

## **UPDATE FROM THE CHIEF OFFICERS GROUP (COG): Update from 10<sup>th</sup> May 2022 Meeting**

Following the launch of “Aberdeen Protects,” members of COG agreed that they would provide a summary following each of its meetings. This will comprise a range of things: decisions taken, sharing of information, and providing updates on longer term pieces of work. We hope you find these updates helpful.

## **INSPECTION ACTIVITIES**

### **External Adult Support and Protection Inspection**

COG met the inspection team formally on the 25<sup>th</sup> of April, following the inspector’s completion of their case file review and meetings with front line staff. We will receive feedback on the full inspection at a further meeting on the 31<sup>st</sup> of May with the final report expected to be publicly available by the 21<sup>st</sup> of June. We will of course, share the full report with everyone and our action plan, in response to any recommendations from the inspection team. Thanks again to everyone for supporting the inspection – appreciate the additional workload created by external inspections.

### **Joint review of diversion from prosecution**

Further to the update provided Via COG’s April update, we can advise that all partnerships have been issued with a questionnaire to submit to the HM Inspectorate of Prosecution by the 21<sup>st</sup> of May. Based on an analysis of the results, HMIP will then select a smaller sample of partnerships to undertake a full inspection. Partnerships will be advised, before the summer recess, if they have been selected. We will of course, keep everyone updated on the HMIP decision.

## **DRAFT SCOTTISH GOVERNMENT LEGISLATION**

### **Scottish Government National Care Service Proposals**

COG held an initial workshop to start to consider the implications of a national care service on our local public protection arrangements. We used the time to consider:

- The risks and opportunities presented by the development of a NCS
- The strengths and weaknesses of our current local public protection arrangements
- What success will look like for us over the following phases
  - o The development of the proposals by the Government
  - o The Transition to the new NCS phase
  - o Go live for the new arrangements
  - o Post Go Live

- Our arrangements for overseeing the local implementation of this reform, including a programme board, frequency of meetings, communication with and involvement of staff.

The draft Bill is expected before the summer recess, so that will give us a clearer sense of the policy objective of the government and hopefully clarity on what services will be included within the NCS.

We believe that our local protection structures, policies, and practices are robust and that we have strong and effective working relationships established amongst partners. We are committed to continuing to invest in our multi agency relationships to ensure they remain strong up to and post the establishment of the national care service.

NCS will become a standing item in updates going forward.

### Scottish Government Housing Bill

You may be aware that Scottish Government and COSLA have been consulting on proposals to introduce a statutory duty to prevent homelessness through a Housing Bill expected in 2023.

The consultation focuses on the recommendations of the Prevention Review Group which reported in February 2021, Preventing Homelessness in Scotland. The review group was chaired by Professor Suzanne Fitzpatrick of Heriot-Watt University and included the views of those with lived experiences of homelessness. The report made recommendation on two themes:

- Duties on wider public bodies and landlords
- Reforming the homelessness system to incentivise prevention

The key changes are to place duties on public bodies to “ask and act” regarding someone’s housing situation where they believe there is a risk of homelessness and to require the Council to intervene up to 6 months prior to potential homelessness, an increase from the current 2 months. The proposed legislation would introduce a duty on public bodies and landlords to prevent homelessness, by “asking” people they are interacting with who they think are at risk of homelessness and then “acting” on the information.

The proposal specifically mentions Police Scotland and GP’s who will have a duty to ask about someone’s housing situation and then refer to the Local Authority if they have identified a risk of homelessness. It also proposes formalising joint working protocols across organisations where a person is experiencing homelessness and has complex needs and/or is to be discharged from an institution. Under the proposals Community Planning Aberdeen would have to set out and establish in Locality Plans the impact of homelessness, emerging issues, and joint working to address this. A Community Planning statement would also be required to be contained within the Local Housing Strategy.

COG agreed that, in conjunction with Community Planning Aberdeen, it will need to prepare for the implementation of this legislation and agreed to put in place a multi-agency programme board to oversee our readiness for this legislation.

## **LEARNING, AND DEVELOPMENT**

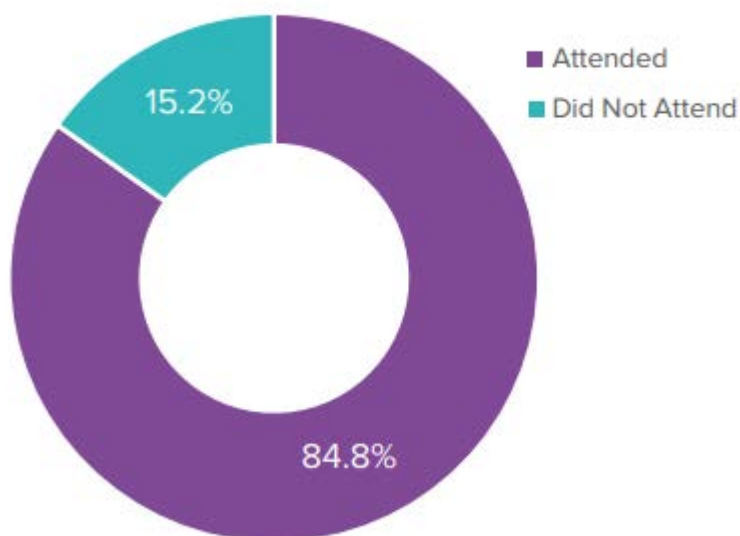
### **CPC Learning and Development Annual Report 2021 Plan**

COG was delighted to hear that our CPC's Learning and Development Sub Committee currently has one of the largest GIRFEC and Child Protection training packages available to frontline staff in Scotland

All of our live training courses were thoroughly researched and developed before being benchmarked by a senior multi-agency panel as well as being updated with any local learnings that come from audits or learning reviews.

A total of 901 professionals attended training last year which is excellent, across a total of 74 multi-agency training sessions on a wider variety of child protection and GIRFEC topics, namely Parental Resistance, Child Protection and Disability and a Manager's Course on Early Intervention. COG was absolutely delighted that so many front line colleagues have been able to maximise these training opportunities. Appreciate

### **Attended Live Training Sessions Versus Did not attend**



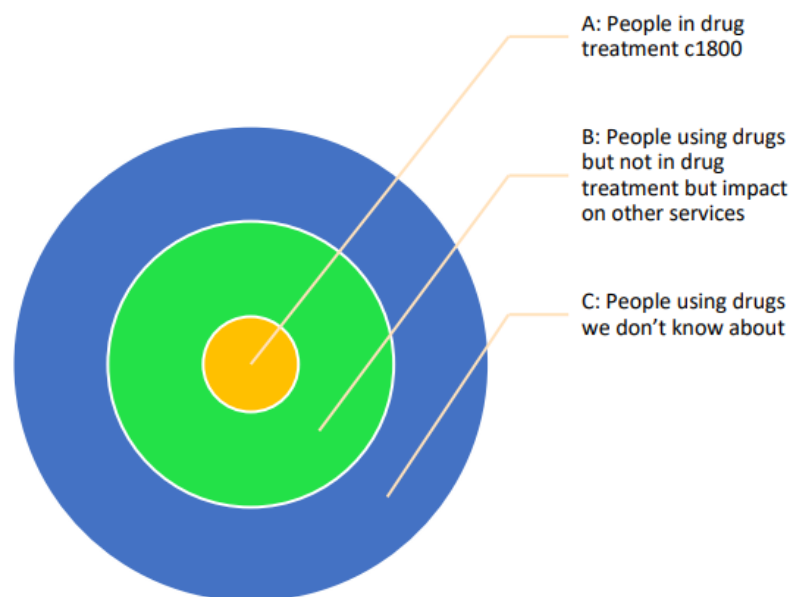
Approximately 118 colleagues (15.2%) did not manage to attend the training they had signed up to attend, leaving some unusable spaces. Whilst recognising the many demands on colleagues time, COG and the CPC remain committed to helping colleagues to access these courses and the support of managers will be sought to support this commitment. We look forward to achieving 100% in 2022!

### **Multi Agency Drug Death Reviews**

On the 7th of March 2022, a multidisciplinary group met to review four drug related deaths that had happened in 2021. The group comprised of Public Health, Police

Scotland, Housing, SW Youth Team, Assertive Outreach, Specialist Pharmacist, and Scottish Prison Service. The people who died are characterised by not being open to specialist drug services; male; aged between 18 -25. Context In 2021 there were 70 suspected drug related deaths. The average age of death is 46 with long histories of drug use and related problems. Therefore, the cohort reviewed above can be considered as outliers and potentially offering points of learning for public services and public protection responsibilities.

If we consider the population who uses drugs, then the cases reviewed would be cohort B: “People Using Drugs but Not in Drug Treatment but Impacting on Other Services.” Within this cohort there is considerable opportunity to reduce harm.



Whilst there is capacity for individual service improvements the following recommendations are based on a “wholesystem” approach to improving harm reduction measures and as such a number of specific learning points have arisen from these deaths:

- Touchpoint services need to be supported to understand the multiple risk factors that increase likelihood of drug related death – the risk matrix needs to be implemented in touchpoint services
- Linked to the understanding of multiple risk factors is the need for the multi-agency workforce to increase its understanding of substance use as a symptom of trauma and not coping in life
- We need a wider safety net between touchpoint services with multi-disciplinary risk management plans and increase use of know safety factors
- Enhanced data linking between Police Scotland’s multiple records of possession of people with those not known to drug services would be one way of identifying and reaching an at-risk population better than we are currently doing

COG provisionally agreed a workplan to implement these learning points but sought further engagement with staff to understand what barriers, if any, there might be to the implementation of the proposed actions. COG will re-consider the workplan considering staff feedback, at its next meeting.

### Commitment of Child Protection Committee to support the drug death crisis in Scotland

During the process of Children and Families going through Child protection procedures, the Child protection committee have identified opportunities for staff to provide support to those at risk of opioid overdose. There is a commitment to ensure these opportunities become a standard part of our Aberdeen City Child Protection Procedures, for example:

- that there are requirements to check if there is overdose risk and, where there is, to take appropriate actions.
- During Initial Referral Discussions (IRD), there would be benefit in a standardised question surrounding whether the Child is: - Affected by substance use and, if they are, at risk of being exposed to their caregiver (or another adult) experiencing Overdose/Drug Related Death.
- Where this risk exists, in the context of the risk of opioid overdose it would then become an action for the most relevant member in the team around the family to support the family to access Naloxone (via Pharmacy or Naloxone Distribution Site).
- As the corporate ACC protocol is finalised there will be opportunity for ACC to have sites of distribution and / or staff able to supply/ distribute.
- Alongside this (for opioids AND other drug risk) there is also opportunity at this stage to discuss and whether a referral to the Assertive Outreach service would reduce immediate risk of overdose- which would reduce risk to the individuals and the child at risk of being exposed to this. This should be seen through the context of Protecting the Child from exposure and from the experience of family bereavement and so an essential consideration during Child Protection procedures.
- For less immediate risk then engagement with drug treatment services is a protective factor and would be a further option. It may also be useful to consider pick up points prior to escalation to Child Protection concerns, for example during the Referrals to the Children's Reception Team there could be opportunity as above to identify families where there is risk of overdose and to, in a similar fashion to that outline above, facilitate the access of Naloxone and to make any necessary referrals to Assertive Outreach

This is just an early heads up of the direction we are going to move. Formal guidance and support will be available soon.

**Date of Next Meeting: 28<sup>TH</sup> June 2022**