies of which had previously been circulated, sought approval for the branding that will be used to identify the East Dunbartonshire Health and Social Care Partnership (HSCP).

Members considered the various options and identified strengths and weaknesses before selecting Option 2 which received majority approval.

10. HSCP BOARD DEVELOPMENT - UPDATE

Report HSCP 2016/17-10 by the Head of Strategy & Health Improvement, copies of which had previously been circulated.

Members thanked Linda Tindall, Organisational Development Lead on the programme to date and noted that, as a priority, a development session to consider how best to work with carers groups would be included in the programme. Thereafter the report was noted.

11. AUDIT COMMITTEE – MINUTES OF PREVIOUS MEETINGS

Report HSCP 2016/17-11 by the Interim Chief Officer, copies of which had previously been circulated, which provided the Board with minutes of meetings of the Audit Committee. In response to members questions the Head of Adult & Primary Care services outlined the discussions on-going across the GGCHB regarding the establishment and growth of these groups across HSCPs in the Board area

Thereafter the Board noted the minutes.

12. CLINICAL & CARE GOVERNANCE GROUP – MINUTES OF PREVIOUS MEETINGS

Report HSCP 2016/17-12 by the Interim Chief Officer, copies of which had previously been circulated, which provided the Board with minutes of meetings of the Clinical Care & Governance Group which following questions regarding the outstanding Service User representative were noted by the Board.

13. PROFESSIONAL ADVISORY GROUP – MINUTES OF PREVIOUS MEETINGS

Report HSCP 2016/17-13 by the Interim Chief Officer, copies of which had previously been circulated, provided the HSCP Board with the minutes of previous meetings of the

**HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) BOARD
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Professional Advisory Group. The Board noted the minutes and took the opportunity to thank Dr Graham Morrison for his contribution to the work of the Board as the Clinical Lead Representative. Dr Morrison responded in suitable terms and intimated he would now focus on work at his practice.

14. ALCOHOL & DRUG PARTNERSHIP CARE INSPECTORATE VALIDATED SELF-ASSESSMENT FEEDBACK

Report HSCP 2016/17-14 by the Interim Chief Officer, copies of which had previously been circulated, informed the Board of the feedback recently received from the Care Inspectorate following on from the self-evaluation exercise carried out 2016 into East Dunbartonshire Alcohol & Drug Partnership's implementation of The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services.

Following further consideration, the Board noted the co-production challenge facing public authorities and thereafter noted the report.

15. DATE OF NEXT MEETING – 26 JANUARY 2017

The Board noted that the next meeting would be held on Thursday, 26 January 2017 at 9.30 am and be held within the Committee Room at the Council Headquarters, 12 Strathkelvin Place, Kirkintilloch.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2016/17_11
Subject Title	Strategic Commissioning Intentions for Unscheduled Care
Report By	Susan Manion, Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Sandra Cairney, Head of Strategy, Planning and Health Improvement East Dunbartonshire Health & Social Care Partnership 0141 232 8224 Sandra.cairney@ggc.scot.nhs.uk

1.0 PURPOSE OF REPORT
1.1 To consider initial commissioning intentions for 2017/18 for acute hospital services as detailed in the Integration Scheme.
2.0 SUMMARY
2.1 The Integration Scheme for East Dunbartonshire Health & Social Care Partnership includes specific responsibilities for the strategic planning of certain acute hospital services.
2.2 The HSCP Board's budget includes a "set aside" budget for the commissioning of specific acute hospital services as detailed in the Integration Scheme. The set aside budget is calculated in line with a formula set down by Scottish Government. For 2016/17 the set aside budget for the HSCPs is £280M.
2.3 This paper provides an update on the progress in developing a Strategic Commissioning Plan for Unscheduled Care, in partnership with the HSCPs within the NHSGG&C area.
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: <ul style="list-style-type: none"> • Notes progress on the development of a Strategic Commissioning Plan for Unscheduled Care • Approves the initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships in Greater Glasgow & Clyde • Requests that the Chief Officer presents the detailed Strategic Commissioning Plan for Unscheduled Care to the March HSCP Board for approval for implementation from April 2017.

4.0 MAIN REPORT

4.1 Introduction

This report presents the initial acute commissioning intentions for 2017/18, and beyond, as developed by Health and Social Care Partnerships in Greater Glasgow & Clyde.

In order to influence both the NHS Board's and the Acute Services Division's plans for 2017/18, Health and Social Care Partnerships have had initial discussions on the potential key purchasing priorities for 2017/18. Early indication of these intentions is required to the NHS Board to enable substantive planning to take place with the NHS Board and Acute Services on the detail of the final plan. The six Health and Social Care Partnerships within the Health Board area are working together on this agenda.

4.2 Initial Acute Commissioning Intentions 2017/18

The initial commissioning intentions for 2017/18 developed by Health and Social Care Partnerships focus on three key themes that have formed the basis of discussion with the NHS Board and Acute, and are designed to take forward the Board's Clinical Services Strategy.

These three themes are as follows:

A) Enabling acute care to be focused on patients with acute needs.

This in order to ensure:

- A consistency of service given patients access services through different sites
- A need for fast access to investigation, diagnostic services and pharmacy services to shorten lengths of stay and prevent avoidable admissions
- A need to optimise bed use given demand pressures generated by scheduled and unscheduled care needs, access targets etc.

This will be achieved by:

- Establishing a clear picture of current variation in performance on lengths of stay (LOS) across Acute sites;
- Understanding lessons learned and actions planned by Acute from Day of Care Audits.
- Sharing lessons learned and ensure actions are addressed/implemented, where appropriate across acute sites from the Renfrewshire Development Programme
- Minimally maintaining the 75% Lost Bed Days performance during 2017/18 against benchmark
- Continuing to explore ways of safely managing AWI patients with non-acute needs into alternative safe and appropriate care arrangements
- Ensuring visible and proactive Social Work focused on improving all aspects of flow within a multi-disciplinary function both within and reaching into hospitals.
- Ensuring a joined up approach to how and what is commissioned through the

Scottish Ambulance Service to reduce admissions wherever safe and appropriate

- Risk assessing the impact of actions to further reduce bed days lost and A&E Attendance
- Quantifying the resource required and the financial and clinical/service implications to deliver the four hour A&E target
- Improving Assessment Unit performance in conversion of attendees to admission
- Developing arrangements that sees the redirection of inappropriate emergency attendances back to primary care
- Completing work on hospital based complex clinical care and the resultant resource re-direct

We expect this to result in:

- Measurable improvement in Day of Care Audit results
- Fewer AWI patients in the system
- Reduction in lost bed days
- Improvement in A&E 4-hour wait performance
- Reduction in A&E attendances
- Reduction in the conversion of A&E attendances to hospital admissions.

B) Ensuring community based health and social care services are responsive to the needs of older people and those with chronic disease.

This is in order to ensure:

- Services are not disjointed
- Lessons are learned and implemented from 5+ years of Change Fund in a consistent way
- A significant focus on vulnerable populations which require support from community based services
- Significant reductions in hospital admissions/shorter LOS to reduce lost bed days/ensure timely discharge
- Minimise delays in Transfer of Care to community settings so that they do not impact on system resilience

This will be achieved by:

- Developing a clear action plan from Change Fund lessons that should be applied and monitored at each Acute site as appropriate
- Targeting support to nursing homes with a focus on reducing demand on primary care, reduce admissions to acute care, deaths in hospital, reduce demand for GP Out of Hours (OOH) and other OOH services
- Continuing to deliver and where possible increasing capacity to support older adults in the community through effective rehabilitation and re-ablement services.

This requires additional investment perhaps linked to release of resource from Acute

- Reviewing with GPs the effectiveness of ways of working between GP practices and nursing homes with aim we share lessons on best practice
- Having a managed medication service to ensure older people (including those with incapacity) have their medicines administered appropriately.

We expect this to result in:

- Reduction in hospital admissions and reduction in re-admissions
- Reduction in outpatient Did Not Attend (DNA) rates (new and return)
- Increase in number of Anticipatory Care Plans
- Increased number of people with intensive care needs met at home
- Reduction in number of admissions to hospital from nursing homes
- Reduction in number of deaths in hospital.

C) Changes to address service pressures and inefficiencies

This is in order to ensure:

A need to reduce costs of Acute services by reducing demand and improving flow/performance

This will be achieved by:

- Finalising arrangements for release of resource following complex care changes and ensure appropriate patients are discharged into community based settings
- Ensuring all community services staff and GPs have access to services, information and resources to optimise decisions to avoid admission where appropriate
- Ensuring Acute service are operating to best evidence with regard to 'front door' services
- HSCPs maximising use of telehealth and telecare to enable home based supported living
- Proactive use of Practice Activity Reports and other available data with GPs to influence thinking and use of acute service
- HSCPs ensuring commissioned services are working to a clear aim to sustain home living and to monitor and proactively address emerging risks
- Agreeing actions to address services pressures on GP OOH services and where possible move activity into day time services – GPs, pharmacy through planned approach with Acute/GP OOH lead managers and with local GPs and pharmacists. This should extend to include a 'Using Local Services Appropriately' Guide
- Where relevant establishing an evidence based work programme approach. Specifically working with Health Care Improvement Scotland's Living Well

Programme and their Improvement Advisor/TRIST (Tailored Response Improvement Support Team) in collaboration with Acute Services on this

- Developing a fully integrated hospital discharge function (across current Acute hospital and HSCP teams) that in-reaches into the Acute care system and manages patient discharge.

We expect this to result in:

- Evidence of appropriate avoidance of admissions and improved use of alternative services
- Delivery of the most efficient and cost effective discharge arrangements.

4.3 In developing these intentions into a strategic commissioning plan, key principles and targets will be developed in partnership with Acute. Early considerations of these include exploring:

- the need to retain and extend capacity of community resources to deliver a shift in balance of care. This may require transitional funding sources to be explored;
- reducing and maintain delayed discharges further at low level
- development of the new model of care to replace continuing care, commencing with the North East and Greenfield Park, to be managed solely by Health and Social Care Partnerships;
- an improvement in day of care audit performance from current 25% to 20% in 2017/18, and to 15% in 2018/19, and to 10% in 2019/20;
- development of GP direct access to diagnostics and next day outpatient appointments – medical GP triage model;
- an improved performance of Acute Admission Units in relation to attendance to admission ratios;
- setting ambitious targets for a reduction in deaths within hospitals of palliative/end of life care patients;
- acknowledging that this programme would require a reduction in Acute inpatient beds across a number of hospital sites, with the immediate closure of beds as the programme's impacts are realised;
- a resource redirection of consultant geriatricians and rehabilitation staff from acute to provide more community based sessions;
- the notional 'set aside' budget of c£280m to be viewed as actual budget by Integration Joint Boards rather than 'notional';
- setting a percentage target of reduction in the overall set aside budget in 2017/18 delivering significant savings and budget redirection to HSCPs with which to develop further community based provision.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2016/17_2
Subject Title	Chief Officer Report
Report By	Susan Manion, Chief Officer East Dunbartonshire Health and Social Care Partnership
Contact Officer	Susan Manion, Chief Officer, East Dunbartonshire Health and Social Care partnership 0141 232 8212 Susan.manion@ggc.scot.nhs.uk

1.0 PURPOSE OF REPORT
1.1 To update HSCP Board Members on a number of local and national matters of interest.
2.0 SUMMARY
2.1 This report updates HSCP Board members on a number of matters including: <ul style="list-style-type: none"> • Induction arrangements for the Chief Officer • Update on the refurbishment of Kirkintilloch Health and Care Centre • Appointment of a Clinical Director • Publication of a national Health and Social Care Delivery Plan
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: <ul style="list-style-type: none"> • Note the content of this Report

4.0 MAIN REPORT

4.1 Induction arrangements for the Chief Officer

Since taking up post on the 12th December, the Chief Officer has met with key senior colleagues within the partnership as well as with key individuals in the Council and the NHS Board including the two Chief Executives.

Through until the end of February, meetings have been set up with HSCP Board members, corporate management team colleagues in East Dunbartonshire Council and Greater Glasgow and Clyde Health Board as well as key staff in other Partnership organisations. The Chief officer has already attended a full Council meeting and a Great Glasgow and Clyde Health Board meeting.

Internally, meetings are being set up with staff throughout the organisation.

4.2 On the 12th December, a number of HSCP staff relocated to Kirkintilloch Health and Care Centre thus allowing this to become the Administrative Headquarters for the HSCP. Most of the substantive work starts on the 9th January and will continue until the end of March during which time it will be necessary to temporarily move some staff within the Kirkintilloch Campus. Although some staff have been temporarily moved there are no changes to the clinics which we deliver from KHCC. Our staff have worked hard to ensure business as usual and their patience during this time has been appreciated. This work also enables some Primary Care Oral Health staff to relocate from the Glasgow Dental Hospital and Townhead Health Centre to Stobhill. This will take place during January.

Information has been sent to service users who access the KHCC to ensure they are made aware of the situation.

4.3 Appointment of the Clinical Director for the Health and Social Care Partnership

Following the resignation of Dr Graham Morrison, Dr Lisa Williams has been appointed as the Clinical Director for the Partnership. Lisa was previously the Associate Clinical Director and she takes up her new post on the 16th January.

4.4 The national Health and Social Care Delivery Plan

On the 19th December 2016 the Scottish Government published a national Health and Social Care Delivery Plan. It sets out a programme to further develop and enhance health and social care services, building on the opportunities afforded by the establishment of the new partnership arrangements. The plan is specific in terms of expectations, timescales and measures to demonstrate a shift in the

balance of care and change in how we deliver services.

The link to the document is outlined below:

<http://www.gov.scot/healthandsocialcaredeliveryplan>

As a Partnership we will look to ensure that our Strategic Plan is refreshed accordingly and our priorities for 2017/18 reflect the expectation of the plan, not just in outcomes but in the scale and pace of change required.

A report outlining what this will mean for the commissioning and delivery of integrated services for 2017/18 will be presented to the Health and Social Care Partnership Board in March.

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: \$(

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26 th January 2017
Report Number	2016/17_04
Subject Title	Month 8 Financial Performance Update Report
Report by	Jean Campbell, Chief Finance & Resources Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Jean Campbell, Resource and Finance Officer, EDHSCP 0141 201 4210, Jean.Campbell@ggc.scot.nhs.uk
1. <u>PURPOSE</u>	
1.1.	The purpose of this report is to update the Board on the projected financial outturn for the Health & Social Care Partnership for 2016/17 and to update on the Partnership Reserves position.
2. <u>SUMMARY</u>	
2.1	The financial performance in relation to the forecast outturn for the Health & Social Care Partnership is based on the period 8 reporting cycle for the period to 30 November 2016 (dates vary between NHS and Council reporting cycles which do not align). The position can vary between now and the year-end as a result of unknown demand pressures (particularly throughout the winter period) and given the volatile nature of Social Work budgets.
2.2	The current position continues to indicate a surplus of £2.6m for the Health & Social Care Partnership. The trend within Older Peoples services has stabilised over the last number of months, however there is an expectation that this will increase over the winter months with pressures on hospital discharges resulting in an expected increase in demand for care home placements and homecare services. There has also been an increase in residential school placements, however these are being managed through continued positive variation as a result of vacancies across the SW service.
2.3	The surplus continues within NHS community services as a result of capacity within the Integrated Care Fund and delayed discharge monies as developments are progressed which will seek to improve performance. There is also a positive impact from monies allocated to deliver the living wage, albeit this has decreased slightly to meet additional demand pressures to support individuals with complex autism and learning disabilities within the Council's Pineview service.
2.4	There are monies available to meet any ongoing demographic pressures and there is partnership reserves of £1.388m carried forward from 2015/16 to provide some additional resilience in 2016/17. However, reserves are non-recurring monies and will therefore require measures in place to manage any budget pressures on an ongoing basis.
2.5	There continue to be risks to the projected outturn position in respect of monies still to be allocated by East Dunbartonshire Council in respect of procurement savings, demand volatility across Social Work budgets and prescribing volatility.

3 **RECOMMENDATIONS**

It is recommended that the Board:-

- a) Notes the projected outturn position for the HSCP for 2016/17 and that uncertainty exists in both funding and operational costs of demand sensitive areas;
- b) Note the position with regard to partnership reserves and approve the approach outlined in 4.20,
- c) Note the risk to the projected out turn position detailed in 4.21.

4.0 **MAIN REPORT**

4.1 East Dunbartonshire Health & Social Care Partnership (HSCP) was established on the 3rd September 2015 and 2016/17 represents the first year that budgets will be fully aligned for Adult Services. The incorporation of Children's Social Work and Criminal Justice Services on the 11th August 2016 will further increase the budgets, responsibilities and reporting requirements for the partnership.

4.2 The table below shows the year to date variance and estimated out –turn forecast for the HSCP. Details of the budget movements during the period are included in **Appendix 1**.

Partnership Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000	Out-turn Forecast £000
NHS Community Budgets	21,276	9,877	9,825	52	700
ED Social Care Fund (£250m)	4,300	2,867	2,867	0	1,300
Oral Health	10,287	6,817	6,755	62	0
FHS & Prescribing	43,652	29,311	29,311	0	0
Adult Social Care	40,545	22,932	21,471	1,461	350
Children & CJ Services	11,529	7,136	6,395	742	250
Care of Gardens	78	52	52	0	(7)
Adaptations (PSHG)	450	300	300	0	0
Care and Repair	214	143	143	0	0
Fleet	452	301	301	0	0
SUB-TOTAL	132,833	80,215	77,957	2,258	2,593
Acute Set Aside	17,381	11,587	11,587	0	0
TOTAL	150,214	91,802	89,544	2,258	2,593

HSCP Budget Outturn

- 4.3 The overall projected out turn for the HSCP is indicating a surplus position for 2016/17 of £2.6m. This is an accumulation of surplus available from monies allocated to deliver on the living wage (£1.3m – non recurring, part year only for 2016/17), surplus on the Integrated Care Fund and delayed Discharge monies (£600k), vacancies across community health services and childcare payroll budgets (£350k) and some surplus on adult social care budgets (£350k). There has been a slight downward projection on the monies available from the living wage as a result of costs associated with the delivery of a service to support individuals with complex autism and learning disabilities, however this has been offset by slight downward movements in demand across other adult service budgets. There continue to be pressures on residential school placements within Children's Service's; however these are being managed through surpluses across the partnership budget in respect of positive payroll variances.

NHS Budget Outturn

- 4.4 The table below shows a detailed breakdown of the partnerships NHS budgets for the 8 month period to the 30th November 2016.

NHS Expenditure £000	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Addictions – Community	701	467	517	(50)
Adult Community Services	4,342	2,895	2,728	167
Integrated Care Fund	1,200	285	285	0
Child Services – Community	1,404	926	818	108
Learning Disability – Community	588	333	290	43
Mental Health – Adult Community	1,257	832	762	70
Mental Health – Elderly Services	616	406	385	21
Other Services	5,768	581	946	(365)
Planning & Health Improvement	816	575	575	0
Resource Transfer to Local Authority	8,885	5,923	5,923	0
Total Integrated Budgets	25,576	13,223	13,229	(6)
Family Health Services – Prescribing	18,809	12,612	12,612	0
Family Health Services – GMS	13,407	8,875	8,875	0
Family Health Services – Other	12,726	7,824	7,824	0
Total Ring-fenced NHS Budgets	43,652	29,311	29,311	0
Total Directly Managed NHS Budget	69,228	42,534	42,540	(6)
Oral Health – Public Dental Service (Hosted)	10,287	6,817	6,755	62
Acute Set Aside	17,381	11,517	11,517	0

Total IJB Health Budget	96,896	60,868	60,812	56
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- 4.5** The projected year end out turn for NHS budgets for 2016/17 continues to have a surplus of £700k. This relates primarily to capacity within the Integrated Care Fund where monies are yet to be allocated to deliver on strategic priorities, delayed discharges monies where the implementation of the Intermediate Care proposal will only incur a part year spend in 2016/17, delays in filling vacancies, management costs and development monies unallocated.
- 4.6** There are a number of budget pressures in relation to Addictions, a consequence of the effect of the savings allocated in respect of the ADP allocation which will be resolved through adjustment to the level of Resource Transfer to the Council, and Other Services, in relation to accommodation charges for KHCC. However, these are offset by the surpluses in a number of other areas including Adult Community Services relating to vacancies within District Nursing and Rehab and under spend on management costs within Adult and Mental Health services. The latter will form part of the structure considerations as these are further developed.
- 4.7** GP Prescribing costs are not available until two months after the month in which prescriptions are dispensed which means that only April - September expenditure is available. This was showing that prescribing expenditure, for East Dunbartonshire, was running ahead of budget at that point to the tune of £131k. Analysis of these variances is being investigated by the partnership's prescribing advisor and measures to mitigate these pressures to be implemented. It is difficult to accurately predict a robust out turn based on four month's data, therefore actual is assumed to be on budget at this stage.
- 4.8** The overall GP prescribing expenditure position for GG&C is that of a continued underspend position of £306k which while encouraging is a highly volatile area and increases in certain drug costs remains a concern. There continues to be a risk sharing arrangement in place for 2016/17 across the GG&C board area and this will be managed within the NHSGGC board budgets.
- 4.9** The Public Dental Service hosted by ED HSCP is projected to achieve a breakeven position. There are a number of savings plans incorporated with the 16/17 budget which are yet to deliver but are expected to be achieved over the course of the current year.

Social Work Budget Outturn

- 4.10** The table below shows the partnerships Social Work budgets for the 8 month period to the 30th November 2016:-

SW Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Adult SW Services	40,545	22,932	21,471	1,461
Children & CJ Services	11,529	7,136	6,395	742
TOTAL SW Budgets	52,074	30,068	27,865	2,203

- 4.11** The projected out turn for Adult Social Work services is now indicating a surplus on budget of £600k (£350k for Adult Social Care Services, £250k for Children's Services). A detailed breakdown is provided in **Appendix 2**.

4.12 Adult Social Care Services (£0.350m)

- Agency Budgets – there continues to be a surplus generated (£350k) across a range of adult social care budgets including supported living and supported accommodation to adults with a learning disability which was previously offsetting pressure in relation to older people care home placements. However a combination of additional monies allocated through the Council to meet the living wage costs within the care home sector (£370k), a continued even trend on care home placements and positive variances across other adult service budgets accounts for the continued surplus position.

Children's Services (£250k)

- Payroll – there is a surplus on budget (£420k) as a result of vacancies across the service including the Social Work Teams, Community resources Team and the Children's Residential Unit. A number of these posts are in the process of being filled and this will be an area which will be reviewed as part of structure considerations moving forward.
- Agency & Transfer payments (-200k) - There is currently pressure on residential placements for Looked After Children, which is an area prone to volatility depending on caseload which is being offset to some extent by underspends anticipated within Adoption Allowances, Kinship Payments and transfer payments

4.13 Social Care Fund

Expenditure	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Social Care Fund	4,310	2,873	2,400	473

- Living Wage - the bulk of the projected surplus (£1.3m) is derived from monies allocated from the Scottish Government to deliver the living wage across care home, care at home and housing support services. An allocation of £2.15m was allocated to East Dunbartonshire for this purpose with only a 6 month commitment attached to the delivery of this agenda from the 1st October 2016. In addition, the Council agreed to meet the care home element for 2016/17 from Council reserves which provides an overall surplus of £1.3m. This relates to 2016/17 only and is non- recurring as a full year commitment will be required in 2017/18. There has been a slight reduction from that previously reported (£1.4m) as a result of monies allocated to meet pressures within the area of Autism / Learning Disability.
- Demand Pressures / Charging Thresholds – an allocation of £2.15m was made to meet demand pressures on Social Work Budgets at the preparation of the 2016/17 budget and costs associated with the increase to the threshold levels above which non- residential care charges will apply. It is expected that this element of the Social Care Fund will be fully committed.

Partnership Reserves

- 4.14 The Public Bodies (Joint Working) Scotland Act 2014 (section 13) empowers the Integrated Joint Board to hold reserves and recommends the development of a reserves policy and reserves strategy.
- 4.15 A Reserves policy was approved by the ED HSCP Audit Committee on the 20th June 2016. This provides for a minimum of 2% of net expenditure to be held in reserves which equates to approximately £3.004m for the partnership. The level of reserves carried forward in 2015/16 was £1.388m.
- 4.16 The reserves arose from a number of areas of underspend across health expenditure budgets during 2015/16 and in previous years and also from monies allocated to deliver on specific initiatives within the local authority. A breakdown is included as **Appendix 3**.

4.17 The reserves within the Financial Accounts 2015/16 were categorised as ‘usable’ reserves only, however this has been reviewed and there are a number of elements which have been re-designated as ‘earmarked’ for specific purposes.

4.18 The purpose of a reserve is to:

- 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.

4.19 The current position with regard to partnership reserves is set out below:-

Partnership Reserves	Balance @ 1 st April 2016	Movement	Balance @ 30 th December 2016
Usable	1,177,219	0	1,177,119
Earmarked	210,361	(30,000)*	180,361
Total	1,387,580	(30,000)	1,357,480

**The movement relates to commitments in respect of Self Directed Support (SDS) development and costs associated with the Communications Advisor post supporting the partnership.*

4.20 Given the current position with regard to the projected outturn for the partnership, the intention would be a take any in year surplus to reserves to supplement the balance already available. This would provide some resilience to meet future demand pressures, not captured as part of the budget setting process for partner organisations, and would provide some funding which could be earmarked to support service re-design in furtherance of the objectives set out in the strategic plan.

Financial Risks

4.21 The most significant risks that will require to be managed during 2016/17 are;

- **Prescribing Expenditure** –Prescribing cost volatility represents the most significant risk within the NHS element of the partnership’s budget. At this stage of the year it is now possible to make an informed assessment of the in year position against budgets and to estimate the likely out-turn for 2016/17, however based on previous year experience this will require close ongoing monitoring.
- **Achievement of Savings Targets** –There are elements of savings targets for procurement, within the Council, which have yet to be allocated out which may present in year pressure.
- **Demographic Pressures** – Increasing numbers of older people is placing significant additional demand on a range of services including Home Care. In addition achieving the required reductions in delayed discharges is creating increased demand for care home places and resulting in increased levels of self directed support payments. These factors increase the risk that overspends will arise and that the partnership Board will not achieve a balanced year end position.
- **Children’s Services** – managing risk and vulnerability within Children’s Services is placing significant demand pressures on residential placements which will increase the risk of overspend which may impact on achieving a balanced year end position.
- **Living Wage** – the costs associated with implementing the living wage are subject to ongoing negotiation with a small number of service providers and are underpinned by a contribution from providers which may not be sustainable on a recurring basis. There remain

uncertainties on the future funding allocation for this area in terms of uplifts, sleepovers and affordability for a full year.

5.0 IMPLICATIONS

- 5.1** This report has been assessed against the Policy Development Checklist and has been classified as being an operational report and not a new policy or change to an existing policy document. The implications for the Council are as undernoted.
- 5.2** Financial – Information collated and reported within the HSCP has been done in discussion with the relevant partnership bodies and is consistent with their reporting requirements.

East Dunbartonshire HSCP

Service	Approved budget		Budget		Revised budget	Comment
	2016/17 £000	Supplementary Budget £000	Savings £000	Virement £000	2016/17 £000	
Social Work						
Children's SW & CJ Services	11,529				11,529	
Adult SW Services	40,545				40,545	
Other Services	1,194				1,194	
	53,268	0	0	0	53,268	
Health						
Child Services	701				701	
Adult Community	4,342				4,342	
ICF	1,200				1,200	
Child Services	1,367	37			1,404	Addl Girfec Funding - 2 health vistors
LD - Community	690			(102)	588	Reduction in LD RAM to meet central costs
MH - Adult Community	1,249	8			1,257	Prescribing drugs uplift
Mh - Elderly	634			(18)	616	Transfer property rates to facilities mgt
Other Services	5,754	26		(11)	5,769	Addl PC Funding to support GP Clusters, Transfer rates to FM.
Planning & HI	806	11			817	Addl funding to support ACES and carers info. Strategy
RT	8,885				8,885	
	25,626	82	0	(131)	25,577	
Oral Health	10,287				10,287	
FHS & Prescribing	43,652				43,652	
Acute Set Aside	17,381				17,381	
	96,946	82	0	(131)	96,897	
TOTAL	150,214	82	0	(131)	150,165	

Health and Social Care Partnership
 Projected Outturn at Period 8 (Subjective)

Area	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance
Non-Teaching Employee Costs	10,888,371	10,735,480	152,891	18,746,727	18,544,770	201,957
Property Costs	211,614	115,279	96,335	267,291	237,743	29,548
Supplies & Services	680,447	585,633	94,814	1,094,284	1,055,615	38,670
Agencies & Other Bodies	28,143,530	27,020,871	1,122,659	46,333,357	46,482,259	-148,902
Transport & Plant	288,901	263,335	25,566	494,790	509,672	-14,882
Transfer Payments	104,752	-46,216	150,968	163,580	84,550	79,030
Administrative Costs	118,994	-3,789	122,783	183,798	164,080	19,719
Financing Costs	0	0	0	0	0	0
Income from Government Grants	-54,480	-36,281	-18,199	-69,044	-69,044	0
Sales	-5,487	-4,912	-575	-8,571	-8,571	0
Fees & Charges	-606,695	-562,346	-44,349	-791,123	-801,762	10,639
Recharges to Other Departments	0	-20,260	20,260	-81,037	-81,037	0
Income from Rents	0	-59,920	59,920	0	0	0
Other Income	-9,702,080	-10,121,646	419,566	-14,259,778	-14,647,413	387,635
OVERALL TOTAL	30,067,867	27,865,228	2,202,639	52,074,274	51,470,862	603,412

Adults and Older People	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance
Non-Teaching Employee Costs	7,719,718	7,813,734	-94,016	13,290,063	13,494,782	-204,719
Property Costs	70,297	47,491	22,806	105,024	108,214	-3,190
Supplies & Services	600,383	532,107	68,276	975,198	957,229	17,970
Agencies & Other Bodies	23,888,751	23,288,941	599,810	39,770,171	39,662,370	107,801
Transport & Plant	240,608	209,013	31,595	411,993	418,627	-6,634
Transfer Payments	45,114	-72,326	117,440	70,446	33,320	37,126
Administrative Costs	87,917	-22,719	110,636	133,498	129,464	4,035
Financing Costs	0	0	0	0	0	0
Income from Government Grants	-54,480	-36,281	-18,199	-69,044	-69,044	0
Sales	-5,487	-4,912	-575	-8,571	-8,571	0
Fees & Charges	-606,695	-561,844	-44,851	-791,123	-801,260	10,137
Recharges to Other Departments	0	-20,260	20,260	-81,037	-81,037	0
Income from Rents	0	-59,920	59,920	0	0	0
Other Income	-9,054,393	-9,642,347	587,954	-13,261,390	-13,649,025	387,635
Adults and Older People - Total	22,931,733	21,470,677	1,461,056	40,545,228	40,195,068	350,160

Comments
Actual payroll costs at October 2016 are less than the same period in September 2016, but are overspent in terms of the year to date budget. A year end overspend is projected mainly in relation to overtime and agency workers. Transformational savings in relation to agency, overtime and mileage have now been applied and this is causing additional pressure in some areas. As with previous years, the cost of Homecare staff overtime is displaying significant pressure but it is anticipated that this some of this will be managed down as vacancies are filled.
Minor variances across services - No significant variations expected at this time.
Spend on equipment and adaptations is tightly controlled within budget limits with critical and substantial criteria continuing to be applied in this area. This is being monitored through the Equipu contract and other activity under the service level will ensure a break even position.
Based on the current spending profile in other areas, a year-end underspend is anticipated. #This will be monitored for the remainder of the financial year.
This is volatile area for the partnership as any changes in caseload can have a significant impact on commitments. Based on current commitments, a significant year end underspend is anticipated. This will be closely monitored for the remainder of the financial year, particularly as the winter months could see a shift on the current commitments. Additional expenditure in relation to Intermediate Care Model £115k and Pineview £100k which will be met from Integration monies.
Based on current level of spend a small overspend anticipated in relation to private hire of vehicles.
There is a projected underspend in relation to the independent living fund which has been superseded by direct payments. There is therefore no new demand on this budget and as individual services cease for existing cohort, any new services move onto direct payments pathway.
No significant variations expected at this time.
No significant variations expected at this time.
No significant variations expected at this time.
No significant variations expected at this time.
Additional income expected in relation to Sheltered Housing and Homecare, offset by reduced income in other Community Care services.
No significant variations expected at this time.
No significant variations expected at this time.
The final Resource Transfer position is £10k lower than originally anticipated but is offset by minor underspends in other areas. Additional income to be drawn down in respect of the Social Care fund to meet expenditure included in above projections: £182k of Integrated Care Fund, £100k in relation to additional Pineview Cost and £115k in relation to Intermediate Care model

Children and Families	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Outturn Variance	Comments
Non-Teaching Employee Costs	3,168,653	2,921,746	246,907	5,456,664	5,049,988	406,676	Actual payroll costs at October 2016 are at a comparable level to the same period in October 2015 and as such it is expected that savings will accrue by the end of the financial year. Transformational savings in relation to agency, overtime and mileage have now been applied but these are more than offset by the savings due to vacancies, etc.
Property Costs	141,317	67,788	73,529	162,267	129,530	32,738	Based on the current spending profile, a year-end underspend is anticipated in relation to the furniture and fittings budget and other property costs. This will be monitored for the remainder of the financial year.
Supplies & Services	80,064	53,526	26,538	119,086	98,386	20,700	Based on the current spending profile, a year-end underspend is anticipated in relation to other supplies & services and food & provisions. This will be monitored for the remainder of the financial year.
Agencies & Other Bodies	4,254,779	3,731,930	522,849	6,563,186	6,819,889	-256,703	There is currently pressure on residential placements for Looked After Children, which is an area prone to volatility depending on caseload. Based on current levels of spend, an underspend is anticipated within Adoption Allowances and Kinship Payments.
Transport & Plant	48,293	54,322	-6,029	82,797	91,045	-8,248	Criminal Justice across the partnership has been overspent in the past few years and, whilst measures are ongoing to reduce the level of spend, an overspend is anticipated for 2016/17. This has been reflected in the current projections
Transfer Payments	59,638	26,110	33,528	93,134	51,230	41,904	Based on current level of spend a small overspend anticipated in relation to private hire of vehicles.
Administrative Costs	31,077	18,930	12,147	50,300	34,616	15,684	The Pathways budget for young people leaving care is running at a lower level than anticipated. There is currently work being done on the payment process around this type of support and the funds being held in the Client Budgetary Account.
Income from Government Grants	0	0	0	0	0	0	Based on the current spending profile, a year-end underspend is anticipated. This will be monitored for the remainder of the financial year.
Fees & Charges	0	-502	502	0	-502	502	No significant variations expected at this time.
Other Income	-647,687	-479,299	-168,388	-998,388	-998,388	0	No significant variations expected at this time.
Children and Families - Total	7,136,134	6,394,551	741,583	11,529,046	11,275,794	253,252	

Health and Social Care Partnership
Projected Outturn at Period 8 (Care Group)

Adults and Older People
Older People
Learning Disability
Physical Disability
Mental Health
Addiction Services
Homecare
Resources Day Services
Sheltered Housing
Other
Womens Aid
Resource Transfer Income
TOTAL

YTD Budget	YTD Actual	YTD Variance
13,290,143	13,533,688	-243,545
7,732,969	7,412,060	320,909
2,402,743	2,278,058	124,685
1,156,945	1,130,653	26,292
191,969	639,898	-447,929
3,410,901	3,595,231	-184,330
1,218,363	1,041,036	177,327
63,707	-3,998	67,705
1,609,543	1,281,660	327,883
50,080	46,098	3,982
-8,195,630	-9,483,707	1,288,077
22,931,733	21,470,677	1,461,056

Full Year Budget	Projected Outturn	Projected Outturn Variance
22,152,341	22,729,955	-577,614
13,230,402	13,067,189	163,213
4,056,189	3,447,543	608,646
1,991,316	1,902,022	89,294
564,380	587,846	-23,466
6,056,485	6,435,889	-379,404
2,118,414	1,784,118	334,296
51,738	-45,317	97,055
2,542,215	2,593,799	-51,584
75,114	75,114	0
-12,293,366	-12,383,093	89,727
40,545,228	40,195,068	350,160

Prior Year Outturn
20,988,959
13,517,668
3,470,986
2,050,954
582,879
5,825,916
1,916,702
-17,244
3,692,871
75,115
-10,614,939
41,489,867

Children and Families
Children & Young People
Criminal Justice
Childcare Resources
Other
TOTAL

YTD Budget	YTD Actual	YTD Variance
2,147,803	1,876,304	271,499
-112,806	-13,659	-99,147
4,909,133	4,423,031	486,102
192,004	108,875	83,129
7,136,134	6,394,551	741,583

Full Year Budget	Projected Outturn	Projected Outturn Variance
3,437,750	3,470,477	-32,727
-81,622	-92,228	10,606
7,867,565	7,611,054	256,511
305,353	286,492	18,861
11,529,046	11,275,794	253,252

Prior Year Outturn
2,819,137
-56,609
6,475,724
243,165
9,481,417

Overall Total

30,067,867	27,865,228	2,202,639
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52,074,274	51,470,862	603,412
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50,971,284

ED HSCP Reserves 2015/16

Local Authority 2015/16 Analytical Review Carry Forwards/Accruals

Reserve	Amount	Detail
usable	75,189	Alcohol & Drug Partnership Monies (NHS Resource Transfer).
earmarked	35,932	Refund of underspend from East Dunbartonshire Association for Mental Health to fund the first 2 years of a 3 year additional contracted element with EDICT for Aspergers Groupwork.
earmarked	85,700	Self Directed Support Implementation Monies to fund training and various projects to support SDS.
usable	3,998	Autism Strategy funding required to complete training on autism awareness.
earmarked	60,000	Health & Social Care Integration Transition Fund communications adviser post.
earmarked	28,729	Delayed Discharge funding allocation from Health Board to fund 2 agency Social Workers based in the Hospital Assessment Team (HAT) for 6 months.
usable	237,825	Integrated Care Fund balance
usable	800,000	Health Surplus - balance of Delayed Discharge funding, ICF and adjustment to payment from HSCP to NHSGGC for delegated services
usable	46,805	Funding to improve Quality of Care still to be allocated.
usable	23,402	Funding to improve Quality of Care 25% contribution.
	<hr/>	
	1,397,580	Agreed contribution due to IJB

Health 2015/16 Carry forward

Usable 7,000 Underspend on community health budgets

Commitments against Reserves

(17,000) Audit Fee - Audit Scotland

1,387,580

Usable 1,194,219

earmarked 210,361

1,404,580

Committed (17,100)

Balance 1,387,480 Per Financial Accounts 2015/16

East Dunbartonshire Health & Social Care Partnership

Agenda Item Number: \$)

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26 th January 2017
Report Number	2016/17_05
Subject Title	Financial Planning 2017/18
Report By	Jean Campbell, Chief Finance & Resources Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Jean Campbell, Resource and Finance Officer, EDHSCP 0141 201 4210 Jean.Campbell@ggc.scot.nhs.uk

1.0 PURPOSE OF REPORT
<p>1.1 The purpose of the report is to update on the financial planning assumptions for the partnership for 2017/18 and advise on the indicative allocations expected of both the Council and the NHS Board.</p>
2.0 SUMMARY
<p>2.1 The Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow & Clyde sets out the arrangements for the determination of the amounts to be paid to the IJB from the respective parties in furtherance of the delivery of the Strategic Plan.</p> <p>2.2 The Scottish Government has announced its draft financial settlement and distribution for both Local Authorities and Health boards for 2017/18, which includes specific reference to HSCP's, on the 15th December 2016 and work is underway to determine what this means for the respective parent bodies. A copy of the Financial Settlement letters is included as Appendix 1.</p> <p>2.3 The indicative financial allocation is based upon current assessments of the Council and the Health Board financial landscapes, the announcements made as part of the SG financial assessment and planning assumptions for the ED HSCP.</p>
3.0 RECOMMENDATIONS
<p>3.1 Note the contents of the report.</p> <p>3.2 Note the updated positions on the financial planning for the Council and the NHS Board for 2017/18.</p> <p>3.3 Approve the areas for consideration that have been identified to date to meet the financial challenge for the IJB and agree to progress the detail of these for further consideration by the IJB.</p>

4.0 MAIN REPORT

Indicative Financial Allocation from East Dunbartonshire Council

- 4.1 The Council have presented a number of reports to Full Council on the 10th November and the 22nd December 2016 setting out the financial planning outlook for the Council.
- 4.2 The provides for an overall funding gap to the Council of £10.243m for 2017/18 which could be as high as £14.601m depending on the reality of assumptions relating to the General Revenue Grant settlement. This includes financial pressures totalling £2.2m for Social Work services relating to payroll and contractual uplifts as well as increases in service demands for Children's Services and Older People. A copy of the HSCP budget movement for 2017/18 is included as **Appendix 2**.
- 4.3 The most recent report to Council on the 12th January 2017 advised that the settlement for East Dunbartonshire applied the maximum reduction of 5% to the General Revenue grant providing the worst case scenario in the budget planning model. This provided an anticipated gap in funding of £14.4m. Following a number of other adjustments including additional income of £4.6m as a result of council Tax reforms the overall gap in Council funded services is £11.7m.
- 4.4 The Scottish Government announced its draft financial settlement on the 15th December 2016. This provides for an additional £107m to be transferred from NHS Boards to Integration Authorities to invest in Social Care Services, of which £100m will be to deliver further commitments in respect of the living wage, £5m to disregard war pensions from financial assessments for social care and £2m to support pre-implementation work in respect of the new carers legislation. This is in addition to the £250m already allocated to integration Authorities during 2016/17. For East Dunbartonshire this will means an additional allocation of **£1.845m**.
- 4.5 To reflect this additional support, Local Authorities will be able to adjust their allocations to IJBs in 2017/18 by **up to** their share of £80m below the level of budget agreed with the IJBs for 2016/17. This will be distributed on the basis of GAE allocations to Adult Social Work Services. This equates to a potential reduction in the local authority allocation to the IJB of **£1.38m** and will require consideration of savings proposals to meet this financial challenge. **(Scenario 1)**
- 4.6 If however, the financial allocation to the partnership requires that the budget pressures of £2.2m be met in full from within current partnership resources, then this would equate to a funding gap of **£3.6m. (Scenario 2)**. There will be on-going discussions with the local authority to establish the final position prior to the Council setting its budget mid February 2017.
- 4.7 The impact of this on the ED HSCP is set out in the table below:

	Scenario 1 £000	Scenario 2 £000
Adult Services	40,545	40,545
Children & CJ Services	11,291	11,291
Other	1,194	1,194
Total LA Budget to IJB 2016/17 (@ period 8)	53,030	53,030
Budget Pressures per CCLS exercise	2,208	2,208
Additional Living Wage / Charging / Carer commitments	1,845	1,845
2017/18 Budget requirement	57,083	57,083
Indicative LA Budget Allocation 2017/18*	53,858	51,650
Additional Social Care Funding	1,845	1,845
Total Allocation to IJB for LA Services	55,703	53,495
Anticipated Shortfall in Funding	1,380	3,588

*Local Authority can adjust 2017/18 allocation up to share of £80m.

- 4.8** Work is underway to identify proposals for savings options which will include the following areas:-
- Transformation Savings – Terms & Conditions
 - Transformation Savings – Procurement
 - Review of Social Work Budget Pressures
 - Review of further Commitments in respect of the Living Wage, Carers. Charging (£107m)
 - Review of Learning Disability
 - Review of Mental health
 - Review of Addiction Services
 - Review of Eligibility/ Cost Ceiling
 - Review of Integrated Structures
 - Review of Care of Gardens

Indicative Financial Allocation from NHS Greater Glasgow & Clyde

4.9 The NHS GG&C Board have been considering the impact of the financial settlement announced on the 15th December as it relates to the financial plan for the Board and the allocations to health & social care partnerships for the functions delegated to IJB's.

4.10 The GG&C Health Board received a general funding uplift of £31.1m (1.5%), however from this uplift there is a requirement for £23.7m (being GG&C share of additional £107m) to be passed directly on to HSCPs and one off pressure in respect of rates revaluations (£11m) which provides a negative uplift to the board of £3.6m. In addition there are a range of additional pressures in respect of salary uplifts, contractual inflation, prescribing pressures, apprenticeship levy, acute sector pressures resulting in an overall financial pressure for the Board of £116.8m. The partnerships share of these funding pressures is £16.6m detailed below:-

• Salary uplifts incl discretionary points	£4.3m
• Contractual Uplifts incl PPP & Supplies	£0.9m
• Drugs uplift	£6.5m
• Apprenticeship Levy	£1.8m
• Resource transfer	£1.8m
• Pension Costs	£1.3m
• TOTAL	£16.6m

4.11 A copy of the letter from NHS GG&C detailing the 2017/18 financial allocation to Health & Social Care Partnerships is included as **Appendix 3**.

4.12 This equates to a funding pressure of £1.02m, based on 2016/17 budget allocations, for East Dunbartonshire. (**Scenario 1**)

4.13 In addition, there are pressures of £7.8m relating to unachieved savings from 2015/16 for the CH(C)Ps, as was, where there is an expectation that these be met by HSCP's. The indicative proportion for East Dunbartonshire would be £0.5m. However, there are ongoing discussions to identify how this gap can be closed including use of prescribing rebates and discounts. (**Scenario 2**)

4.14 The settlement to Health stipulated that NHS contributions to integration Authorities for delegated health functions will be maintained **at least** at 2016/17 cash levels.

4.15 The impact of this on the ED HSCP is set out in the table below:

	Scenario 1 £000	Scenario 2 £000
Community Health Services	25,576.0	25,576.0
Oral Health & Dental Services	10,287.0	10,287.0
FHS & Prescribing	43,652.0	43,652.0
Total NHS Budget to IJB 2016/17 excl. Set Aside(@ Month 8)	79,515.0	79,515.0
Budget Pressures per Financial Plan	1,020	1,520
2016/17 recurring savings requirement	354	354
2017/18 Budget requirement	80,890.0	81,390.0
Indicative NHS Budget Allocation 2017/18*	79,516.0	79,515.0
Total NHS Allocation to IJB	79,516.0	79,515.0
Anticipated Shortfall	1,374	1,874

*NHS Contribution to be maintained at 2016/17 cash levels

4.16 Work is underway to identify proposals for savings options to meet this financial challenge, which will include the following areas:-

- Staff Turnover
- Management Savings
- Integrated care Fund
- Service Development
- School Nursing
- Review of Administrative Support
- Review of Health improvement Support
- Review of Service Provision at Woodlands
- Review of Equipment & Adaptations
- Review of un scheduled care commissioning

4.17 Initial indications are that the risk sharing arrangement across GG&C for prescribing is set to continue and that work needs to progress in earnest to manage unscheduled care and achieve significant reductions in occupied bed days. This currently sits as a pressure within Acute services within the wider NHS Board, however there is a risk that continued pressures may be passed onto to partnerships if this is not proactively managed. Work continues nationally and locally to ensure that the 'set aside' element within the IJB budget is meaningful and becomes real in terms of budget management.

4.18 Family Health Services 'cash limited' budgets receive a separate annual uplift which will be passed on in full to partnerships.

4.19 There have been a number of other funding commitments within the NHS Draft Budget for 2017/18 which will support a shift in the balance of care and support investment in community based services within the responsibilities of integrated authorities, namely:-

- Enhancing Primary Care and Mental Health Provision – expenditure in both areas should be maintained at 2016/17 levels with additional investment available to develop and deliver on a number of key areas including developing and expanding multi-disciplinary teams, development of GP clusters, responsiveness to a new GP contract, developing new models of care and support for mental health in primary care settings, improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions, reducing unwarranted variation to access and assuring timely access, and developing services that focus on the mental health and well-being of children, young people and families. An investment of £128m has been committed in this area, £45m received in 2016/17 and a further £27m in 2017/18 for Primary Care and for mental health an

investment of £19m in 2016/17 increasing to £30m in 2017/18, both to deliver on specific commitments of which an element will relate to East Dunbartonshire.

- Prevention and Early Intervention – continued investment expected to deliver 500 more health visitors by 2018.
- Alcohol & Drug Partnerships – expenditure should be maintained at 2016/17 levels and in support of this £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

Indicative Financial Allocation to the Health & Social Care Partnership

4.20 The overall impact for the partnership is detailed below:

Partner contributions	2017/18 Budget Requirement £000	2017/18 (Indicative Allocation) £000	Anticipated Shortfall £000
Local Authority contribution (incl. Additional Social Care Funding)	57,083	55,703 - 53,495	1,380 - 3,588
NHS Contribution	80,889	79,515 – 79,015	1,374 – 1,874
TOTAL Contribution to the IJB (excl Set Aside)	137,972	135,218 – 132,510	2,754 - 5,462

4.21 It should be noted that this is subject to change and there may be a number of changes to assumptions following confirmation from the respective partners on the final allocations to the IJB. Further updates on the final allocations and areas for consideration will be brought back to future meetings.

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Councillor David O'Neill
COSLA President
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Copy to: The Leaders of all Scottish local authorities

15 December 2016

Dear David

Thank-you to you, Cllr Cook and the COSLA political leadership for participating in negotiations over recent weeks on the shape of the Local Government settlement for 2017-18. I have sought to engage with you and your team on the basis of openness and mutual respect and with the intention of building relationships around shared ambitions for people and communities.

As a result of these negotiations, I am able to set out the package of proposals below which I believe are a fair and reasonable offer that delivers on our shared ambitions. This letter, therefore, contains proposals for the local government finance settlement for 2017-18 resulting from the 2016 Budget process.

While the terms of the settlement have been negotiated through COSLA on behalf of its member councils, the same proposal is being offered to those councils who are represented by the Scottish Local Government Partnership. I believe this proposal opens the way for a new partnership between the Scottish Government and COSLA and, from that, the wider benefits of partnership working, including joint work on public service reform.

The Scottish Government and local government share the same ambitions for stronger communities, a fairer society and a thriving economy. This funding proposal delivers a fair financial settlement for local government, which will be strengthened by our joint working to improve outcomes for local people by improving educational attainment and through health and social care integration.

Following the work of the joint Settlement and Distribution Group, details of the indicative allocations to individual local authorities for 2017-18 are also being published today as set out in Local Government Finance Circular No. 9/2016.

I have carefully considered the representations made to me by COSLA and this is reflected in the detail of the settlement and the package of measures included in this letter.

My aim throughout our extensive discussions has been to reach an agreement with councils around the implementation of these commitments. I now invite local authorities to agree the terms of the settlement which are set out below.

Under the settlement we will look to all local authorities to work in partnership with the Scottish Government in pursuit of our Joint Priorities, including delivery of the Government's programme as set out in *A Plan For Scotland: The Scottish Government's Programme For Scotland 2016-17* published on 6 September and the *Draft Budget 2017-18*.

Renewing our partnership approach will enable close working on public service reform building on recent joint political and joint officer discussions.

On key priorities and following consideration of specific points you have raised I propose the following:

Public Service Reform

As an essential partner in the delivery of public services, the Cabinet sub-committee on Public Service Reform prioritised early discussion with COSLA to explore how we might work together around our shared priorities of health & social care, education attainment & governance, tackling inequalities & inclusive growth and enterprise, innovation, skills & employability. This political engagement and the productive discussions which followed at official level, including SOLACE, is an example of what we can achieve through a re-setting of partnership working at national level.

The Cabinet sub-committee anticipates further dialogue with COSLA on these emerging themes early in the New Year.

Health and Social Care

In 2017-18 an additional £107 million will be transferred from NHS Boards to Integration Authorities to protect our collective investment in social care. Of which, £100 million will support continued delivery of the Living Wage, sleepovers and sustainability in the care sector, and £7 million to 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 additional to the £250 million added in the 2016-17 budget, bringing the total support available from the NHS through Integration Authorities to protect social care to £357 million. NHS contributions to Integration Authorities for delegated health functions will be maintained at least at 2016-17 cash levels. The provision included for sleepovers (£10 million) will be reviewed in year to consider its adequacy, with a commitment to discuss and agree how any shortfall should be addressed. To reflect this additional support local authorities will be able to adjust their allocations to integration authorities in 2017-18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016-17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Taken together, these measures will enable Integration Authorities to ensure the collective overall level of funding for social care is maintained at £8 billion. I am sure you would agree that that would be a significant achievement and reflects the shared priorities of local government, the NHS and the Scottish Government.

Education (including the Attainment Fund)

I have considered the representations made on the Scottish Government proposals to adjust the local government settlement to pave the way for an additional £100 million investment per year, generated through reform of council tax, to go directly to schools to close the gap in the educational attainment of young people from Scotland's most and least deprived areas.

I can now confirm that provision for the additional funding to meet our commitments on the Attainment Fund will be met directly from the resources available to the Scottish Government at a national level, rather than from an adjustment to the local government finance settlement.

As the next step towards investing £750 million over the life of this Parliament we will go further than our manifesto commitment and will increase the additional resource to be made available directly to schools through the Attainment Scotland Fund from £100 million to £120 million in 2017-18. This will be paid as a ring fenced grant and distributed on the basis of P1 to S3 pupils known to be eligible for free school meals, as part of the local government settlement.

It is a condition of this agreement that this funding is additional to each council's individual spending on schools rather than substitutional and is to be used at the discretion of schools to close the attainment gap between children from the least and most deprived areas within their communities. This is on top of the existing £50 million Attainment Scotland funding that will continue to provide targeted support for those authorities and schools supporting children and young people in greatest need.

In addition, we will continue to require local authorities to maintain the overall pupil:teacher ratio at 2016-17 levels as reported in the Summary of School Statistics published on 13 December 2016, and secure places for all probationers who require one under the teacher induction scheme. This is supported by a continued funding package of £88 million, made up of £51 million to maintain teacher numbers and £37 million to support the teacher induction scheme.

As previously made clear, all of the additional £111 million of Council Tax income raised by the Council Tax banding reforms we have implemented will be retained by each local authority area and, as a result of these decisions, the allocation of that funding will be for councils themselves to take based on their own local needs and priorities.

Local Taxation

2016-17 was the ninth consecutive year of the Council Tax freeze. As we have made clear this will be lifted from 2017-18, when Councils will have greater flexibility and may choose to increase Council Tax by up to a maximum of 3%. This local discretion will preserve the financial accountability of local government, whilst also potentially generating up to £70 million to support services.

Our reforms of Council Tax are only the first steps, and the Scottish Government is fully committed to further engagement with COSLA as we seek to make local taxation as a whole fair and progressive. We will work with COSLA to consider your objectives for local tax reform as set out in the Local Government Funding Review.

We will also deliver our commitment for local government to retain the net incomes from the Crown Estate for the benefit of island and coastal communities. In addition we will explore with authorities other opportunities for the development of fair and equitable local taxation that supports economic growth and public services.

Overall Settlement

As a result of the measures above, the total revenue funding for 2017-18 will be £9,496.4 million, which includes non-domestic rates incomes in 2017-18 of £2,605.8 million.

Capital funding is set at £756.5 million and delivers on our agreed commitment to maintain the local government share of the overall Scottish Government capital budget. I can also reaffirm the commitment to repay £150 million of re-profiled 2016-17 capital with an additional allocation in the period 2018-20.

The total funding which the Scottish Government will provide to local government in 2017-18 through the settlement, including the £120 million of additional support for educational attainment, is £10,252.9 million.

This is a fair settlement for Local Government.

With the addition of the real spending power that comes from the opportunity to raise up to an additional £181 million from Council Tax plus an additional £107 million to support the integration of Health and Social Care, the total spending power available to local authorities from the Scottish Government, and through local taxation will be up to £10,541 million, a total of £241 million more than was available in 2016-17, an increase of around 2.3%.

The difference between the figures reported in the Draft Budget in 2016-17 and 2017-18 will be potential spending on local government services of an increase of £266.8 million, or 2.6%.

In return for this settlement and in pursuit of our Joint Priorities, individual local authorities will deliver the specific commitments set out above.

Engagement

In line with our partnership approach we will work jointly with local government to support delivery of these commitments and undertake a review to monitor progress at an agreed mid-point in the year.

The measures set out in the settlement offer must be viewed as a package to protect our shared priorities and intensify a journey of reform. In order to access all of the benefits involved, including those priorities supported by specific financial benefits, local authorities must agree to deliver all of the measures set out in the package and will not be able to select elements of the package.

Any individual authority not intending to agree the offer and accept the full package of measures and benefits should write to me by no later than **Friday 13 January 2017**. For those authorities not agreeing the offer a revised, and inevitably less favourable, offer will be made.

Local government is essential to the health, wellbeing and prosperity of every community in Scotland. The Scottish Government are committed to work together in partnership with local authorities to do all that we can to support local authorities to ensure that the full package of agreed measures is delivered.

Yours
DJ Mackay
DEREK MACKAY

Handwritten notes or scribbles at the top of the page.

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Ms Susan Manion – Chief Officer – East Dunbartonshire
Integration Authority
Ms Julie Murray – Chief Officer – East Renfrewshire
Integration Authority
Mr David Williams – Chief Officer – Glasgow City
Integration Authority
Mr Brian Moore – Chief Officer – Inverclyde Integration
Authority
Mr David Leese – Chief Officer – Renfrewshire Integration
Authority
Mr Keith Redpath – Chief Officer – West Dunbartonshire
Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.
3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.
4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.
5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.
6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.
7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.
8. Continue implementation of Self Directed Support.
9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

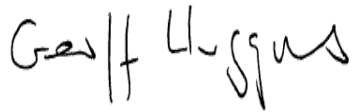
Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integration Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully



GEOFF HUGGINS
Scottish Government



PAULA McLEAY
COSLA

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Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Copy to: Chair
Director of Finance

Issued via email

Our Ref: A16253777

15 December 2016

Dear Mr Calderwood

Draft Budget 2017/18 – Indicative Allocation

Following the Scottish Government's Draft Budget for 2017/18 as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today, baseline allocations for NHS Greater Glasgow and Clyde for 2017/18 total £2,123.3 million. A breakdown of the total is provided in the annex to this letter.

Letters have also been sent to Local Authorities and Integration Authorities (copies attached) covering the Scottish Government's expectations of those organisations in relation to the budget; therefore please take this and the other two letters into account to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

In addition to this investment within NHS Greater Glasgow and Clyde we will be investing a further £128 million across NHSScotland in reform of our services. This includes investment in primary care and mental health care, which are delegated to Integration Authorities, and cancer services. This is a significant investment in our NHS, taking our total resource spend to £10.7 billion.

The Board's Local Delivery Plan (LDP) for 2017/18 should set out your plans to deliver the priorities contained in the Draft Budget. Full LDP guidance will follow shortly and this will incorporate guidance on a Regional planning and delivery approach.

Integrated Services

Unscheduled hospital care, primary and community healthcare and social care are delegated to Integration Authorities, as covered in the attached letter. In relation to specific aspects of these services (Supporting Social Care; Enhancing Primary Care and Mental Health Provision; Prevention and Early Intervention; and Alcohol and Drugs Partnerships), you will wish to note:

Supporting Social Care

£107 million will be transferred from NHS Boards to Integration Authorities to support 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 additional to the £250 million added in the 2016/17 budget, bringing the total support available for social care from the NHS to £357 million. NHS contributions to Integration Authorities for delegated health functions **will be maintained at least at 2016/17 cash levels**. The £10 million included for sleepovers will be reviewed in-year to consider its adequacy with a commitment to discuss and agree how any shortfall should be addressed. To reflect this additional support provided through the NHS, local authorities will be able to adjust their allocations to integration authorities in 2017/18 by up to their share of £80 million below the level of budget agreed with their Integration Authority for 2016/17 (as adjusted where agreed for any one-off items of expenditure which should not feature in the baseline). Financial flows to Integration Authorities should be provided in time to allow budgets to be developed by March 2017. We will be working with Integration Authorities and Health Boards over the next few months to better understand the effectiveness of current arrangements with respect to hospital budget delegation to Integration Authorities, including "set aside" budgets.

Enhancing Primary Care and Mental Health Provision

Expenditure in Primary Care and Mental Health should be maintained at 2016/17 levels of expenditure, with any investment provided in-year to be additional to this expenditure. For Primary Care, particular focus should be given to developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract. For Mental Health, particular focus should be given to developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services. This is part of our commitment to shift the balance of care, so that by 2021/22 more than half of the NHS frontline spending will be in our Community Health Service.

Prevention and Early Intervention

Continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

Alcohol and Drugs Partnerships

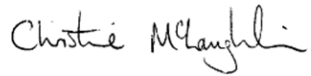
Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8 million is transferring to NHS Board baselines for delegation to Integration Authorities.

Sustainability & Value

In achieving greater sustainability & value from our NHS, the Board should produce detailed plans to minimise waste, reduce variation, to standardise and to share including:

- Implementation of the Effective Prescribing programme;
- A quality and cost assessed improvement plan to respond to Productive Opportunities identified from benchmarked performance;
- Reducing medical and nursing agency and locum expenditure as part of a national drive to reduce this spend by at least 25% in-year; and
- Implementation of opportunities identified by the national Shared Services Programme.

Your plan should be supported by a Financial Strategy for the next three years, setting out plans for investment, sustainability and reform, to ensure best use of available resources.



CHRISTINE MCLAUGHLIN
Director of Health Finance
Scottish Government

	2016-17 Budget Bill	2015-16 Recurring Allocations	Total 2016-17 Allocation	1.5% Uplift	ADP Funding Baseline	Police Custody	2017-18 Draft Budget
	£m	£m	£m	£m	£m	£m	£m
NHS Greater Glasgow and Clyde	2,079.2	(3.3)	2,075.9	31.1	14.4	1.9	2,123.3

**EAST DUNBARTONSHIRE COUNCIL
REVENUE ESTIMATES 2017/18
RECONCILIATION OF 2016/17 BUDGET TO 2017/18 CCLS & FINAL BUDGET**

SERVICE: Integrated Health and Social Care Partnership

£'000

BUDGET 2016/17

Budget at P6		52,076
<u>Remove one-off budgets in 2016/17</u>		
15/16 carry forward - Action of Children	(137)	
15/16 carry forward - Family assessment/contact team	(101)	
		(238)
<u>Budget Transfers</u>		
2016/17 Transformational savings from Miscellaneous	(372)	
Transfer of £370k from Miscellaneous to cover Care home increases re living wage	370	
		(2)

Revised Opening Budget 2016/17

51,836

Global Changes to Base Budget for 2017/18

Pay Increase (Non-Teachers 1%)		195
Cost of 2017/18 increments		89
Apprenticeship Levy		73
<u>Contract Price Increases:</u>		
Contract price inflation (2%)		134
Care homes (2.5%)		408
Self Directed Support (1%)		47
Inflation on Fees & Charges 2017/18 @ 2.5%		(44)
Total Global Changes		902

Service Changes to Base Budget for 2017/18

<u>Staffing</u>		
Change in Staff turnover savings		128
Savings from new staff appointments, incl restructure of management posts from 3 managers to 2.	(53)	
Reinvestment of staff saving to support structure changes below manager level - report to HSCP Board (11/8/16) stated new structure would be cost neutral.	53	
		128
<u>Non Staffing</u>		
<u>Change in Commitments to reflect current levels of demand :</u>		
Children & young people - residential schools and accommodation. The current placements at time of preparing the budget show significant increase in projected full year costs for 2017/18. 2016/17 budget is based on 16 placements, but 22 placements included for 2017/18 based on current commitments.		1,062
Children & young people - number of other budget changes in areas of throughcare team, childcare planning and placement,fieldwork	(59)	
Adults & older people - a reduction in expenditure in supported living is evident this year, and projected to continue. This is particularly the case in learning disability which is seeing an overall reduction in spend.	(300)	
Adults & older people - Residential accommodation, homecare and daycare all showing increased commitments during current year which will continue into 2017/18. This is in line with anticipated pressure as a result of increase in ageing population in the area.		829
Adults & older people - number of other budget changes in areas of supported accommodation,private hire of vehicles, payments to vol orgs, independent living fund		23
Other changes:		
Pineview - business case re delivery of service in-house (cost increase to be met by additional funds from share of £250m health and social care funding, and offset in additional resource transfer line below).		361
Living Wage uplift - full year cost now estimated at £1.819m, of which £0.370m is within EDC budget per 2016/17 approval, with full balance of £1.449m being met from additional £250m health and social care funding (this pressure offset within resource transfer line below). Change in resource transfer assumptions - this now includes additional £2.18m from EDC's £4.31m allocation of health and social care funding (£2.029m was applied in 2016/17 and is already contained within the budget.) This additional income offsets living wage costs and pineview above, and additional CCLS pressures within older people.		1,449
Changes in Adults and Addictions, offset by a reduction in RT funding	(125)	
Reallocate Supplies, Services and Admin budgets, and minor increase in utilities	(17)	
		1,178
Total Service Changes		1,306

FINAL CCLS BASELINE BUDGET 2017/18

54,044

**EAST DUNBARTONSHIRE COUNCIL
REVENUE ESTIMATES 2017/18
RECONCILIATION OF 2016/17 BUDGET TO 2017/18 CCLS & FINAL BUDGET**

APPENDIX 3

SERVICE:

£'000

Initial Budget	40,446	
<u>Removal of one offs in 2016/17</u>		0
<u>Budget Transfers</u>		
2016/17 Transformational savings from Miscellaneous	(271)	
Transfer of £370k from Miscellaneous to cover Care home increases re living wage	370	
		99
Base Budget 2016/17		40,545

Global Changes to Base Budget for 2017/18

Pay Increase (Non-Teachers 1%)	139
Cost of 2017/18 increments	37
Apprenticeship Levy	52
<u>Contract Price Increases</u>	
Contract price inflation (2%)	2
Care homes (2.5%)	408
Self Directed Support (1%)	42
Inflation on Fees & Charges 2016/17 @ 2.5%	(27)
Total Global Changes	651

Service Changes to Base Budget for 2017/18

<u>Staffing</u>		
Change in Staff turnover savings	115	
Savings from new staff appointments, incl restructure of management posts from 3 managers to 2.	(53)	
Reinvestment of staff saving to support structure changes below manager level - report to HSCP Board (11/8/16) stated new structure would be cost neutral.	53	
		115
<u>Non Staffing</u>		
Carefirst Commitments		
Adults & older people - a reduction in expenditure in supported living is evident this year, and projected to continue. This is particularly the case in learning disability which is seeing an overall reduction in spend.	(300)	
Adults & older people - Residential accommodation, homecare and daycare all showing increased commitments during current year which will continue into 2017/18. This is in line with anticipated pressure as a result of increase in ageing population in the area.		
Residential Accommodation	380	
Daycare	35	
Homecare	414	
Adults & older people - number of other budget changes in areas of supported accommodation, private hire of vehicles, payments to vol orgs, independent living fund		
Supported Accommodation	(44)	
Private Hire of Vehicles	4	
Payments to Voluntary Organisations	99	
Independent Living Fund	(37)	
Pineview - business case re delivery of service in-house (cost increase to be met by additional funds from share of £250m health and social care funding, and offset in additional resource transfer line below).	361	
Living Wage uplift - full year cost now estimated at £1.819m, of which £0.370m is within EDC budget per 2016/17 approval, with full balance of £1.449m being met from additional £250m health and social care funding (this pressure offset within resource transfer line below).	1,449	
Changes in Adults and Addictions, offset by a reduction in RT funding	(125)	
Change in resource transfer assumptions - this now includes additional £2.18m from EDC's £4.31m allocation of health and social care funding (£2.029m was applied in 2016/17 and is already contained within the budget.) This additional income offsets living wage costs and pineview above, and additional CCLS pressures within older people.	(2,045)	
Reallocate Supplies, Services and Admin budgets, and minor increase in utilities	4	
Reallocate Supplies, Services and Admin budgets, and minor increase in utilities	7	
Transfer Car mileage (C&F) to SHC overtime	18	
		220
Total Service Changes		336

FINAL CCLS BUDGET 2017/18

41,532

**EAST DUNBARTONSHIRE COUNCIL
REVENUE ESTIMATES 2017/18
RECONCILIATION OF 2016/17 BUDGET TO 2017/18 CCLS & FINAL BUDGET**

APPENDIX 3

SERVICE:

£'000

BUDGET 2016/17

Initial Budget 11,630

Removal of one offs in 2016/17

Action for Children	(137)	
Family Assessment/Contact Team premises modification	(71)	
Furniture/fittings - Family Assessment and Contact Team premises	(30)	
		(238)

Budget Transfers

2016/17 Transformational savings from Miscellaneous	(101)	
		(101)

Base Budget 2016/17 11,291

Global Changes to Base Budget for 2017/18

Pay Increase (Non-Teachers 1%)		56
Cost of 2017/18 increments		53
Savings from New Staff Appointments		
Apprenticeship Levy		21
<u>Contract Price Increases</u>		
Contract price inflation (2%)		132
Self Directed Support (1%)		5
Inflation on Fees & Charges 2016/17 @ 2.5%		(17)
Total Global Changes		250

Service Changes to Base Budget for 2017/18

Staffing

Change in Staff turnover savings	13	
		13

Non Staffing

Children & young people - residential schools and accommodation. The current placements at time of preparing the budget show significant increase in projected full year costs for 2017/18. 2016/17 budget is based on 16 placements, but 22 placements included for 2017/18 based on current commitments.

Children & young people - number of other budget changes in areas of throughcare team, childcare planning and placement, fieldwork	Throughcare Team	(10)	
	Childcare Planning/Placement	(34)	
	Fieldwork - Children & Young People	(15)	
	Reallocate Supplies, Services and Admin budgets	(28)	
	Transfer Car mileage to SHC overtime (AOP)	(18)	
			958

Total Service Changes 971

FINAL CCLS BUDGET 2017/18 12,512

Greater Glasgow and Clyde NHS Board

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Susan Manion
Chief Officer
East Dunbartonshire Health and Social Care
Partnership
Kirkintilloch Health & Care Centre
10 Saramago Street
Kirkintilloch
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Date: 11th January 2017
Our Ref: RC/BOB

Enquiries to: Robert Calderwood
Direct Line: 0141-201-4614
E-mail: <mailto:robert.calderwood@ggc.scot.nhs.uk>

Dear Susan

2017/18 Financial Allocation to Health and Social Care Partnerships

Following the publication of the draft Scottish budget on 15th December 2016, I am writing to advise you of the Board's proposed approach to confirming allocations to Health and Social Care Partnerships for 2017/18 and to outline some initial planning assumptions to help you to prepare your financial plans for next year.

You will appreciate that this information remains indicative at this stage and may change as further specific details of the settlement are finalised.

It has been confirmed that the Board will receive a general uplift of 1.5% (£31.1m) which is the general uplift available to fund all cost increases in pay, supplies and GP prescribing budgets. Scottish Government has confirmed that £23.7m of this uplift will pass directly through to HSCPs and some of this may be available to offset cost pressures within NHS budgets. The balance of the uplift will be fully consumed by the increase in the Board's rates costs as a result of the recent revaluation and as a result there will be no uplift available to current service budgets. The Scottish Government letter to me as Accountable Officer for NHS Greater Glasgow and Clyde has stated that for 2017/18 the Board's expenditure on services delegated to HSCPs should be maintained at least at current year levels and therefore 2017/18 allocations to HSCPs will remain at the value of the 2016/17 recurring base supplemented by any specific 2017/18 non recurring allocations from Scottish Government. However, in 2016/17 the Board has provided non recurring relief of £7.8m for unachieved savings from 2015/16 and approximately £8.0m for the in year shortfall against 2016/17 savings plans. The 2015/16 savings were not allocated to specific Partnerships but this will be adjusted in establishing the opening position for 2017/18. The Board will continue to work with HSCPs to identify how this gap can be closed from Partnership funds such as prescribing rebates and discounts.

Family Health Services 'cash limited' budgets receive a separate annual uplift which will be passed on to Partnerships in full. We will also pass on in full any specific allocations for Health and Social Care. Family Health Services budgets will continue to be managed centrally in 2017/18.

During 2016/17 it was possible for the Board to provide non recurring relief to HSCPs for the in year shortfall against 2016/17 savings plans. The Board will require all of its non recurring funding sources to achieve breakeven in 2016/17 and as a result will not be in a position to offer any in year relief for 2017/18. HSCPs will therefore be required to cover any in year shortfalls internally from underspends within their integrated budgets or from reserves carried forward from prior years.

As you know HSCPs are now responsible for planning and commissioning unscheduled care services. As you are well aware the service has been under significant pressure due to increases in demand and acuity. The Board expects HSCPs and the Acute Division to determine an appropriate activity level that reduce demand, improve patient flows and ensure more consistent achievement of performance targets including delayed discharge. This should include a financial framework to describe the financial flows arising from increases or reductions in demand and cost.

I hope this enables you to start to develop your financial plans for 2017/18 and we will continue to monitor the overall position and provide you with regular updates as the position becomes clearer in the coming weeks

Yours sincerely

A handwritten signature in black ink, appearing to read "Robert Calderwood".

Robert Calderwood
Chief Executive
NHS Greater Glasgow and Clyde

Board Position

The estimated overall position for NHSGGC is set out below.

Description	£m
Additional Funding	Board
General Funding Uplift of 1.5%.	31.1
Less Specific HSCP Funding (Share of National £100.0m)	(23.7)
less Rates Revaluation	(11.0)
less Board Contingency	0.0
Additional Funding	(3.6)
Inflation, Pressures & Investments	HSCPs
Salaries inc Discretionary Points & ACT Offset	(4.3)
Supplies exc PPP & Contracts	(0.7)
PPP & Contracts	(0.2)
Drugs Uplift	(6.5)
Resource Transfer	(1.8)
Apprenticeships Levy	(1.8)
Pensions Cost - RRL Cost from AME Provision	(1.3)
Inflation, Pressures & Investments	(16.6)
add Specific HSCP Funding	23.7
Net Uplift / (Reduction)	7.1
Net Uplift / (Reduction)	0.9%
Note	
In addition, HSCPs are expected to deliver £7.8m of 2015/16 recurring savings, If possible, prescribing rebates may contribute to in-year delivery.	

Possible Pay Uplift

Based on 2016/17 pay policy (1% general uplift with £400 for those earning less than £22,000), it is likely that the additional pay cost to HSCPs in 2017/18 will be around 1.2%. In addition, HSCPs will be expected to meet the cost of the new Apprenticeships Levy at 0.5% of pay costs.

Possible GP Prescribing Costs





The Prescribing Management Finance Group met on 8 December 2016 to consider projections for 2017/18. Current indications are that the likely net prescribing uplift for 2017/18 will be circa £6.5m however this may change before prescribing budgets are finalised in June 2017. As indicated earlier the first call on rebates and discounts will be to cover prior year unachieved/unallocated savings.

Possible Price Inflation

The UK's rate of inflation is expected to rise in the coming months. As at November 2016 the RPI was 2.2%.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2016/17_06
Subject Title	Quarter 2 Performance Report
Report By	Susan Manion, Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Fiona McCulloch, Planning, Performance & Quality Manager East Dunbartonshire Health & Social Care Partnership 0141 355 2395 Fiona.mcculloch@ggc.scot.nhs.uk



1.0 PURPOSE OF REPORT
1.1 The purpose of this report is to present a summary of the agreed HSCP targets and measures, relating to the delivery of the strategic priorities, for the period July - September 2016 (Quarter 2).
2.0 SUMMARY
2.1 The Health & Social Care Partnership Board receive and consider Quarterly Performance Reports on progress of an agreed suite of measures and targets against the priorities set out in the Strategic Plan 2015-18.
2.2 Following the agreed integration Children's Services and Community Justice, the 2016/17 quarterly performance reports will also include measures and targets for Children's Services and Community Justice for which the HSCP has responsibility.
2.3 Therefore, the Quarter 2 Performance Report sets out: <ul style="list-style-type: none">  Positive Performance (on target) improving (19 measures)  Positive Performance (on target) declining (2 measures)  Negative Performance (below target) improving (2 measures)  Negative Performance (below target) declining (9 measures) <p>There are 6 measures for which data are not available.</p>

- 2.4 A summary of the performance indicators for the reporting period is provided in **Section 1**. The full list of measures and targets are then provided. **Section 2** lists the Adult Services data. **Section 3** provides the Children's Services data and **Section 4** provides the Community Justice data.
- 2.5 Each section concludes with the relevant exception reports that outline provide actions to be taken to address deficits. The percentage variance from target and, if available, the actual numbers are also provided. The exception reports are ordered from greatest to least percentage variance.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health & Social Care Partnership Board:
- Notes the content of the Quarter 2 Performance Report






SECTION 1 Performance Summary

Key	
Positive Performance (on target) improving / declining	
Negative Performance (below target) improving / declining	



Positive Performance (on target & improving) is reported in:



Ref		
2.1.2	Sustain and embed alcohol brief interventions in three priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (Cumulative quarterly)	
2.2.2	Number of emergency admissions 75+ rate (per 1,000 pop) (rate at quarter end)	
2.2.3	Number of delayed discharges for Adults with Incapacity (Acute Beds)	
2.2.4	Number of acute bed days lost to delayed discharges for patients 65+ (inc AWI)	
2.2.5	Number of acute bed days lost to delayed discharges for patients 65+	
2.2.8	Number of people aged 65 years+ with an anticipatory care plan in place (DNs only)	
2.2.9	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	
2.2.14	Percentage of people 65 or over with intensive needs receiving care at home (% at quarter end)	
2.2.15	Percentage of EDC homecare customers 65+ receiving a service during evenings or overnight	
2.2.16	Percentage of EDC homecare customers 65+ receiving a service at weekends	
2.4.1	Percentage of people 65+ indicating satisfaction with their social interaction opportunities (Social Care only)	
3.1	18 weeks referral to treatment for specialist Child and Adolescent Mental health Services	
3.3	Uptake of MMR: 5 years	
3.4	Percentage of parents receiving 1:1 parenting support within the first 6 weeks following birth	

3.6	Number of parents receiving planned 1:1 parenting support	
3.9	Percentage of first Child Protection review conferences taking place within 3 months of registration	
3.11	Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated	
3.12	Percentage of Social Work reports submitted to Child Protection Case Conference	
4.3	Percentage of CJSW reports submitted to Court by due date	



Positive Performance (on target but declining) is reported in:



Ref

3.7	Percentage of child care Integrated Assessments (ICA) for SCRA completed within target timescales (20 days)	
3.2	Uptake of MMR: 24 months	



Negative Performance (below target but maintaining/improving) is reported in:





Ref






2.3.1	Percentage of service users/clients satisfied with the quality of care provided (Social Care only)	
2.4.2	Percentage of service users satisfied with their involvement in the design of their care packages (Social Care only)	



Negative Performance (below target and declining) is reported in:

Ref


2.2.1	Rate of unplanned acute bed days 75+ (per 1,000 pop) (rate at quarter end)	
2.2.7	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support	
2.2.12	Number of people aged 65+ in permanent care home placements (at quarter end)	
2.6.1	Percentage of carers who feel supported and capable of continuing in a caring role (Social Care only)	

3.5	As a proportion of parents who attend a Triple P group – the percentage of parents completing the Triple P Programme	
3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral	
3.10	Balance of care for Looked After Children: Percentage of children being looked after in the community	
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipts	
4.2	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order	

Indicators with no current data available






Ref.		Notes
2.1.1	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (Cumulative quarterly)	Data available up to end June 2016. Data is measured after 12 weeks post quit.
2.1.3	Percentage of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	NHSGG&C Performance Team has advised that Drugs and Alcohol waits have a 6 months' time lag.
2.2.6	Delayed Discharge >14 days	This measure is no longer counted by NHSGG&C Performance Team, and will be removed from this performance report.
2.2.10	Waiting Times PCMHT: % of patients referred to 1 st appointment offered <4wks	PCMHT have changed their recording system. NHSGG&C Performance Team are currently developing reporting system.
2.2.11	Waiting Times PCMHT: % of patients referred to 1 st treatment appt offered <9wks	PCMHT have changed their recording system. NHSGG&C Performance Team are currently developing reporting system.
2.2.13	Number of people 75+ with a telecare package (at quarter end)	This data has been unavailable due to staff vacancy. This post has now been recruited.

SECTION 2 Adult Performance Quarterly Measures 2016-17








Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer							
			Quarter				
Ref.	Measure	Status	Q3	Q4	Q1	Q2	2016/17
			2015/16	2015/16	2016/17	2016/17	2016/17
			Value	Value	Value	Value	Target
2.1.1	Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas (Cumulative quarterly)	-	12	20	3	Not available	6
2.1.2	Sustain and embed alcohol brief interventions in three priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings. (Cumulative quarterly)		498	625	207	390	244
2.1.3	Percentage of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	-	99%	91.6%	96.8%	Not available	91.5%

SECTION 2 Adult Performance Quarterly Measures 2016-17


Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Ref.	Measure	Status	Quarter				
			Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
2.2.1	Rate of unplanned acute bed days 75+ (per 1,000 pop) (rate at quarter end)		401	372	343	364	345
2.2.2	Number of emergency admissions 75+ rate (per 1,000 pop) (rate at quarter end)		35	33	28	28	29
2.2.3	Number of delayed discharges for Adults with Incapacity (Acute Beds)		2	0	0	0	0
2.2.4	Number of acute bed days lost to delayed discharges for patients 65+ (inc AWI)		916	843	527	513	622
2.2.5	Number of acute bed days lost to delayed discharges for Adults with Incapacity (65+)		41	0	0	0	0
2.2.6	Delayed Discharge >14 days	-	1	2	0	Not Available	0



2 Adult Performance Quarterly Measures 2016-17

Ref.	Measure	Quarter					2016/17
		Status	Q3	Q4	Q1	Q2	
			2015/16	2015/16	2016/17	2016/17	
		Value	Value	Value	Value	Target	
2.2.7	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support.		81%	90%	95%	2%	100%
2.2.8	Number of people aged 65 years+ with an anticipatory care plan in place (DNs only)		62	63	65	70	70
2.2.9	Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral		99%	98.4%	100%	100%	85%
Waiting Times PCMHT							
2.2.10	% of patients referred to 1 st appointment offered <4 wks	-	100%	99.2%	99.6%	Not Available	100%
2.2.11	% of patients referred to 1 st treatment appt offered <9wks	-	100%	100%	88%	Not Available	100%
2.2.12	Number of people aged 65+ in permanent care home placements (at quarter end)		Data not available	674	669	693	640
2.2.13	Number of people 75+ with a telecare package (at quarter end)	-	Not available	Not available	491	Not Available	188
2.2.14	Percentage of people 65 or over with intensive needs receiving care at home (% at quarter end)		38%	38.1%	37.33%	38.32%	32%
2.2.15	Percentage of EDC homecare customers 65+ receiving a service during evenings or overnight		52.7%	50.9%	49.9%	51.6%	50%
2.2.16	Percentage of EDC homecare customers 65+ receiving a service at weekends		89.4%	90.2%	90.4%	92.7%	84%


Outcome 3 People who use health and social care services have positive experiences of those services, and have their dignity respected

Ref.	Measure	Status	Quarter				
			Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
2.3.1	Percentage of service users/clients satisfied with the quality of care provided (Social Care only)		96%	100%	91%	93%	99%

Outcome 4 Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.

Ref.	Measure	Status	Quarter				
			Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
2.4.1	Percentage of people 65+ indicating satisfaction with their social interaction opportunities (Social Care only)		92%	100%	83%	95%	95%
2.4.2	Percentage of service users satisfied with their involvement in the design of their care packages (Social Care only)		96%	100%	91%	92%	95%

SECTION 2 Adult Performance Quarterly Measures 2016-17











Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.							
Ref.	Measure	Status	Quarter				
			Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
2.6.1	Percentage of carers who feel supported and capable of continuing in a caring role (Social Care only)		88%	100%	100%	93%	94%



SECTION 2 Exception Reports - Adult Performance Quarterly Measures 2016-17 (descending order of variance from target)

Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
2.2.7	Percentage of people newly diagnosed with dementia accessing a minimum of one year's post-diagnostic support	Service was affected by exceptional recruitment situation losing 1.8 WTE for period July - November. This resulted in increased service pressures and waits.	<p>Recruitment process completed to back fill posts. Case allocation has now resumed and it is anticipated that waits will be significantly reduced across the next quarter.</p> <p>Existing caseload was redistributed to preserve continuity of care and achieve post diagnostic guarantee for that cohort.</p> <p>No new cases were allocated throughout this time.</p>	98%

2.2.12	Number of people aged 65+ in permanent care home placements (at quarter end)	The number of people in permanent care home placements continues to rise. This relates to effective hospital discharges.	With the introduction of Intermediate Care, it is anticipated that this number will decline.	8.3%
2.2.1	Rate of unplanned acute bed days 75+ (per 1,000 pop) (rate at quarter end)	Slight rise in admissions due to seasonal factors, however, overall trend continues downward.	Strengthening anticipatory care and better collaborative approaches between primary and community services.	5.51%
2.6.1	Percentage of carers who feel supported and capable of continuing in a caring role (Social Care only)	Q2 figure of 93% based on a total of 28 reviews with the remaining 39 reviews which took place omitted from the figures as they were either n/a or left blank.	N/A	1.1%

SECTION 3 Children's Performance Quarterly Measures 2016-17

Ref.	Measure	Quarter					
		Status	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
3.1	18 weeks referral to treatment for specialist Child and Adolescent Mental health Services		Not available	Not available	100%	100%	100%
	Uptake of MMR						
3.2	24 months		96.8%	95.3%	96.8%	96.3%	95%
3.3	5 years		98%	97.5%	97.8%	98.6%	95%
3.4	Percentage of parents receiving 1:1 parenting support within the first 6 weeks following birth		100%	100%	100%	100%	100%
3.5	As a proportion of parents who attend a Triple P group - the percentage of parents completing the Triple P programme		10%	71%	74%	68%	70%
3.6	Number of parents receiving planned 1:1 parenting support		37	65	33	115	40
3.7	Percentage of child care Integrated Assessments (ICA) for SCRA completed within target timescales (20 days)		100%	75%	100%	85%	75%
3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral		91%	88%	89%	75%	90%
3.9	Percentage of first Child Protection review conferences taking place within 3 months of registration		78%	78%	100%	100%	95%
3.10	Balance of care for Looked After Children: Percentage of children being looked after in the community		87%	87%	88%	84%	89%




3.11	Percentage of first Looked After & Accommodated reviews taking place within 4 weeks of the child being accommodated		100%	100%	88%	100%	100%
3.12	Percentage of Social Work reports submitted to Child Protection Case Conference		100%	100%	100%	100%	100%

SECTION 3 Exception Reports - Children's Performance Quarterly Measures 2016-17 (descending order of variance from target)

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Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
3.8	Percentage of Initial Child Protection Case Conferences taking place within 21 days from receipt of referral	8 Initial Child Protection Case Conferences held during quarter 2, 6 within timescale. There were particular issues identified regarding the 2 case conferences held outwith timescale. These issues included last minute staff sickness and statutory holidays for partner agencies.	Consider contingency arrangements that will minimise the risk of re-occurrence.	16.6%
3.10	Balance of care for Looked After Children: Percentage of children being looked after in the community	Performance at the end of quarter 2 has declined from the end of the previous quarter and is below the target figure. There has been a small decrease in the number of children in community placements (2) and a slight increase in the number of children in residential placements (4) which has resulted in the shift. The % of young people in community placements is at its lowest point since May 2014 and is now showing as below target.	Addressing the balance of care is a priority of 2017. We will continue to monitor the situation presently and make plans to re-balance as resource allows.	5.6%
3.5	As a proportion of parents who attend a Triple P group – the percentage of parents completing the Triple P programme.	Due to low numbers attending data for Q2 has fallen below target. Between Jul – Sep 16 (Q2), 3 people attended, 2 of which completed the programme.	Continue to monitor data and actively encourage attendees to complete the programme.	2.8%

SECTION 4 Community Justice Performance Quarterly Measures 2016-17

Ref.	Measure	Status	Quarter				
			Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	2016/17
			Value	Value	Value	Value	Target
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipts		100%	100%	100%	97.26%	100%
4.2	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order		81%	72%	72%	66%	80%
4.3	Percentage of CJSW reports submitted to Court by due date		100%	97%	100%	100%	95%

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SECTION 4 Exception Reports – Community Justice Performance Quarterly Measures 2016-17 (descending order of variance from target)

Ref.	Performance below Target	Exception Report	Action(s) to improve	Variance from target
4.2	Percentage of individuals beginning a work placement within 7 days of receiving a Community Payback Order	Performance in quarter 2 is below target. 19 out of 29 individuals started an unpaid work placement within the agreed timescales. Of those individuals who did not; 1 was undertaking paid employment, 3 were currently on an Order, 2 individuals were ill, 3 failed to attend and 1 was the result of a late notification from Court. A number of these were outwith the control of the service.	Continue to work with agencies and individuals to improve the performance. Internal changes to system will be considered.	17.5%
4.1	Percentage of Court report requests allocated to a Social Worker within 2 working days of receipt	73 report requests were allocated during the quarter, 71 of these were within the target timescale. 2 reports were out with the target timescale as a result of the target being changed during the quarter from 10 days to 2 days.	Monitor performance against the change in target to ensure national guidelines are met.	2.7%

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2016/17_08
Subject Title	Public, Service User & Carer Engagement
Report By	Sandra Cairney Head of Strategy, Planning and Health Improvement
Contact Officer	David Radford Health Improvement & Inequalities Manager David.radford@ggc.scot.nhs.uk 0141 355 2391

1.0 PURPOSE OF REPORT
1.1 The attached report (appendix 1), describes the processes, actions and timescales to secure robust engagement with the public, service users and carers. Detail is provided regarding the support specifically for service user and carer representatives on the HSCP statutory groups as well as an indication of work undertaken to engage and/or receive feedback from the wider public and users of health and social care services.
2.0 SUMMARY
2.1 At the HSCP Board meeting on 23 rd October 2014, members approved arrangements for public, service users and carer engagement.
2.2 The approved model proposed to strengthen engagement and influence through advisory representation of service users and carers within the HSCP Board, Strategic Planning Group and locality planning groups
2.3 Service user representatives, carer representatives and wider members of the public have been involved in a range of engagement activities over the last two years, during both the period of the 'shadow' and substantive' HSCP Board.
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: <ul style="list-style-type: none"> ▪ Note the progress in securing meaningful engagement with the public, service users and carers. ▪ Approve the next steps outlined in the attached report.

PUBLIC, SERVICE USER & CARER ENGAGEMENT

1.0 CONTEXT

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance requires the Health & Social Care Partnership (HSCP) to establish mechanisms to take account of the particular needs of communities, service-users and carers in different parts of the authority and to engage them in shaping health & social care services
- 1.2 The HSCP Board's consultative/engagement obligations stipulated in the Act relate to the Scheme of Integration and the Strategic Plan and are achieved primarily but not exclusively through service user and carer representatives on the HSCP Board, the Strategic Planning Group and two locality planning groups

2.0 BACKGROUND

- 2.1 At the HSCP Board meeting on 23rd October 2014, members approved coherent and manageable arrangements for public, service users and carer engagement which were considered to be proportionate and meaningful.
- 2.2 The approved model proposed to strengthen engagement and influence through advisory representation of service users and carers within the Board, Strategic Planning Group and the locality planning groups
- 2.3 A diagrammatic representation described the intended incremental engagement steps set out in the approved paper

3.0 ENAGAGING SERVICE USER AND CARERS IN HSCP STRATEGIC PLANNING

- 3.1 Service user representatives, carer representatives and wider members of the public have been involved in a range of engagement activities over the last two years, during both the period of the 'shadow' and substantive' HSCP Board.

3.2 HSCP Board - Service User & Carer Representatives

The service user representative to the shadow HSCP Integrated Joint Board was initially nominated through the previous Public Partnership Forum but was later ratified as the representative to the substantive HSCP Board by the Public, Service User & Carer Network.

The Carer representative on the shadow HSCP Integrated Joint Board was nominated through a process facilitated by Carers Link but was later ratified as the representative to the substantive HSCP Board by the Public, Service User & Carer Network.

Since its inception, service users and carers (and proxies when available) have been involved in all discussions and decisions taken by the shadow and substantive HSCP Board as well as being invited to and participate in the Board’s development programme.

3.3 Strategic Planning - Service User & Carer Representatives

Securing an initial service user representative on the Strategic Planning Group was achieved through a process facilitated by East Dunbartonshire Voluntary Action but was later ratified by the Public, Service User & Carer Network.

The Carer representative to the Strategic Planning Group was nominated through a process undertaken by Carers Link but was later ratified by the Public, Service User & Carer Network.

Service users and carers have participated in four Strategic Planning Group meetings.

12 Feb 2015	<ul style="list-style-type: none"> ▪ Received a presentations and consulted on the HSCP’s draft Scheme of Establishment. ▪ Discussed the role and remit of the Strategic Planning Group as laid out by in the Act (Guidance). ▪ Determined individual membership, roles and responsibilities. ▪ Discussed and consulted on the first draft of the Strategic Plan, including content and outcomes ▪ Introduced to the ‘Enabling Collaborative Leadership Pioneer Programme’ which aims to facilitate collaborative learning and leadership, underpinned by a systematic approach to inquiry and learning from experience.
30 April 2015	<ul style="list-style-type: none"> ▪ Consulted on the second draft of the Strategic Plan. ▪ Contributed to the development of the SPG Terms of Reference (agreed by the HSCP Board in October 2015).
24 Sept 2015	<ul style="list-style-type: none"> ▪ Received an overview of and discussed East Dunbartonshire demographics and the main health and social care issues. ▪ Contributed to a participatory workshop utilising the ‘Rich Pictures’ methodology to inform the Joint Strategic Needs Assessment. ▪ Contributed to a stock take inquiry undertaken via Survey Monkey to ascertain the expectations and learning needs of the Strategic Planning Group members.
15 Mar 2016	<ul style="list-style-type: none"> • Contributed to discussions about three priorities within the Strategic Plan, namely Supporting People with Mental Health in their Community; Self Management / Long Term Conditions; and Preventing People Being Admitted to Hospital Unnecessarily. Provided views and comments on suggested approaches/actions which should be considered in taking these priorities forward.

3.4 Locality Planning - Service User & Carer Representatives

The service user and carer representative to both Locality Planning groups were nominated and ratified through the Public, Service User & Carer Network.

Service users and carers have participated in Locality Planning Groups

21 Oct 2015.	<p>Combined East & West Locality workshop</p> <ul style="list-style-type: none"> ▪ Considered a presentation which provided an overview of the Act in relation to localities, and described the role and remit of Locality Groups. ▪ Discussed an overview of East Dunbartonshire demographics and the main health and social care issues. ▪ Involved in a participatory workshop utilising the 'Rich Pictures' methodology to inform the Joint Strategic Needs Assessment,
20 Jan 2016	<p>West Locality</p> <ul style="list-style-type: none"> ▪ Discussed an overview of the role of the Locality Group. ▪ Contributed to the development of a draft Terms of Reference. ▪ Appointed a Chairperson.
27 Jan 2016	<p>East Locality</p> <ul style="list-style-type: none"> ▪ Discussed an overview of the role of the Locality Group. ▪ Contributed to the development of a draft Terms of Reference. ▪ Subsequently appointed a Chairperson.
11 May 2016	<p>West Locality</p> <ul style="list-style-type: none"> ▪ Examined the current pathway for people with dementia from point of referral to post diagnostic support. ▪ Identified the need to explore Dementia Day Care services and potential improvements. ▪ Identified the need to explore planning arrangements for Care Home and housing development.
16 May 2016	<p>East Locality</p> <ul style="list-style-type: none"> ▪ Received and discussed a presentation regarding health inequalities to inform the work of the group. ▪ Identified key priorities to take forward including cancer prevention and recovery; access to physical activity opportunities; and issues relating to those who are housebound.
31 Aug 2016	<p>West Locality</p> <ul style="list-style-type: none"> ▪ Discussed Long term conditions and self care management. ▪ Received an update and discussed current Day Care review. ▪ Discussed planning arrangements for Care Home and housing development. ▪ Discussed the recently launched Intermediate Care Model.
7 Sep 2016	<p>East Locality</p> <ul style="list-style-type: none"> ▪ Discussed local cancer screening uptake and possible action. ▪ Overview provided of new weight management arrangements. ▪ Discussed the implementation of new GP based physical activity programme. ▪ Received an overview of the OPAL service.

3.5 HSCP Public Service User & Carer Network

A public meeting was held on 25th June 2015 with the purpose of obtaining views from participants about their preferred approach to community engagement by the HSCP.

Participants took part in an option appraisal workshop to explore which engagement model would best elicit meaningful contributions. Participants expressed interest in this workshop style of meeting continuing as a means to network with members of the public, service users and carers. In response to this view the HSCP committed to establishing a regular Public, Service User & Carer Network.

There have been four subsequent Network meetings.

9 Sept 2015	<ul style="list-style-type: none"> ▪ Introduced to the HSCP requirements for a Strategic Needs Assessment, including content, timeframe and engagement. ▪ Explored local data to begin to establish a local picture of health & wellbeing. ▪ Involved in a participatory workshop utilising the 'Rich Pictures' methodology to inform the Joint Strategic Needs Assessment.
9 Dec 2015	<ul style="list-style-type: none"> ▪ Participated in a learning session regarding <i>The Equality Act (2010)</i> and the additional Scottish Statutory Instrument <i>The Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012</i>, exploring their contribution to the HSCP Equality Plan. ▪ Reviewed the PSU&C contribution to the Strategic Needs Assessment (presented to the HSCP Board on 15th December 2015). ▪ Contributed to the development of a Terms of Reference for the PSU&C Network.
10 Mar 2016	<ul style="list-style-type: none"> ▪ Participated in an Equality Impact Assessment of the group's representation. ▪ Agreed and undertook a process to nominate future public, service users and carer representation to each of the following groups <ul style="list-style-type: none"> - HSCP Board - Strategic Planning Group - Locality Groups.
13 Sept 2016	<ul style="list-style-type: none"> ▪ Participated in the development of the HSCP 'vision and values. ▪ Agreed and confirmed representatives for the HSCP Board, Strategic Planning Group and Locality Planning Group. ▪ Discussed current consultations. ▪ Agreed to establish a support mechanism for service user and carer representatives on statutory groups.

4.0 SUPPORT FOR SERVICE USER & CARER REPRESENTATIVE (AND PROXIES)

4.1 In order to ensure service user and carer representatives are supported to undertake their role on the statutory groups, a support group has been established.

13 Sept 2016	<ul style="list-style-type: none"> ▪ A general discussion to explored the needs and support requirement for representatives and their proxies. ▪ Agreed to establish a regular meeting and where possible to align with the HSCP Board meetings. ▪ Agreed to distribute a range of key HSCP strategic documents including the Strategic needs Assessment and Strategic plan.
17 Nov 2016	<ul style="list-style-type: none"> ▪ Provided an overview of the new planning landscape. ▪ Clarified representation on each of the statutory groups. ▪ Explored their role on these groups and started to develop some

guidance.

- Considered aspects to be included within a Terms of Reference.
- Recognised the need to identify representatives' learning needs.
- Identified wider networks that could be engaged.
- Advised of additional support in the form of a joint post with EDC for community engagement/capacity building (including support for this group).
- Agreed to establish a small working group to plan the next Network workshop.

5.0 SERVICE USER AND CARER INVOLVEMENT IN SERVICE EXPERIENCE AND DEVELOPMENT

- 5.1 The HSCP Scheme of Integration and the revised Scheme of Integration were both subject to consultation. This was achieved through consultation with service user and carer representatives on the statutory groups; the Public, Service User & carer Network; and the wider public via the local press and EDC and NHSGGG websites.
- 5.2 Consultation on the HSCP Strategic Plan was also routed through service user and carer representatives on the statutory groups; the Public, Service User & carer Network; and the wider public via the EDC and NHSGGG websites.
- 5.3 HSCP services implement a range of methods to engage service users and carers directly regarding their experience of the services they receive and supporting them in contributing to HSCP service development. Some examples are outline below>
- Working with the Community Planning Partnership to engage communities in using the PLACE standard tool to review current and future community service provision across sectors.
 - Using a Mental Health Peer Support Worker approach to act as a 'critical friend' to inform the development of service user and carer information; develop clinical referral forms; evaluate services.
 - Carers Link participates in regular mental health learning/education workshops to raise staff awareness of the needs of carers and to identify opportunities for improving service user support.
 - Children and young people were fully involved in developing and implementing the Smoke Free Play Parks. Designing the public notices and information.
 - Mental health services are currently exploring the 'Triangle of Care' model to better involved joint care planning between the clinical staff, service users and carers.
 - Regular routine audits are undertaken by Social Work Services to sample the experiences of service users and carers.
 - Children, young people and members of the public were involved in the development and implementation of the 'Canal Festival Smoke Free Areas'. This involved developing public notices and participating in a public survey both during and after the event to inform how this initiative will be further developed.
 - Children and young people are involved in the development of the Active Schools programme within secondary schools
 - Within PLACE areas, the community is being supported to develop and deliver resident led play activities for children, young people and their families.
 - The CRT has incorporated satisfaction surveys into their routine practice in order to

capture and utilise service user and carer experience in service improvements.

- The District Nursing Service has incorporated the 'How are we Doing?' methodology to elicit the views and experiences of service users and their families of the services they receive. In addition, the Team has introduced baseline questionnaire to palliative care patients and their carers to and the feedback is discussed at regular team meetings to identify areas for improvement.

6.0 NEXT STEPS

- 6.1 In relation to support for service user and carer representative, a series of regular meeting will be scheduled for 2017/18. A development programme will be produced and rolled out over the next year. A Terms of Reference will be developed along with an induction pack for representatives.
- 6.2 The Public, Service User & Carer Network will be delivered as a minimum twice per year, which will be influenced and supported by the Service User & Carer Representatives Support Group.
- 6.3 The HSCP will strengthen and deliver, where appropriate, other engagement activities to involve service user and carers in specific service developments.
- 6.4 The HSCP will continue to improve mechanisms to elicit service user and carer experiences.
- 6.5 It is anticipated that a HSCP Website will 'go live' early 2017 and will provide a mechanism for wider public engagement and information sharing.
- 6.6 There will be regular updates and reports from the Public, Service User and Carer Network to the Health & Social Care Partnership Board to provide assurance to the Board on matters relating to Service User, Public and Carer individuals.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2017/18_09
Subject Title	Strategic Planning Group Progress Report
Report By	Susan Manion, Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Fiona McCulloch, Planning, Performance & Quality Manager East Dunbartonshire Health & Social Care Partnership 0141 355 2395 Fiona.mcculloch@ggc.scot.nhs.uk

1.0 PURPOSE OF REPORT
1.1 To inform the Board of the discussions and actions undertaken and agreed by the Strategic Planning Group
2.0 SUMMARY
2.1 The East Dunbartonshire Strategic Planning Group has been established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Strategic Planning Group represents the interests of local stakeholder groups in relation to health and social care services.
2.2 The Strategic Planning Group has held two meetings since the progress report submitted to the Board in May 2016.
2.3 The main topics of focus have been the consultation on the Revised Integration Scheme, the HSCP priorities for 2016-17, and the HSCP Annual Performance Report 2015-16.
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: <ul style="list-style-type: none"> ▪ Note the content of this report

4.0 MAIN REPORT

4.1 Background

4.1.1 The East Dunbartonshire Strategic Planning Group (SPG) has been established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereafter referred to as the Act). The Strategic Planning Group represents the interests of local stakeholder groups in relation to health and social care services. The role of this group is to provide views and make recommendations on the development, implementation and review of the East Dunbartonshire Strategic Plan, inform the priority setting process and consider the effects of proposals for change.

4.1.2 Membership of Strategic Planning Groups was prescribed in the Act. Accordingly, the East Dunbartonshire HSCP includes the following members:

- Head of Strategy, Planning & Health Improvement (Chair)
- Planning and Performance Manager
- General Practitioners (x2)
- Pharmacist representative
- Senior Nurse
- OT Lead (AHP representative)
- Head of Planning North Acute Services
- Social Work Services Manager
- East Dunbartonshire Housing Strategy Team Leader
- Independent Sector Representative
- Third sector representative
- Service User representative
- Carer representative
- East Locality Planning Group representative
- West Locality Planning Group representative

4.2 Report of Meetings

Since the last update report submitted to the Board on 15th May 2016, there have been two meetings of the SPG.

4.3 Standing Agenda Items

At both meetings, the SPG were provided with a verbal report from the representatives of each Locality Planning Group, and from the Public, Service User and Carer Forum, outlining the discussions and actions from their meetings.

4.4 SPG Meeting on 7th June 2016

The following agenda items were discussed at this meeting:

- Priorities for 2016-17 - Short presentations were given by the priority leads for Mental Health redesign; Learning Disability redesign; Delayed Discharge; Intermediate Care Models; Primary Care priorities. The priorities were discussed, and the SPG agreed with the priorities chosen.
- Annual Performance Report – The SPG were informed that the HSCP was in

the process of writing an Annual Performance Report for 2015-16. The Scottish Government had provided guidance on what the Report should include, and this was being adhered within HSCP Annual Performance Report. The SPG were advised that the final report would be published on the website, and that they would each receive an electronic copy for discussion at the next meeting.

- Revised Integration Scheme consultation – The proposed revisions to the Integration Scheme that extend the functional responsibilities of the East Dunbartonshire HSCP to include Social Work Children and Criminal Justice service functions, were described. No comments or objections were raised, and the SPG agreed to the proposed revision.

4.5 SPG Meeting on 16th November 2016

The following agenda items were discussed at this meeting:

- Annual Performance Report – The SPG were asked for their comments on both the content and the presentation of the Annual Performance Report. Members of the group made the following suggestions: an Executive Summary would be helpful; the source of data should be included; there were too many abbreviations; there should be more information on ‘how’ things were achieved; and, a glossary of terms would be useful. The SPG were thanked for their input and assured that these comments would help inform the preparation of the 2016-17 Annual Performance Report.
- Strategic Planning Priorities – A diagrammatic representation of the relationship between the HSCP Board, the SPG, Locality Groups, Patient, Service User & Carer Group, priority planning groups and Community Planning strategic groups was described in detail. Attendees stated that they found this helpful in providing clarity on the different groups and the way in which they connected.
- Roles and Membership – Due to changes in membership of the group, it was agreed that it was an appropriate time to revisit the roles and membership of the SPG. This will be discussed at the next meeting.
- Integration Update - The SPG were advised that Social Work Children and Criminal Justice services have now been delegated to the HSCP following Cabinet Secretary approval on 5th July 2016.
- GP Clusters – The GP cluster arrangements were described. The SPG were advised that these groups were in their infancy, and progress will be reported at future meetings.
- Vision and Values - The HSCP Senior Organisational Development Adviser was invited to attend the group to provide an overview of the HSCP Visions and Values.

EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2017/18_12
Subject Title	National Strategy and Framework for Outcomes, Performance and Improvement for Community Justice
Report By	Susan Manion Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Paolo Mazzoncini, Chief Social Work Officer East Dunbartonshire Health & Social Care Partnership Paolo.mazzoncini@eastdunbarton.gov.uk 0141 232 8216

1.0 PURPOSE OF REPORT
1.1 The purpose of this report is to provide the Board with information on the publication of two key Scottish Government documents, which underpin the introduction of the Community Justice (Scotland) Act on 1 st April 2017.
2.0 SUMMARY
2.1 The Scottish Government introduced legislation, which takes effect on 1 st April 2017, that will transfer the responsibilities of the current Community Justice Authorities (CJAs) to the local Community Planning Partnerships (CPPs) of each local authority across Scotland
2.2 The Scottish Government has developed, in conjunction with a range of partners, a National Strategy and a Framework for Outcomes, Performance and Improvement that will assist partner agencies in the planning and delivery of Community Justice services.
2.3 The information contained in the documents (Appendix 1 and 2 respectively) outline not only the direction of policy but also a format of how CPPs will report on community justice-related activity.
2.4 The documents were formally launched at an event in November 2016.
3.0 RECOMMENDATIONS
3.1 It is recommended that the HSCP Board: <ul style="list-style-type: none"> ▪ Notes the content of the report.

4.0 MAIN REPORT

- 4.1 The premise of *Community Justice* is to help create a stronger community justice system based on local collaborative strategic planning and delivery, with national leadership, support and assurance. It brings together partner agencies to improve the life outcomes of “people with convictions” in the community by means of a coordinated strategic plan and a model of inter-agency delivery.
- 4.2 The implementation of the Act introduces the disestablishment of the CJAs and the transfer of responsibilities to CPPs who will be responsible for developing plans that will be scrutinised by a new body: Community Justice Scotland (CJS). This new agency will assist CPPs in utilising effective plans and service delivery by monitoring performance and improvement.
- 4.3 Community Justice Scotland will also have other roles such as responsibility for the Hub for Innovation, and Learning and Development. They will have an overarching role in the training and support of all agencies involved in the process of Community Justice.
- 4.4 Currently, the Community Justice plan for East Dunbartonshire Council (EDC) is being finalised by the Transitional Development Officer. This is being done on a tripartite basis across EDC, West Dunbartonshire and Argyll & Bute with input from a range of appropriate partners. Each area will have its own discrete plan that reflects local needs and planning. Board members will be provided with a copy of the completed Plan in due course.



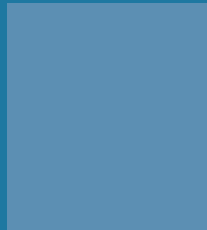
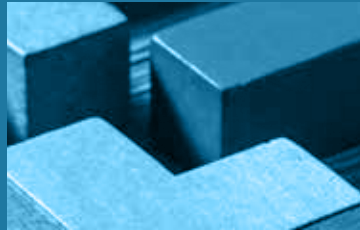
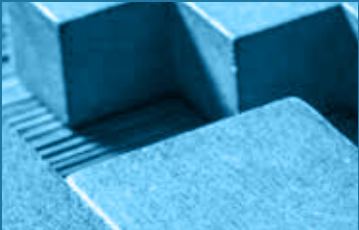
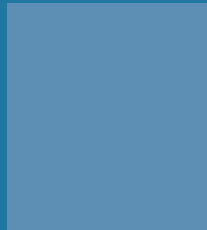
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Partner logos



Foreword



1



The justice system of a modern and progressive country – a country committed to tackling inequalities – is one which supports those who end up in our justice system to turn their behaviours around and become contributors to an inclusive and respectful society.

For those that commit an offence, the strategy continues our journey towards robust sentencing options. Rather than invest resources in interventions that we know for many people do not work to rehabilitate them or reduce the likelihood of their reoffending – such as short term prison sentences – it promotes the use of effective, evidence-based community interventions. This is not about being soft or tough on crime, but about being smart on crime. Every interaction with the justice system should be seen as an opportunity to reduce and prevent further offending.

We know that the people who live in the most deprived parts of our society are more likely to have experienced challenges at school; mental ill health; alcohol or drug addiction; unemployment; or homelessness. It is little surprise therefore, that people who are the victims of crime and those who offend and their families are drawn disproportionately from these areas.

That is why the National Strategy for Community Justice is founded on adopting a preventative approach: an approach to not only reduce crime and the number of future victims of crime, but to help to create a more just, equitable, and inclusive society where people's life chances are improved and our public resources are made best use of. This strategy sets out an ambitious vision where people are rightly held to account for their offending, but are supported to be active and responsible contributors to their community.

Taking a holistic approach can help people to make positive changes in their lives, and help tackle the underlying causes of their offending. This strategy encourages community justice partners to provide tailored wrap-around services which work with people as individuals, and which recognise their strengths, needs and aspirations. The evidence is clear that better access to welfare, housing and health services, wellbeing and employability assistance can reduce or even prevent offending from occurring in the first place. This strategy sets out the role that partners have in improving access to these and other services.

The answers are not straightforward – to drive improvement on such complex and intractable problems will require joint working from a range of partners, including some not traditionally associated with justice. These organisations will need to work together to ensure that we can provide the best possible outcomes. That is why collaboration is at the heart of this strategy. I am delighted and grateful that community justice partners have played an instrumental role in the steering group that led the development of this work.

To realise our goals will also require the willingness and collaboration of communities themselves; from the families, neighbours and local businesses who can support successful reintegration into the community, to the very people who have committed offences striving to turn their lives around and contribute productively to society.

This strategy provides a vision for community justice in Scotland. It is designed to help community partners prioritise key areas, to facilitate and drive improvement and to support our communities in realising that vision. I am confident that we can rise to this challenge.

MICHAEL MATHESON MSP
Cabinet Secretary for Justice
November 2016

The Scottish Government's Vision for Community Justice



2

Vision

Scotland is a safer, fairer and more inclusive nation where we:

- prevent and reduce further offending by addressing its underlying causes; and
- safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens.

Mission Statement

We will achieve this vision by effectively implementing the Scottish Government's plans for penal policy to:

- Deliver a decisive shift in the balance between community and custodial sentences by:
 - increasing the use of community-based interventions; and
 - reducing the use of short term custodial sentences;
- Improve the reintegration from custody to community.

The new model for community justice, with its focus on strong partnership working to ensure effective intervention from the point of arrest onwards, provides the delivery framework for achieving both this mission and the wider vision.

Priorities

Extensive consultation with stakeholders has made clear that the Scottish Government's vision and mission will be delivered by prioritising action in the following areas:

- Improved Community Understanding and Participation.
- Strategic Planning and Partnership Working.
- Effective Use of Evidence-Based Interventions.
- Equal access to Services.



Principles

Our vision for community justice is underpinned by the following principles:

- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending.
- Re-integrating those who have committed offences into the community, and helping them to realise their potential, will create a safer and fairer society for all.
- Every intervention should maximise opportunities for preventing and reducing offending as early as possible, before problems escalate.
- Community justice outcomes cannot be improved by one stakeholder alone. We must work in partnership to address these complex issues.
- Informed communities who participate in community justice will lead to more effective services and policies with greater legitimacy.
- High quality, person-centred and collaborative services should be available to address the needs of those who have committed offences, their families, and victims of crime.





Community Justice Partners: Introduction



3

The new model for Community Justice, underpinned by the Community Justice (Scotland) Act 2016, has transformed the community justice landscape to bring a local perspective to community justice.

By **community justice** we mean: “the collection of individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are reintegrated into the community. Local communities and the third sector are a vital part of this process which aims to prevent and reduce further offending and the harm that it causes, to promote desistance, social inclusion, and citizenship.”¹

The new model for Community Justice, underpinned by the Community Justice (Scotland) Act 2016, has transformed the community justice landscape to bring a local perspective to community justice. The new model places planning at the local level where decisions can be made by people who know their area best. A legal duty is placed on statutory Community Justice Partners to engage in this planning process and report annually on their progress towards improving community justice outcomes.

Partnership working is crucial to improving community justice outcomes and community planning partnerships have an important role to play in facilitating this. In addition to the statutory partners, this requires the input of a diverse range of individuals and organisations covering a wide-range of interests, including housing, employability, and health and wellbeing. The diagram below shows just some of the diverse range of partners and stakeholders who have a role to play in community justice.



¹ This strategy relates primarily to adults. For children and young people, see the Youth Justice Strategy for Scotland <http://www.gov.scot/Publications/2015/06/2244>

The third sector plays an important role in improving community justice outcomes. They are a source of innovation, responsiveness and flexibility, and can provide a meaningful connection to otherwise hard-to-reach service users and communities. The most effective way to improve outcomes for people and communities is by joined up working with the Third Sector at the planning stage.

Community is at the heart of the new model. Whether challenging stigma, employing people with convictions, or participating in community justice planning – improving community justice outcomes will require the involvement and support of local people and businesses. It is vital that this includes victims of crime, people who have committed offences, families, and the community bodies that represent them.

The national strategy for community justice will help this broad range of stakeholders to work together. There is a statutory duty on partners to have regard to this strategy which provides a shared vision to help partners and communities work together effectively to improve community justice outcomes, while retaining the flexibility to adapt to local needs and circumstances.²

Continuous improvement will provide the new model with the flexibility to respond to new issues as they arise. An outcomes, performance and improvement framework has been developed alongside the strategy and will provide partners with opportunities to record and share achievements while identifying learning and innovation to drive improvement, with the assistance of Community Justice Scotland.

A collaborative approach has been used to develop this strategy, and the broad range of members on the steering group helped us to capitalise on a wide range of expertise. We face complex and long-standing challenges but we look forward to new opportunities to address these issues together.³

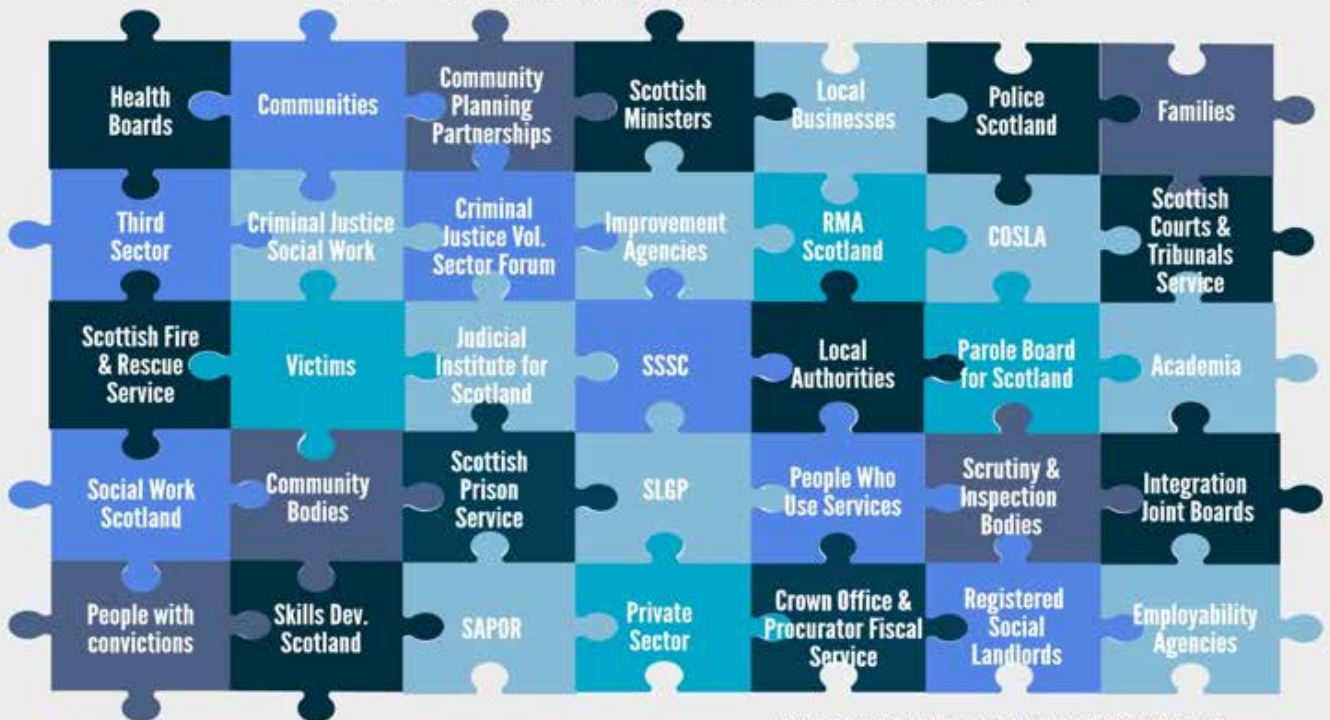
“We believe that the vision for community justice is the right one to improve outcomes for the people of Scotland. We must prevent and reduce further offending in a fair and effective way by addressing its underlying causes. Under the new model for community justice, we will seize these opportunities for collaboration to drive innovation and improve community justice outcomes.”


National Strategy for Community Justice:
Steering Group, 2016

² As provided in the Community Justice (Scotland) Act 2016.

³ The Community Justice (Scotland) Act 2016 does not require statutory partners to carry out their duties in a way that would conflict with existing statutory duties. For example, the role of Scottish Courts and Tribunals Service is carried out to the extent that it does not conflict with its role of supporting the courts, or influence sentencing decisions. Similarly, it is fundamental to the prosecution of crime in Scotland that decisions are taken independently by the Lord Advocate, and through his authority, the Crown Office and Procurator Fiscal Service.

Partners and Stakeholders



 Statutory Partners

Scottish Ministers in practice means the Crown Office & Procurator Fiscal Service and the Scottish Prison Service

Improved Community Understanding and Participation



4

Informing local communities about community justice issues and involving them in the decisions that affect them will support reintegration, reduce stigma, and lead to the delivery of better, more responsive services and improved community justice outcomes.

We will drive improvement in the following areas:

- Increase communities' awareness and understanding of community justice.
- Strengthen community participation in the planning, delivery and evaluation of community justice services and policy.
- Change the conversation to support reintegration and reduce stigma.

Scotland's communities are a rich source of energy, creativity and talent, made up of people with diverse backgrounds who each have something to contribute to making Scotland flourish.⁴

Informing local communities about community justice issues and involving them in the decisions that affect them will support reintegration, reduce stigma, and lead to the delivery of better, more responsive services and improved community justice outcomes.

Although each area will have their own definition of "community" including a range of different interests and geographical areas, the following groups must be included:

- Victims of crime and their families.
- People with convictions and their families.
- People who live in the community.
- Local businesses.
- Community bodies.

Increasing communities' awareness and understanding of community justice

The degree to which communities understand community justice can have a significant impact on a range of issues such as:

- Awareness of offending rates in their area.
- Fear of being a victim of crime.
- willingness to support community justice interventions.
- Support for preventative approaches that may require long-term investment and planning.
- The impact of stigma and how it can fracture communities.

Furthermore, many community justice services are made possible through members of the community offering their time to organisations that seek to prevent and reduce further offending. The public attitude towards community justice is important in encouraging this culture of participation.

There is a lot of effective engagement already underway. Many CPPs have community engagement plans and partners have well-established engagement mechanisms. It is important that these are taken advantage of so that engagement can be carried out with minimal additional burden to communities.⁵

⁴ <http://www.gov.scot/Topics/People/engage>

⁵ The [National Standards for Community Engagement](#) sets out best practice for engagement between communities and public agencies.

To raise awareness and understanding of community justice issues, partners should:

Develop a communication strategy that outlines plans to raise awareness of community justice issues to communities and local media, as well as local decision makers such as the judiciary.

Review and capitalise upon existing engagement mechanisms and good practice.

Develop the evidence base to help improve understanding of community justice issues in their area while taking advantage of existing research infrastructure and including contributions from academic, statutory and third sector partners.

Strengthening community participation in the planning, delivery and evaluation of community justice services and policy

“Communities can be considered experts in their own needs and by enabling greater input into service planning and delivery, the public sector may uncover innovative delivery mechanisms which more effectively meet their service users’ requirements.”⁶

Scottish Council for Development and Industry, 2014

Although it is vital to increase awareness of community justice issues, the evidence gathered by the Christie Commission on the future delivery of Public Services demonstrates that engagement is not sufficient, and that reforms must also aim to involve communities in the design and delivery of public services.

Effective community participation should inform decisions about prioritisation and how services are shaped and resources deployed, as well as how partners evaluate community justice services and policies and revise their plans as a result of this. Communities and community bodies should be increasingly involved in co-production, working together to jointly design and deliver services and support where they wish to do so. Effective co-production combines the mutual strengths and capacities of partners to achieve positive change.

Partners should seek to ensure the most disadvantaged communities are involved in this process, including those who have personal experience of the justice system. It is important that there are mechanisms for victims of crime to feedback on community justice matters such as local initiatives and how they have impacted on the community. Securing active, constructive and ongoing involvement may require commitment from partners to strengthen the capacity of communities and community bodies to participate. To strengthen community participation,

⁶ Written evidence to the Scottish Parliament: Local Government and Regeneration (LGR) Committee, 2014, during the stage one scrutiny of the Community Empowerment (Scotland) Act.

partners should:

Develop a community participation strategy and **involve communities** in community justice planning, delivery and evaluation, as well as co-designing and co-delivering services to fit locally identified needs.

Support communities on any capacity building required to enable their participation.

Changing the conversation to support reintegration and reduce stigma

“Research suggests that offenders who feel a welcomed part of society are less likely to reoffend compared to those who feel stigmatised. It is therefore important that criminal justice professionals work not only with offenders but also with their family, friends and the wider community (e.g. employers, community groups, the voluntary sector) to ensure pro-social and positive relationships can be developed and sustained.”⁷

What Works to Reduce Reoffending, 2015

After people have been released from custody or completed community sentences, it is vital that we support them to reintegrate into society. We must be aware of the power of language to facilitate or inhibit this process. Defining people as “offenders” for the rest of

their lives, will not help to change their behaviours, or shift attitudes within wider society. We encourage partners to use the term:

person with convictions
or
person with an offending history,

while also taking care to use language that is sensitive to victims of crime.

Be mindful of the importance of language

Partners should use language that is inclusive to people with convictions and victims of crime.



⁷ What Works to Reduce Reoffending <http://www.gov.scot/Resource/0038/00385880.pdf>

Strategic Planning and Partnership Working



5

A strategic approach to community justice planning and partnership requires that both statutory and non-statutory partners collaborate effectively towards common goals and co-ordinate their activities effectively.

We will drive improvement in the following areas:

- Collaboration & Co-ordination.
- Strong Leadership at National and Local Level.
- Strategic Approach to Commissioning.
- Leveraging Resources.
- Workforce Development.

The benefits of a strategic approach to community justice planning and partnership are clear. If partners collaborate towards a shared, long-term approach to preventing and reducing further offending, their actions will complement and reinforce each other to maximise improvement of community justice outcomes.

Strategic planning and partnership working requires that partners work together effectively, that there are strong leaders at all levels, that partners use resources effectively to achieve shared goals, and that the community justice workforce has a strong identity.

Collaboration and co-ordination

“Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain.”

Commission on the Future Delivery of Public Services, 2011

A strategic approach to community justice planning and partnership requires that both statutory and non-statutory partners collaborate effectively towards common goals and co-ordinate their activities effectively. Partners should have a good understanding of each other’s role and share information about effective interventions, and services to improve community justice outcomes, as well as individual-level data where appropriate.

In the new model for community justice, partners will collaborate to address priorities in their local area while having regard to: the National Strategy for Community Justice and the Outcomes, Performance and Improvement framework to drive consistency across Scotland. Partners should also have regard to the local outcomes improvement plan (LOIP) to ensure that community justice planning is linked to the wider landscape of community planning arrangements.

Prevention and early intervention approaches are critical to stopping problems from escalating and easing future demands on services. It is likely that such approaches will be targeted at particular high risk groups or areas rather than the whole population.⁸ The aim being to address issues before they deteriorate. Examples could include, targeted employability support or schemes to re-integrate people with convictions, or the diversion of young people to social work support services.

⁸ Also referred to as ‘secondary prevention’.

Particular consideration should be given to transitions between child and adult services, where needed. Transitions must be planned and supported, and take account of requirements under the Children and Young People (Scotland) Act 2014, including corporate parenting responsibilities, which extend the rights of previously looked after young people.

To improve collaboration and co-ordination community justice partners should:

Integrate non-statutory partners such as local businesses, service users, citizens and community bodies into community justice planning structures and processes.

Share information about interventions and services to improve community justice outcomes, as well as individual-level data where appropriate.

Focus on prevention and early intervention to minimise both future demand for services and future costs to the public sector.

Build effective links with children's services planning to help support a preventative approach to offending involving children and young people, including a focus on effective transitions for young people who may need to access community justice services.

Support and assist the development of strong multi-agency public protection arrangements (MAPPAs) to help identify good practice, drive improvement, and increase consistency.

Strong leadership at national and local level

Strong national and local leadership is critical for ensuring that the diverse range of statutory and non-statutory community justice partners are supported and directed in moving towards ambitious shared goals. Partners must be collectively accountable to local communities for the services they provide and aware of the impact of their decisions on partners, communities and community justice outcomes.

At a national level, the leadership provided by Community Justice Scotland will provide support and profile for community justice, as well as assurance to Scottish Ministers and Local Government leaders on the delivery of improved outcomes for community justice, and constructive support to community justice partners.

Strong local leadership is critical to ensure that these decisions are carried out effectively. Community planning structures can facilitate local decision-making and local government is well placed to provide local leadership and accountability. Community planning now has a shared leadership approach so any of the partners may wish to facilitate this process.⁹

⁹ As laid out in the Community Empowerment (Scotland) Act 2015.

Strategic approach to commissioning

Changing our thinking about the commissioning of services is crucial to achieving improved outcomes. Service provision should be based on a mixed economy approach that capitalises on the unique skills of statutory community justice partners, the third Sector, community bodies, and the private sector.

Effective commissioning breaks down boundaries between services by recognising the common outcomes they are working towards; and involves communities and those who use the services to help ensure that partners understand the needs of their area, the extent to which existing services meet these and the potential for improvement. Implementing the Outcomes, Performance and Improvement Framework – particularly the ‘5 Step Approach to Evaluation’ – will help ensure that partners have the tools they need to evaluate services and ensure that commissioning is informed by a robust evidence base.

In recognition of the importance of this, one of the first tasks for Community Justice Scotland will be to work with partners and stakeholders to develop a strategic approach to commissioning. It is important that all community justice partners contribute to this work and ensure it is implemented in their area.

Leveraging resources

The new model for community justice makes clear that partners are working towards the same outcomes. Therefore, it makes sense to co-ordinate and allocate resources strategically so that with a relatively small individual input they can have a much larger impact on outcomes. Partners should work together to identify innovative uses of resources and share knowledge and good practice where possible.

In the new model for community justice there is a duty on statutory partners to share information, provide advice and assistance, co-ordinate activities, and fund activities together. However, partners should go beyond this to break down boundaries between traditional justice services and the wider range of partners who also have a role in improving community justice outcomes. Improving these will also improve outcomes for constituent partners such as health, housing, social care, employability and policing.

Leveraging resources should also involve the assets of people and the community as a whole. For example, co-production (i.e. developing services in partnership with third sector providers, communities and service users) can be an effective way of leveraging resources to target priority areas.

To improve the strategic use of resources, partners should:

Contribute to the development of a strategic approach to commissioning and implement in their area.

Make best use of resources by sharing staff, expertise, information, property, and finance while building on existing areas of good collaborative working.

Demonstrate innovative and collaborative use of funding to prevent and reduce further offending.



Workforce development

“We strongly believe that traditional professional and sectoral boundaries are restrictive. Delivery of services will benefit from loosening them through building strategic relationships between people and organisations who share common outcomes.”

Commission on the Future Delivery of Public Services, 2011

The community justice workforce comprises a diverse range of professionals from a range of partners. This includes not just the statutory community justice partners but also non-statutory partners who may not consider themselves to have a role in community justice, such as employers, college tutors, housing officers etc.

It is important that this broad range of professionals – at both strategic and front-line level – are aware of how they contribute to community justice outcomes and the impact of their decision making on other partners. They should be equipped to think across professional, organisational and geographical boundaries.

Community Justice Scotland will be developing a Strategy for Innovation, Learning and Development. To help prepare for this, partners should consider the community justice workforce's common values, goals, activities and training needs.

To improve workforce development, community justice partners should:

Help workforces understand how they, and other partners contribute to community justice outcomes.

Contribute to the development of the Strategy for Innovation, Learning and Development.



Equal Access to Services



6

The Community Justice (Scotland) Act 2016 places duties on statutory partners who have a key role to play in improving community justice outcomes.

We will drive improvement in the following areas:

- Collaboration and co-ordination between both statutory and non-statutory partners at a national and local level.
- Effectively managed person-centred transition where the needs of individuals are assessed and addressed.

“We want to set out a vision of community justice where people are held to account for their offending but thereafter supported to be active and responsible contributors to their communities. This implies a willingness and collaboration from all society and non-justice partners to support successful reintegration back into the community.”¹⁰

Cabinet Secretary for Justice, Michael Matheson MSP, Report of the Ministerial Group on Offender Reintegration, Scottish Government, 2015

Reoffending is a complex social issue and an individual’s likelihood of desistance can be significantly affected by structural factors such as timely access to housing, health and wellbeing, financial inclusion and employability. Furthermore, people who have committed offences may present complex and multiple needs, or require support in order to engage effectively with necessary services.

Victims of crime and families can also face a number of barriers to accessing services

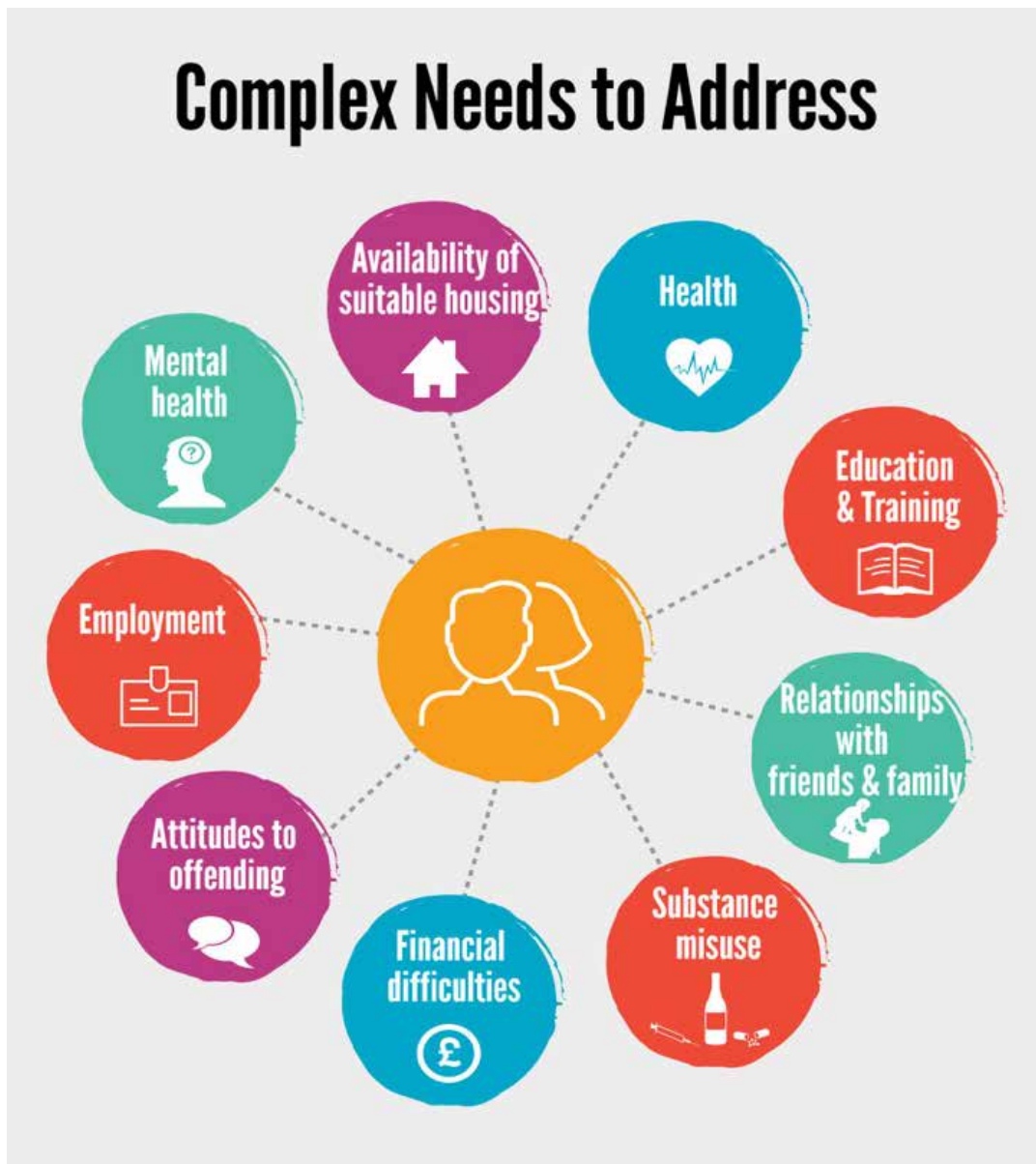
including stigma, a lack of information about services, transport challenges and a lack of available services. In some instances, these groups may be ineligible to access particular services due to restrictive criteria such as geographical boundaries or level of crisis.

The Community Justice (Scotland) Act 2016 places duties on statutory partners who have a key role to play in improving community justice outcomes. However, to fully address these complex factors will require the involvement of a much broader range of partners beyond the justice sector. This support can be particularly crucial when people move from custody back to the community. Many different public, private, third sector and community bodies must collaborate and co-ordinate effectively to support people who have committed offences and their families. Some will have more prominent roles than others, for example NHS Boards have overall responsibility for the health of their populations.

The Scottish Government believe that people who have committed offences and their families should have equal access to the services that will help them desist from offending. Whether at the point of arrest, in receipt of a community or custodial sentence, or during transition back to the community, we must ensure we get the basics right so that people’s needs are addressed.

¹⁰ Scottish Government (2015) The Report of the Ministerial Group on Offender Reintegration <http://www.gov.scot/Publications/2015/09/9142>

Complex Needs to Address



Collaboration and co-ordination between both statutory and non-statutory partners at a national and local level

Housing

“Prisoners who have problems securing accommodation on their release are significantly more likely to reoffend than those individuals who do not face these challenges.”

Preventing Homelessness and Reducing Reoffending – Insights from service users of the Supporting Prisoners; Advice Network, Scotland, Shelter Scotland, 2015

Access to suitable housing is a fundamental aspect of any individual’s effort to desist from offending, fulfil requirements on community sentences or reintegrate back into the community after a custodial sentence or release from remand.

Housing should be safe, timely and appropriate to the person’s needs as well as taking victim safety into account, especially where the offender and victim are known to each other, for instance in cases of domestic abuse. The absence of such housing can prevent an individual from accessing other services, undermine any support they have received and increase their likelihood of

reoffending. Those who are offered suitable accommodation are more likely to have positive outcomes in other areas of their lives such as health, employment, education, financial inclusion, families, relationships and social links within their communities.

Housing providers must consider the housing needs of all people that apply to them, including people in receipt of community sentences and those in custody. Recent research has highlighted that the earlier action is taken, the more likely it is that suitable accommodation will be in place before an individual leaves custody and homelessness can be prevented.¹¹

Better joint working and information sharing between statutory housing providers and other third sector organisations is vital to ensure the coordination of ‘wrap-around’ support for individuals. Collaborative approaches including regular communication between social work teams, statutory housing providers and other third sector advice and advocacy support have been shown to identify better housing outcomes.¹²

¹¹ Scottish Government (2016) Housing and Reoffending: Supporting People who Serve Short-term sentences. Reid Howie Associates
<http://www.gov.scot/Publications/2016/01/5676>

¹² Scottish Government (2016) Community Payback Order: Summary of Local Authority Annual Reports 2014-15
<http://www.gov.scot/Publications/2016/02/6307>

To improve access to housing, community justice partners, including SPS, Housing providers and the third sector should:

Facilitate the early assessment of individual housing need on entry to custody and begin addressing these collaboratively at the earliest opportunity in order to maximise positive housing outcomes and prevent homelessness for people leaving custody.

Develop multi-agency protocols with local housing providers and third sector organisations in order to ensure the needs of those who have committed offences are identified and addressed and to ensure consistent access to suitable accommodation at all stages of the criminal justice process.

Health and wellbeing

There are cyclical links between inequalities, offending, becoming a victim, fear of crime and poor health. Improving people's physical and mental health outcomes is not just a worthwhile end in itself, but can also help to reduce and prevent further offending.¹³

Those who have been in the criminal justice system often experience higher rates of premature death - related to violence, accidents and suicide - than the rest of the population, and are more likely to face problems with mental health or substance misuse.

In addition to this, continuity of care can be particularly challenging as people transition between community, custody and back to the community.

It is also important that victims of crime have access to the specialist health services they require.

To improve health and well-being, community justice partners, led by NHS Boards should ensure that:

Every contact in the community justice pathway should be considered a health improvement opportunity. Partners should work in collaboration to ensure that individuals have access to essential health services, substance use, and specialist mental health services from point of arrest onwards and to ensure continuity of care following a community/custodial sentence or remand.

Financial inclusion

In general, people who have committed offences, their families, and victims of crime, come from and return to deprived areas of Scotland where the most financial poverty and educational exclusion exist. At all points of the community justice pathway, individuals will typically be dependent on welfare and benefit payments to support themselves.¹⁴

¹³ NHS Confederation (November 2012) Health and wellbeing boards and criminal justice system agencies: building effective engagement - <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/criminal-justice-system-agencies.pdf>

¹⁴ More details of the strong correlation between imprisonment rates and area deprivation can be found in the 2005 report by Roger Houchin, Social Exclusion and Imprisonment in Scotland <http://www.scotpho.org.uk/downloads/SocialExclusionandImprisonmentinScotland.pdf>

Consequently, early assessment of financial issues is crucial.

For example, following the abolition of UK Government's discretionary Social Fund, the Scottish Government established the Scottish Welfare Fund (SWF) in April 2013. Based on national guidance, the SWF is delivered through Local Authorities. The fund is an essential source of support for prison leavers to help their reintegration into the community. It can help provide clothes and basic items of household furniture (Community Care Grants) and living expenses in an emergency (Crisis Grants). Guidance was published in 2015 to ensure there was consistency of approach in delivery of the fund across local authorities.¹⁵

From 1 April 2017, Scotland will have the power to design and deliver its own employability services for disabled people and those at risk of long-term unemployment. This should be seen as a key opportunity to develop services for relevant groups, including the specific needs of people who have committed offences and their families.

To improve financial inclusion, community justice partners should work together to:

Improve access to financial and welfare advice services for people who have committed offences, families and victims of crime.

Employability

Helping to support the development of employability skills as well as encouraging involvement in training and lifelong learning should be a key priority both as part of a preventative approach, and as a targeted area of support, to ensure that individuals who have been involved in offending can move on with their lives.

At least one third of the adult male population and one in ten adult females in Scotland have a criminal record.¹⁶ Once people have a conviction it is much harder for them to gain employment. There are a number of barriers to improving the prospects of people with convictions securing and sustaining employment, volunteering, training and further learning. These include the stigma associated with declaring a criminal record; limited education experiences and low skills levels; willingness of employers to provide those with criminal convictions with job opportunities; a mismatch between job needs and skills levels; and lack of support available to employers. In addition to these complex inter-related factors, some individuals will simply be further away from employment than others on their desistance journey so it is important that a person-centred approach is taken.

¹⁵ Scottish Government (2015) Scottish Welfare Fund: Briefing note for Prisons www.gov.scot/Resource/0041/00417258.doc

¹⁶ Scottish Centre for Crime and Justice Research (2013) The use and impact of the Rehabilitation of Offenders Act 1974.

It has been argued that the current legislation setting out disclosure of criminal activity to prospective employers is overly complex, poorly understood, and not properly applied. It is important that these arrangements strike the right balance to protect the public while also enabling people with criminal convictions to contribute to society through their employment. The Scottish Government is committed to reforming this legislation, and community justice partners should lead by example by reflecting on their own recruitment practices to ensure they are providing opportunities to people with convictions.

To improve employability, community justice partners, including SPS, criminal justice social work, SDS and third sector partners should:

Put the development of employability skills, training and lifelong learning at the heart of planning in order to facilitate better engagement with employers, provide fairer access to opportunities for those with criminal convictions, and reduce stigma for those who are on the path to rehabilitation.

Remove barriers to the recruitment of people with convictions.

Effectively managed person-centred transition where the needs of individuals are assessed and addressed

Although access to services is vital at all points in the community justice pathway, it can be of particular importance to those who are moving from custody back into the community. Effectively managed transition can transform lives, protect society and provide best value for public expenditure.

People who have committed offences often require support to build the resilience or self-motivation needed to engage fully with services available to them. To help address this, in addition to the statutory provision of throughcare to long-term prisoners, a range of processes have been established to assist the reintegration of those on release from custody and support their engagement with other appropriate services in the community.

Mentoring can be effective at addressing needs as part of a wider package of services. It helps people to learn constructive ways of addressing problems in their lives and reduce risk factors associated with offending behaviour, as well as increasing their motivation and readiness to change. Recent studies have recognised the effectiveness of these approaches in delivering better outcomes particularly the “through-the-gate” support provided by the Reducing Reoffending Change Fund.

The Scottish Prison Service has established a network of Throughcare Support Officers working through the gate to support people leaving custody, and third sector mentoring services are delivering extended one-to-one support to individuals. A range of other third sector and community bodies are also working to provide tailored assistance, advice and support (in a range of formats including peer support) to individuals in custody, those reintegrating to the community, and those under community based interventions.¹⁷

“The evidence on what works to reduce reoffending is clear; standalone interventions and access to services are unlikely to reduce reoffending on their own so mentoring should be seen as part of a holistic service where offenders are offered a range of services and interventions to meet their needs.”¹⁸

Scottish Government, What Works to Reduce Reoffending: A summary of evidence, 2011

Across all of these activities, it is important that services and support are genuinely person-centred and focussed on achieving positive outcomes rather than simply completing processes, as well as being ready to draw on the individual's assets and addressing their problems. Planning for someone to make a transition needs to start before the transition process itself.

Improvements in collaboration, planning, case management and data sharing between justice and other service providers also has the potential to provide more efficient services, by reducing duplication and reinforcing each other's actions.

To ensure the successful transition of people from custody to our communities, partners including the Scottish Government, SPS and Community Justice Scotland should:

Support the commissioning and development of effective mentoring and “through-the gate” models using a range of mixed-method approaches to help manage effective transitions to positive destinations.

¹⁷ Evaluation of the Reducing Reoffending Change Fund (2015) <http://www.gov.scot/Publications/2016/02/9184>

¹⁸ What Works to Reduce Reoffending <http://www.gov.scot/Resource/0038/00385880.pdf>

Effective Use of Evidence-Based Interventions



7

In order to maintain confidence and protect the interests of people who have been victims of crime, it is important that the interventions available reflect the appropriate level of risk and the nature and severity of the offence, and should be robustly and consistently applied and delivered.

We will drive improvement in the following areas:

- Ensure the delivery of effective, evidence-based interventions.
- Adopt a person-centred approach, tailored to meet the differing demands of specific groups and focused on getting individuals the support that they require.

Evidence shows that short-term prison sentences do not work in terms of rehabilitating people or reducing and preventing further offending. More than this, they disrupt families and communities as well as greatly affecting employment opportunities and stable housing – the very things that support desistance from offending.¹⁹

That is not a good use of public resources and it is a waste of human potential. Instead, our focus should be on community-based interventions that evidence shows are effective at reducing and preventing further offending.

How these interventions are used is also important. They should be delivered using a person-centred, collaborative approach that is tailored to meet the differing demands of specific groups and focused on addressing the underlying causes of offending behaviour. There should be an emphasis on shifting interventions upstream, based on the premise of the least intrusive intervention at the earliest possible time.

In order to maintain confidence and protect the interests of people who have been victims of crime, it is important that the interventions available reflect the appropriate level of risk and the nature and severity of the offence, and should be robustly and consistently applied and delivered. Alternatives to prison will not be appropriate for some people.

Ensuring the Delivery of Effective, Evidence-Based Interventions

An “intervention” can range from a programme directly or indirectly intended to reduce and prevent further offending; an action aimed at improving the health of people who have committed offences; a third sector or community service to improve local outcomes, or a justice intervention such as a community sentence.

All community justice partners have an important role to play in ensuring the delivery of effective interventions: whether raising awareness of what works; developing new interventions; planning the provision of interventions alongside other partners; or the direct delivery of the interventions themselves. The planning and reporting cycle described in a later section provides a mechanism for monitoring the efficacy of these interventions.

¹⁹ Reconviction Rates in Scotland: 2013-14 Offender Cohort (2016)
<http://www.gov.scot/Publications/2016/05/2243>

Some partners will play a more prominent role than others for particular interventions – for example Police Scotland in relation to Early Intervention, the Crown Office and Procurator Fiscal Service (COPFS) in relation to Alternatives to Prosecution, and local authority criminal justice social work teams in relation to a number of Community Sentences, but all partners will need to come together to ensure that the best possible outcomes are delivered.

The Scottish Government want to ensure that effective, evidence-based interventions are available in every local authority across Scotland, and that there is increased use of these to help prevent and reduce further offending.

Early intervention

There is strong evidence to suggest that tackling the underlying causes of offending, such as problematic drug or alcohol use, or mental health issues can be effective in reducing crime. Community justice partners should help people into appropriate support services as early as possible with greater use of Arrest Referral, and Police Custody Healthcare such as Alcohol Brief Interventions, distress brief interventions and community triage. Police Scotland should also make effective use of the new recorded police warnings to refer people who have offended to services that may help them to desist.

Community justice partners should:

Maximise opportunities for early intervention and be mindful of the impact of areas such as health, on improving community justice outcomes.

Alternatives to prosecution

When a report is submitted by the police to the Crown Office and Procurator Fiscal Service, prosecution in court is only one of a range of possible options. If the Procurator Fiscal believes that such action would not be in the public interest, they have the power to formally divert the person away from prosecution towards a social work or third sector service, or impose a fiscal work order.

Diversion aims to prevent individuals entering the wider criminal justice system by addressing the underlying causes of offending; and help ensure people get access to the drug, alcohol and mental health services they need. It is especially effective when the diversionary intervention is complemented by work designed to address the underlying issues which contributed to the offending behaviour.

The Scottish Government want to see increased use of diversion and fiscal work orders to address the individual's underlying needs and free up resources to be reinvested into the community.

Community justice partners should:

Maximise opportunities for the use of diversion. This will require a balance of appropriate decision-making by the Procurator Fiscal and provision of suitable services by criminal justice social work and the third sector.

Alternatives to remand

For the past decade the remand population has accounted for approximately 20% of the average daily prison population. As well as the overarching issue of the public interest, there are a number of considerations that the court must take into account when considering a bail application, including the likelihood of an individual failing to appear.

The Scottish Government believes that a certain proportion of those on remand are not likely to constitute a significant risk to the public. Short-term imprisonment (of any kind) disrupts families and communities, and adversely impacts on employment opportunities and stable housing – the very things that evidence shows supports desistance from offending. For these reasons, the Scottish Government want to see a decrease in the use of remand.

Community justice partners should:

Increase the availability and quality of alternatives to remand such as electronic monitoring and bail supervision.

Community sentences

The Scottish Government is committed to the principle set out by the Scottish Prison Commission in their 2008²⁰ report that:

“To move beyond our reliance on imprisonment as a means of punishing offenders...paying back to the community should become the default position in dealing with less serious offenders.”

Evidence suggests that imprisonment may increase long-term offending by weakening social bonds and decreasing job stability.²¹ Rather than relying on costly and ineffective short-term custodial sentences, the Scottish Government want to see a decisive shift in the balance between community and custodial sentences.

Community sentences deliver tangible benefits to communities by making individuals pay back for the damage caused by their crimes through unpaid work. They also offer real opportunities for rehabilitation, requiring individuals to tackle the underlying causes of their offending behaviour. Feedback

²⁰ Scotland's Choice: Report of the Scottish Prison Commission (2008) <http://www.gov.scot/Publications/2008/06/30162955/0>

²¹ [What Works to Reduce Reoffending: A Summary of the Evidence](#) (2015)

received from both beneficiaries of unpaid work projects and the individuals made subject to these orders makes clear that they are delivering positive outcomes and helping people to move away from offending behaviour.²²

A wide range of community sentences are available including Community Payback Orders (CPOs), Restriction of Liberty Orders (RLOs) and Drug Treatment and Testing Orders (DTTOs).

Community Payback Orders (CPOs) play an important role in improving community understanding and participation. The legislation enshrines the principle that local authorities should consult their communities on the types of unpaid work to be undertaken. There are hundreds of unpaid work projects taking place across Scotland at any one time providing tangible benefits to local communities.

CPOs also offer real opportunities for rehabilitation, for example by combining unpaid work with structured intervention programmes designed to tackle the underlying causes of an individual's offending behaviour or allowing for targeted drug, alcohol or mental health interventions.

Drug Treatment and Testing Orders (DTTOs): Individuals made subject to a Drug Treatment and Testing Order (DTTO) are required to display significant levels of co-operation and compliance during what is a highly intensive and invasive community disposal.

Evidence suggests that DTTOs can have a positive and dramatic impact on both drug use and offending with even non-completers demonstrating reduced reconviction rates; and that a shortened form of the order (a DTTO II) can be particularly effective in targeting women offenders, young offenders, and those who have had no previous contact with drug services.²³

In line with best evidence, the Scottish Government wants to see an increase in use of targeted drug treatment programmes, especially those aimed at individuals who are less entrenched in their drug use.

Electronic Monitoring: the use of electronic monitoring solely as a punishment is, and should remain, a legitimate sentencing option. However, in addition to this, the versatility of existing and new technology, including GPS, provides opportunities for electronic monitoring to be used much more creatively, at additional points in the justice system and to be individually tailored to support specific goals. Such goals could be to set exclusion zones for the protection of victims; as a

²² Community Payback Order Scottish Government Summary of Local Authority Annual Reports 2014-15
<http://www.gov.scot/Resource/0049/00493646.pdf>

²³ Scottish Government (2010) Process Evaluation of the DTTO II Pilots
<http://www.gov.scot/Resource/Doc/310418/0097967.pdf>

means of control to assure that an individual is present at an address; to break a pattern of offending behaviour; or to set curfew times around employment and training schedules.

Where the goal is to use electronic monitoring to aid longer term desistance, the international evidence recognises that it is most effective when used as part of a person-centred approach and set within a much wider package of support. In addition, where it has been risk assessed as appropriate, electronic monitoring can enable individuals to remain in the community with their families, while preserving accommodation and employment – the very things that evidence shows support desistance from offending, reducing further offending and the impact that has on communities.

The current legal framework allows a person subject to a community sentence to have both electronic monitoring and a support package in place as part of a CPO with a concurrent Restriction of Liberty Order. We must build on this to change how electronic monitoring is thought about and used in Scotland, using a goal-oriented approach where appropriate, whether that goal is to support public or victim protection or to aid longer term desistance.

Structured Deferred Sentences: are typically aimed at individuals with underlying problems such as unemployment; drug or alcohol dependency; mental health or learning difficulties and allows for intervention work to be carried out pending the final disposal of the case. Evidence suggests that, as well as providing support to change behaviour and address needs this can lead to a reduced sentence and an associated reduction in reoffending.²⁴

The Scottish Government wants to see a decisive shift from custody to community, through an increase in the use of community alternatives. To ensure the delivery of effective, evidence-based interventions at all appropriate points in the criminal justice system, partners should:

Increase the availability and quality of services in order to maximise the use of community disposals such as community payback orders, DTTOs, electronic monitoring and structured deferred sentences.

²⁴ [What Works to Reduce Reoffending: A Summary of the Evidence \(2015\)](#)

Third Sector interventions

The third sector provide a broad range of interventions to support desistance and reintegration, for example, practical and emotional support for people who have offended and their families, specialised services focussed on drugs, alcohol, mental health problems and isolation, and gender-specific support services aimed at women involved in the criminal justice system. Third sector interventions can also improve the efficacy of services delivered by public sector agencies, by helping to develop strong relationships and working across silos to assist in the delivery of joined-up support.

Community justice partners should:

Capitalise on third sector interventions to improve community justice outcomes.

Adopting a person-centred approach, tailored to meet the differing demands of specific groups and focused on getting individuals the support that they require

Desistance is a highly individualised process. Generic, one-size-fits-all interventions are ineffective.²⁵ It is not sufficient just for the intervention to be available – the quality of the intervention can impact on its effectiveness and, where possible, this should be flexible and innovative in response to complex and varied needs.

A person-centred approach puts the individual at the heart of the intervention. Interventions should be matched to an individual's level of **risk**, focus on their specific **needs**, and be matched to their individual **responsivity** characteristics.

The responsivity principle focuses on personal characteristics that regulate an individual's ability and motivation to learn within a therapeutic environment. Factors that interfere with learning – such as poor social or problem solving skills – are responsivity factors.

Relationships are also a significant factor in desistance – the delivery of an intervention should be accompanied by the development of a working relationship based on pro-social modelling. Anyone delivering an intervention should have high expectations of the individual engaging with that intervention, recognising what that individual can and should be contributing to his or her community. Where possible and appropriate, support from family, friends and communities should also be incorporated into interventions to help develop or maintain positive relationships.

²⁵ IBID

Community justice partners should deliver high-quality, person-centred interventions which meet the following criteria:

- Matched to an individual's level of **risk**, focused on their specific **needs**, and matched to their responsivity characteristics.
- Focused on **how** interventions are delivered just as much as **what** is being delivered.
- Both **flexible** and **innovative** in response to varying and complex needs
- Specific services aimed at addressing the **complex** needs of differing cohorts (e.g. women, young people, individuals with drug dependency, learning difficulties etc.).
- At the **earliest** point possible, and is only as invasive as it needs to be in order to deliver the change needed.
- Developing and nurturing the **assets and skills** of people who have been involved in offending.
- Provided by staff who are enabled to build appropriate relationships with individuals who have offended through **positive and genuine engagement**, and to act as co-agents of change.
- Incorporate **support from friends, families and communities** to help develop positive relationships.

To maximise the effectiveness of an intervention, it is also important to ensure that people engaging with interventions are:

- Well prepared and motivated for participation.
- Supported to participate and apply any learning.
- Supported to follow up on goals they have set as a result of participation.

In 2013-15 the Scottish Government provided time-limited funding for 16 projects proposed by criminal justice partners across Scotland to develop community services for women. A review of these services conducted by the Institute for Research and Innovation in Social Services²⁶ found that the holistic approach taken offered a genuinely enhanced service as an alternative to traditional approaches to the supervision of women, with practitioners working with women as individuals with strengths, needs and aspirations rather than focusing on them as simply “offenders”.

The review found that these services supported women to make observable progress towards outcomes associated with desistance. Critical elements for the successful development of these services included: the establishment of effective partnerships (for example with health, welfare, the private and public sectors); employing the “right” staff (with the necessary skills, attributes and experience); and creating an environment in which there is commitment and flexibility to trial new ways of working.

Effective management of compliance is a factor that can be critical to the achievement of the purposes of an order. Non-compliance should be seen as an opportunity for the individual to understand their responsibilities and to learn something that could enable progress. Distinguishing different causes of non-compliance (for example drift in motivation, lack of confidence, an unanticipated event or crisis, or wilful refusal) can enable a graduated and tailored response.

Community justice partners should:

Provide a more consistent, graduated response to difficulties with compliance, focused on supporting individuals to comply with the requirements of their order.

²⁶ Evaluation of sixteen women’s community justice services in Scotland (2015)
<http://www.gov.scot/Resource/0048/00484422.pdf>



Community Justice Scotland



8

Community Justice Scotland will support statutory community justice partners, the third sector and others to work towards better outcomes for community justice.

The improvement actions in this strategy are ambitious and challenging. To successfully implement this change, local decision making must be combined with national leadership and support. Community Justice Scotland will play a critical role in providing that leadership and support.

It is a core principle of the new model for community justice that decisions for communities should be taken locally by those who understand their communities best. To support statutory community justice partners, the third sector and others in this approach, a new national body, Community Justice Scotland, will be established and will play a crucial role in the success of the new model.

Community Justice Scotland will be established in a shadow capacity from October 2016 and take on its full functions from 1 April 2017. It will provide leadership for the sector; offer opportunities for innovation, learning and development; and provide independent assurance on the delivery of improved outcomes and improvement support where required.

Community Justice Scotland will support statutory community justice partners, the third sector and others to work towards better outcomes for community justice. Partners can rely on Community Justice Scotland to provide information, advice and assistance in an open and transparent

manner, on implementing the improvement actions effectively, as well as facilitating discussions with other partners who can share their experiences in tackling similar issues in their area.

In addition to supporting partners, Community Justice Scotland will have a key role in promoting the vision set out in this strategy. It will work with partners, stakeholders and communities to improve the understanding of community justice and the benefits it can bring while maintaining public protection. It will also work with partners, stakeholders and others to develop a strategic approach to commissioning; facilitate engagement with partners; and work to improve the evidence base.

Furthermore, the establishment of a Hub for innovation, learning and development, as part of Community Justice Scotland, will provide the workforce with greater profile and identity, as well as using evidence of what works to inform commissioning, good practice and partnership standards. One of the Hub's first tasks will be the creation of a strategy to provide a clearly defined vision for innovation, learning and development across community justice, and the role of the Hub and partners in achieving that vision.

Driving Improvement: Planning and Reporting



9

The responsibility for resolving local issues rests first and foremost at the local level, respecting the accountability lines for the statutory Community Justice Partners.

The Community Justice (Scotland) Act 2016 puts a duty on statutory Community Justice Partners to produce a community justice outcomes improvement plan that has regard to the National Strategy for Community Justice; National Outcomes, Performance and Improvement (OPI) Framework; and local outcomes improvement plan for that area (LOIP). In preparing the plan, partners must consult with Community Justice Scotland and involve third sector bodies, community bodies and any others they consider appropriate.

The National Strategy sets out the evidence-based improvement actions that partners are expected to use to make progress in the four priority areas identified in the strategy. These priorities are aligned with the community justice outcomes contained in the Outcomes, Performance and Improvement Framework and the framework provides a range of indicators to help partners measure improvements.

Statutory Community Justice Partners will publish a report annually on performance and share this with Community Justice Scotland. This reporting will show how local areas are performing on key issues such as: provision of diversion; quality and quantity of community sentences; length of custodial sentences; and access to suitable, sustainable housing on release from prison. It will also help to identify which activities took place and who was involved.²⁷

The assurance and improvement cycle

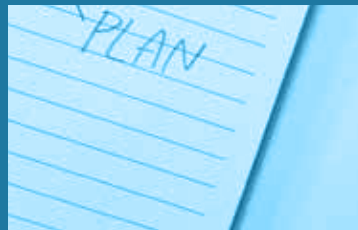
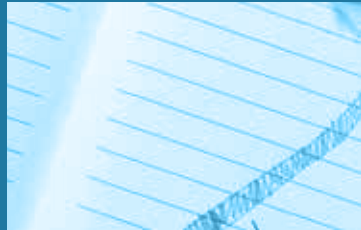
Community Justice Scotland will review all local plans, providing feedback to partners in order to share good practice and drive improvement. It will review all annual reports to provide independent professional assurance to Scottish Ministers and Local Government Leaders on the delivery of outcomes across Scotland.

The responsibility for resolving local issues rests first and foremost at the local level, respecting the accountability lines for the statutory Community Justice Partners. However, where partners find that they cannot resolve matters locally or where they believe issues persist in more than one area, they can refer to Community Justice Scotland for support.

Where the annual reports show that improvement is necessary, Community Justice Scotland will provide advice to local partners and targeted improvement support. Where performance issues persist, Community Justice Scotland may provide recommendations to Scottish Ministers on action required such as multi-agency inspections or, in exceptional circumstances, a rescue task group.

²⁷ Further details on planning and reporting, including timelines, is given in the Guidance on the new model for Community Justice.

Turning Ambition into Action: The Implementation Plan



10

The Strategy sets out the core improvement actions under each priority. Some will require a great deal of joint-working to take forward, while others may be achievable as quick wins by particular partners.

The ambitious actions set out in this strategy will only be possible to achieve through the collaborative working of the statutory and non-statutory community justice partners.

An Implementation Group for the National Strategy for Community Justice, comprising of representatives from the community justice partners and supported by the Community Justice Division, will develop and take forward an Implementation Plan in collaboration with stakeholders, including Community Justice Scotland.

The Implementation Plan will set out:

- **Who** – Ownership/leadership of each of the actions listed in the strategy.
- **When** – Timescales for action.
- **How** – What approach the relevant partner(s) will utilise to achieve the action.
- **Resourcing** – Identification of resources, where they are required to deliver actions, and an indication of how the resource will either be provided or sought.

The Strategy sets out the core improvement actions under each priority. Some will require a great deal of joint-working to take forward, while others may be achievable as quick wins by particular partners. Over time new issues may arise that impact on the achievement of the community justice vision and the Implementation Group will play a role in identifying these and taking forward actions to address them.

The role of the Scottish Government

The Scottish Government also plays an important part in community justice and will help drive the strategy's implementation. It provides funding to a range of vital community justice organisations and services, produces guidance to help make clear partners' roles, and develops policy to improve community justice outcomes. The Scottish Government is the sponsor body for Community Justice Scotland and will be the conduit between the Implementation Group and Scottish Ministers.

Community justice in Scotland takes place within a complex and inter-related landscape. There are a number of cross cutting areas that influence and are influenced by community justice matters such as policies relating to youth justice, victims of crime, alcohol, drugs, mental health and safer communities.

Scottish Government officials will ensure that the National Strategy for Community Justice Implementation Group is mindful of the complicated landscape of interconnected strategies and policy developments to ensure that we capitalise upon these links to create effective and joined-up policy making.

In addition to this range of activities, the Scottish Government will work with Community Justice Scotland and partners to explore the costs and benefits of taking a person-centred, practice model and if appropriate, develop and implement that approach with partners.

Annex A: Collated Improvement Actions



11

The Scottish Government's Vision for Community Justice

Vision

Scotland is a safer, fairer and more inclusive nation where we:

- prevent and reduce further offending by addressing its underlying causes; and
- safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens

Mission Statement

We will achieve this vision by effectively implementing the Scottish Government's plans for penal policy to:

- Deliver a decisive shift in the balance between community and custodial sentences by:
 - increasing the use of community-based interventions; and
 - reducing the use of short term custodial sentences;
- Improve the reintegration from custody to community.

The new model for community justice, with its focus on strong partnership working to ensure effective intervention from the point of arrest onwards, provides the delivery framework for achieving both this mission and the wider vision.

Priorities

Extensive consultation with stakeholders has made clear that the Scottish Government's vision and mission statement will be delivered by prioritising action in the following areas:

- Improved Community Understanding and Participation.
- Strategic Planning and Partnership Working.
- Effective Use of Evidence-Based Interventions.
- Equal access to Services.

Principles

Our vision for community justice is underpinned by the following principles:

- People must be held to account for their offences, in a way that recognises the impact on victims of crime and is mindful of risks to the public, while being proportionate and effective in preventing and reducing further offending.
- Re-integrating those who have committed offences into the community and helping them to realise their potential will create a safer and fairer society for all.
- Every intervention should maximise opportunities for preventing and reducing offending as early as possible, before problems escalate.
- Community justice outcomes cannot be improved by one stakeholder alone. We must work in partnership to address these complex issues.
- Informed communities who participate in community justice will lead to more effective services and policies with greater legitimacy.
- High quality, person-centred and collaborative services should be available to address the needs of those who have committed offences, their families, and victims of crime.

To improve public understanding and participation Community Justice Partners are expected to:

- **Develop a communications strategy** that outlines their plans to raise awareness of community justice issues and the range and scope of locally available interventions and services, while spreading positive news stories to communities and local media, as well as local decision makers such as the judiciary
- **Review and capitalise upon existing engagement mechanisms** and good practice
- **Develop the evidence base** to help improve understanding of community justice issues in their area. Take advantage of existing research infrastructure and include contributions from academic, statutory and third sector partners
- **Develop a community participation strategy** and **involve communities** in community justice planning, delivery and evaluation, as well as co-designing and co-delivering services to fit locally identified needs
- **Support communities** on any capacity building required to enable their participation
- **Be mindful of the importance of language.** Partners should use language that is inclusive to people with convictions and victims of crime

To improve strategic planning and partnership working Community Justice Partners are expected to:

- **Integrate non-statutory partners** into community justice planning structures and processes
- **Share information** about effective interventions, and services as well as individual-level data where appropriate
- **Focus on prevention and early intervention** to minimise future demand for services and future costs to the public sector
- **Build effective links** with children’s services planning
- **Support and assist the development of strong multi-agency public protection arrangements (MAPPA)**
- **Contribute to the development of a strategic approach to commissioning**
- **Make best use of resources** by sharing staff, expertise, information, property, and finance while building on existing areas of good collaborative working
- **Demonstrate innovative and collaborative use of funding** to prevent and reduce further offending
- **Help workforces understand** how they, and other partners, contribute to community justice outcomes
- **Contribute to the development** of the Strategy for Innovation, Learning and Development

To improve Access to services, Community Justice Partners are expected to:

- **Engage with the children and families** of people who have committed offences
- **Facilitate the early assessment of individual housing need** and begin addressing these at the earliest opportunity in order to maximise positive housing outcomes and prevent homelessness
- **Develop multi-agency protocols with local housing providers**
- **Every contact in the community justice pathway should be considered a health improvement opportunity**
- **Improve access to financial and welfare advice services** for people who have committed offences and their families
- **Put the development of employability skills, training and lifelong learning at the heart of local planning**
- **Remove barriers** to the recruitment of people with convictions
- **Support the development of effective mentoring and “through-the gate” models** to help people move onto and sustain positive destinations

To facilitate the effective use of evidence-based interventions, Community Justice Partners are expected to:

- **Maximise opportunities for early intervention** and be mindful of the impact of areas such as health, on improving community justice outcomes
- **Maximise opportunities for the use of diversion.** This will require a balance of appropriate decision-making by the Procurator Fiscal and provision of suitable services by criminal justice social work and the third sector
- **Increase the availability and quality of alternatives to remand** such as electronic monitoring and bail supervision
- **Increase the availability and quality of services in order to maximise the use of community disposals** such as community payback orders, DTTOs, electronic monitoring and structured deferred sentences
- **Capitalise on third sector interventions** to improve community justice outcomes
- **Deliver high-quality, person-centred interventions**
- **Provide a more consistent, graded response to difficulties with compliance,** focused on support rather than punishment and making use (where appropriate) of electronic monitoring in collaboration with other measures



Annex B: National Strategy Steering Group Representative Organisations



12

-
- Community Planning Partnership Managers
 - Police Scotland
 - Scottish Prison Service
 - Skills Development Scotland
 - Criminal Justice Voluntary Sector Forum
 - Positive Prison? Positive Futures
 - Office of the Chief Social Work Advisor
 - Social Work Scotland
 - Health Boards
 - Academia
 - COSLA
 - Scottish Government Community Justice Division
 - Community Justice Authorities

Partner logos





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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2016
Report Number	2017/18_13
Subject Title	Criminal Justice Partnership: Options paper for the future partnership arrangements
Report By	Susan Manion Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Paolo Mazzoncini, Chief Social Work Officer East Dunbartonshire Health & Social Care Partnership Paolo.mazzoncini@eastdunbarton.gov.uk 0141 232 8216

1.0 PURPOSE OF REPORT
<p>1.1 The purpose of this report is to inform the Board of the discussions taking place within the Argyll and Bute, East and West Dunbartonshire Criminal Justice Partnership (CJP) – and the constituent local authorities) – on the future of the partnership arrangements. This report also contains the ‘<i>options paper</i>’ that was considered by the CJP Committee meeting on 15 December 2016 and notes the directions the Committee gave officials.</p> <p>1.2 This report will also be submitted to East Dunbartonshire Council’s Social Work Committee for its consideration at the forthcoming meeting on 16 February 2017.</p>
2.0 SUMMARY
<p>2.1 The Criminal Justice Social Work Partnership (CJP) has been in existence for fourteen years across East and West Dunbartonshire and Argyll & Bute Councils. Over the course of its existence the Partnership has developed common systems and processes; has had a joint approach to the implementation of policy and reporting across a range of issues; has supported greater efficiency; and has utilised senior management roles flexibly in terms of thematic responsibilities and provision of management support and assistance across authorities.</p> <p>2.2 The impact of the current financial climate, coupled with operational pressures and a changing policy and practice landscape - in terms of the transition to the new community justice arrangements – has created an opportunity to review the partnerships functioning and future service delivery options.</p> <p>2.3 The paper attached (Appendix 1) was presented at the CJP Committee on 15 December 2016 noting four potential options for the future of the partnership and</p>

outlining the pros and cons of each along with an initial financial assessment, viz.

- Option 1 – the status quo;
- Option 2 – dissolution of the partnership;
- Option 3 – full integration of criminal justice services; or
- Option 4 – revised strategic and operational joint working.

2.4 The Committee decided that Option 4 was the most appropriate. It directed officers to design detailed plans for this option to be reported on at the next CJP Committee in March 2017.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the HSCP Board:
- Notes the contents of the report.

Appendix 1

ARGYLL, BUTE AND DUNBARTONSHIRES CRIMINAL JUSTICE SOCIAL WORK PARTNERSHIP JOINT COMMITTEE

Council Offices
Garshake Road
Dumbarton
G82 3PU

6 December 2016

Dear Sir/Madam

ITEM TO FOLLOW

**MEETING OF THE ARGYLL, BUTE AND DUNBARTONSHIRES CRIMINAL
JUSTICE SOCIAL WORK PARTNERSHIP JOINT COMMITTEE
THURSDAY, 15 DECEMBER 2016 - COMMITTEE ROOM 2, WEST
DUNBARTONSHIRE COUNCIL OFFICES, GARSHAKE ROAD, DUMBARTON**

I refer to the agenda for the above meeting which was issued on 1 December 2016 and now enclose for your attention **agenda item 6** which was not available for issue at that time.

Yours faithfully

PETER HESSETT

Clerk to Joint Committee

BUSINESS

- 6. REVIEW OF CRIMINAL JUSTICE PARTNERSHIP ARRANGEMENTS 61 - 68**

Submit report by the Chief Officer, Health & Social Care Partnership seeking consideration of the future relationship between Argyll and Bute, West Dunbartonshire and East Dunbartonshire Councils with regard to the future delivery of Criminal Justice Social Work Services.

For information on the above agenda please contact Nuala Borthwick, Committee Officer, Legal, Democratic and Regulatory Services, Council Offices, Garshake Road, Dumbarton G82 3PU. Tel: (01389) 737251 email: nuala.borthwick@west-dunbarton.gov.uk

WEST DUNBARTONSHIRE COUNCIL

Report by Chief Officer, Health and Social Care Partnership

Joint Committee: 15 December 2016

Subject: Review of Criminal Justice Partnership Arrangements

1.0 Purpose

1.1 To consider the future relationship between Argyll and Bute, West Dunbartonshire and East Dunbartonshire Councils with regard to the future delivery of criminal justice social work services.

2. Recommendations

2.1 The Committee is recommended to:

- a) Note the contents of this report;
- b) Agree that the current Partnership arrangements should be concluded by the 31st March 2017; and
- c) Task officers to make appropriate arrangements with regard to the transition to option 4 as set out in the report.

3. Background

3.1 The Criminal Justice Social Work Partnership has been in existence for fourteen years. Over the course of its existence the Partnership has developed common systems and processes, had a joint approach to the implementation of policy and reporting across a range of issues in support of greater efficiency and has utilised senior management roles flexibly in terms of thematic responsibilities and provision of management support and assistance across authorities. Partnership authorities share IT platforms, planning capacity, business support, training, performance management and improvement, joint reporting and responses to the Scottish Government.

3.2 The impact of current financial and operational pressures and changing landscape in terms of the transition to community justice partnerships brings a timely opportunity to review the current arrangements and future service delivery options.

3.3 At the time of writing we are waiting on an actual Section 27 grant allocation for 2017-18 using the new funding formula. Attached at Appendix 1 is an 'illustration' of likely future funding.

3.4 Shared services do carry benefits for three small local authorities. Difficulties that have faced some services within the partnership are not as a result of deficits in the shared arrangements, but can be attributed to external factors

such as sentencing behaviours or other factors out-with the Partnership's control including the increasing financial challenges. As members will be aware the Partnership has been over budget for the last three years, however for the current year there has been some improvements due to one off funding.

3.5 Each year the respective Local Authorities have equally shared the financial burden however this is no longer sustainable.

3.6 In terms of the future shape of delivery of Criminal Justice Social Work services, four options are considered below. All have advantages and risks. The options are not presented in any order of preference and do not prevent individual authorities from making alternative arrangements.

4. Main Issues

4.1 In terms of the future shape of delivery of Criminal Justice Social Work services, four options are considered below.

4.2 Option 1: Status Quo

4.3 For option 1 in terms of the status quo, each Local Authority continues to deliver local services and governance sits within the Partnership of the three areas. This brings continuity in relation to the management and operational aspects of the service. The Partnership would continue to share the financial burden equally and this would include any overspend.

4.4 The Section 27 Grant is based on previous workloads but does not take account of growth in demand in year. Each Local Authority will have significant financial challenges and will likely need to change their service model. West Dunbartonshire has already reviewed their service model due to the need to manage the increased demand within budget. There are risks that the partnership is unsustainable due to managing the financial uncertainty.

4.5 The partnership is contingent on each Local Authority being able to continue to financially support any likely overspend at the end of each year.

4.6 Option 2: Dissolve all partnership arrangements

4.7 This has the merit of simplicity and clarity with regard to accountability. It might also provide an opportunity for authorities to tailor the provision of CJSW services to a more specific response to local need, resource issues and organisational structures; for instance in terms of integration with other services.

4.8 The risks revolve around developing commissioning, delivering and management of increasingly complex services from a small authority base; this issue would affect all authorities. These difficulties are likely to be compounded by continuing financial challenges, placing severe limits on both

operational and strategic capacity; for instance in respect of training and workforce development and strategic commissioning. Complete dissolution would involve the commissioning of new arrangements re: provision of DTTO (multi-disciplinary SW/Health) within an exceptionally tight budget. It would also threaten the continuation of access to Dumbarton based CJ services which remain in place by service users in Helensburgh/Lomond; for instance women's service; women's safety and support service, CPO Unpaid work.

4.9 The planning, performance management/improvement and business support management and delivery role is presently located within Argyll and Bute and would require to be created within West and East Dunbartonshire. These functions are complex and require additional capacity. New Community Justice arrangements and the new outcome framework will place more emphasis on the business analysis role.

4.10 Option 3: Fully integrated joint Criminal Justice Social Work

4.11 This is the most radical as it would require all operational and strategic management hosted by one Local Authority.

4.12 This would involve the creation of a Joint (governance) Board to ensure the accountability of a single employing authority for the delivery of services within partnership authorities. Collectively the service would become fairly significant in terms of population (approx. 280,000). There may well be employment issues in respect of this or in respect of terms and conditions which currently vary.

4.13 There would be a considerable range of challenges including the potential loss of local accountability and risk of losing operational and strategic links with other local authority services during transition to a new model and having to establish new arrangements via protocols and agreements. There would also be potential financial risk to the host authority/employer and a requirement for protocols and agreements regarding wider accountabilities.

4.14 Option 4: Revised strategic and operational joint working

4.15 Option 4 would entail each Local Authority having its own Criminal Justice Service with an element of shared services across boundaries. In critical areas there are merits in combining with other authorities to create strategic and operational capacity which as individual authorities would be difficult and costly to achieve. Such arrangements could accommodate the need of either two or three authorities. Agreement regarding the principle of continuity would generate a series of decisions regarding those elements of partnership working which would be retained, developed and/or strengthened.

4.16 The core elements of revised strategic partnership arrangement would be; shared business support processes and systems (including IT platforms), planning and performance improvement functions. There would continue to be opportunities to collaborate across authorities regarding the provision and commissioning of services where this is appropriate in terms of efficiency; for

example in relation to the provision of unpaid work in the Helensburgh area or of complex programmes such as MFMC (Sex Offenders), or development of and access to other services/programmes i.e. perpetrators programmes (domestic abuse). Training and workforce development and collaboration on a joint commissioning strategy are other areas where there could be benefits to inter-service collaboration.

- 4.17** The financial arrangements and accountabilities would be reviewed in light of the new arrangements for funding via the section 27 grant directly to individual authorities. Each Local Authority would need to set up its own governance structure to provide clear local governance and accountability.
- 4.18** There would be specific funding arrangements relating to shared functions and services. The nature and extent of the funding arrangements would depend on the nature and scope of partnership working, as would the arrangements regarding collective accountability and governance in those areas where Authorities choose to collaborate.
- 4.19** This model has the advantage in terms of partner authorities having a clear position individually in terms of available resources as a platform from which to make decisions regarding operational delivery. It is also the least disruptive in terms of achieving business continuity.

5. People Implications

- 5.1** The preferred option would determine the nature of people implications and the nature of any consultation regarding the position of staff affected. Were option 4 chosen there would be a requirement to review and consult regarding the transfer and protection if required of contractual arrangements.

6. Financial implications

- 6.1** At the time of writing it is difficult to predict the impact on partnership authorities. The illustrative allocation of section 27 (see appendix 1) funding suggest that the combined allocation to the partnership authorities will rise but not to the degree which would support the full requirements of all authorities. The illustration is based on workload information from 2012-15. The actual allocation will be based upon information from 2013-16 which may affect the overall distribution.
- 6.2** It is also the case that there are aspects of the application of the new formula in relation to the distribution of additional funding to support community sentences and women's services which make very little sense unless there is agreement to share certain resources, failing an alteration to the criteria for allocation of such funding.
- 6.3** The direct allocation to local authorities may make arrangements to work in partnership with other authorities easier than previously where in effect there has been a different process of allocation from Scottish government to CJAs

(by formula); from CJAs to the Partnership (by workload) and within the Partnership by operational need.

7. Risk Analysis

- 7.1** None of the options canvassed are risk free particularly within the context of severe retrenchment of public finances. All three partnership authorities remain vulnerable in relation to fluctuating shares of workload.
- 7.2** In the short to medium term there are relatively fewer risks and more advantages to maintaining shared strategic planning, performance improvement; business support, shared IT platforms and training.

8. Equalities Impact Assessment

- 8.1** There are no equalities issues identified at present.

9. Consultation

- 9.1** The options considered above are drawn down from a series of work-streams involving the Partnership Management Group, including front line managers.
- 9.2** The Chief Officers of West Dunbartonshire, East Dunbartonshire and Argyll and Bute have been consulted on the proposal to support Option 4 and all are in agreement.

10. Strategic Assessment

- 10.1** In order to meet the demands placed upon Criminal justice Social Work and provide a clear plan for future service delivery for each Local Authority. This involves considering the relationships with the current partner authorities.

Keith Redpath
Chief Officer; Health and Social Care Partnership
Date: November 2016

Person to Contact: Norman Firth
Partnership Manager - Criminal Justice
Municipal Buildings, Station Road, Dumbarton
Telephone: 01389 738484
Email: Norman.firth@west-dunbarton.gov.uk

Appendix 1: Illustrative Budget 2017-18

Wards Affected: All

Appendix 1.

**NORTH STRATHCLYDE CJA Return June 2016 - Financial Plans (2016-2017)
PARTNERSHIP IMPACT ANALYSIS NEW FORMULA**

(Based of 2012-2015 workloads used in the funding formula for this years allocations)

Current Section 27 CJA reported spend	* Argyll & Bute	* East Dunbarton	* West Dunbarton
Total S27 budget includes protected non-core <i>(as derived from new formula)</i>	£1,003,106	£727,838	£1,761,163
Non-Core Protected (Total)	£0	£0	£0
Workload (Excluding Rural element)	£373,820	£301,836	£899,635
Workload Rural element	£120,167	£9,051	£58,349
Social & Economic Cost of Crime	£509,119	£416,951	£803,179
<i>Total % share of Social & Economic Cost of Crime</i>	<i>50.75%</i>	<i>57.29%</i>	<i>45.61%</i>
Budget Adjustments (losses capped, increasing by 5% PA) Using new formula, previous workloads and funding quantum	£965,359	£700,449	£1,694,890
Percentage variation on 2016/17 allocation (illustration)	N/K	N/K	N/K
Community Sentencing Funding (Share using new formula)	£101,219	£14,167	£41,198
Women Services Funding (Share using new formula)	£37,957	£5,313	£15,449
Local Authority illustrative budget 2017/18	£1,104,535	£719,929	£1,751,538

The illustrative budget total inclusive of community sentencing funding and women's service funding is **£3,576,002**. In order to fully illustrate the impact of the new formula on the CJP authorities (potentially) in the medium to longer term, the total with the budget adjustments noted above in terms of capping

losses / increases added back in would be **£3,707,428**. This is encouraging in relation to the impact of the new formula upon the CJP collectively and individually and based on the 2015-16 workload figures (the illustration uses the aggregate workload figures from 2012-2015) could reasonably be anticipated to increase. This relative optimism is qualified by the continuing pressure on public sector budgets which means that at best we should anticipate no uplift in overall allocation, which in turn affects the benefit to individual authorities.

Workloads: A factor which has been of disadvantage to the CJ Partnership over the years has been fluctuating levels of workload. This has affected all authorities. The old funding formula gave considerable weight to workloads (averaged out over three years) comprising two thirds of weighting. The new formula splits the workload / needs factors 50/50 which should slightly reduce the immediate impact of fluctuations. However, it remains that partnership authorities are vulnerable to workload fluctuations and that whilst the overall trend for the combined authorities is upward the value of that trend to individual authorities varies considerably. The table below illustrates the nature of this fluctuation over the past four years.

ABC

	15/16	14/15	13/14	12/13
CJSWR	318	381	373	555
CPO	177	178	148	166
CPO (UPW)	124	156	125	120
CPO (supv)	63	88	78	85
EDC				
CJSWR	248	295	295	314
CPO	176	183	186	186
CPO (UPW)	146	132	150	130
CPO (supv)	89	88	91	73
WDC				
CJSWR	922	820	742	815
CPO	497	348	391	316
CPO (UPW)	438	307	343	254
CPO (supv)	308	197	221	189

Rurality: this is a new factor in the funding formula and is obviously to the advantage of authorities such as Argyll and Bute. The factor applies to the presence of dispersed communities; individuals living in communities of less than 1000.

Social and economic cost of crime: this factor is the new proxy for need and relates not only to the level of crime but takes account of the nature of crime in an area; the more serious the crime broadly speaking the greater the cost in terms of consequences for victims and services.

Community Sentencing funding and Women's Services funding: this refers to funding allocated in addition to the original Sect 27 distribution this year and assumes it will be available in 2017-18. The most obvious matter of concern is that the allocation bears no relation whatsoever to workload/demand; that is the pressure on services due to the size and complexity of workloads and in the case of women offenders this plus the number of women in contact with services. It is not a mistake, but is the consequence of the application of the formula without the benefit of any analysis of need particularly in the case of the funding of women's services.

Summary: the direction of travel in relation to the share of the Sect 27 grant coming to partnership authorities is positive, notwithstanding the clear need to review the method of allocating additional funding described above and it is helpful to have an idea of the relative impact of a rurality element. There are clearly issues re the distribution of additional funding as noted above which require a fix as soon as possible and in the meantime strengthen the argument for partnership arrangements. To manage the allocation of resources relative to need.

There are health warnings, particularly with regard to the continuing impact of fluctuating workload albeit at a reduced level on authorities and there is a need to better understand the calculations underlying the social and economic costs of crime; in particular the potential for distortion in relation to spikes in relation to serious violent/sexual crime having an impact on small authorities.

With regard to comparisons to sect 27 allocation under the previous formula; these are extremely difficult to make across the country as since 2002 allocations have been to groupings of authorities and since 2007 via the CJAs. There has been no consistent method of allocation from CJAs; the local arrangement being allocation based on a share of workload averaged out over three years. Such an allocation had it applied to the CJP authorities would have been to the overall advantage of WDC but impacted to the serious disadvantage of ABC with a lesser impact on EDC. In effect the CJP has managed need at the partnership level. The hard fact is that small authorities such as WDC, ABC and EDC are vulnerable in terms of lack of capacity to respond to increases in levels of demand and bear the impact of funding reductions at the other extreme, from within the sect 27 grant.

Norman Firth
Partnership Manager





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 2. _____ The Quality Statement and Quality Principles for Community Justice
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Introduction



1

“ The New Model for Community Justice acknowledges that offending is a complex problem, one which creates victims, damages communities and wastes potentials. It also appreciates the well-established links between persistent offending and wider social factors such as poverty, homelessness, addiction and mental illness.”

Introduction

The Scottish Government is committed to preventing and reducing further offending and securing better outcomes for people with convictions, victims and communities.

The New Model for Community Justice acknowledges that offending is a complex problem, one which creates victims, damages communities and wastes potentials. It also appreciates the well-established links between persistent offending and wider social factors such as poverty, homelessness, addiction and mental illness. Therefore, key to preventing and reducing further offending and promoting desistance is meeting the often complex needs of people who have offended.

Equally important is to recognise the many different individuals and organisations (Third Sector, public and private) that are involved in the planning, design and delivery of services to support these complex needs. Successful delivery of better outcomes for people with convictions, victims and communities relies therefore on a wide partnership of agencies and services working together, engaging with local communities and listening to the voices of those affected by offending.

The Model for Community Justice in Scotland

The new model for community justice in Scotland, in place from 01 April 2017, has been designed to bring together individuals and organisations to deliver a community solution to achieving improved outcomes for community justice; to prevent and reduce further offending; and to support desistance, including supervision where necessary. It builds upon investment made by the Scottish Government and Local Government in community planning and strengthened provisions under the Community Empowerment (Scotland) Act 2015. As we are empowering communities, so too are we empowering the individuals and organisations who deliver improved outcomes for community justice.

Specifically, the model has the following key elements:

- Local strategic planning and delivery of community justice services - **collectively**;
- Duties on a defined set of **community justice partners** to engage in this local strategic planning and delivery with accountability for planning and performance residing at this level;

-
- The creation of **Community Justice Scotland** to provide leadership for the sector, opportunities for innovation, learning and development and independent professional assurance to Scottish Ministers on the collective achievement of community justice outcomes across Scotland and to provide improvement support where required; and
 - A focus on **collaboration**, including the opportunity to commission, manage or deliver services nationally where appropriate.

These elements are supported by the Outcomes, Performance and Improvement Framework and the National Strategy for Community Justice which set out the vision and aims for improved community justice outcomes and provide a structure for how we will achieve these aims. Additionally, both these documents have been placed on a statutory footing in the Community Justice (Scotland) Act 2016¹.

Why do we need an Outcomes, Performance and Improvement Framework for Community Justice?

The Scottish Government's Vision for Community Justice

Scotland is a safer, fairer and more inclusive nation where we:-

- prevent and reduce further offending by addressing its underlying causes; and
- safely and effectively manage and support those who have committed offences to help them reintegrate into the community and realise their potential for the benefit of all citizens.

The vision for community justice is ambitious and far-reaching, encapsulating the holistic and collaborative approach which lies at the heart of the new model for community justice. It is right, then, that we take an equally ambitious approach to achieving better outcomes for communities across Scotland; one which accounts for contributions to the common purpose from as broad a range of partners as is possible and is underpinned by sound assurance under the principle locally of collective responsibility. The Outcomes, Performance and Improvement (OPI) Framework provides for this ambitious approach and exists to guide and support Community Justice Partners as they improve community justice outcomes in their areas.

¹ <http://www.legislation.gov.uk/asp/2016/10/contents/enacted>

In part, the need for the new OPI Framework stems from criticism of previous community justice models for their inability to accurately measure, understand, and cost out or evidence success. However it also addresses the clear desire, voiced during the public consultations to develop the new model for community justice, for both the better sharing of good practice and for assurance that improved outcomes are being delivered. In so doing, it will also highlight the importance of the impact that community justice services can have on the lives of affected individuals.

This is the reason why the model for community justice is defined by an improvement culture through the establishment of the National Outcomes, Performance and Improvement Framework.

Purpose of the Outcomes, Performance and Improvement Framework

The Outcomes, Performance and Improvement (OPI) Framework provides community justice partners and Community Justice Scotland with real opportunities to measure progress, drive improvement, offer consistency and transparency and link decisions and actions to analysis of need and what works, leading to increased efficiency and effectiveness. It is not intended to as a simple performance management tool but as a means to provide community justice partners with the information they need to focus efforts on the improvements that matter to their local areas. In doing so it allows community justice partners and Community Justice Scotland to report on achievements as well as identify issues and blockages and evaluate the impact of services on person-centric outcomes.

The Community Justice (Scotland) Act 2016 provides the statutory basis to monitor continuous improvement through effective planning and performance management. A key element of this is the Outcomes, Performance and Improvement (OPI) Framework, known as the 'performance framework' in the Act.

Who will use the Outcomes, Performance and Improvement Framework?

The audience for the OPI framework, as a whole, is three-fold:

1. Statutory community justice partners as outlined in the Community Justice (Scotland) Act 2016 are required to plan and report against the common outcomes, referred to as “nationally-determined” in the Act and to report using the national indicators;
2. Community Justice Scotland who will use the framework in its assurance function;
3. The framework will also be of relevance to the third sector, communities and other stakeholders with a role in improving community justice outcomes locally.

Within these groups, there will be elements of the framework which are particularly useful for people holding specific roles, such as those overseeing the delivery or commissioning of services who can use tools such as the ‘5 Step Approach to Evaluation’ to monitor the outcomes at a service level and for individuals.

This document should be read in conjunction with its companion documents:

1. ‘Community Justice Outcomes, Performance and Improvement Framework – Definitions, Methods and Sources’, which provides further detail on the indicators, methods of collection and identified data sources; and
2. ‘Community Justice Outcomes, Performance and Improvement Framework – Frequently Asked Questions’, which provides answers to some of the frequently asked questions on the OPI Framework.

These companion documents will be kept under review and added to or amended as required. In particular, the ‘Definitions, Methods and Sources’ document is likely to be highly iterative in nature as the OPI Framework has been designed to drive behaviour under what is a new model and way of working. Therefore, some data sources may not yet be in operation. See Chapter Three for more detail on capturing the data, together with the relevant section in the Guidance on the new model for Community Justice.

What is Community Justice Scotland's role in the Outcomes, Performance and Improvement Framework?

Community Justice Scotland's role in the Outcomes, Performance and Improvement Framework is three-fold:

1. Using the framework in its assurance and improvement support function – see Chapter Six for more detail;
 - Considering whether partners' plans cover the full range of outcomes;
 - Reviewing partners' annual reports to identify good practice and where improvement support may be offered;
 - Working with statutory Community Justice Partners, the Scottish Government and broader partners and stakeholders in support of the behaviours required to meet improved outcomes;
 - In making recommendations to Scottish Ministers on further action required;
 - Developing the annual report for Scottish Ministers on how the improvement of community justice outcomes is being progressed across Scotland.
 2. Considering whether the evidence has changed:
 - Reviewing examples of practice shown in plans and reports;
 - Developing guidance and research through its Hub function;
 - Working with analysts and partners on the evidence base.
 3. Reviewing the efficacy of the OPI Framework:
 - Does it do what it sets out to do?
 - What is the feedback from partners on its usage?
 - Has the evidence changed?
 - Can it be improved upon?
 - Making recommendations to Scottish Ministers as to any required changes on the OPI Framework.
-

Which elements make up the Outcomes, Performance and Improvement Framework?

The OPI Framework has the following contents which are detailed further in the remaining chapters of this document:

- The quality statement and quality principles for community justice – Chapter Two;
- The common set of outcomes and indicators – Chapter Three;
- The ‘5 Step Approach to Evaluation’ – Chapter Four;
- The approach to scrutiny and inspection – Chapter Five;
- Performance processes – Chapter Six.

In addition, this document sets out in Chapter Seven the review and governance for the framework, in which Community Justice Scotland is closely involved; and, in Chapter Eight, details on the implementation of the OPI Framework once published.

Development of this version of the Outcomes, Performance and Improvement Framework

Just as the model for community justice requires a broad range of partners to come together to deliver improved outcomes for individuals and communities across Scotland, so too the development of the OPI Framework required such a range of partners to come together to consider the right way forward in providing a toolkit for continuous improvement under the model.

Indeed, the development of the OPI Framework has not happened overnight. It has required nearly two years of considered thought, workshops and input from the following partners and stakeholders who came together in the Outcomes, Performance and Accountability Working Group:

- Association of Local Authority Chief Housing Officers – ALACHO;
- Care Inspectorate;
- Community Justice Authorities;
- Community Justice Co-ordinators;
- Community Planning Managers;
- COSLA;
- Criminal Justice Voluntary Sector Forum – representing the Third Sector;
- Health Boards – Public Health;
- Local Authorities – including Criminal Justice Social Work;

-
- Police Scotland;
 - Risk Management Authority Scotland;
 - Scottish Prison Service
 - Scottish Government Policy Justice Analytical Services; and
 - Social Work Scotland.

Those statutory Community Justice Partners not directly represented on the Working Group were engaged with via local and national events and membership of the Redesign and Performance Management of Community Justice Project Board or its Statutory Partners Group.

Wherever possible, the Working Group has built on existing tools or approaches. However, recognising that the framework supports a new, ambitious vision for community justice the Group has also developed a suite of outcomes and indicators designed to drive behaviour towards meeting the aims contained within the National Strategy for Community Justice.

The Working Group reported on its progress to the Redesign and Performance Management of Community Justice Project Board.

Can the Outcomes, Performance and Improvement Framework be updated?

One of the key principles behind the new model for community justice is that it aids in driving improvement for communities across Scotland. It follows, therefore, that the very framework which seeks to assist in this can itself be improved upon as required.

The OPI Framework has, therefore, been designed to be flexible and to evolve as experience in the operation of the new model for community justice grows throughout Scotland. It has been developed based on best current available evidence and policy. As these develop, the OPI framework will be reviewed and updated as required. Likewise, if elements of the Framework are found not to be as effective as they could be in improving outcomes, they can be reviewed and updated.

This is enshrined in Section 18 of the Community Justice (Scotland) Act 2016 which specifies for the review of the framework, no later than five years after the framework is published and then from time to time, but no later than five years after the last review.

The task of reviewing the OPI Framework will fall to Community Justice Scotland, working with partners and stakeholders. Scottish Ministers retain ownership of the OPI Framework, with a role to consider proposals put to them by Community Justice Scotland and publish updates to the OPI Framework as required.

Further details on the governance of the Framework can be found in Chapter Seven.

How does the Outcomes, Performance and Improvement Framework fit with the National Strategy for Community Justice and the Guidance?

The OPI Framework sets out the outcomes we believe are required to achieve the vision presented in the National Strategy for Community Justice.

It is recognised that both the vision and the outcomes cannot be achieved overnight and that improvement will require a step-change approach.

Therefore, the National Strategy sets out the priority improvement actions required, over a five year period, to make progress against the outcomes contained in the OPI Framework.

The OPI Framework then gives tools to support said improvement, allowing partners to:

- set their baseline, assessing their contribution;
- take a quality approach to evaluating both services and their collective activity, including a focus on the outcomes achieved for service users; and
- report on progress, recognising both strengths and areas for further development.

The Guidance on the new model for community justice is intended to support the statutory community justice partners (“the statutory partners”) and other community justice partners and stakeholders to understand their roles to help deliver the new model for community justice. It will also be of relevance to the third sector, communities and other stakeholders involved in community justice.

It contains statutory guidance, outlining the steps that partners must follow in the development of their plans, as well as further information and support on the new model of community justice. The latter covering areas which include:

- The National Strategy for Community Justice;
- This OPI Framework for Community Justice;
- Partnership working for Community Justice;
- Engagement and Consultation;
- Community Justice Resources;
- Partners’ relationship with the Community Justice Scotland and Scottish Ministers; and the

- Local Planning Context; key national strategies; legislative frameworks; further detail on effective use of evidence-based interventions; details on victims’ organisations; and high-level information on how to use community justice needs assessment, data sources and logic models to design and evaluate community justice interventions.

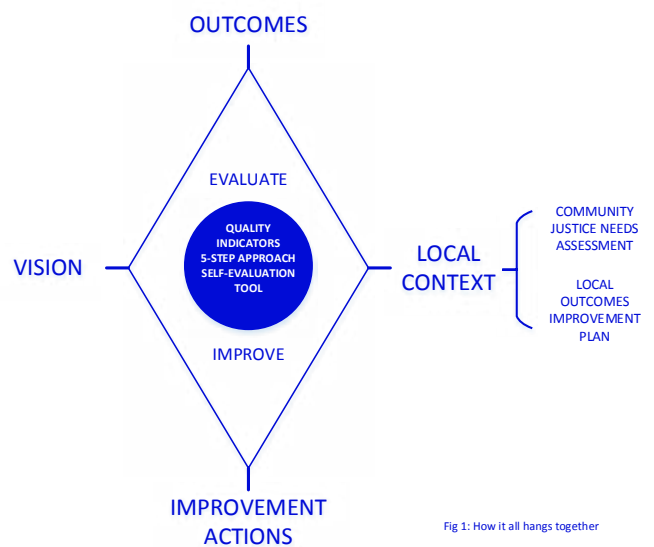


Fig 1: How it all hangs together

In using the model on page 10, community justice partners would work with the Third Sector, community bodies, people with lived experience, the wider community and other stakeholders to:

- Have regard to the vision in the National Strategy;
- Develop a 'community justice needs assessment' of their local community, using existing profiles and available data;
- Understand how current services are meeting these needs and whether the required benefits are being realised – the '5 Step Approach to Evaluation' provides a valuable guide to approaching this task;
- Consider the priorities contained within their Local Outcomes Improvement Plan (LOIP) for their area;
- Baseline their achievement against each of the common outcomes, using the national indicators and identify priorities for action against both these and the improvement actions contained within the National Strategy for Community Justice;
- Detail priorities for action in their Community Justice Outcomes Improvement Plans;

- Monitor delivery and achievement – the self-evaluation tool may be used here or at other stages of the planning, delivery and reporting cycle;
- Understand the impact of services and the achievement of structural outcomes on achieving the person-centred outcomes for individual service users; and
- Report on progress against the plan on an annual basis.

Depending upon findings, partners may undertake any strategic commissioning as a result of their evaluation, using available evidence and best practice and developing new or replacement services as required.

Further information on setting the baseline and the community justice needs assessment can be found in Chapter Six.

The Guidance for the new model for community justice provides more detail on both these, the duties required under planning and performance and covers areas such as engagement and consultation which are referenced in the outcomes and indicators.



The Quality Statement and Quality Principles for Community Justice



2

“ Although the new model for community justice does not mandate how community justice partners should take forward their service delivery or what services should be delivered locally, there are some key principles which should guide partners in their task ahead.”

Purpose

This document looks to align all activity under community justice to a set of quality principles to deliver an integrated and localised approach to Community Justice.

How should these be used?

In delivering improved community justice outcomes, it is crucial to consider not just the destination but the journey. To be sustainable and ethical, how outcomes are improved is just as important as what improvement has been made.

Although the new model for community justice does not mandate how community justice partners should take forward their service delivery or what services should be delivered locally, there are some key principles which should guide partners in their task ahead. These are outlined in the quality statement.

Partners should refer to these principles in considering how to take forward their duties under the new model; in designing, commissioning, planning and delivering services; and evaluating the outcomes achieved from such.

The Quality Statement shown on pages 15 and 16 has been designed to standalone for partners to use locally.

Quality Community Justice

Community Justice Quality Statement for Scotland

The New Model for Community Justice looks to align all activity to the three Quality Ambitions with further guiding principles in the goal to deliver a consistent, integrated and localised approach to Community Justice.

Quality Ambitions		
Every person with lived experience of community justice has a positive story to tell of support for their desistance or integration into the community	All partners work together in delivering improved community justice outcomes to achieve lasting change across Scotland	Interventions have a sound evidence base and are proportionate to the need to prevent and reduce further offending and protect the public

Quality Principles

Connected

Services will be designed and delivered at a local level through partnership with the community and with people with lived experience, receiving advice and guidance from the national level as appropriate. People at different stages of the community justice pathway will, wherever possible, remain connected with existing services they use and with their communities, recognising that individuals will increase resilience and, wherever possible, move on from being supported by specialist services.

Person centred

People will receive an individualised approach to identify and help address the circumstances that may lead to further offending and to support their desistance. Services will be delivered free from stigma and will be accompanied by the provision of appropriate information.

Effective

Ambitious, collaborative methods will be championed to drive the improvement and development of services, where resources are used innovatively and efficiently. Services will be outcome-focused and based upon evidence of what works. A strategic approach will be taken to planning, commissioning and delivery so that activities undertaken will align with desired outcomes for community justice and all partners understand the contribution they have to make.

Driving Improvement through Quality and Assurance

The new model for community justice is defined by an improvement culture. In delivering improved community justice outcomes, it is crucial to consider not just the destination but the journey. To be sustainable and ethical, how outcomes are improved is just as important as what improvement has been made.

Although the new model for community justice does not mandate how community justice partners should take forward their service delivery or what services should be delivered locally, the key principles shown overleaf should guide partners in their task ahead.

Assurance is provided locally through self-evaluation and reporting on a set of common outcomes and indicators. Locally, therefore, each area should develop a mechanism where this self-evaluation and performance is reported on. This work will be supported nationally by Community Justice Scotland. Further assurance may be provided, as required, via the multi-agency joint inspection regime for community justice.

Quality has been at the heart of developing the set of common outcomes and indicators for community justice.

Quality measures in a community justice setting may focus on:

- User experience;
- Workforce experience;
- User reported outcomes;
- The effectiveness of local leadership;
- Communication and information sharing;
- Level of co-production with people using services;
- Implementation of a person-centred approach;
- Community feedback on their involvement;
- Level of positive and negative media reports;
- That partners not only pool but share resources in a way which transcends organisational ownership of such resources.

In considering how to take forward their duties under the new model and in designing, commissioning, planning and delivering services and evaluating the outcomes achieved from such, partners should refer to this Quality Statement.



The set of Common Outcomes and Indicators



3

“ A suite of common indicators, referred to as “relevant national indicators” in the Community Justice (Scotland) Act 2016 have been developed to accompany the common outcomes.”

Background

Based on existing evidence and engagement with a range of partners and stakeholders, a set of common outcomes and indicators have been developed which are strongly linked to supporting an individual’s desistance from offending.

The common outcomes referred to as “nationally-determined outcomes” in the Community Justice (Scotland) Act 2016, are:

Common across Scotland, allowing us to:

- Recognise that we all have a contribution to make to improving outcomes relating to community justice;
- Consistently monitor progress against the vision for community justice;
- Share best practice and lessons learned between local areas and partners;
- Maintain a focus on evaluating changes in person-centred outcomes for people involved in community justice services;
- Identify where further action may have to be taken at a local and national level, including if updated improvement actions are required in the National Strategy.

Applicable at a local level, allowing partners to:

- Identify which of the common outcomes are a priority for improvement action locally;
- Recognise the impact of the delivery of services on the lives of service users, including where services are co-produced;
- Report on success and lessons learned against each outcome.

It is expected that progress will be made across Scotland against all of the common outcomes. The section within this chapter on “How these Common Outcomes and Indicators should be used” explains in more detail the responsibilities upon statutory Community Justice Partners.

A suite of common indicators, referred to as “relevant national indicators” in the Community Justice (Scotland) Act 2016 have been developed to accompany the common outcomes.

How Were the Common Outcomes and Indicators Developed?

The development of the common outcomes and indicators followed the same governance as that for the rest of the OPI Framework.

Initial development work on the outcomes was based on existing evidence of what is required to deliver medium and long term improvement in terms of preventing and reducing the risk of further offending.

Logic modelling exercises with the Outcomes, Performance and Accountability (OPA) Working Group and additional stakeholders ensured that both the structural and person-centric outcomes were strongly aligned with the high level justice outcomes, moving out to more broadly link with national performance outcomes for Scotland. The 'Community Justice Outcomes Chain' is shown as a high-level logic model at **Annex A**.

Further engagement with representatives from community justice stakeholders, including police, health service, community planning partnerships, criminal justice social work, Scottish Prison Service and the Third Sector identified a diversity of desired outcomes and working practices which are difficult to reflect adequately in a simple set of metrics suitable for direct performance

management. Nor would such direct performance management fit with the collective responsibility of the new model for community justice.

As noted in Chapter One, the focus of the OPI Framework is, therefore, to provide a high level performance reporting structure which allows the full range of community justice partners to assess progress, drive improvement, offer consistency and transparency and link decisions and actions to analysis of local need and what works, leading to increased efficiency and effectiveness. The common outcomes are an integral part of this performance reporting structure.

A set of draft outcomes and indicators were gathered together and these were considered via a prototyping exercise consisting of initial collaborative work with a small number of 'early adopter' community planning partnership areas in order to step through the practical implications of implementing the new model and using the framework for performance reporting.

The exercise resulted in a list of potential indicators for housing, management of Community Payback Orders voluntary sector/ community involvement and user experience.

These indicators and the common outcomes were then considered and further refined by the OPA Working Group and the Project Board for the Redesign and Performance Management of Community Justice during the early months of 2016 into the set that are now shown in this Chapter.



What are the Common Outcomes?

The common outcomes, shown in figure 2, contain both person-centric and structural outcomes. They are based on existing evidence and are strongly linked to supporting an individual's desistance from offending.

The structural outcomes are those which the statutory Community Justice Partners have more direct control over or they may readily influence as they relate to services or actions that they deliver upon; the person-centric ones are those which the statutory Community Justice Partners may have less direct control over as they may be impacted by a range of different factors but in which partners play a key role in supporting and delivering that change. These outcomes are directly linked to the complex needs at an individual level which are so often key to preventing and reducing further offending and promoting desistance.

Both sets of outcomes are equally important because the person-centric outcomes are largely dependent on achievements made under the structural outcomes.

By way of an example, it is highly unlikely that securing decent housing for individuals can be achieved without good strategic planning, working in partnership and improving access to housing.

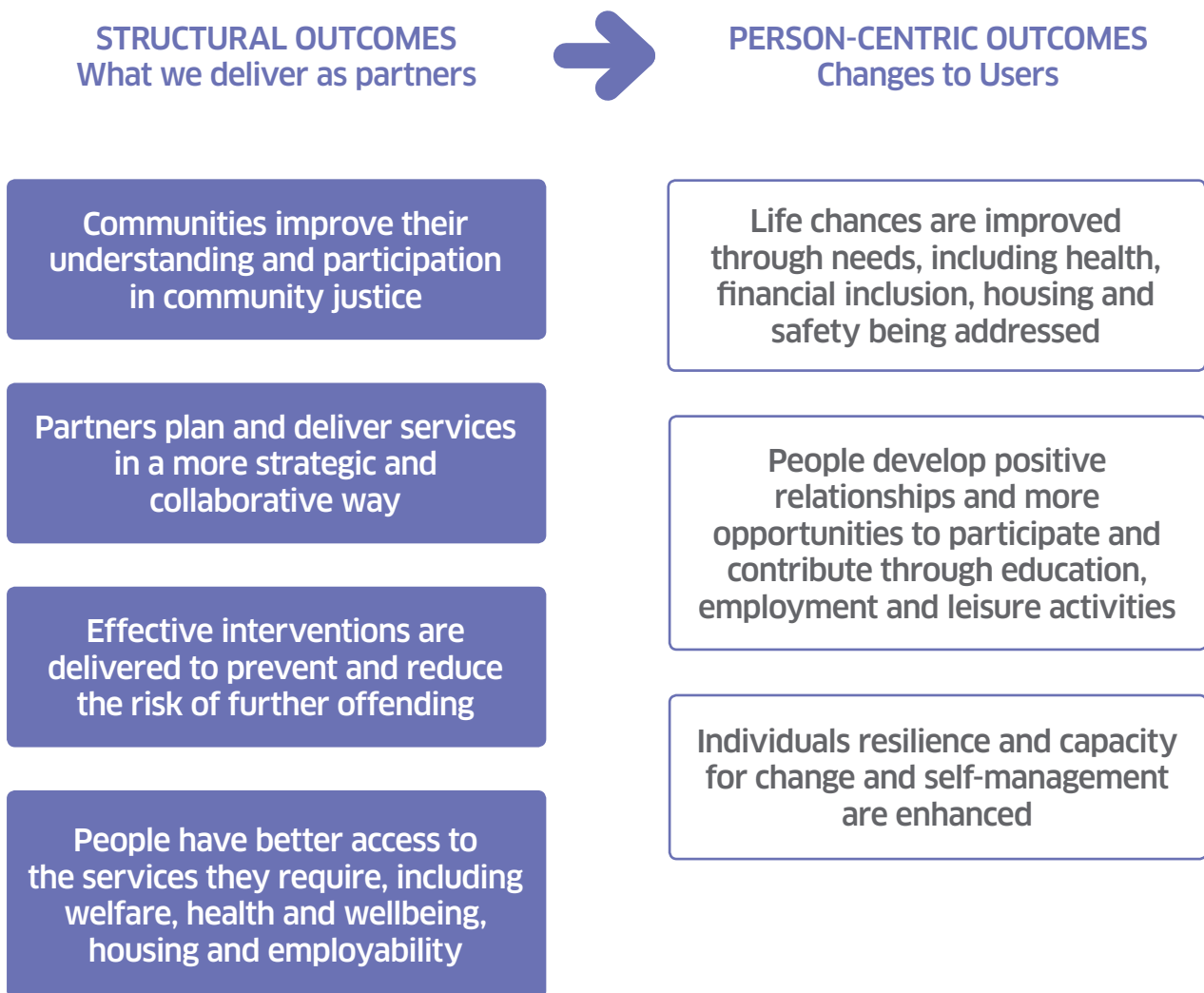
Likewise, there is no hierarchy of importance amongst the outcomes. All must be delivered upon, although local areas will consider which outcomes in their area require specific improvement action to achieve progress against. The statutory Community Justice Partners, working with the Third Sector, community bodies and individuals, will have a contribution to make towards all outcomes. Some may require one partner to take a lead in an area but that partner will require the contribution from others to achieve the outcomes, reinforcing the principle of collective responsibility which underpins the new model for community justice.

The common outcomes are represented below. The Community Justice Outcomes Chain at **Annex B** shows the flow between what is invested, who is involved, the structural and person-centric outcomes and their link to wider national outcomes for Scotland.

The term “people” refers throughout all outcomes to those with lived experience of the criminal justice system from point of arrest through to returning from custody. In the main, we mean people² who have been arrested, diverted from prosecution, have convictions or a history of offending. Generally, children’s needs are considered through children’s services planning. However, for community justice we do include those young people involved with youth justice services who may require to access to community justice services or those transitioning from youth justice to adult community justice services.

² To provide further clarification, in the person-centric outcomes the term “people” has been used in the outcome “People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities” to reflect that here a relationship has to be between the individual and 1 or more others; whilst the term “individual” has been used in the outcome “Individual’s resilience and capacity for change and self-management are enhanced” as this is about the personal change for the one person

FIGURE 2:
THE SET OF COMMUNITY JUSTICE COMMON OUTCOMES



Structural Outcomes

Outcome	Why is this outcome important?
Communities improve their understanding and participation in community justice	<p>The degree to which the community understands and supports community justice services has a strong effect upon their overall effectiveness. The extent to which the public are willing to engage with people with convictions has a major impact in key areas, for example access to housing and opportunities for employment. Many community justice services are made possible through members of the public offering their time through community groups and volunteering with organisations that seek to prevent and reduce further offending.</p> <p>The visibility of and public attitude towards the community justice landscape is important in encouraging a culture of volunteering that extends to community justice services. Public services that protect and support victims of crimes are also important in terms of fostering confidence.</p>
Partners plan and deliver services in a more strategic and collaborative way	A key focus under the model for community justice is to ensure effective partnership working through establishing joint prioritisation and planning processes, and integrated delivery, working across organisational boundaries to promote synergies and efficient use of resources.
People have better access to the services they require, including welfare, health and wellbeing, housing and employability	The evidence is clear that addressing basic needs such as housing, healthcare and welfare are key to promoting desistance and preventing and reducing further offending. Improving access to services, crucially including initiatives to improve equity of access, will ensure that people who have offended get the support they need, when they need it, to make a real difference to their lives.

Effective interventions are delivered to prevent and reduce the risk of further offending

A key tenet of the vision for community justice is to prevent escalation of the criminal justice system response through the use of diversion from prosecution and non-court disposals where appropriate, and minimising the use of prison in favour of community sentences and alternatives to remand. Effective interventions are those which are proportionate, timely, tailored to the individual and person-centred. By working to a broader definition of interventions, this outcome brings a wider range of partners than purely justice interventions such as health and those delivered by the Third Sector.

The above outcomes are expected to lead to improved person-centric outcomes, as portrayed in the Community Justice Outcomes Chain at **Annex B**.

Person-centric Outcomes

Outcome	Why is this outcome important?
Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed	Individuals within the criminal justice system experience poorer physical and mental health in comparison to the general population. It is also generally accepted that there is a well-established link between substance misuse and offending behaviour. It is acknowledged that insecure housing is an issue that disproportionately affects those who have been convicted and this outcome seeks to address this disparity. Having access to a regular income can promote desistance and an individual's capacity for change.
People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities	There is consistent evidence that maintained or improved relationships with families, peers and community reduces the risk of re-offending ³ . There is also a strong link between educational and developmental opportunities and a lowered risk of reoffending.
Individual's resilience and capacity for change and self-management are enhanced	Resilience is the capacity for successful adaptation, positive functioning or competence under adverse conditions: this is an important factor in the desistance journey. Desistance research also stresses the importance of individuals' self-efficacy and agency (that is, belief in one's own ability to complete tasks), and suggests that establishing a sense of motivation and capacity for change is important in desisting from crime.

In turn, the achievement of the structural and person-centric outcomes will lead to the prevention and reduction of further offending, fewer victims of crime and the achievement of broader social outcomes for Scotland with the latter again shown in the Community Justice Outcomes Chain at **Annex B**.

³ Sapouna, M. et al (2015) What works to reduce reoffending: a summary of the evidence <http://www.gov.scot/Publications/2015/05/2480/0>

The Indicators for the Common Outcomes

Key to the development of indicators has been striking the correct balance between those which ensure that statutory Community Justice Partners demonstrate the achievement of outcomes to communities and their lines of accountability, with assurance provided across Scotland by Community Justice Scotland, whilst ensuring that this does not become a major data collection exercise.

The following types of indicator have been developed in the table shown from pages 29 to 37:

Quantitative: those which require statistical data and analysis. If something is defined as a common indicator here, it must be measured consistently and robustly across local areas. We also need to be clear that some measures will be contextual due to issues of attribution.

Change and impact: affords the opportunity to show activity that has been carried out, what this has meant for the local area, the impact of the activity, the resultant change, user and community views; leading to the sharing of good practice. Undertaking the activity is not an end in itself but a precursor to achieving an improved outcome. Partners should consider and measure the improvement, the movement for the service or individual, the impact and the change for people and communities brought about as a result of the activity. The '5 Step Approach to Evaluation' explains this in more depth.

Contextual information: contextual drivers, including those of demand, to guide planning rather than direct indicators of performance.

The '5 Step Approach to Evaluation' can be used to aid partners in approaching this task.

The Indicators for the Common Outcomes

Structural Outcomes				
Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Communities improve their understanding and participation in community justice	Change and Impact	Activities carried out to engage with 'communities' as well as other relevant constituencies	<ul style="list-style-type: none"> Impact and the measures for such will differ from activity to activity e.g. a communications strategy and the response to this from the public; a specific event for the judiciary and a change in sentencing; people who use services direct engagement; conference with a feedback mechanism included and measure the response. Evidence may also be taken from social media activity e.g. no of followers, no of likes, no of retweets - analytics from social media. <p>Existing engagement mechanisms should be used wherever possible.</p>	It should be noted that this is a longer-term indicator and measurement should be over a period of time. Partners should first mention the activities and then the impact of these.
	Change and Impact	Consultation with communities as part of community justice planning and service provision	<p>Will include:</p> <ul style="list-style-type: none"> Specific consultation for the purposes of community justice planning to identify the needs of the local community in a way which recognises the links and logical pathways between meeting initial needs related to the underlying causes of offending and the knock-on impact to meeting broader community justice outcomes; Identifying opportunities for the unpaid work element of CPOs; and How consultation on local police plans and those for other partners links to community justice. <p>Local areas may wish to follow community planning and community safety practice in their area e.g. for localities or asking communities more generally what they need to improve their area rather than targeting on community justice</p>	Partners should be wary that this doesn't just become a process to be followed but, rather must be conducted meaningfully and proportionately with results acted upon appropriately.

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Communities improve their understanding and participation in community justice	Change and Impact	Participation in community justice, such as co-production and joint delivery.	<ul style="list-style-type: none"> ■ Involving people with convictions, victims of crime and families in the development of priorities for the Community Justice Outcomes Improvement Plan; ■ Using and building the strengths and capacity of the local community in developing services and support initiatives; ■ Joint delivery of said services and support with individuals and communities e.g. via community centres, community cafes. 	
	Change and Impact	Level of community awareness of/ satisfaction with work undertaken as part of a CPO	<ul style="list-style-type: none"> ■ Evidence from community surveys, recognising that measurement/assessment will vary locally 	
	Change and Impact	Evidence from questions to be used in local surveys/ citizens panels etc	<p>Questions must cover the following areas:</p> <ul style="list-style-type: none"> ■ Awareness; ■ Visibility; ■ Understanding; ■ Confidence; ■ Participation. <ul style="list-style-type: none"> ■ Local areas may wish to focus on specific services and/or on community justice more generally. ■ May wish to follow community planning and community safety practice in their area 	Be wary that this doesn't just become a process to be followed but, rather must be conducted meaningfully and proportionately with results acted upon appropriately.
	Quantitative	Perceptions of the local crime rate,	<ul style="list-style-type: none"> ■ This is available from Scottish Government surveys being one of core areas used in all of the national social surveys run by the Scottish Government; ■ Broken down to a local authority level. 	It is implicit that this indicator covers all of the partners.

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Partners plan and deliver services in a more strategic and collaborative way	Change and Impact	Services are planned for and delivered in a strategic and collaborative way	<ul style="list-style-type: none"> ■ Evidence of effective partnership working e.g. from self-evaluation or a partners or local survey; ■ Evidence of planning for joint delivery around prevention and early interventions; ■ Evidence of implementation of strategic commissioning approach; ■ Evidence of involving communities, including those with a history of or affected by offending, the planning and delivery of community justice services; ■ Evidence of effective planning for transitions for children and young people who may need to access community justice services as well as planning for those who transition into adult services. 	Recognition that self-evaluation views may include perception of partners as well as evidence base. Surveys should cover statutory and non-statutory partners.
	Change and Impact	Partners have leveraged resource for community justice	<p>Partners should recognise the potential that exists within themselves, individuals, groups and organisations in their area and the contribution they can make to improved community justice outcomes. They must then leverage this potential or 'resource', including:</p> <ul style="list-style-type: none"> ■ Sharing of information, people, facilities - including co-location; ■ Funding activities together, recognising economies of scale, opportunity cost and efficiencies; ■ Training provided by one partner opened up to other partners; ■ Existing services and experience being directed towards improving community justice outcomes 	When developing new or enhancing existing models for delivery
	Change and Impact	Development of community justice workforce to work effectively across organisational/ professional/ geographical boundaries	<ul style="list-style-type: none"> ■ Evidence of and evaluation from impact of activities joint training, awareness raising for senior personnel, joint working, shared learning, joint practice studies. 	

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Partners plan and deliver services in a more strategic and collaborative way	Change and Impact	Partners illustrate effective engagement and collaborative partnership working with the authorities responsible for the delivery of MAPPAs	<ul style="list-style-type: none"> ■ Evidence that strategic planning and reporting mechanisms for improved community justice outcomes has considered people subject to MAPPAs; ■ Evidence of joint training/awareness sessions; ■ Evidence of collaborative risk management planning 	
People have better access to the services they require, including welfare, health and wellbeing, housing and employability	Change and Impact	Partners have identified and are overcoming structural barriers for people accessing services;	<ul style="list-style-type: none"> ■ Partners must show the barriers which have been identified, the activities to overcome these and the results. ■ The type and extent of barriers will change from area to area but evidence shows that some are likely to be present in each area including: <ul style="list-style-type: none"> ■ barriers to employment, training and education as a result of previous convictions; ■ direct or indirect through the implementation of other arrangements e.g. anti-social behaviour processes or specific partner policies or access protocols; ■ attitudes of staff, the community and other service users. ■ Measures must include user experience that barriers have been overcome. 	Being able to capture an initial picture may be progress in itself for the first year of operation of the new model e.g. considering employment and housing policies for the local area.
	Change and Impact	Existence of joint-working arrangements such as processes/ protocols to ensure access to services to address underlying needs	<p>The arrangements must cover the following journey for an individual:</p> <ul style="list-style-type: none"> ■ Point of and following arrest; ■ As part of police and fiscal direct measures, disposal/sentencing process; ■ While on remand; ■ While serving a community or custodial sentence; ■ On release from remand or a custodial sentence. <p>The arrangements should at least cover:</p> <ul style="list-style-type: none"> ■ Welfare; ■ health and well-being; ■ housing; and ■ employability 	An example of a measure for a housing protocol is given at Annex B

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
People have better access to the services they require, including welfare, health and wellbeing, housing and employability	Change and Impact	Initiatives to facilitate access to services	<p>Initiatives which will ensure that people who have offended get the support they need, when they need it, to encourage desistance. Including:</p> <ul style="list-style-type: none"> ■ those which improve equity of access; ■ Those which support and facilitate an individual to understand how to approach services; ■ Those which will advocate on an individual's behalf to support access. <p>Availability and acceptance by the individual of the support offered measured by:</p> <ul style="list-style-type: none"> ■ Greater take-up of mentoring, throughcare support officers, voluntary and statutory throughcare; ■ Greater take-up of initiatives to increase employability skills – including literacy and general education levels – or other pro-social activity. <p>Impact measured by user experience of accessing services at the various points, linking to progress against the person-centric outcomes.</p>	
	Change and Impact	Speed of access to mental health services	<ul style="list-style-type: none"> ■ 90 per cent of patients to commence psychological therapy based treatment within 18 weeks of referral, recognising that the data will include the whole community 	

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
People have better access to the services they require, including welfare, health and wellbeing, housing and employability	Quantitative	% of people released from a custodial sentence: <ul style="list-style-type: none"> ■ Registered with a GP; ■ Have suitable accommodation; ■ Have had a benefits eligibility check. 	<ul style="list-style-type: none"> ■ Should be used in conjunction with indicators around support on accessing services and interventions. ■ Recognises the input required from a range of partners but with data source being from SPS. ■ This indicator drives behaviour through partners being required to work together to follow through with individuals the outcome of being registered with a GP, having suitable accommodation and the outcome of having had a benefits eligibility check. 	Used because the point of leaving prison is an important stage. This is a starting point, which will look to expand further.
	Change and Impact	Targeted interventions have been tailored for and with an individual and had a successful impact on their risk of further offending.	<p>An “intervention” can range from something as simple as a programme directly or indirectly intended to reduce and prevent further offending such as:</p> <ul style="list-style-type: none"> ■ an intervention aimed at improving the health of people with convictions; ■ a third sector or community service intended to improve local community justice outcomes; or ■ a justice intervention such as a community sentence. <ul style="list-style-type: none"> ■ Examples should be given of quality needs assessment leading to effective disposals; ■ Partners should give examples of such targeted interventions and the user experience and impact of such; ■ When considering “interventions”, partners should also consider the support available from family members, friends, employers and the general community which may aid desistance. 	

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Effective interventions are delivered to prevent and reduce the risk of further offending	Change and Impact	Use of “other activities requirement” in Community Payback Orders (CPOs)	<ul style="list-style-type: none"> ■ Involvement of other partners in the other activities requirements; ■ Examples of creative and innovative use of the other activities requirement such as attending college or training course, resilience training, engaging with a specific needs-focussed service with another partner. 	As a quality indicator to show a person-centred approach is being taken;
	Change and Impact	Effective risk management for public protection	<ul style="list-style-type: none"> ■ Examples of good practice and lessons learned from MAPPA, supervision, relevant statutory orders, staff training and accreditation. 	
	Change and Impact	Quality of CPOs and DTTOs	<ul style="list-style-type: none"> ■ Measures may include user experience from CPO and Drug Treatment and Testing Orders (DTTO) exit surveys covering areas such as being treated with respect, that the individual’s attitude toward offending had changed or that the intervention had helped stop or reduce further offending. 	
	Quantitative	<p>Reduced use of custodial sentences and remand</p> <ul style="list-style-type: none"> ■ Balance between community sentences relative to short custodial sentences under 1 year; ■ Proportion of people appearing from custody who are remanded. 	<ul style="list-style-type: none"> ■ A quantitative measure which shows the impact of initiatives to shift the balance between custody and use of non-custodial measures and sentences. ■ This recognises both prosecutorial and judicial independence but also recognises the impact that partners can have via ensuring both greater consistency in the availability of quality services across Scotland but also working together to ensure awareness of these. ■ Community sentences are defined as those deriving from a court order, including CPOs, DTTOs and Restriction of Liberty Orders (RLOs). 	Should be captured annually; may be captured more regularly as local needs dictate. It is recognised that individuals may take a different time to go through the justice process.

The Indicators for the Common Outcomes (continued...)

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Effective interventions are delivered to prevent and reduce the risk of further offending	Quantitative	The delivery of interventions targeted at problem drug and alcohol use [NHS Local Delivery Plan (LDP) Standard]	<ul style="list-style-type: none"> ■ *The number of Alcohol Brief Interventions (ABIs) delivered in criminal justice healthcare settings; ■ No of referrals from criminal justice sources to drug and alcohol specialist treatment; 	* Data should be captured and reported to local Alcohol and Drug Partnerships. The 2016-17 ABI NHS Local Delivery Plan Standard Guidance http://www.gov.scot/Topics/Health/Services/Alcohol/treatment/LDPABINatGuidance16-17 provides further information
	Contextual	Numbers of police recorded warnings, police diversion, fiscal measures, fiscal diversion, supervised bail, community sentences (including CPOs, DTTOs and RLOs)	<ul style="list-style-type: none"> ■ Fiscal measures include fines, fiscal work orders, fiscal compensation order, fixed penalty notice; ■ Fiscal diversion includes diversion to social work; 	
	Contextual	Number of short-term sentences under 1 year.	<ul style="list-style-type: none"> ■ The number of custodial sentences imposed during the reporting period for that area where the full term was for less than 12 months. ■ This is a base number for the quantitative indicator showing the balance between community sentences relative to short custodial sentences under 1 year. 	Should be captured annually for the reporting period; may be captured more regularly as local needs dictate.

Person-Centric Outcomes

Outcome	Indicator Type	Indicator	Additional descriptor or measures	Comments
Life chances are improved through needs, including health, financial inclusion, housing and safety being addressed	Change and Impact	Individual have made progress against the outcome	<ul style="list-style-type: none"> ■ Evidence of impact at an individual level of interventions and activities; ■ Evidence may come from user experience, service level evaluations – including the use of the ‘5 Step Approach to Evaluation’, distance travelled measures by individuals. ■ Activities should also cover existing statutory interventions such as supervision, CPOs, DTTO etc. <p>Measures of ‘distance travelled’ are generally used in describing intermediate progress towards an outcome from an initial baseline; for example in relation to substance use, though the ultimate goal might be to be drug-free, the person has moved from active drug use to regular and stable engagement with addiction services. Though the outcome of being free from drug use has not yet been achieved, meaningful progress has been made showing an improvement in that individual’s wellbeing.</p>	Implicit in the indicators for person-centric outcomes is the importance of systematically evaluating the impact on individuals at a service level. There are existing methods available but new methods could be developed in partnership and shared as good practice.
People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities	Change and Impact	Individual have made progress against the outcome	<ul style="list-style-type: none"> ■ Evidence of impact at an individual level of activities, including user experience, service level evaluations, distance travelled by individuals; ■ Evidence at an individual level from views from families and those included in an individual’s relationships such as employers; ■ How an individual’s relationships which have a positive impact on desistance have been strengthened – including the development of a key relationship; ■ How an individual’s relationships which have had a negative impact on desistance have been changed to be more positive or influences decreased. 	
Individual’s resilience and capacity for change and self-management are enhanced	Change and Impact	Individual have made progress against the outcome	<ul style="list-style-type: none"> ■ Evidence may come from: ■ Activities such as tools which directly enhance resilience. For example, tools to support anger management, improve self-esteem, increase an individual’s capacity for change and self-management; ■ Individuals building resilience and capacity to engage effectively with services; ■ The impact may be measured by user experience and distance travelled measures. 	

How these Common Outcomes and Indicators should be used

The Common Outcomes

All of the common outcomes must be considered, delivered and reported against for each local area.

However, it will be for the statutory Community Justice Partners for the area to work together to:

- baseline achievement against each outcome;
- understand their local needs; and
- agree which of those outcomes will be priorities for specific improvement action for their area over the defined period for their Community Justice Outcomes Improvement Plan.

Offering this local flexibility, whilst still considering and reporting against all outcomes, respects the differing local needs and circumstances that may be experienced from one local area to another but allows for the sharing of best practice to develop a national picture of achievement across Scotland.

It is expected that statutory Community Justice Partners will involve – as is required – the Third Sector and Community Bodies in their decision making, together with consultation with communities in their local area.

The Indicators for the Common Outcomes

To report on progress against the common outcomes the basket of common indicators on pages 29 to 37 has been developed for use by the statutory Community Justice Partners.

The starting point is that all indicators must be used. However, where statutory Community Justice Partners for an area collectively identify that a particular indicator is not relevant for them at that point in time, they must specify their reasons for this conclusion in their Community Justice Outcomes Improvement Plan.

Where Partners choose not to report on a common indicator the partners must specify in their plan why they feel it does not apply in their area, for example along the following lines: 'We don't know enough about this issue at this stage but we will do the following to address it – specify action'. Partners may also

indicate that they will not report on a common indicator on the ground that it is irrelevant for their area.

The statutory Community Justice Partners then select the relevant common indicators to support their achievement of the common outcomes locally.

When providing evidence against the indicators, there must be examples of both good practice and examples where lessons can be learned to effect improvement.

The '5 Step Approach to Evaluation' can be used across these indicators and can be particularly valuable in approaching reporting on person-centric outcomes at a service level.

Local outcomes and indicators

We are clear that the common outcomes and indicators will not be the only measure available to statutory and non-statutory Community Justice Partners to effectively measure and report on what they are doing to improve outcomes for people with lived experience of community justice.

Partners may identify additional locally determined outcomes (and associated indicators), targets and initiatives as they consider appropriate based on the profile and needs of the local area. These may be issues that have been raised by the Third Sector, community bodies, communities – including people with convictions, victims and families – or local partners as requiring attention.

In addition, if an area's local community justice needs assessment points to a requirement to focus on improving outcomes for a particular cohort – such as women, young men or those who have offended repeatedly – then partners will wish to plan to improve these outcomes and, by necessity, will collect appropriate data to measure progress and drive improvement.

Taken together, the common outcomes and indicators and any additional local information will allow partners to effectively progress local priorities in order to provide a clear account of how they are driving improvement within their respective areas.

Capturing the data, sharing information and providing the evidence

Capturing the data and sharing information

The common outcomes and indicators, in keeping with the rest of the OPI Framework, have been designed in such a way as to avoid measurement for measurement's sake. Rather, the information and data requirements are those which will both aid quality service planning and delivery and allow for consistent monitoring of progress which must be undertaken, first and foremost, at a local level.

The information in support of the indicators is expected, in the main, to be a by-product of good partnership working whereby joint planning and delivery is undertaken. For further information on how best to approach this task, it is helpful to consider the '5 Step Approach to Evaluation'.

This is a new framework with a new set of common outcomes and indicators designed to drive certain behaviours in support of improvement for individuals and communities. It follows, therefore, that some data or information sources required to evidence progress against the indicators may not yet be in place.

It is expected that partners will work together to develop both data requirements for measuring progress as well as datasets for sharing at an individual level supported by information sharing protocols and/or data sharing agreements as appropriate.

Where it makes sense for these to be designed on a collaborative basis across local areas, this should be taken forward by partners and can, if need be, be facilitated by the Scottish Government and supported by Community Justice Scotland.

The companion document, "Outcomes, Performance and Information Framework: Definitions, Methods and Sources" provides further detail on the indicators, methods of collection and identified data sources and will be updated as these mature.

Providing the evidence

Different levels of evidence are required to report progress against the outcomes:

- **Short term evidence** geared towards developing local strategies and plans, and setting baselines. This is the 'what' and is the area where partners have the most control;
- **Medium term evidence** demonstrating 'how' activity contributes to delivery of outcomes, and provides an assessment of impact on users. While partners may have less control over some aspects of delivery, they will contribute to achieving the desired outcomes by ensuring services are delivered with due regard to quality;
- **Long term evidence** is sited further down the causal chain i.e. quite far removed from the original cause and will be affected by a number of factors along the way. It is, therefore, more removed from partners' sphere of control. However, community justice activity will influence these higher level outcomes if effectively implemented.

It is recognised that the new model is in its early stages which is why a certain degree of flexibility has been offered. However, the vision for community justice is ambitious and we should be equally ambitious in our collective response to it.



The 5 Step Approach to Evaluation



4

“ The Outcomes, Performance and Accountability Working Group determined that the 5 Step Approach to Evaluation would be a useful component of the OPI Framework, allowing partners – both service providers and funders – to evaluate their services.”

Background and purpose

In May 2015, the Scottish Government published two evaluation packs aimed at both service providers and funders who aim to promote behaviour change. One pack is specifically targeted at those who aim to reduce crime and reoffending. With the broad range of partners involved in community justice, both packs should be considered and drawn from.

“Designing and Evaluating Interventions to Reduce Crime and Reoffending” is available at: <http://www.gov.scot/Publications/2016/05/3241>

“Designing and Evaluating Behaviour Change Interventions” is available at: <http://www.gov.scot/Publications/2016/05/1967>

The Outcomes, Performance and Accountability Working Group determined that the 5 Step Approach to Evaluation would be a useful component of the OPI Framework, allowing partners – both service providers and funders – to evaluate their services. The Group viewed it to be both an essential part of the improvement journey and also a key element of strategic commissioning.

How should these be used?

For funders and partners, the packs aim to:

- Offer a strategic, evidence-based and outcomes-focused planning tool;
- Demonstrate the role you can play in promoting and enabling high quality evaluations from those you fund;
- Provide a focus on person-centred outcomes for service users;
- Offer guidance on how to assess evaluations from service providers and therefore direct funding to greatest effect.

For service providers, the packs aim to:

- Provide guidance on planning an evidence-based service with a ‘built in’ evaluation process;
- Provide guidance and resources for you to effectively assess, understand and demonstrate how well your service is working in relation to your aims;
- Offer an alternative to randomised control trials, using a ‘logic model’ approach to evaluation, which any service provider can use to evaluate any intervention, regardless of size;
- Provide a focus on person-centred outcomes for service users;
- Encourage continual review and improvement of services.

Other audiences

The packs are primarily aimed at funders, commissioners, partnerships and service providers with a focus on reducing the risk of crime and reoffending or behaviour change. However, they are likely to be relevant to others with an interest in effective evaluation (such as inspectorates and auditors) and the approach can easily be adapted for projects that do not primarily seek behaviour change.

The 5 step approach – A summary

Identify the problem

If your ultimate aim is to change people's behaviour, you need to be clear what it is you are trying to change and why there is currently a need for this to happen.

Review the evidence

What you intend to do should be grounded in the evidence of 'what works' and why. Service providers should review the available evidence in order to plan activities which can be expected to achieve the intended behaviour change. The evidence should guide what you do and help you to understand the process through which it should work.

Draw a logic model

A logic model is a diagram which shows, step-by-step, why the activities you plan should achieve your aims. The logic model forms the basis for evaluating the whole project – you are going to test whether these steps happened as you predicted.

Identify Indicators and monitor your model

Use the logic model to identify indicators (i.e. measurements or observations) that things actually happen as you predicted. You will need to collect data about your project FROM THE START on inputs, activities, users, short, medium and long-term outcomes.

Evaluate logic model

Analyse the data you've collected on your various indicators to evaluate how well your project worked for your various users. Report on whether your data suggests the logic model worked as planned. Be honest about any areas which were less effective. Use this to improve your service.

Figure 1 on page 10 shows how the 5 step approach to evaluation fits with the rest of the OPI Framework, the vision from the National Strategy and the Local Context.

When considering the indicators at a service level, you will wish to focus on the impact on service users. This will require establishing baselines and distance-travelled measures.



The Approach to Scrutiny and Inspection



5

“ Self-evaluation is central to continuous improvement. It is a reflective process through which community justice partners get to know how well they are doing and identify the best way to improve their services.”

A multi-layered approach

The ethos of the community justice model is one of collective responsibility and collaboration and it is for this reason that there will be a layered approach to assurance in the achievement of outcomes.

- Collective responsibility locally;
- Assurance by Community Justice Scotland; and
- Multi-agency joint inspection where required.

Collective responsibility locally

Local strategic planning and delivery of services is central to the new arrangements. With this emphasis upon collective responsibility through a partnership approach we are placing decision-making into the hands of local people and agencies who know their communities best, understand the problems that are unique to their region, and will be most affected by community justice issues that relate to both victims and people with convictions.

In addition, there is the opportunity to underpin this collective responsibility with a self-evaluation tool. Self-evaluation is central to continuous improvement. It is a reflective process through which community justice partners get to know how well they are doing and identify the best way to improve their services. The self-evaluation tool is designed to help this by:

- Encouraging reflection upon practice that provides a gauge of where partners are in striving for excellence and identifies strengths and areas for improvement;
- Recognising the work we are all doing which has a positive impact on improving community justice outcomes;
- Identifying where quality needs to be maintained, where improvement is needed and setting priorities for action

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- Allowing us to inform stakeholders about the quality of services, outcomes for service users and impact on the community.
 - Allowing us to identify what difference we are making in the lives of those involved in community justice

Self-evaluation for improvement broadly focuses on answering 3 key questions:

- How good are we now?

This question should help partners identify strengths within and across service delivery and begin to consider areas for improvement.

- How do we know?

In considering this question, services should be gathering evidence and developing auditing processes which illustrate how well the lives of people with convictions, their families and our communities are improving.

- How good can we be?

This question should help to take forward what we have found so far and to develop a set of clear and tangible priorities for improvement.

A Common Approach

Using such a framework provides a common approach and shared understanding about quality which makes it easier for all managers and staff across the sector to work effectively together to improve outcomes for service users and communities.

Self-evaluation is forward looking. It is about change and improvement leading to well considered innovation in service delivery. Rather than a one-off activity which is done in preparation for inspection, it is a dynamic process which should go on throughout the year. It establishes a baseline from which to plan to improve outcomes for service users and communities and promotes a collective commitment to a set of priorities for improvement.

The self-evaluation tool has been developed by the Care Inspectorate and will be implemented from December 2016. It is consistent and can be used in conjunction with a number of quality models and awards including the Excellence Model of the European Foundation for Quality Management (EFQM). The approach is also consistent with the principles of Best Value, the statutory framework provided within the Local Government in Scotland Act 2003. It also aligns with other models in use such as the Public Service Improvement Framework (PSIF). [The self-evaluation tool is available from November 2016.](#)

Assurance by Community Justice Scotland

Community Justice Scotland will provide independent professional assurance to Scottish Ministers and to Local Government Leaders, as required, on the collective achievement of community justice outcomes across Scotland and to provide improvement support to partners where required.



Multi-agency joint inspection

A new approach to the inspection of community justice will be developed with the Care Inspectorate and partner scrutiny bodies.

The detail of what such an inspection regime would contain will be considered in more detail by the Care Inspectorate, working with fellow scrutiny and inspection bodies and community justice partners. However, it is clear that Scotland no longer follows a process of rolling inspections. Rather, as has been stated consistently throughout the change process to the new model for community justice, such an inspection would be intelligence-led and would likely follow serious and persistent concerns having been identified. It would, therefore, likely be taken forward on a case-by-case basis with reference to the accountability structures for the statutory Community Justice Partners.

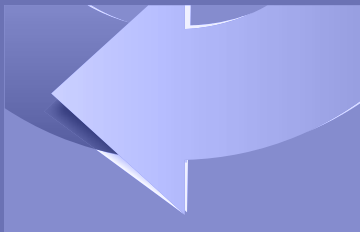
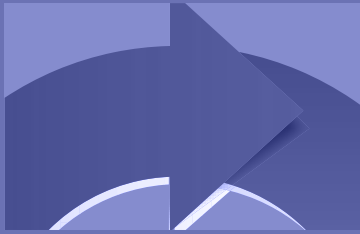
In keeping with the broad range of partners who contribute to improved community justice outcomes, inspection would be undertaken on a multi-agency, multi-inspectorate basis; designed to provide independent assurance about the quality of services and on the impact and outcomes for service users and the wider community, supporting improvement where required. Inspectors would focus their work on confirming areas of strength (evidence from self-evaluation or

other information or intelligence) and exploring areas of uncertainty or concern. Each inspection would be scoped from the outset to determine the specific areas of focus. It is anticipated, therefore, that the scope would vary depending on information, intelligence and the results of self-evaluations undertaken locally.

As further information on the multi-agency joint inspection is provided, the relevant information will be added to the OPI Framework as appropriate.



The Performance Process



6

“ Planning and performance are interlinked. Therefore the performance reporting process should be seen as an integral part of plan-act-review cycle. The statutory Community Justice Partners have duties under the Community Justice (Scotland) Act 2016 to engage in this planning and reporting.”

As previously described in this document, the National Strategy sets out the priority improvement actions required to make progress against the outcomes contained in the Outcomes, Performance and Improvement (OPI) Framework.

The OPI Framework then gives tools to support said improvement, allowing partners to:

- set their baseline, assessing their contribution;
- take a quality approach to evaluating both services and their collective activity, including a focus on the outcomes achieved for service users; and
- report on progress, recognising both strengths and areas for further development.

Planning and performance are interlinked. Therefore the performance reporting process should be seen as an integral part of plan-act-review cycle. The statutory Community Justice Partners have duties under the Community Justice (Scotland) Act 2016 to engage in this planning and reporting.

Understanding the Local Picture

As statutory Community Justice Partners take on their responsibilities under the new model for community justice, they will wish to understand the current picture for community justice in their area. It is likely that this would include:

1. Mapping how services with a contribution to make to improving each of the community justice outcomes are currently planned and delivered:
 - Determining how partners currently view their contribution;
 - Setting out any shared services, co-produced services and partnership services;
2. Understanding the level of need in their area;
3. Measuring how they are currently performing against each of the common outcomes, using the relevant indicators and thereby setting their baseline for further measurement and improvement.

Community Justice Needs Assessment

To consider the specific community justice issues in the local authority area and to help understand which outcomes require specific improvement action, the statutory partners should first draw up a community justice needs assessment. This may also be referred to as a baseline needs assessment.

This should assist partners in setting priorities and understanding what success may look like for their local area. A person-centred approach must be taken when working with individuals but local areas may wish to consider whether the data they have available shows a need to effect particular improvements for specific groups.

In the first instance, this will likely be developed using existing available data sources and be based on the particular needs and characteristics or 'profile' of the local authority area, for example alcohol and drug profiles, health and crime profiles, housing needs, opportunities for education, training and employment and so on.

Partners should link in with available data locally, including that developed for community planning purposes as well as that which can be provided by individual partners.

Those statutory Community Justice Partners operating at a national level must consider that the new model for community justice is, first and foremost, a local one. Whilst there is likely to be a standard set of data required by all local areas, differing priorities between areas – based on local needs and circumstances – may require flexibility in terms of data provision particularly where a local area is carrying out new and innovative projects or initiatives to deliver improved outcomes.

In addition, there is a set of key high-level indicators and information available nationally which will assist community justice partners in their planning. This may include:

- Rate of recorded crime per 10,000 population;
- Number of reconvictions and frequency rate.

Further information on the community justice needs assessment can be found in the Guidance on the new model for community justice.

Planning and Reporting

Statutory Community Justice Partners will work together to produce a plan that has regard to the National Strategy, National Outcomes, Performance and Improvement Framework and local priorities for community justice, demonstrating that they have considered the evidence available both for their area and those related to supporting desistance and what works to reduce reoffending. In preparing the plan, partners must consult with Community Justice Scotland and involve third sector bodies, community bodies and any others they consider appropriate.

Statutory Community Justice Partners will publish a report annually on performance against their plan and share this with Community Justice Scotland.

Performance will be measured against the set of common outcomes and indicators contained at Chapter Three of this document. This will provide transparency on how local areas are performing on key issues, such as: provision of diversion; quality and quantity of community sentences; length of custodial sentences; and access to suitable, sustainable housing on release from prison. It will also identify which activities took place and who was involved. There should also be a strong emphasis on monitoring the effect of the activities on individuals, via the person-centric outcomes.

When preparing the reports, community justice partners must consult Community Justice Scotland, each third sector body and community body involved in community justice in relation to their area as they consider appropriate and anyone else they consider appropriate.

Further details on planning and reporting, including timelines, is provided in the Guidance on the new model for Community Justice.

The Assurance and Improvement Cycle

The assurance and improvement cycle shown in figure 3 should be considered alongside figure 1 on page 10 which set out the link between the National Strategy and the OPI Framework.

These reporting arrangements bring transparency and accountability to the new model which is vital to establishing its credibility and to demonstrating that better outcomes are being achieved for communities.

The responsibility for resolving any local issues rests, first and foremost, at the local level, respecting the accountability lines for the statutory Community Justice Partners. However, where partners find that they cannot resolve matters locally or where they believe issues persist in more than one area, they can refer to Community Justice Scotland for support.

In addition, Community Justice Scotland, will review all local plans, providing feedback to Community Justice Partners to share good practice and effect improvement.

Community Justice Scotland will also review all annual reports to provide independent professional assurance to Scottish Ministers and Local Government Leaders on the

delivery of outcomes across Scotland. Where the annual reports show that improvement is required, Community Justice Scotland will provide advice to local partners and targeted improvement support as required.

Where any performance issues persist in a local area, Community Justice Scotland has the ability to provide recommendations to Scottish Ministers on action required which may include a multi-agency inspection or, in exceptional circumstances, a rescue task group.

Naturally, Community Justice Scotland will build strong relationships with local partners based on an ethos of mutual trust and support allowing for discussions on the sharing of good practice and any improvement support required to take place across the year, not just at reporting time.

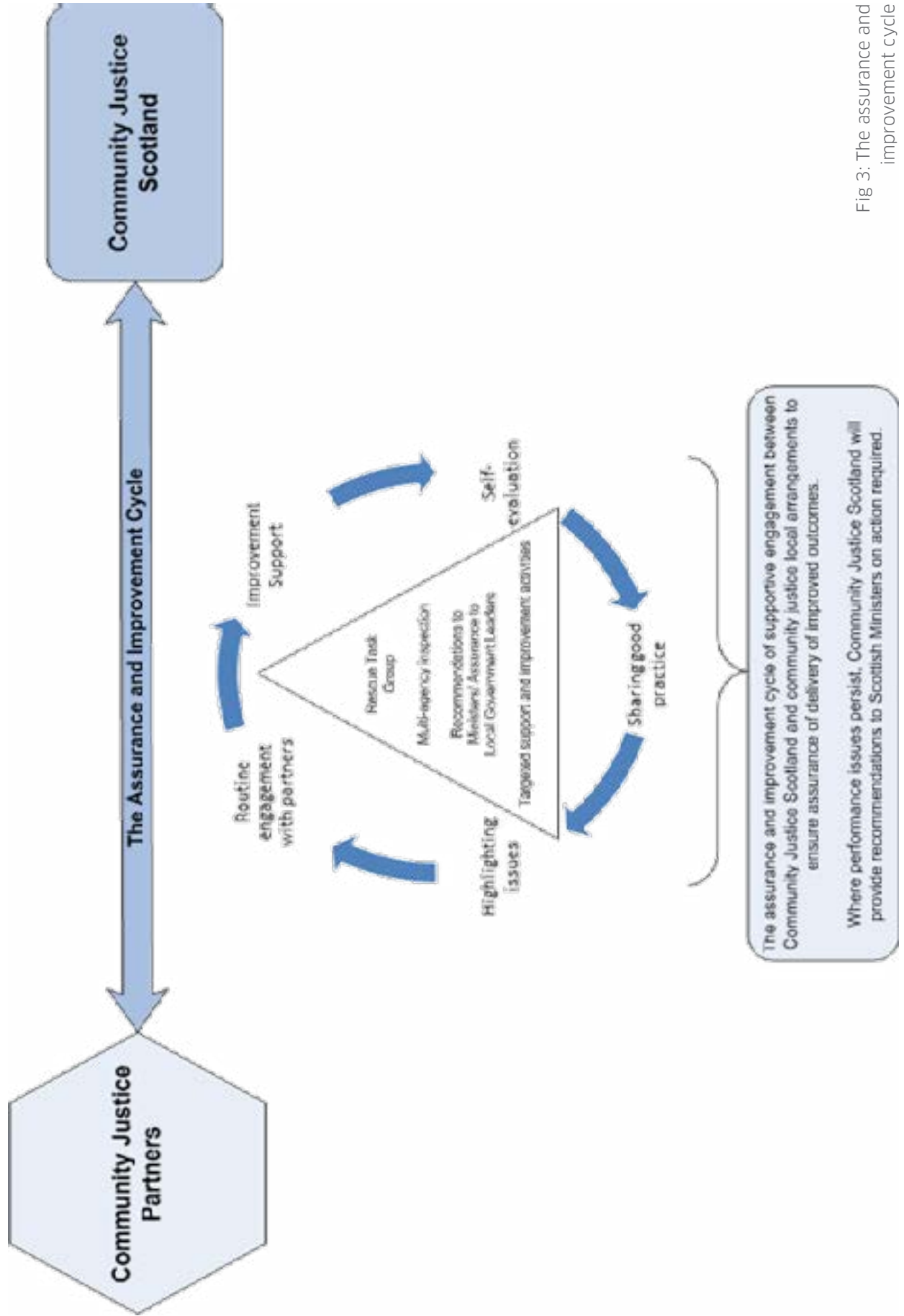


Fig 3: The assurance and improvement cycle

Review and Governance of the OPI Framework



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“ Elements of the OPI Framework will be added to as they come onstream e.g. the approach to scrutiny and inspection and other elements which rely on linked documents will be updated as those documents are updated including the ‘5 Step Approach to Evaluation’.”

Who will oversee and review the Outcomes, Performance and Improvement Framework?

Community Justice Scotland is responsible for both the oversight of the OPI Framework and taking forward its review and recommendations for its further development, working with the Scottish Government, statutory and non-statutory community justice partners and stakeholders to do so.

Following such a review, Community Justice Scotland must either make proposals to the Scottish Ministers for the revision of the framework or publish a statement indicating that they consider that the framework should not be revised.

The framework is the responsibility of Scottish Ministers and it would be for Scottish Ministers to publish any revision to the framework.

Ensuring stability for the implementation of the new model for Community Justice

As noted in Chapter One, it is important that the Outcomes, Performance and Improvement (OPI) Framework is able to be updated as the new model for Community Justice matures and as local areas gain more experience in the use of the Framework.

Elements of the OPI Framework will be added to as they come onstream e.g. the approach to scrutiny and inspection and other elements which rely on linked documents will be updated as those documents are updated including the ‘5 Step Approach to Evaluation’.

However, it is also important to ensure stability for local areas as they implement the new model. Therefore, the aim is to keep the outcomes and indicators as they are at least until after the first full round of planning and reporting.

The companion documents can be updated on a regular basis, as required.

Governance of locally developed outcomes and indicators

If local areas choose to develop additional local outcomes and indicators, the governance for the review of these would be the responsibility of the partners working in that local area.

It may be that local areas, having used additional outcomes and/or indicators and have found these useful, may wish to put forward these to Community Justice Scotland for inclusion in a future iteration of the OPI Framework. In advance, of this, they may wish to discuss the utility of these with other local areas.

Review of companion documents to the Outcomes, Performance and Improvement Framework

This document introduced, at Chapter One, two companion documents to the OPI Framework:

1. 'Community Justice Outcomes, Performance and Improvement Framework – Definitions, Methods and Sources', which provides further detail on the indicators, methods of collection and identified data sources; and
2. 'Community Justice Outcomes, Performance and Improvement Framework – Frequently Asked Questions', which provides answers to some of the frequently asked questions on the OPI Framework.

These companion documents will be kept under review and added to or amended as required. In particular, the 'Definitions, Methods and Sources' document is likely to be highly iterative in nature as the OPI Framework has been designed to drive behaviour under what is a new model and way of working. Therefore, some data sources may not yet be in operation.



Starting the Improvement Journey



8

“ The task of implementation locally will be the responsibility of the statutory Community Justice Partners, working collectively to do so. However, to assist in this task, an implementation group will be established by the Redesign and Performance Management of Community Justice Project.”

Implementing the Outcomes, Performance and Improvement Framework

As has been set out earlier in this document, the development of the OPI Framework has involved a broad range of partners and stakeholders, many of whom will be involved in the implementation of the OPI Framework.

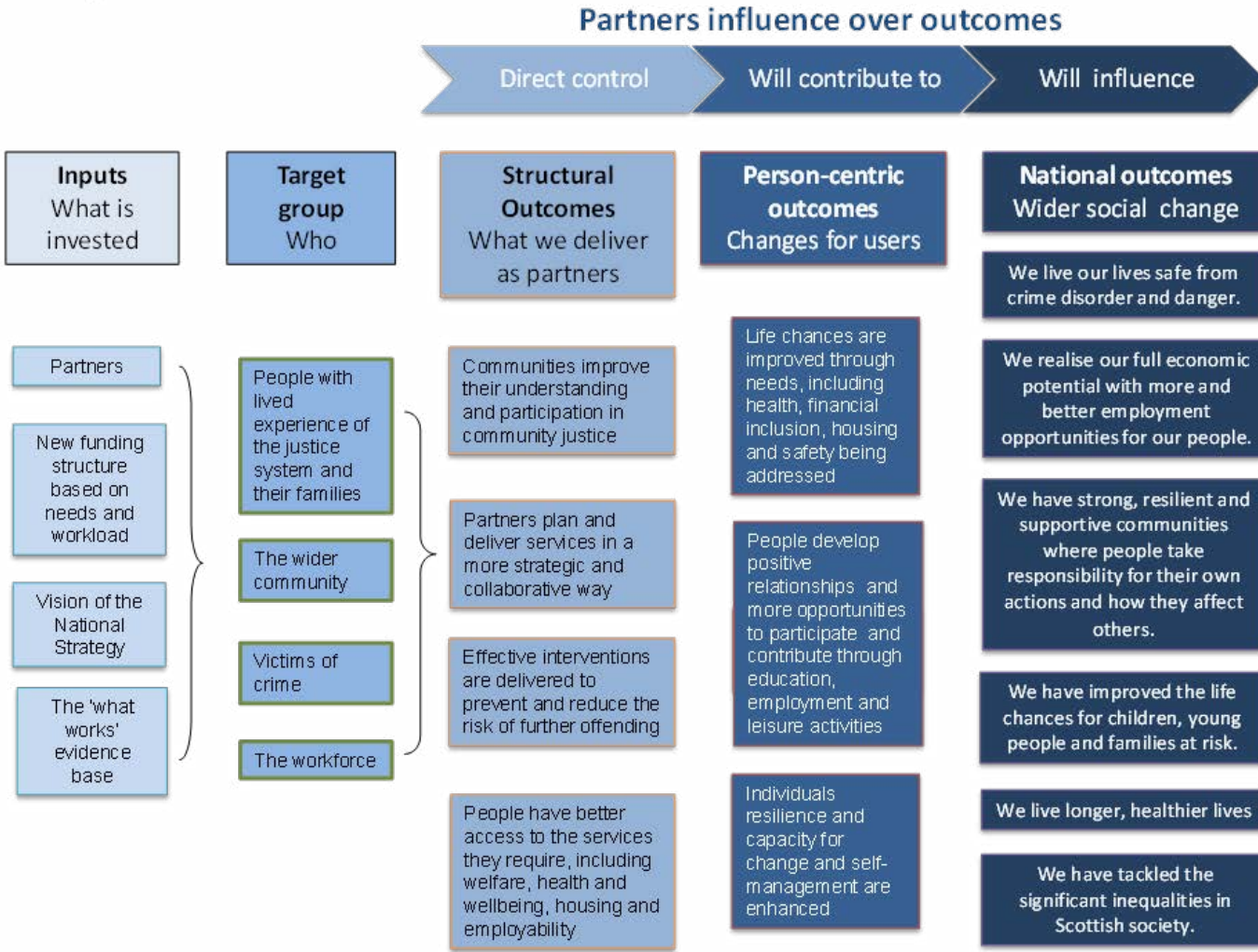
The task of implementation locally will be the responsibility of the statutory Community Justice Partners, working collectively to do so. However, to assist in this task, an implementation group will be established by the Redesign and Performance Management of Community Justice Project.

Implementing the OPI Framework will, therefore, involve:

1. Working with statutory Community Justice Partners to ensure that they have a sound knowledge of the OPI Framework and its usage;
2. Implementation of the framework locally by statutory Community Justice Partners, following through on their duties to do so and also the actions set out under guidance.



Community Justice Outcomes Chain



Annex B

People have better access to the services they require, including welfare, health and wellbeing, housing and employability

Indicator: Existence of joint-working arrangements such as processes/protocols to ensure access to services to address underlying needs

Housing protocol measure

- Do you have a current, fit-for-purpose joint working protocol in place setting out roles and responsibilities with regards to the prevention of homelessness, and provision of accommodation, of:
 - i) people prior to sentencing;
 - ii) people on community sentences;
 - iii) people in custody and on release from prison;
 - iv) people in secure units and on release from secure units.
 - Is the protocol reviewed on an annual basis?
- Does the protocol include at least the following partners:
 - Scottish Prison Service;
 - Local Authority – Social Work;
 - Local Authority – Housing;
 - Housing providers – non Local Authority, including those providing supported accommodation;
 - Integration Joint Board;
 - Third Sector – providing services in an accommodation setting;
 - Department of Work and Pensions.
-



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EAST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

Date of Board Meeting	26th January 2017
Report Number	2017_10
Subject Title	Progress on Child Protection
Report By	Susan Manion, Chief Officer East Dunbartonshire Health & Social Care Partnership
Contact Officer	Paolo Mazzoncini, Chief Social Work Officer East Dunbartonshire Health & Social Partnership 0141 232 8216 Paolo.mazzoncini@eastdunbarton.gov.uk

1.0 PURPOSE OF REPORT
1.1 The purpose of this report is to provide the HSCP Board with an update on key issues relating to child protection (locally and nationally) and to update the Board on the progress being made by East Dunbartonshire's Child Protection Committee in driving forward key policy and practice developments.
2.0 SUMMARY
2.1 This report provides details on the following workstreams, which include: <ul style="list-style-type: none"> ▪ the Initial Referral Discussion procedures ▪ the Child Protection Improvement Programme ▪ Performance Management and Quality Assurance ▪ Trafficking and Exploitation Strategy Consultation
2.2 This report was submitted to East Dunbartonshire's Community Planning Executive Group and the Social Work Committee on the 10 th and 24 th November 2016 respectively.
3.0 RECOMMENDATIONS
3.1 It is recommended that the Board: <ul style="list-style-type: none"> ▪ Notes the content of the report; and ▪ Approves that a seminar be carried out in early 2017 to update board members on (1) the outcomes from the Child Protection Improvement Programme and (2) the work being undertaken in East Dunbartonshire around child protection.

4.0 MAIN REPORT

4.1 Initial Referral Discussion

4.1.1 The Initial Referral Discussion (IRD) is the mechanism by which staff involved in Child Protection referrals make decisions about how to proceed. It always involves a social worker/manager, police sergeant, and health (usually the child protection advisor). Depending on the circumstances, education and other agencies may be involved. East Dunbartonshire has been involved in a pilot project aimed at improving the efficacy of the IRD process. The pilot has involved all local authority areas covered by Greater Glasgow and Clyde Health Board.

4.1.2 The pilot has been largely successful and an Initial Referral Discussion Protocol has been agreed across the pilot areas. This Protocol will require minor adjustments to ensure it is fully fit for purpose in our locality. This will be presented to the next Child Protection Committee in January 2017.

4.1.3 Key Achievements

- Continued contribution to work being undertaken across the wider Child Protection landscape to develop appropriate policy and protocols;
- Successful participation in a Health Board wide pilot.

4.2 Child Protection Improvement Programme

4.2.1 Jackie Brock, Chief Executive of Children in Scotland, was commissioned by the Scottish Government to carry out a review of Scotland's approach to safeguarding children and young people, and promoting their wellbeing. Her report was published in 2014 with twelve clear recommendations. Alongside this, the publication of the Care Inspectorate's triennial review in 2014 also highlighted inconsistencies in processes and practice across the country. The findings from both reviews led to the current Child Protection Improvement Programme (CPIP).

4.2.2 The work of the CPIP is being carried out by a variety of themed working groups, some of which are existing groups focusing on national priorities including Child Sexual Exploitation, Child Trafficking, Data and Evidencing, Children's Hearings, Leadership & Workforce Development, Inspections and Internet Safety. The findings and recommendations from these groups will be fed into the Improvement Programme; however, their work will not necessarily cease on completion of the Programme. In addition there are two further groups carrying out very specific work for the Improvement Programme.

4.3 **Neglect.** Alongside emotional abuse, Neglect remains the most common reason children and young people are placed on the Child Protection Register. "Lack of parental care" is the most common reason for referral to the Scottish Children's

Reporters Administration. In recognition of this, and the pernicious lifelong impact of neglect, a specific Neglect Group has been tasked with progressing this area of work. Their work is focusing on the review of current legislation and considering if Scotland has appropriate an effective measures in place to protect those at risk and those experiencing neglect. They are also charged with developing a holistic picture of what is available across Scotland including testing existing models.

4.4 **Systems Review Group.** Catherine Dyer has been appointed as the independent Chair of this area of the Improvement Programme, which is supported by the Centre for Excellence for Looked After Children in Scotland (CELCIS). The Systems Review Group will review policy, practice, services and structures in our current child protection system to identify what works well and what could be improved. The focus will be on three key systems:

- Child Protection Committees
- Child Protection Register and Case Conferences
- Initial and Significant Case Reviews.

4.4.1 Timescales around this aspect of the Improvement Plan are extremely tight, with a turnaround from requests for information to response deadline being as little as two weeks. As a result, fully inclusive participation has been a challenge. To date, the group have completed their work in relation to Child Protection Committees and Child Protection Registers & Case Conferences. Papers on the 'Emerging Findings on the Role and Function of Child Protection Committees in Scotland' and 'Emerging finding on Child Protection Registers and Case Conferences' are attached at Appendix 1 & 2 for information. The current area of focus for the Systems Review Group is the Initial and Significant Case Reviews. Those involved in managing these processes within East Dunbartonshire have been consulted and a response will be forwarded to the group.

Key Achievements

- Raising awareness of the National Child Protection Improvement Programme within East Dunbartonshire;
- Facilitating practitioners at all levels engaging in consultations and, as a result, shaping the future direction of Child Protection Systems.

4.5 Performance Management and Quality Assurance

4.5.1 Child Protection Quarterly Report 1st July 2016 to 30th September 2016.
(Appendix 3) - This Appendix is not for publication because it may involve the likely disclosure of exempt information as defined in Paragraphs 3 and 5 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, as amended, and the press and public are likely to be excluded from the meeting.

4.5.2 The report captures a decrease in the volume of Child Protection investigations compared to the previous quarter; however the figure is consistent with the same period last year. The complexity of the cases being dealt with at Child Protection Case Conferences remains significant. This is reflected in the number of cases that have multiple issues in terms of categories of risk. 'Non-Engaging Families' remains the most regularly recorded risk factor. While mental health issues and alcohol misuse also remain significant factors, the numbers of cases where these have been recorded has decreased. Conversely, the number of children where neglect is identified as a risk factor has increased.

4.5.3 There was an increase in the number of children de-registered in the quarter. The primary reason for de-registration remains "improved home situation" (indicating that the risks have not necessarily gone away, but are at a manageable level), the number remaining on the register require to be robustly managed on a multi-agency basis.

4.6 Trafficking and Exploitation Strategy Consultation

4.6.1 Human trafficking and exploitation are abhorrent crimes, as well as abuses of human rights and dignity. They involve trading adults and children as commodities and exploiting them for profit or personal benefit and they happen in Scotland today. Adults and children are trafficked and exploited within and between communities in Scotland and the wider UK, as well as coming from abroad.

4.6.2 The Scottish Government has developed a draft Trafficking and Exploitation Strategy which sets out what the Government plans to do to tackle these issues and have opened a consultation process seeking the views of professionals and the public. Working together with the Adult Protection Committee, the Child Protection Committee will be drafting a response for discussion with – and submission via – East Dunbartonshire's Community Planning Partnership

4.6.3 For further interest, papers can be located on the Scottish Government, Trafficking and Exploitation, website (<http://www.gov.scot/Publications/2016/10/1985>)



Scottish Government Child Protection Systems Review:

Child Protection Committees, Child Protection Registers & Case Conferences,
and Significant and Initial Case Reviews

EMERGING FINDINGS ON THE ROLE AND FUNCTION OF CHILD PROTECTION COMMITTEES IN SCOTLAND

August 2016

Introduction

1. The National Child Protection Systems Review Group met for the first time on Friday 19th August 2016. A background paper outlining the research, policy, legislation and practice developments on the role and function of Child Protection Committees was circulated prior to the group to inform our discussions.
2. During July and August 2016, face-to-face or telephone interviews were conducted with all members of the group to inform and guide the direction of the review. The main aim of these interviews were:
 - a. To create an opportunity to discuss the aim, purpose and proposed structure of the review;
 - b. To understand the membership of the group and experience of child protection systems with an opportunity to identify any gaps;
 - c. To consider their initial considerations about Child Protection Committees, Child Protection Registers & Case Conferences, and Significant and Initial Case Reviews (without group bias);
 - d. To identify any research, evaluations, reports or local endeavours on child protection systems that could inform the review – with a particular focus on parental and child involvement;
 - e. To seek their views on the successful running of the review group and role of the Chair to allow us to move further towards agreed findings and recommendations on this topic.

3. The interviews lasted for around one hour and were recorded with consent. The anonymised interview content will be used to inform all stages of the review.
4. The members have a wide breadth of child protection experience in practice, policy and strategic arenas. The majority of participants were qualified social workers specialising in children and families who had experience of strategic roles at local and national levels. All participants with social work qualifications had worked in more than one Scottish local authority; with the majority having experience of several, including English local authorities and some international experience. Participants from the third sector and academia were all social work qualified. Wider group expertise included a background in nursing, public policy and education.
5. The aim of this paper is to support review group members to:
 - a. Reflect on the discussions on the role and function of Child Protection Committees and consider future directions;
 - b. Through their organisations and networks, seek wider views on Child Protection Committees;
 - c. Provide constructive feedback to the group on the wider reflections (on the 27th September 2016).
6. To assist discussion by review group members with their colleagues in their organisations and wider networks, the material considered and generated by the group on this topic are set out below in the following order:-
 - a. Key Questions which were circulated ahead of and discussed at the meeting on 19 August 2016;
 - b. Key Issues raised on the role and function of Child Protection Committee by members in interviews held ahead of and discussed at the meeting on 19 August;
 - c. Key issues raised on the role and function of CPCs by members at the meeting on 19 August in round table and small discussion groups; and
 - d. Note of responses to further questions considered by members in small groups on the afternoon of 19 August.

Key Questions

1. What are the current strengths and limitations of Child Protection Committees?
2. What are the benefits and limitations of Child Protection Committees being placed on a statutory footing? What can we learn from LSCBs and Adult Protection Committees?
3. Is there a cohesive picture in terms of delivery, effectiveness of meeting the core functions? Would a central analysis of annual reports and other data allow appropriate comparison and highlight best practice and room for improvement?
4. Is there a cohesive picture of the key elements that support delivery of CPCs including necessary structural issues/supports (funding, leadership, etc)? Is there adequate information and research on strengths and challenges faced by individual CPCs? Is the current legislative and guidance framework sufficient?
5. What role does Child Protection Committees Scotland play in supporting Child Protection Committees?
6. How are Child Protection Committees framing and operationalising the GIRFEC concept of well-being and risk at a strategic service planning level and at operational practice? What about from a children's rights perspective?
7. Are separate Child Protection Committees needed? Could the work as well or better if integrated with Community Planning Partnerships? What is the impact of any merger with an Adult Protection Committee?

Key Issues Raised on the Role and Function of Child Protection Committees by Members in Interviews

- 1. Variability in role and function across the country** – This was raised as an issue by the vast majority of participants. This had been highlighted in reports by the Care Inspectorate. There was recognition that there were improvements and our understanding of child protection, along with child development, had ‘made significant strides forward’. However, there was a general concern that CPCs were operating very differently and this was not appropriate or sustainable if there were to be further improvements across the system.
- 2. New risks to children** – There was a very mixed picture of the expertise of CPCs in considering the emerging risks to children. The Care Inspectorate were particularly concerned about some committees who were not horizon scanning. Areas raised in particular were a lack of strategic thinking around sexual exploitation via the internet.
- 3. Integration** – There were opportunities and challenges posed by health and social care integration particularly around the level of strategic influence possible by the CPC in an environment with pressing and complex requirements across all age groups. These contributed to the level of strategic influence of the CPC. This is particularly relevant in understanding the local dynamics and inconsistency across the country. The planning processes within the CPC may be part of Integrated Children’s Services Plans but this depends locally. This issue was raised because it is critical to understand the wider strategic context in which CPC function.
- 4. Independent Chair or In-service Chair** – There has been a shift towards Independent Chairs and a shared perception that this is supported by the Care Inspectorate. However, there have been some mixed experiences. The risk is that it is less about the independent/in house and more a reflection on the individual person in post. There is no agreed job description for the Chair currently. The Independent chair should theoretically provide constructive criticism and ‘fresh eyes’; however, this wasn’t always happening. One of the limitations could be their level of strategic influence. The advantage of an in-house chair was the strategic connections and generally greater opportunity to influence change internally.
- 5. Merger between Adult Protection Committees and Child protection Committees** – This had happened in a minority of areas; as one participant stated ‘the jury is out to whether it will work’. One observation was that CPC were much further forward than APC in recognition of risk and responses and could help to support their development. The concern was the widening agenda could lose the vision and focus on children. In some areas, the Chair of the CPC was also the Chair of the APC or was a member. We should be mindful to the local budgetary pressures that may lead to the merger. The advantages could include greater connections with adult services (especially mental health, drug and alcohol services, disability and domestic abuse) and recognition of the impact on the whole family. Furthermore, stronger links with the monitoring of schedule one offenders in the community. Also, it may be that the same professionals are attending both committees in some cases. However, most areas already had a Public

Protection committee where both committees participated (along with MAPPA and domestic abuse forums). A minority viewpoint was there are too many strategic groups and what difference do they really make to children's wellbeing.

6. **Statutory footing** – Adult Protection Committees were placed on a statutory footing through the Act. There were issues raised about a potential for a perceived 'discrepancy' between adult protection being on a statutory footing and children's committees not being. However, it was also noted it could be recognition of the strength and development of child protection work may explain why legislation has not been required. Legislating for LSCB in England and Wales has not been particularly successful in improving strategic planning and outcomes (Wood report).
7. **Membership** – Following one critical inspection, one local authority chose to involve elected members in the CPC which has been successful. There were very mixed experiences across the country. There was reference made to potential skewing of priorities to the detriment of children's services and allied social work responses due to combined force of 'power houses' of the local authority and health. There were insights that power play could occur within these meetings and the success of the CPC depended on this relationship. Involvement of the third sector often involved one representative. It appeared fairly limited.
8. **Leadership and Vision** – This was considered to be critical to the success of a CPC. From the interviews, this could often be heavily reliant on an individual Chair. The challenge faced was whether the culture and vision for the group could continue when membership changed. There were some mixed views in some CPCs on understanding the role and function of the CPC and this could impact on the vision. For example, there were different views on the importance of public awareness and engagement with the media on child protection issues. Some independent chairs could be more willing to engage with media. There was some concern raised about the National Forum and the lack of focus and uncertainty.
9. **Governance, Budgets and Support** – There were some issues raised about accountability of the CPC and their relationship to the Chief Officers' Group. There was very little information known about the budgets and provision of support (for example, support from an administrator, data analyst). There was an identified gap in using data effectively within CPC. There was a shared concern about budget pressures on local authority budgets in particular over the next few years and any recommendations must take into account of these pressures.

Key issues raised on the role and function of CPCs by members at the meeting on 19 August in round table and small discussion groups

Current strengths and limitations of Child Protection Committees

- Governance and relationship to COG and CPPs.
 - Variability, no standardisation around CPPs.
 - Risks if structures are integrated that you lose focus on children at highest risk.
- Are Chief Officer Groups able to hold CPCs to account? Variable.
- Need to pin down people's roles and responsibilities, hold people accountable if they don't turn up.
- What kind of level of membership do you need – strategic discussion.
- Is it worth having SOLACE on this group?
 - Can improvement service contribute?
- Need to articulate what effective CPP functioning looks like.
- Budget – contribution from partners is minimal.
 - Social work ends up paying running costs, commissioning training – acts against multi-agency training.
- Opportunities for greater cross LA collaboration.
 - But lots of challenges about relationships.
 - Political and practice differences.
- Independent chairs may not be able to influence/access resources needed.
- Government strategies and policies creating additional pressures? Industry around guidance at national and local level, single and multi-agency.
- How else do we represent the most vulnerable children in localities? Not perfect but could be made better.
- Work across local authorities on data – data a huge issue for CPCs. Data not consistent or meaningful.
- Discussion needs to be in context of austerity.
- Domestic abuse major factor for CP.
- Poverty major factor.
- What benefits has statutory footing made for adult protection. Would it make a difference for children?
- Should the focus of COGs still be more on CP?
- Don't know how good links are to frontline staff – how much does that matter? Important to allow frontline staff to focus on work. Need faith in the leadership.
- Importance of how we bring knowledge and views from frontline back to CPCs.
- Too many different strategies and working groups e.g. trafficking, FGM, CSE – treating these as separate rather than fundamental child protection issues.

More Strengths

- CPC – Brief everyone round table so that they are all drivers and not passengers and fully engage with the work.

- Committee review – The whole agenda is not always relevant in some people’s views but need to be engaged and consider wider issues
- 2014 Act – should be everyone’s job.
- Key folk: SW/health/police/education (in Moray armed forces/SAFA).
- Personalised – individual relationships
- Q COG – leadership critical, think in a better place, need fundamental knowledge, huge amount of change, need skills and knowledge.
- Chief SW officer – Increasing further levels down in the system, limit to COG.
- Lack of a direct line for CSWO – COG e.g. Grampian not that clear, public protection partnership – where it sits.
- COG – need to understand their accountability.
- Q statutory basis? Difficult, about understanding, North Ayrshire, take lots to COG, very hands on. But recognise this is different in different areas, important to link up, collective ownership.
- Not about legislation, about culture.
- Keep coming back to the child – not about protecting professionals’ backs.

More Limitations

- Agenda – constant dynamics invested into it. Can be very full and political.
- Not just for lead officer/chair to decide the agenda
- Agencies need to take responsibility e.g. health pathways report do the work and bring it.
- At times a Social work meeting.
- Seen as key driver for most vulnerable. Not a level of ownership.
- Level of orgs sent to meeting. Set at senior – strategic level sometimes not ownership (contribute).
- Some places joining APC/CPC work well.
- Clear vision – but already working well why come together if not working.
- Political element – where pressure on ‘hot topics’ e.g. attainment challenge.
- Q variable elements – lots of change have to take stock, strong personality driving agendas not about structures.
- 10 in/20 aren’t integrated – IJB.
- What improve? CPC. Resource issues. Characteristics work well. LACK OF JOINT RESOURCES – funding flowed back from budgets?
- Why can’t COG allocate budget? Total budget for children. How directed and prioritised. Shift Police Scotland – can’t get a budget all that funding gone.
- Funding – preventative investment.

Big issue – how to align money

- Community Planning Partnerships – How do they decide to allocate budgets? Should be spirit of sharing budgets.
- Can do procedures – should not be simply a talking shop.
- Thriving opportunity – have to have a budget.
- About dedicated resource.
- Not enough capacity.

- Has to happen with local government.
- Spirit to allocate.
- Need CPP to be part of it. Got a long way to go. Use 'in-kind' – effective operation can be enhanced common budget.
- Question – Does APC have a budget? Compare and contrast accountability models
- CPC – responsible for outcomes.
- Challenge of competing priorities.
- Part of national agenda, how does the planning fit delivery plan (e.g. educational attainment focus at the moment)
- Then child poverty and how addressing this big agenda.

Small Group Feedback

Group One

1. Quality and structures of leadership. Impact of a landscape of change.
2. Financial side. What is available? Funded in an ad-hoc basis (agreement) to COG – agency to put hands in their pocket. Collective approach “doesn't feel right way to go about such a critical response”.
3. Child poverty/attainment – POLITICS. Can frame flavour.

Group Two

1. Influencing – where positioned structurally – influence outside world. Dynamic/fresh approaches. Children's services' plans. Still limited committees. Narrow function on compliance – not wider influencing.
2. CPC Scotland and relationship with SG. Ambiguous relationship shades of opinion in government. Needs to be on a surer footing. Leadership challenge for ministers.
3. Design of services – need influence, power and authority.
4. Use of data – not just compliance – new arrangements – could help or not IJB – focus on older people/bed discharge common.
5. Role of Chief Officer – developed a lot. Key role and link to community planning. Busy landscape – continue strength.
6. View on merger. Effective leadership and delivery.
7. Collective leadership – influencing collaborative approach required. Shouldn't be based on compliance.
8. How much tolerance for variance. Balance between consistency and divergence.

Group three

1. Data analysis – consistency across CPC. What collecting.
2. What does it mean to SW staff – don't need to understand mechanics. Strategic leader to get on with it.
3. Leadership behaviours – how feel when it goes wrong. Behaviour of leaders fundamental. Organisation paranoia and meltdown.
4. Duplication of effort – national, regional, local.

5. Score resources.
6. Good to be different locally.
7. About children, do we need all the strands? Capacity stretched to nth degree landscape. About children at risk of significant harm.

Specific review group reflections on questions

1. Should CPCs be placed on a statutory footing?

Possible PROs	Possible CONs
Observe an anomaly with APC – independent chair required (any lessons APC experience (not sure an advantage) that show statutory adds value – have E&W experience.	No added value.
Allow ‘statutory’ guidance (might not make a difference).	Could push people down more of a compliance approach.
Role of 3 rd sector?	Constrain CPCs that are already working well.
Might help with resourcing.	What would the statutory duty be? (Likewise APC).
Would it bring a financial framework?	Statutory guidance can stifle innovation.
	Wouldn’t be keen on I.C. to be compulsory.
	Haven’t had to! Because we work together in a much better position than south.
	No obvious value.
	Consistency doesn’t require legislation! Becomes increasingly risk averse.

2. What are critical elements in CPC meeting core functions?

- Vision, values, principle and behaviour.
- Need level of member who can commit for agency/organisation.
- Facilitated development/theme focusses sessions.
- Meet regularly – not just reactive.
- Collaborative and focus on needs of children.
- Members need to link between strategic and operational understanding of complexity of child protection i.e. can it be delivered?
- Look at core data local and what is required for national needs - analysis is more important.

- Quality of support to CPCs to allow development of strategies locally and meet national needs.
- Clarity about what CPC functions are and clear process of accountability and resource allocations to achieve core functions.
- Covered well in the guidance – governance
- Child at the centre.
- Adequately resourced. Dedicated team for CP – could be an asset in quality improvement with a little more capacity.

3. How are CPCs using GIRFEC concept of wellbeing at strategic level?

- Yes – but where does the lower level sit on wellbeing – responsible, included, more focus on safe and nurtured! Rightly so! Would YP equal? Yes. Clearer discussion on this our focus.
- Outcome indicators – but most looking at serious harm end of GIRFEC – although using info from SCRs can inform what makes safer for all children. Should we be talking about ‘wellbeing’ committees? – But we can’t overlook the fact that some people hurt and abuse children – gets too diluted. [Later discussion in the group that child protection has become marginalised]
- Wellbeing indicators are strongly evidenced in day to day practice.
- What impact will NP ruling have on wellbeing xxx? – need to guard against retractment? (ask for clarification from writer)
- Wellbeing ≠ Significant harm = feel worried about this. Not looking at it all – universal, other needs, child protection – needs to cut across.
- Note – There was some lengthy discussion about this and a wide range of views. We have to consider this and may develop some work around it (useful to revisit Brigid’s work on GIRFEC and wellbeing/also Kay Tisdall – Children’s rights and wellbeing]

4. What can we learn from other countries? Wider research?

- Cultural context.
- Yes!
- Need to be open to where we can find that learning – need to take account of context and not just ‘transplant’ e.g. FGC: pedagogy: and looking at what may not be working well (Triple P? FNP?).
- We can also learn from own country.
- What can we learn about approaches and initiatives, including those that don’t work e.g. Ireland, England, and Scandinavia? Link to creating a learning culture, what are the barriers? Why do we find it so difficult?/implementation gap.
- Work with parents. About relationships – procedures as scaffolding – but not hung up.
- One size doesn’t fit all.
- Popular programmes being full – capacity issues for evidence based approaches.

5. PROs and CONs of merging child protection and adult protection committees

PROs	CONs
East Lothian and Midlothian are Public Protection (MAPPA/dom abuse/ADC/CPC). Feeds into COG. (2 years).	(In experience of CPC being merged, rather than APC) In NE Scotland use to have merged CPC covering geographical areas – critical Care Inspectorate report so they moved to separate them again. It had covered a big geographical area. Previously it was hard to work – practicalities e.g. attending meetings took all day due to travel.
Have Public Protection Partnership but sits above separate CPC/APC/MAPA. This proposed to be COG.	Local issues could get lost.
Can pool resources structure to support underneath.	Can still work closely don't have to be formally joined.
Was same people at same groups – duplication.	APC further behind.
Can take a lifespan approach.	Size.
Shares common themes.	Implications Integration Joint Board where children are not integrated.
Does it need merging to get relationships and info exchange?	Do we lose the line of sight of our most vulnerable children?
Needs structure to support it beneath.	Different legislative frameworks.
It might work better in a context where the depiction/ view of a 'child' is changing i.e. C&YP Act – continuing care and extended and support up to 26.	

6. What role does CPC Scotland have in supporting CPCs?

- Basic role in bringing everyone together.
- Should they be making and driving agenda not just delivering? Single voice to influence government.
- Expectation all COC attend CPC Scot? Should be in job description. Cost of this for some authorities? Time and money.
- COG decision as to whether chair can attend CPC Scot (maybe in some areas?) Should be an expectation chair attends but CPCs need to be on a more established footing.
- Should CPC Scot have role in informing and challenging around public perceptions?
- APC feel CPC gets more support from SG.
- Evolved and improved. Worry is lack of admin support from With Scotland.
- Independent chairs – can't talk on behalf of CPC – not to drive agenda.
- Not a professional body/not one voice – could be a vehicle to influence government.

- Some IC don't get the time to come – but service chair gets it built in – needs to be funding and job description.
- In part, lost its way. Good work recently – in flux/developing – needs to develop a strong vision.
- Change in split LO/chair in meeting – but wanted to get chairs more engaged.
- Need strategic join across – in service – need to influence Lead Officers expertise in CP – less aware of strategic – but shouldn't need to.
- Chairs asking LO to attend with them (for operational knowledge).
- Perhaps needs to be refreshed - It is still not clear.
- More trade body than strategic leadership?

We would welcome any further reflections and consideration of these issues raised on the role and function of Child Protection Committees.

Please feel free to contact Louise Hill to discuss any aspect further. We would like all members to feedback on their wider discussions at the next meeting (27th September 2016). If you have lengthy feedback from different activities, please speak to Louise so we can build this into the agenda to allow sufficient consideration.

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Scottish Government Child Protection Systems Review:

Child Protection Committees, Child Protection Registers & Case Conferences,
and Significant and Initial Case Reviews

EMERGING FINDINGS ON THE USE OF CHILD PROTECTION REGISTERS AND CHILD PROTECTION CASE CONFERENCES ACROSS SCOTLAND

September 2016

Introduction

1. The National Child Protection Review Group met for the second time on Tuesday 27th September 2016. A background paper outlining the research, policy, legislation and practice developments on the role and function of Child Protection Registers and Child Protection Case Conferences was circulated prior to the group to inform our discussions.
2. During July and August 2016, face-to-face or telephone interviews were conducted with initial members of the group to inform and guide the direction of the review. The main aim of these interviews were:
 - a. To create an opportunity to discuss the aim, purpose and proposed structure of the review;
 - b. To understand the membership of the group and experience of child protection systems with an opportunity to identify any gaps;
 - c. To consider their initial considerations about Child Protection Committees, Child Protection Registers & Case Conferences, and Significant and Initial Case Reviews (without group bias);
 - d. To identify any research, evaluations, reports or local endeavours on child protection systems that could inform the review – with a particular focus on parental and child involvement;
 - e. To seek their views on the successful running of the review group and role of the Chair.
3. The interviews lasted for around one hour and were recorded with consent. The anonymised interview content will be used to inform all stages of the review.

4. The members have a wide breadth of child protection experience in practice, policy and strategic arenas. The majority of participants were qualified social workers specialising in children and families who had experience of strategic roles at local and national levels. All participants with social work qualifications had worked in more than one Scottish local authority; with the majority having experience of several, including English local authorities and some international experience. Participants from the third sector and academia were all social work qualified. Wider group expertise included a background in nursing, public policy and education. Further interviews are proposed with members who have since joined the Review group.
5. The aim of this paper is to support review group members to:
 - a. Reflect on the discussions on the role and function of Child Protection Registers and Case Conferences and consider future directions;
 - b. Through their organisations and networks, seek wider views on Child Protection Registers and Case Conferences;
 - c. Provide constructive feedback to the group on the wider reflections (on Tuesday 18th October 2016).

Key Questions

1. What are the advantages and disadvantages in using Child Protection Registers across Scotland?
2. Should we consider creating one National Child Protection Register? Would this solve the cross-local authority challenges?
3. How do Child Protection Registers reflect the prevalence of abuse and neglect in the community? Are any groups of children or types of abuse under-represented on Child Protection Registers or at Initial Child Protection Case Conferences?
4. What the strengths of Child Protection Case Conferences and what are the areas to improve? What might enablers and barriers to improvement be?
5. Are there particular evidence-based models or approaches that should be used in Child Protection Case Conferences and Core Groups?
6. How do children and families' experience any aspect of Child Protection Registration, Case Conferences and Core Groups?
7. **Do we believe that Child Protection Registers, Case Conferences and Core Groups are critical in protecting children at risk of significant harm? Are there other approaches we could take and what would be the rationale?**

Key Issues Raised Regarding Child Protection Registers and Child Protection Case Conferences by Members in Interviews

Child Protection Registers

6. **What do they really tell us?** – There was a general concern about what it meant for children and families to have a child on a Child Protection Register. There was an observation that the ‘numbers of children’ of a Register, actually reveals very little. We need to have a greater analytical understanding and we shouldn’t rely on aggregate figures. The majority of respondents felt the shift to ‘multiple concerns’ rather than categories of abuse/neglect was a good direction of travel. They highlighted a more holistic insight into the range of issues facing children and their families. However, there was a concern that different local interpretations on multiple concerns meant more complicated recording practices (for example, some local authorities only record main three concerns, whereas others record all). There was concern relating to a disconnect between the prevalence of abuse and neglect in communities and Registration. There was recognition that some children were ‘missing’ from the Register and could still be invisible e.g. disabled children and young people.
7. **Administrative tool – Mixed benefits & local variation** - There was a strong view that the Register was a practical administrative tool allowing a range of professionals, specifically police, health, education and social work to quickly ascertain whether a child had already been identified as ‘at risk of significant harm’ and had a Child Protection Plan. This was identified as a benefit. It was recognised that there were perceived differences in the thresholds at which children would be on the Register in different geographical areas. There was a reflection that, although it was not perfect, the Register did play a role and there was an uncertainty about what would be an alternative.
8. **Advantages and disadvantages for parents** – The majority of respondents identified the advantages, as well as the disadvantages, for different family members when a child is placed on a Register. It is noted that over three-quarters of children on the Register are at risk of significant harm from a parent or primary carer. The key themes were:
 - a. **It can be a critical ‘turning point’** – It could be a catalyst for change for some parents. It created a strong focus on meeting the needs of the child. Often this could be very difficult, but it emphasised the seriousness of the situation for families.
 - b. **There was clarity about what must change** – There was a clear plan about what needed to change and what support was provided. Parents wanted honesty about what was happening and what they needed to do. They were given the ‘stepping stones’ out of the situation.
 - c. **It can challenge a partnership approach** – There were some concerns that the Register could hinder relationships with parents. It could be seen as a more adversarial approach. Parents often believed it had a legal status. Some parents may feel punished and stigmatised by having a child on a Child Protection Register.

9. **Advantages and disadvantages for professionals**

a. **Collective decision making – everybody is concerned & has responsibility**

There was a strong view that the multi-agency decision making had a real strength when working with families. This was no longer a concern from one professional (often the social worker). In having a collective approach there could be greater ownership of workload and responsibility of those working with the family.

b. **Risk of ‘false positives’ – reassured if ‘on the Register’** - There could be very mixed experiences of ‘checking the register’ – For some professionals, the child ‘being on the Register’ gave a false reassurance that everything was in place for that child as concerns were already raised and a Plan was in place. For others, there was false reassurance that a nice ‘not being on the Register’ meant there wasn’t a child protection concern. The interpretation of a child being on a Register or not could lead to a range of interpretations and subsequent responses.

c. **Fast track to intensive support services** – Although highlighted that this shouldn’t be the case, there was a perception that a child on the Register would have access to intensive support services for their protection. It was a concern if the child needed to be on the Register to have access to appropriate services. However, a positive consideration was that professionals recognised the level of risk and vulnerability facing the child and made sure the child and family had everything they needed to protect them from further harm.

Child Protection Case Conferences

10. **Processes generally working well when ‘blue light is on’ for a child at risk of significant harm** – There was a shared views that Case Conferences generally worked well when instigated. There was reference to the use of the National Child Protection Guidance (2014) in providing clarity.
11. **Incident based by design? Cumulative risk and neglect can be harder** – There were some reflections that the formal child protection system still responded more effectively to ‘incident based’ abuse. For example, a child has disclosed sexual abuse. It could be difficult to start a case conference where there had been cumulative risk. The higher profile of neglect was commented on with some improvements in this area.
12. **What happens before a conference is required is critical** – There was a need for greater consideration of what support was in place prior to a Case Conference being required. This involved understanding the GIRFEC work and earlier intervention.
13. **Interaction with Children’s Hearing System** – There was recognition of some confusion in the child protection processes interacting with the hearings system. In particular, reference was made to the need for Compulsory Supervision Orders.

14. **Limited family involvement** – It was considered that this was an important area for improvement. There were mixed views on the levels of child and family participation. Generally, it was perceived to be fairly low. The role of the Chair in including families was seen as critical. There was some reference to the use of Signs of Safety and Family Group Conferences.
15. **Provision of advocacy** – There were some examples of the provision of advocacy either to children or parents in Child Protection Case Conferences by third sector organisations (Children 1st and Barnardo’s). This was seen to be an area of development. There was some reflections that lawyers who were involved in case conferences often ‘lost interest’ as they couldn’t be there in a legal capacity and didn’t have a role unless there was a move for a Child Protection Order or into the Children’s Hearings System.

Core Groups

16. **Absolutely critical** – The functioning of the Core Group to support the family with the Child Protection Plan was critical to the successful outcomes for the child. This was described as the ‘bread and butter’ of child protection work. Developing positive and supportive relationships with the family (and in some cases, with other professionals) was important.
17. **Clarity of roles** - It was generally viewed that core groups worked well due to the clarity of roles for professionals in supporting the family.
18. **Energy sometimes can dissipate** – There was a reflection that there was ‘great energy’ at the start of the process, but over time the momentum could be lost. This may be particularly relevant for working with families where change was slower or more cyclical.
19. **Family involvement (still can be limited)** – There was a perception that there was greater involvement by family members in Core groups and they had an opportunity to develop good relationships with a smaller group of people who were directly working with them. However, there was a view that this was an area that still required improvement.

Key Issues Raised on the Role and Function of Child Protection Committees by Members at Meeting Two

There was a strong view to consider Child Protection Registers with fresh eyes. The group had a wider group discussion identifying the strengths and limitations. A minority of review members felt strongly that ‘Child Protection Registers should no longer be used’; many review members felt ‘on the fence’ in weighing up the advantages and disadvantages of CPRs. There was a reflection on what would be used instead and consideration of what might be used in other countries. It was generally felt that more evidence on CPRs may be required to make a decision on whether a different system/model would be introduced. It was recognised that many countries, including other parts of the UK do not have a Child Protection Register.

General comments:

Prevalence of abuse and neglect

- Identifying children at risk- How effectively do we identify them at the moment? [link to prevalence in the community]
- Systems don't tell us most of the children at risk.
- Is there a symbolic importance of a Register? Doesn't reflect prevalence of abuse and neglect in the community.
- The scale of need outweighs the resources – system can't provide GIRFEC approach. There has to be some hierarchy.
- Children not identified – be careful what we wish for e.g. Children's Hearing system was overloaded when police referred all Domestic abuse incidents.
- Unmet need for children – invisible children. Example, affluent families – abuse and neglect can happen to any child. It can be more difficult to work with affluent families.
- Not a child friendly system – Many kids won't go near system. E.g. in past, confidential doctors service in the Netherlands– Provides an accessible, responsive system of support directly to children.

Practical Use of the Register

- Looking at the Register in isolation is a too narrow question.
- There should be a root and branch review of how to use it.
- (On fence) – What would you do instead? What is the alternative because we still need something.
- We need to share positive messages – 75% of children are de-registered due to good work of the Core Group.
- Lack of specificity – part of journey towards we need to understand better.
- Admin process outranks the legal power (compared to Compulsory Supervision Orders)
- Child Plan – now is statutory – It feels the wrong way round – Register isn't, but Child Plan is.
- Is the system a dis-enabler? Need to connect in GIRFEC context.
- E.g. Bolton concern model. Agency who first reported the concern owned it. There is a need for agencies to 'own' concerns – rather than all be passed to social work.
- We need to think in the continuum. We need to consider that range of processes involved prior – Pre-referral screening, joint assessment teams.
- Use of multiple concerns meant that local authorities are taking different approaches.
- We need to look at it from 12000 "known open cases" in one local authority to better understand the wider system and who ends up on the Register.

Relationship with Children's Hearings System

- Manage risk – through Hearings is the route?
- What would process be for children being on CPR – Into the Children's Hearing system.
- Register – made compulsory measures?
- We should accept that some children may have to be on statutory supervision throughout their childhoods to remain in birth families
- Value of Children's Hearings – child in the centre

Early Intervention and Family Support

- Ethical issues – The need for early support in the community.
- Family support – situation and flooding of work as family support not there, so social work working at a level that isn't sustainable (But different practice across the country)
- So many differences in the presentation of family support (lack of clear evidence based models that can be rolled out?)
- Child inequalities study – improve knowledge about parental circumstances would be useful
- Spend less than 3% on family support. e.g. amount of money on children looked after in this local authority
- Need to link Christie commission
- Question so many systems, not working
- Children need to get help when need it – children's hearings / CRP – but need family support
- Catalyst for bigger questions about protecting children in Scotland.

What are the advantages and disadvantages in using Child Protection Registers across Scotland?

Advantages	Disadvantages
<ul style="list-style-type: none"> - Advantages for parents "Getting It" and being supported to change - Safeguard through compulsion – work with families some need compulsion - An example of Paediatricians can access it – This can falsely reassure though? - If on Register, it is shared responsibility + workload - Shared language at least for professionals - I do think children are safer when on the Register - Keep it tight – focus on significant harm, rather than knowledge of all children's concerns model (possible example, when lower the threshold would this help if all Child Protection concerns – pros and cons) - Child protection in context of GIRFEC in 2016 continues to mean working with more families on a voluntary capacity - Compulsion changing - Reporter's involvement in decision making - Referrals through multi-agency – Social work might make the referral but it could have come from health – advantage of a multi-agency approach - Does allow you to ask question - Is 	<ul style="list-style-type: none"> - It can be a big stick - Worries about 'False Positives' – Being on the register provides reassurance however, there should be greater concern for children who are not on the Register as they might not be known to social services. Example from health, that often further questions may not be asked if the child is not on the register. - What would you have instead? Needs to be some flagging system for the range of professionals in children's lives - Some local authorities could use local authority concerns - Let's get rid of it, but there must be something else in its place - Are we servicing the system? - Concern about the levels of family involvement – if still using it, needs to be done differently - Not legal may mean that due process is not followed/lack of redress. - Who does it benefit? - There is an invisible group of children who are not on CPR.

<p>there enough evidence to make a decision?</p> <ul style="list-style-type: none"> - Value of not being on a statutory footing. 	
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Views on Case Conferences

Collective responsibility for professionals

- Brings people together with the family
- Collective decision making / shared responsibility
- Staff want these meetings
- Value of really good assessment – “The devil is in the detail”. It can be a catalyst for families
- Brings a clarity for families and professionals
- Professionals not willing to take the risks. E.g. verbatim minutes
- Getting GPs and key players to the table – have a wealth of knowledge – sometimes of generations (Health stated that this can be different now) – They need good guidance in what information they bring to the case conference.
- Joint assessment of risk and need = wouldn’t throw out strength of the CCC process – joint ownership

Involving families

- Example of FGC – – signs of safety – could do something much better – co-produced system child and family at centre – co-ownership
- How do we engage with families? – Need to look at models of engagement – deficits rather than strengths. – Parents struggle can we look at different models
- Culture shift – power and control.
- Professionals can be silenced at C.C. as well – Importance of good chair – value of different views
- How empower parents – improvement of care groups
- Don’t want to lose collective responsibility – but need a balance with family involvement – level of preparation can help a lot
- Example given - Assist meeting complex – no parent / child – 12 mins developed plans for safety of women and children – thought positive (Justice System)
- Need to start with the parent – process needs to work with them – strength based position
- Need to work in a way that helps to protect the child – e.g. attending in body but not there, wanted honesty / not ready to engage
- Concern by families that the decision already made
- Value of advocacy for parents (allows creep of legal involvement – should be third sector)

Culture

- Where is the leadership – a standard culture shift, engagement of the sector in protecting children
- Public health model on children's safety
 - Principle of GIRFEC
 - Mapping provision in the hierarchy – visually seeing it is useful (tiers of support).

Please feel free to use these areas to start discussions with your wider networks. We would welcome the feedback on the use of Child Protection Registers, Case conferences and core groups at our next meeting on Tuesday 18th October 2016.

Louise Hill
30.09.16

(Appendix 3) -

This Appendix is not for publication because it may involve the likely disclosure of exempt information as defined in Paragraphs 3 and 5 of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, as amended, and the press and public are likely to be excluded from the meeting.

East Dunbartonshire Health & Social Care Partnership Board

Distribution List:

Name	Designation	
Councillor Rhondda Geekie	Chair - EDC - Elected Member	1
Councillor Anne McNair	EDC - Elected Member	1
Councillor Michael O'Donnell	EDC - Elected Member	1
Ian Fraser	Non-Executive Board Member	1
John Legg	Non-Executive Board Member	1
Ian Ritchie	Non-Executive Board Member	1
Susan Manion	Chief Officer - East Dunbartonshire HSCP	1
Adam Bowman	Acute Services Representative	1
Fiona Borland	HSCP Communications	1
Sandra Cairney	Head of Strategy, Planning & Health Improvement	1
Jean Campbell	Chief Finance & Resources Officer	1
Fiona McCulloch	Planning & Performance Manager	1
Andy Martin	Head of Adult & Primary Care Services	1
Paolo Mazzoncini	Chief Social Work Officer	1
Lisa Williams	Clinical Director for Health & Social Care Partnership	1
Linda Tindall	Organisational Development Lead, HSCP	1
Jamie Robertson	Chief Internal Auditor HSCP	1
Karen Donnelly	EDC Chief Solicitor & Monitoring Officer	1
Martin Cunningham	EDC Corporate Governance Manager	3
Wilma Hepburn	Professional Nurse Advisor - NHS	1
Gordon Thomson - Ceartas	Voluntary Sector Representative	1
Martin Brickley	Service User Representative	1
Chris Shepherd	Carers Representative	1
Andrew McCready	Trades Union Representative	1
Gillian Cameron	Trades Union Representative	1
		27

For Information (Substitutes):

Name	Designation
Councillor Ashay Ghai	EDC - Elected Member
Councillor Gillian Renwick	EDC - Elected Member
Councillor Manjinder Shergill	EDC - Elected Member
A. Jamison	Carers Rep
I. Twaddle	Service Users Rep