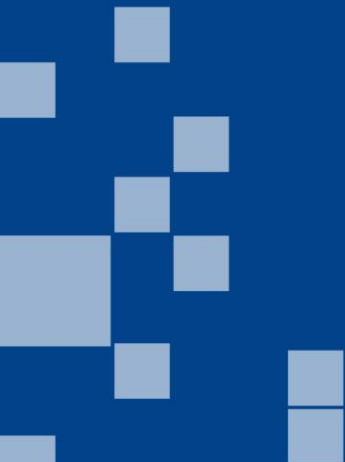


Key points from the MHO (Scotland) Report 2014

**Phil McNicol, Data Analyst
Workforce Intelligence Team, SSSC**

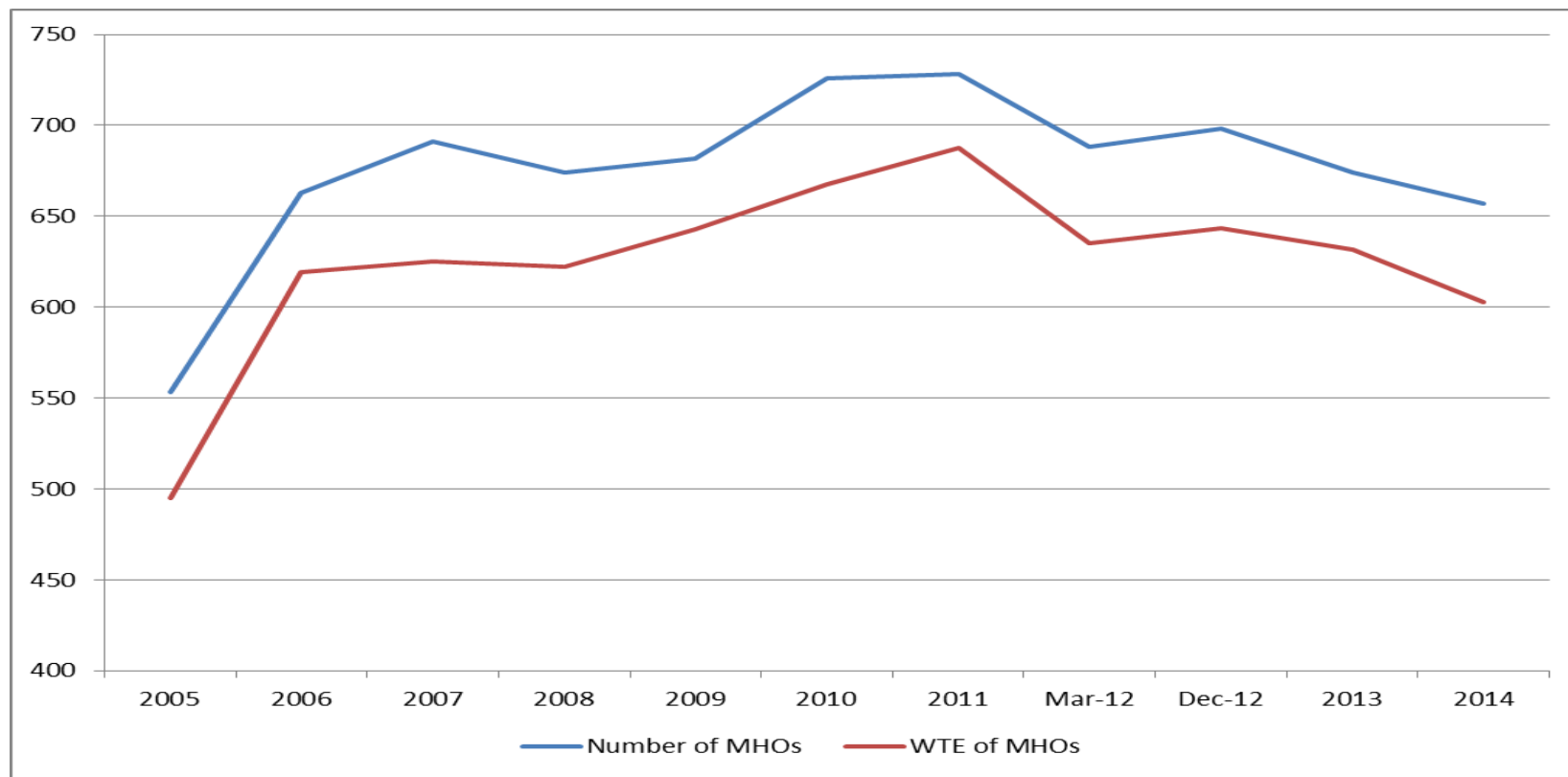




Structure of presentation

- 1) Introduction
- 2) Trends in overall MHO numbers/WTE since 2005
- 3) Trainees and leavers
- 4) Shortfalls
- 5) Specialist MH teams/non-MH specialist teams
- 6) MHO work
- 7) Round-up

Trends in overall practising MHO numbers & WTE since 2005



- 2014 numbers/WTE similar to 2006, whereas Scotland's population has increased by a quarter of a million (4.5%) from 2006 to 2014
- Numbers and WTE peaked in 2011
- Changes in legislative landscape during this period?

Trainees and leavers

- 46 training completions in 2013/14, and 62 leavers during 2014 – a deficit of 16 from an 'even keel'
 - Do all newly qualified MHOs enter the workforce?
 - How long do the ones who enter stick at it?
- Numbers of MHOs reported as moving to another authority to work as an MHO have dwindled since 2009 (only 3 during 2014)



Shortfalls

- 15 unfilled vacancies + 15 unavailable MHOs = 30 people
- Total shortfall = 1,162 hours per week = around 30 extra full-time MHOs, **BUT:**
 - 12 of the 21 authorities reporting a shortfall have no vacancies or unavailable MHOs
 - 4 of the 10 authorities reporting no shortfall have vacancies and/or unavailable MHOs
- 26 cover MHOs reported by 13 authorities:
 - About 4% of total practising MHO workforce
 - We don't know how many are agency or satellite
 - 6 of these 13 authorities have no vacancies or unavailable MHOs

Specialist MH/non-MH specialist teams

In 2014:

Specialist MH teams – 54%

Non-MH specialist teams – 46%
(the same as in 2009)

Since 2009 in specialist MH teams, proportions in:

- Community MH (multidisciplinary) teams
- Old age psychiatry/dementia teams
- Managerial across several teams



Proportions in:

- Specialist social work MH teams



Specialist MH/non-MH specialist teams

Since 2009, in non-MH specialist teams, proportions in:

- Generic teams
- Emergency out-of-hours teams
- Other non-MH specialist teams



Proportions in:

- Learning disability teams
- Managerial across several teams



Are workers distributed across the teams in a way which optimises the targeting of resources?

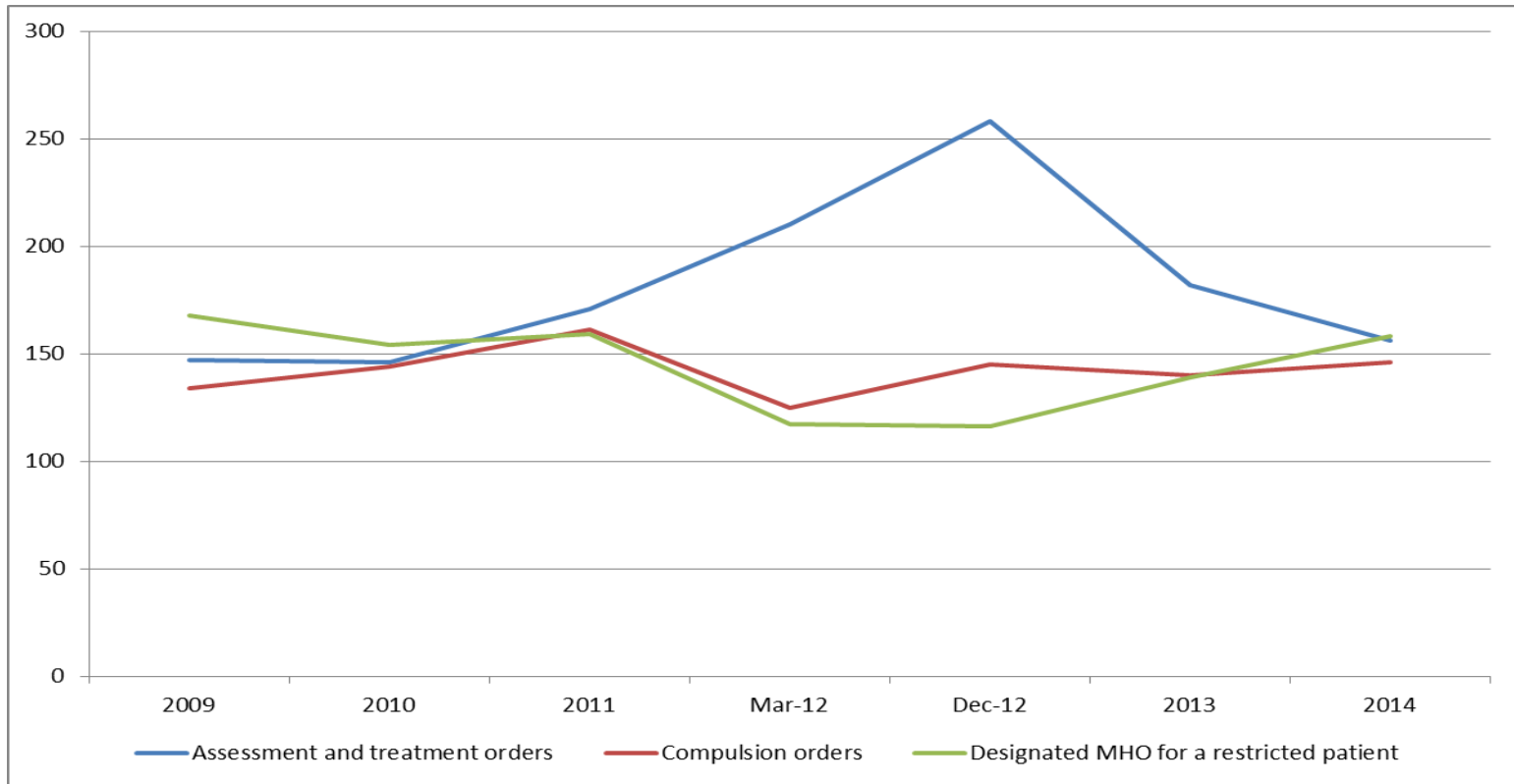
Members of non-MH specialist teams spend an average of 7.3 hours per week on MHO work

MHO work – Adults with Incapacity (AWI)

- Proportion of MHOs involved in AWI work up from two-thirds to three-quarters in 2014 (427 -> 494)
- AWI is the most commonly reported specific shortfall area in 2014 (7 authorities)
- Guardianship cases increasing by 10-12% per year since guardianship duties were introduced (Scottish Parliament, 2014)



MHO work – Mentally Disordered Offenders (MDO)



- Assessment and treatment orders increased markedly 2010 – 2012, and have since dropped to previous levels
- Compulsion orders fairly steady with some fluctuations
- Numbers of designated MHOs for a restricted patient dipped 2011 – 2012, and have since recovered to previous levels



Round-up

- **Number and WTE of total practising MHOs in 2014 lowest since 2005**
- **Cover MHOs make up about 4% of total practising workforce in 2014**
- **Fewer training completions than leavers in 2014**
- **Around 30 extra full-time MHOs needed to fill total reported shortfall in 2014**
- **Increase in proportion of MHOs doing AWI work (three-quarters in 2014)**
- **AWI is number one reported shortfall area in 2014**



Thank you

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