

## ITEM No ...3.....

**REPORT TO:** COMMUNITY SAFETY AND PUBLIC PROTECTION COMMITTEE –  
28 SEPTEMBER 2020

**REPORT ON:** LEADERSHIP OF PUBLIC PROTECTION ARRANGEMENTS

**REPORT BY:** CHIEF EXECUTIVE

**REPORT NO:** 242-2020

### **1.0 PURPOSE OF REPORT**

To update members regarding arrangements for leadership of the strategic public protection agenda by the Chief Officers (Public Protection) Strategic Group, including key developments over the last year and future strategic ambitions.

### **2.0 RECOMMENDATIONS**

It is recommended that the Community Safety and Public Protection Committee:

- 2.1 Note the role of the Chief Officers (Public Protection) Strategic Group in providing leadership for the protection of children and adults at risk (section 4.2).
- 2.2 Note the work undertaken by the Chief Officers (Public Protection) Strategic Group over the last year to enhance arrangements for public protection, including the response to the COVID-19 pandemic (section 4.3 and section 4.4).
- 2.3 Note the progress made in implementing the Transforming Public Protection Programme and planned next steps (as outlined in section 4.5 and Appendix 4).
- 2.4 Note the priorities for the Chief Officers (Public Protection) Strategic Group for the next year, including the implementation of the Integrated Protecting People COVID-19 Recovery Plan (section 4.6).
- 2.5 Direct the Chief Executive to provide further updates regarding the work of the Chief Officers (Public Protection) Strategic Group and key developments in public protection to Committee on a six-monthly basis.

### **3.0 FINANCIAL IMPLICATIONS**

- 3.1 None.

### **4.0 BACKGROUND**

#### **4.1 Public Protection Overview**

- 4.1.1 The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority and also recognises the importance of excellent collaborative working between the Council, NHS Tayside, Police Scotland, the third sector and local communities if services are to be effective.

The Council, working in partnership with other Community Planning partners, has a range of responsibilities for the protection of vulnerable people which are discharged through operational and strategic arrangements for adult support and protection, alcohol and drugs, child protection, humanitarian protection, the management of high risk of harm offenders, suicide prevention and violence against women.

4.1.2 Dundee has a number of challenges around public protection given the socio-demographic characteristics of the city alongside high prevalence rates of domestic abuse, drug and alcohol use, drug related deaths and mental health needs.

#### 4.2 Chief Officers (Public Protection) Strategic Group

4.2.1 Public Protection is led by the Chief Officers (Public Protection) Strategic Group (COG), supported by the multi-agency committees/partnerships which correspond to each of the areas of public protection. The COG is chaired by the Chief Executive and comprises senior representation from health and police, chairs of the various committees and key officers, including the Chief Social Work Officer. The Dundee COG has an inclusive membership extending beyond the public sector to include representation from the third sector. A full membership list is provided in appendix 1.

4.2.2 National guidance (2019) (<https://www.gov.scot/publications/protecting-children-young-people-child-protection-committee-chief-officer-responsibilities/>) sets out the responsibilities and accountabilities of Chief Officers, both individually and collectively, in improving the experiences of and outcomes for children at risk. Over the last year work has been undertaken to develop a statement of the core functions of all of our multi-agency public protection committees/partnerships that reflect national guidance and legislative requirements. Core functions are:

- Continuous improvement – including a focus on policies, procedures and guidance; data and evidence; learning and development; and initial case reviews / significant case reviews.
- Public engagement and communications – including a focus on participation of people with lived experience.
- Strategic planning – including a focus on local, regional and national planning interfaces.
- Assurance – both to the Chief Officers Group and from single agencies.
- Oversight of strategic risk for public protection.
- Leadership.

4.2.3 The work of the COG is supported by the appointment of Independent Chairs for each of the public protection committees (with the exception of the Suicide Prevention Partnership and Humanitarian Protection Partnership). Each Chair provides strong strategic leadership, direction and scrutiny in delivering the priorities and associated workplan of the committee they lead. Over the last twelve months work has been undertaken with the Independent Chairs to develop a role descriptor that clearly sets out the purpose and main accountabilities of the position, as well as the personal qualities, values, behaviors, skills, and the knowledge, understanding and experience required to effectively fulfil the role. The role descriptor is attached as appendix 2 and will be utilised to support the recruitment and ongoing development of Independent Chairs. A tender exercise has been completed to appoint a new Independent Chair for the Tayside MAPPA Strategic Oversight Group, with Dundee City Council hosting the position on behalf of all MAPPA partners. Annual reports summarizing the work of the Child Protection Committee, Adult Support and Protection Committee and Tayside MAPPA Strategic Oversight Group will be submitted to Committee for consideration prior to the end of 2020. A report summarising the work of the Alcohol and Drugs Partnership, specifically in relation to implementation of the Action Plan for Change in response to the Dundee Independent Drugs Commission has been submitted to the Policy and Resources Committee for consideration (Policy & Resources Committee Report 243-2020).

#### 4.3 COVID-19 Pandemic Response

4.3.1 The impact of the COVID-19 pandemic on the welfare and protection needs of the population, how we deliver single and multi-agency protection responses, on inequalities and on the health and wellbeing of our protecting people workforce has been substantial and wide ranging. It has

also necessitated rapid change to the way in which our governance, leadership and strategic planning functions operate to support operational service delivery. It will be a number of months before we more fully understand the medium to long-term impact of the pandemic on vulnerable and at-risk groups. This will include understanding the direct and indirect impacts of the pandemic and associated responses, such as the consequences of delayed help –seeking by people who are at risk and the impact of factors such as reductions in household income on levels of risk and complexity of need.

4.3.2 During the COVID-19 pandemic SOLACE provided a national leadership role in relation to public protection matters, with Dundee actively participating in activities, including the implementation of a national public protection dataset reported on a weekly basis. A summary of key data reported through the SOLACE dataset and supplementary enhanced datasets for the protecting people committees / partnerships is provided in appendix 3. The data demonstrates that:

- Public protection services across the statutory and third sector have continued to respond to referral levels that are comparative to previous years despite the significant challenges to service provision imposed by lockdown restrictions and the need to rapidly redesign models of service delivery;
- There was a slight increase in numbers of children on the Child Protection Register during lockdown, mainly due to a decrease in the level of de-registrations, including a slightly higher proportion of registrations due to concerns regarding domestic abuse than in the comparative period in 2019;
- Children and Families Services worked collaboratively throughout lockdown to maintain very high levels of contact with children who have protection plans, young people who have accepted throughcare services and children who have multi-agency wellbeing focused plans;
- The number of recorded domestic abuse and sexual crimes during lockdown was higher than the comparative period last year with a subsequently higher level of Police Scotland Vulnerable Person Concerns due to domestic abuse. However, referrals to voluntary sector services remained at similar levels to last year, with the exception of significantly increased demand for refuge accommodation; and,
- Neighbourhood Services responded to a significant rise in homeless applications during lockdown, resulting in a subsequent rise in the number of households being provided with temporary accommodation.

4.3.3 During the pandemic response, and particularly over the lockdown period, there has been an enhanced focus on 'hidden harm' at the COG and across all committees / partnerships, including analysis of the potential for 'hidden harm' during the lockdown period and oversight of a wide range of adjustments made across operational services to minimise the risk of this. The COG recognised at an early stage of the pandemic that reduced levels of face-to-face contact with service users, the closure of some services, including schools and early years settings, and the potential for some forms of harm to escalate during lockdown (such as domestic abuse and substance use) could contribute to hidden harm amongst the most vulnerable adults, children and young people in the City.

4.3.4 A range of operational responses were developed to minimize the likelihood and impact of 'hidden harm', including: prioritising the nature and frequency of contact between services and service users to focus on those assessed as most vulnerable and at risk; moving a range of multi-agency risk assessment and management meetings to virtual platforms (including initial referral discussions, case conferences, MAPPA meetings, MARAC conferences for high risk victims of domestic abuse and the non-fatal overdose meeting); developing safe alternative arrangements for the dispensing of oral substitution therapy (OST); providing childcare and wider supports to the most vulnerable families through the Community Support Centres; maintaining the operation of screening arrangements (including the Multi-Agency Screening Hub for child concerns and Early Screening Group for adult concerns) and Intake Services in children and adult services (including enhancing the role and resourcing of the First Contact Team to respond to an anticipated surge in demand); updating and implementing local operating procedures to reflect temporary legislative and national guidance amendments; additional support, such as food deliveries, were provided to meet the basic needs of the most vulnerable

people within our communities; developing models to support virtual provision of services where face-to-face contact has not been possible due to public health guidance, including peer and community support groups; expanding the distribution of take home Naloxone and postal distribution of injecting equipment; expanding the operating hours and areas of the Safezone Bus; developing third sector support for community pharmacies to enable the continued provision of services to people who use drugs; and, collaborative working to provide targeted support to women involved in commercial sexual exploitation.

4.3.5 As well as supporting the continued deliver of essential protection services and responding to the potential for hidden harm, the COG also led wider adaptations to our governance, leadership and strategic planning functions during the pandemic response period including:

- The rapid development of an integrated protecting people strategic risk register to support the COG and committees / partnerships to identify and support the mitigation of strategic risks emerging from the pandemic;
- Adjusting the frequency and focus of COG and committee / partnership meetings to ensure more regular opportunities for the escalation of risk from operational services and identification of mitigating actions and supports required from senior leaders;
- Enhanced joint working, supported through the identification of cross-cutting risks within the risk register, particularly between the Child Protection Committee, Alcohol and Drugs Partnership and Violence Against Women Partnership. This has included joint work between the Independent Chairs, at committee level and between supporting officers to take forward risk mitigation actions; and,
- An enhanced focus of public communications activities to promote the ongoing availability of support to some of Dundee's most vulnerable citizens. This included two radio campaigns, promotion of key messages and service information via social media channels and drops of written information through channels such as food deliveries.

4.3.6 As the COG and protecting people committees / partnerships move forward with recovery planning there is much to learn and build on from the initial response period. Rapid change and innovation provides a foundation for consolidation and for further development and improvement. An initial review of learning has also highlighted some key themes regarding the potential legacy of the COVID-19 response:

- A genuine and effective focus on underlying trauma and vulnerability rather than on 'behaviour symptoms' such as substance use and offending.
- Collaboration and co-operation that focuses on a whole system, integrated approach to addressing protecting people and providing integrated responses to families where both children and adults are at risk.
- Maintaining a strong focus on a small number of strategically important priorities and tackling them at pace.

#### 4.4 Wider Programme of COG Activity

4.4.1 As well as leading the public protection response to the COVID-19 pandemic the COG has undertaken a programme of work over the last year that has included:

- Considering the outcome of significant case reviews in MAPPAs and Adult Support and Protection, including corresponding action plans and progress of implementation;
- Progressing the development of a strategic risk register for public protection;
- Considering refreshed strategic plans for the Tayside MAPPAs Strategic Oversight Group and Dundee Alcohol and Drugs Partnership, as well as developing a multi-agency workforce communications strategy for protecting people;

- Addressing areas of operational risk, including pressures associated with the MARAC (Multi-Agency Risk Assessment Conference) for high risk victims of domestic abuse, operational improvements contained within the Action Plan for Change in response to the Dundee Independent Drug Commission and development of new multi-agency guidance for responding to victims of human trafficking;
- Endorsing the participation of the Chief Officers Group and the wider Dundee City Council Management Team in a programme of work to embed trauma-informed leadership across the organisation with a view to enhancing workforce wellbeing and improving responses to people who have experienced trauma; and,
- Considering the arrangements for and outcomes of a range of self-evaluation activities, such as the outcomes of a case file audit of adult protection cases and further development of data reporting arrangements during the pandemic response period.

In addition, the COG has also provided leadership support for the Transforming Public Protection Programme that was established in 2018 to improve services provided by the Council and other key partners for vulnerable children and adults (see section 4.5).

4.4.2 The COG has also considered the findings and recommendations of the Independent Dundee Drugs Commission and the findings from NHS Tayside's Independent Inquiry into Mental Health Services. Members of the COG, both individually and collectively, played a pro-active role in the development of the Action Plan for Change and have continue to monitor implementation closely through the year. Most recently, the COG has endorsed a bid to the Scottish Government's Drug Death Taskforce to establish a test of change focused on developing integrated models of care, including further integration between substance use and mental health services. The COG has also considered the findings of the Tayside Suicide Review Group Annual Report, including local governance arrangements for suicide prevention and the ongoing refresh of Dundee's Suicide Prevention Strategic Plan.

4.4.3 The work of the COG takes place within a wider national context. Independent Chairs and supporting officers actively participate in a number of national networks and work programmes being led by the Scottish Government, Care Inspectorate, SSSC, COSLA, NHS Education Scotland and the Improvement Service. This activity provides an important opportunity for Dundee to influence the national policy agenda, for example discussions with Scottish Government and other national organisations about arrangements for conducting significant case reviews for MAPPA, adult protection and child protection. Participation in national networks and programmes has also facilitated learning from best practice across Scotland and beyond, for example our participation with NHS Education for Scotland Trauma-Informed Practice Programme.

#### 4.5 Transforming Public Protection Programme Update

4.5.1 In August 2018, the Council, alongside other Community Planning Partners, established a Transforming Public Protection (TPP) Programme across operational and strategic public protection processes to ensure that recurring areas for improvement are effectively addressed and that improvement is sustained in the long-term (Policy and Resources Committee report 257-2018 refers). The TPP Programme has three areas of focus, each with a number of component workstreams:

- Driving cultural change within operational services towards continuous improvement and quality assurance, including embedding a culture of expectation of excellence across all protection service;
- Significantly enhancing leadership support and scrutiny for public protection; and
- Transformative re-design of protection processes to ensure streamlined and co-ordinated processes that respond flexibly to the complex and inter-linked needs of vulnerable individuals and families.

4.5.2 Planned activity within the programme has been adversely impacted over the last six months by the COVID-19 pandemic as a range of resources required to be diverted to maintain essential

services and provide a range of enhanced approaches to mitigate the impact of lockdown conditions on the most vulnerable citizens. However, over the last year progress has been made in relation to: the implementation of practice improvement programmes focused on chronologies and risk assessment; the development of a strategic risk register and options for restructuring of the multi-agency protecting people strategic and governance structure; and, in relation to the re-design of multi-agency screening approaches. A full summary of progress to date and planned next steps is provided in Appendix 4.

#### 4.6 Pandemic Recovery and Future Priorities

- 4.6.1 The COG has overseen and supported the development of an Integrated Protecting People COVID-19 Recovery Plan. The recovery plan covers the work of the COG, protecting people committees and the Protecting People Strategic Support Team. It focuses on the delivery of their agreed core functions and the priorities contained within delivery plans and programmes of work such as the Transforming Public Protection Programme. Detailed operational recovery planning for public protection responses is the responsibility of individual organisations, often working in collaboration with one another. However, in their governance and leadership role the COG and committees / partnerships will seek assurance that robust recovery plans are in place. They also have a critical role in providing leadership and strategic support for the implementation of recovery plans; ensuring that cross-cutting themes are identified and that there is support to unlock any barriers to implementation.
- 4.6.2 The recovery plan has been set against the four phases within ‘Scotland’s route map through and out of the crisis’. The COG and committees / partnerships recognise that recovery is unlikely to be a linear process and may involve movement both forward and backwards through planned recovery phases and actions. The recovery plan will be regularly updated to allow the incorporation of further learning as we continue to better understand the virus, its impact on individuals, carers and communities and the learning from our response so far.
- 4.6.3 Leadership support to continue the pandemic response whilst also moving forward with learning and recovery will be a key priority for the COG in the coming year. In addition, there will be a significant focus on further developing the integrated strategic risk register to transition from a pandemic specific focus to business as usual strategic risk. This will also include establishing systems for regular reporting against the risk register between the protecting people committees / partnerships and the COG and ensuring that strategic plans for protecting people are fully aligned to and reflect the strategic risks identified within the register. The COG will continue to monitor the dataset developed by SOLACE and supplement this with enhanced local reporting arrangements, ensuring that datasets also support the effective operation of the the risk register. Finally, the COG will oversee a consultation exercise to identify a multi-agency governance and strategic planning structure for protecting people that is fit for purpose, supports the delivery of COG and committee / partnership core functions and of the COG vision: *“Dundee’s future lies with our people and communities; they deserve sector leading support and protection. We will work together with communities to prevent harm, keep people safe and protect them when they can’t protect themselves.”*

## **5.0 POLICY IMPLICATIONS**

- 5.1 This report has been subject to an assessment of any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. There are no major issues.
- 5.2 At the time of establishment the Transforming Public Protection Programme was subject to an Integrated Impact Assessment (Policy and Resources Committee report 257-2018 refers). This is available at <https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/equality-and-diversity/integrated-impact-assessments>.

## **6.0 CONSULTATIONS**

- 6.1 Members of the Chief Officers (Public Protection) Strategic Group, including the Independent Chairs of the Adult Support and Protection Committee, Child Protection Committee, Tayside MAPPA Strategic Oversight Group and Violence Against Women Partnership have been consulted in the preparation of this report. The Council Management Team, the Chief Officer of the Integration Joint Board and the Acting Chief Social Work officer have also been consulted.

## **7.0 BACKGROUND PAPERS**

None.

DAVID MARTIN  
CHIEF EXECUTIVE

DATE: 07 SEPTEMBER 2020



**CHIEF OFFICERS (PUBLIC PROTECTION) STRATEGIC GROUP MEMBERSHIP**

| <b>ORGANISATION / BODY</b>                | <b>POSITION</b>   |
|---|---|
| Dundee City Council                       | Chief Executive<br>Executive Director, Children and Families<br>Executive Director, Neighbourhood Services<br>Chief Social Work Officer<br>Head of Community Safety and Public Protection     |
| NHS Tayside                               | Chief Executive (currently delegated to Director of Allied Health Professionals)<br>Medical Director<br>Nursing Director (currently delegated to Associate Director of Nursing and Midwifery) |
| Police Scotland                           | Chief Superintendent<br>Superintendent  |
| Dundee Health and Social Care Partnership | Chief Officer<br>Service Manager, Strategy and Performance  |
| Scottish Fire and Rescue Service          | Local Senior Officer  |
| Scottish Prison Service                   | Governor, HMP Perth   |
| Third Sector Interface                    | Chief Executive   |
| Tayside MAPPA Strategic Oversight Group   | Independent Chair   |
| Adult Support and Protection Committee    | Independent Convenor  |
| Violence Against Women Partnership        | Independent Chair   |
| Child Protection Committee                | Independent Chair   |
| Alcohol and Drugs Partnership             | Independent Chair   |
| Suicide Prevention Partnership            | Chair   |
| Humanitarian Protection Partnership       | Chair   |

## APPENDIX 2

## Protecting People Independent Chair / Convenor

## Overall Purpose of the Role

To work collaboratively as part of the Chief Officer Group (COG) Team to provide a whole systems approach to the leadership of public protection responses. To support the Committee to fulfil its core functions of continuous improvement, public engagement and communications, strategic commissioning, assurance, oversight of strategic risk and leadership. To facilitate mutual accountability for delivery of improvement priorities and performance targets and provide independent advice and assessment of performance and risk to the COG and other stakeholders.

## Main Accountabilities

|   |  |
|---|--|
| 1 | <p>To provide effective leadership of the Committee, ensuring that all functions are discharged to a high standard, in a timely and proportionate manner and in accordance with relevant legislative requirements (including sections 42 – 47 of the Adult Support and Protection (Scotland) Act 2007<sup>1</sup>). Including by:</p> <ul style="list-style-type: none"> <li>• Facilitating Committee meetings, setting the agenda, approving minutes and overseeing systems of accountability for the completion of agreed actions.</li> <li>• Overseeing the production, review and publication/submission of the Committee's strategic commissioning plan and annual report.</li> <li>• Overseeing arrangements for communication of the work of the Committee to relevant stakeholders.</li> <li>• Overseeing the inclusion of the expertise of People with Lived Experience in arrangements for discharging Committee functions.</li> <li>• Participating in regular meetings with the COG and senior officers from component organisations where required.</li> <li>• Contributing to the agreement of priorities and workplans for the Protecting People Strategic Support Team.</li> </ul> |
| 2 | <p>To demonstrate integrated leadership for public protection, including through representation at agreed Community Planning and other strategic groups (local, regional and national). This might include acting as a spokesperson for the Committee in the media and at public events where appropriate.</p>   |
| 3 | <p>To facilitate mutual support and accountability for the delivery and quality of public protection responses in-line with the COG vision and agreed strategic priorities. This includes seeking appropriate assurances from partner organisations, as well as provision of assurance to the COG.</p>   |
| 4 | <p>To oversee the identification and management of strategic risks to the delivery of the COG vision and priorities and Committee strategic commissioning plan.</p>  |
| 5 | <p>To promote a culture of continuous improvement and reflective learning for public protection at a strategic level.</p>  |
| 6 | <p>To facilitate the joint strategic commissioning of public protection responses for Dundee.</p>  |
| 7 | <p>To oversee the initial and significant case review process, including overseeing the commissioning of SCRs and integration of learning into practice. This might include chairing the SCR Panel as required.</p>  |
| 8 | <p>To provide independent advice and support to the COG, Strategic Support Team, senior officers from partner organisations and other relevant strategic groups.</p>   |

<sup>1</sup> Sections 42 – 47 of the Adult Support and Protection (Scotland) Act set out statutory duties in relation to Adult Protection Committees, membership, Committee procedure, duty to provide information to the Committee, biennial reports and guidance. Section 42 (1) describes the statutory functions of the Committee which the Convenor, through their leadership, must ensure are fulfilled.

|   |   |
|---|---|
| 9 | To facilitate resolution of any conflicts arising with the Committee, supporting members to reach positive solutions. |
|---|---|

### Personal Qualities

| Personal Qualities | Description   |
|--------------------|---|
| Selflessness       | Act solely in terms of the public interest. (Principle of Public Life)  |
| Integrity          | Avoid placing yourself under any obligation to people or organisations that might try inappropriately to influence you in your work. Do not act or take decisions in order to gain financial or other material benefit for yourself, your family or your friends. Must declare and resolve any interests and relationships. (Principle of Public Life) Please refer to Protecting People Committee / COG Code of Conduct (currently being drafted). |
| Objectivity        | Act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias. (Principle of Public Life)   |
| Accountability     | Be accountable to the public for your decisions and actions and submit yourself to scrutiny necessary to ensure this. (Principle of Public Life). Be open to challenge and accept question as seeking to understand (rather than as criticism).   |
| Openness           | Act and take decisions in an open and transparent manner. Do not withhold information from the public unless there are clear and lawful reasons for so doing. (Principle of Public Life)  |
| Honesty            | Be truthful, honest and open. Be brave.   |
| Resilient          | Accept feedback as an opportunity for reflection and learning.  |

### Values

| Value                       | Description   |
|-----------------------------|---|
| Commitment to shared vision | Maintain a focus on the agreed vision for public protection and make decisions / take actions directed to achieve this. Recognise that each agency / person is part of a whole system and work within a wider Protecting People approach. |
| Trust                       | Show trust in members of the COG and Committees.  |
| Respect                     | Respect the different views, opinions, constraints and expertise held by different members and organisations. Respect the confidentiality of discussions.   |
| Inclusive                   | Include all those with a role in protecting people in recognising and discharging a shared responsibility for public protection. Think beyond organisational boundaries.  |
| Passion                     | Demonstrate an interest, commitment and ambition for protecting people at risk.   |

### Behaviours

| Behaviour  | Description   |
|------------|---|
| Learning   | Be open to doing things differently and learning new approaches / ways of doing things from others. |
| Contribute | Contribute your transferrable skill set as well as your subject expertise.                          |

|                         |   |
|-------------------------|---|
| Consistency             | Be consistent in your actions and communications – align these to the agreed vision for Protecting People.  |
| Transparency            | Provide / share all of the relevant information with those who need to know and understand it.  |
| Delegate                | Delegate leadership of risks and actions throughout the Protecting People structure. Support and empower the Committee members and Strategic Support Team to lead and make decisions. |
| Mutual Support          | Share responsibility and ownership when there are challenges to be overcome.  |
| Personal responsibility | Take personal responsibility for being informed and prepared. If you do not know something pro-actively seek out the required information.  |

### Skills

| Skill                  | Description   |
|------------------------|---|
| Advocacy               | Advocate on behalf of the people you are seeking to protect.  |
| Influence              | Influence others to change, take action and recognise their responsibility for protecting people.   |
| Analytical             | Ask questions of information to establish an understanding of its potential meaning.  |
| Strategic              | Focus on strategic leadership and on agreed priorities. Take a whole systems approach. Seek assurance regarding relevant operational matters and empower Committee members to address concerns in appropriate operational forums. |
| Constructive challenge | Challenge others in a way that is constructive, respectful and helpful.   |
| Communicative          | Listen to understand, communicate views pro-actively and use common / understandable language.  |
| Judgement              | Ability to make reach considered conclusions and decisions.   |

### Knowledge, Understanding and Experience

| Area of knowledge, understanding and experience | Description   |
|---|---|
| Public Protection                               | Knowledge, understanding and experience of protecting people issues, including relevant legislative and policy provisions and best practice.  |
| Role of different organisations / posts         | Knowledge and understanding of local, regional and national arrangements for protecting people, including the distinct roles of Chief Officers, the Chief Social Work Officer and other professional leads. |
| Political systems                               | Knowledge, understanding and experience of local political systems, including the governance and scrutiny role of Elected Members of the Council, NHS Board members and Integration Joint Board members.    |
| Strategic commissioning                         | Knowledge and understanding of the strategic commissioning cycle and experience of applying this in practice across multi-agency environments.  |

|   |   |
|---|---|
| Strategic risk management                 | Knowledge and understanding of systems and processes for strategic risk identification and management.  |
| Organisational development and leadership | Knowledge, understanding and experience of whole systems and participative leadership, change management, conflict resolution and organisational culture and behaviour. |
| Performance and quality assurance         | Knowledge, understanding and experience of performance management and quality assurance systems in complex environments, including outcome measurement and reporting.   |

**Addendum – Key provisions of sections 42 – 47 of the Adult Support and Protection (Scotland) Act 2007**

*42 Adult Protection Committees*

(1) Each council must establish a committee (an “Adult Protection Committee”) with the following functions—

- (a) to keep under review the procedures and practices of the public bodies and office-holders to which this section applies which relate to the safeguarding of adults at risk present in the council's area (including, in particular, any such procedures and practices which involve co-operation between the council and other public bodies or office-holders to which this section applies),
- (b) to give information or advice, or make proposals, to any public body and office-holder to which this section applies on the exercise of functions which relate to the safeguarding of adults at risk present in the council's area,
- (c) to make, or assist in or encourage the making of, arrangements for improving the skills and knowledge of officers or employees of the public bodies and office-holders to which this section applies who have responsibilities relating to the safeguarding of adults at risk present in the council's area,
- (d) any other function relating to the safeguarding of adults at risk as the Scottish Ministers may by order specify.

(2) In performing its functions, an Adult Protection Committee must have regard to the desirability of improving co-operation between each of the public bodies and office-holders to which this section applies for the purpose of assisting those bodies and office-holders to perform functions in order to safeguard adults at risk present in the council's area.

*46 Biennial Report*

The convener of an Adult Protection Committee must, as soon as practical after such date as the council may direct biennially—

- (a) prepare a general report on the exercise of the Committee's functions during the 2 years ending on that date, and
- (b) after securing the Committee's approval of the report, send a copy of it to—

- (i) each of the public bodies and office-holders represented on the Adult Protection Committee by virtue of section 43(4),
- (ii) the Scottish Ministers,
- (iii) the Mental Welfare Commission for Scotland,
- (iv) the Public Guardian,
- (v) **[F1SCSWIS]** (where it not represented on the Committee), and
- (vi) any other public body or office-holder as the Scottish Ministers may by order specify.

*47 Guidance*

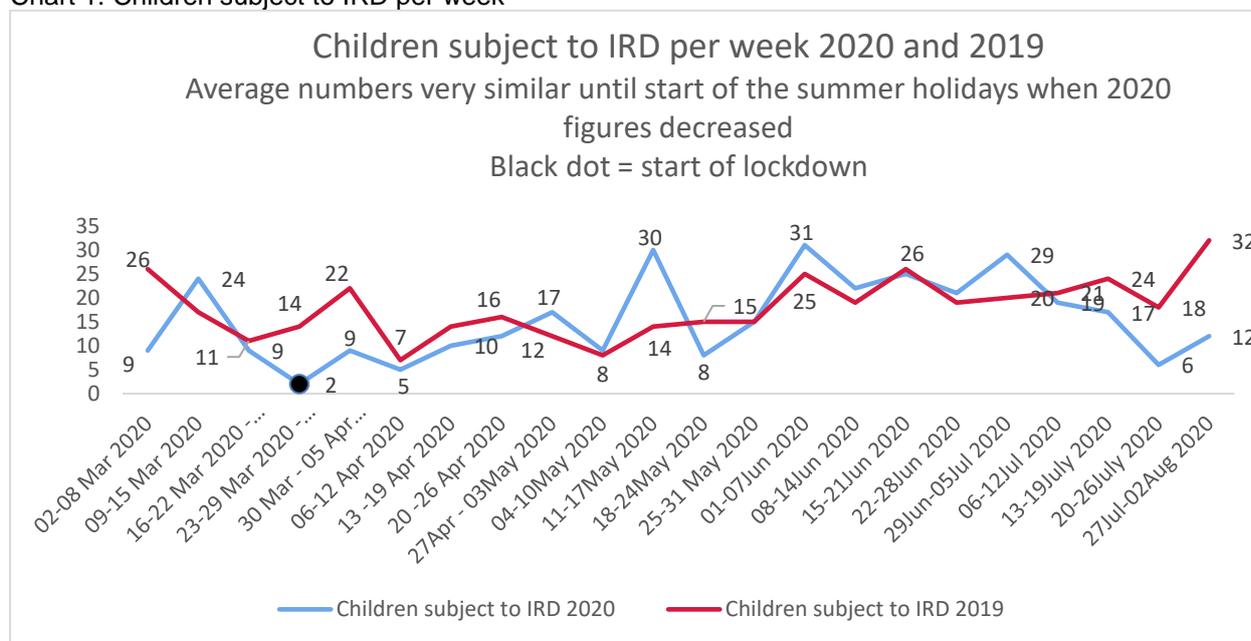
Adult Protection Committees, and councils, must have regard to any guidance issued by the Scottish Ministers about their functions under sections 42 to 46.

## SUMMARY OF SOLACE DATASET AND OTHER KEY MEASURES

### 1. Child Protection

Overall child protection figures show a normal strong variation (Chart 1). There has been little variation from the comparative period in 2019.

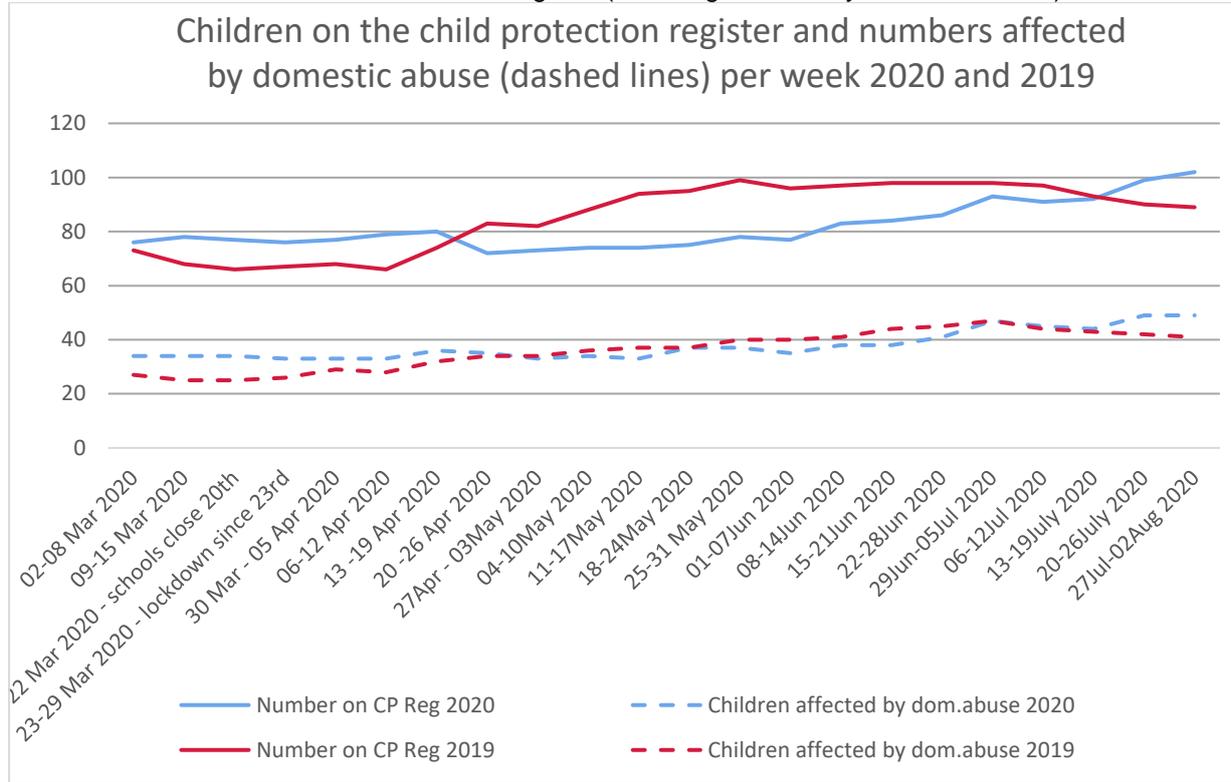
Chart 1: Children subject to IRD per week



There is a higher number of children on the Child Protection Register than this time last year (2019) and a smaller proportion of de-registrations (Chart 2). The smaller proportion of de-registrations is due to the need for continued close support to at risk children and their families during the difficult conditions of the pandemic. Children added to the Child Protection Register with domestic abuse as a factor continues to be slightly higher than the same period in 2019 but still within normal variation at 40-45% (Chart 2).

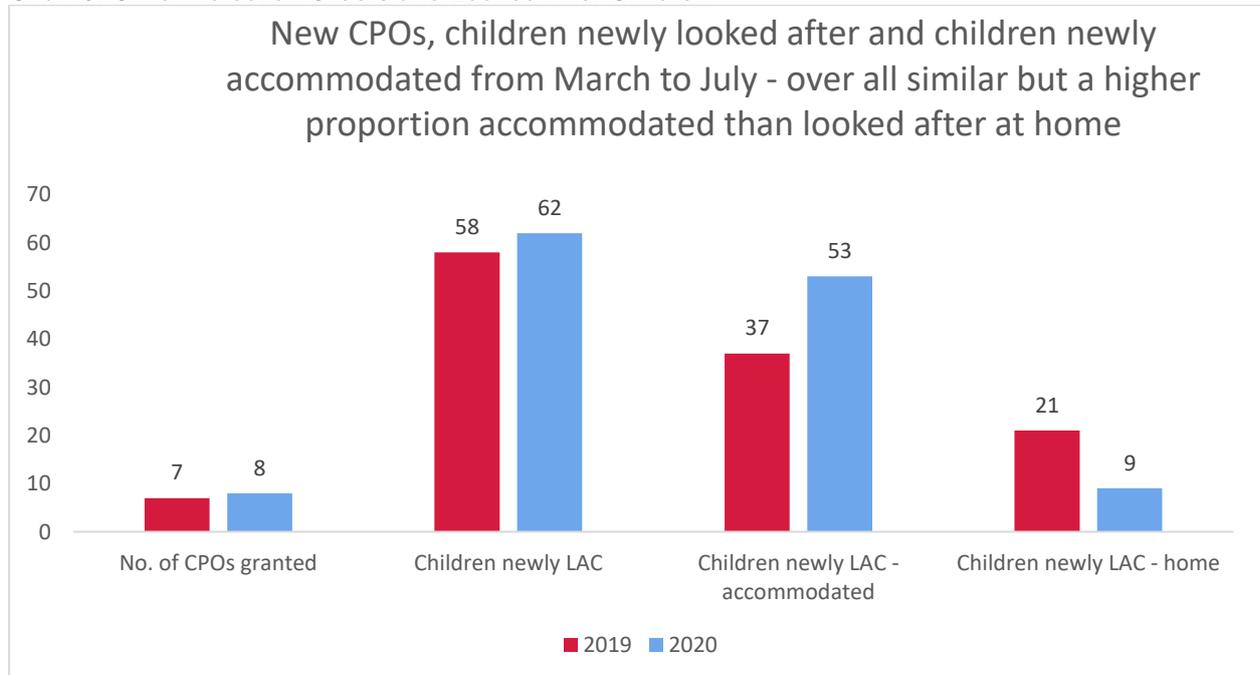
Over the lockdown period and the summer there were high levels of contact reported for children with protection plans with an average of 99% of children having had contact with statutory services (including online/telephone/face-to-face). Similarly, young people eligible for aftercare received a high level of contact, with an average of 95% of young people having had contact with services. All children on the Child Protection Register and who are care leavers received a minimum of fortnightly direct face-to-face contact with the Children and Families Service. An average of 85% of children who have multi-agency plans (where the focus is on wellbeing rather than protection) had contact with services over the period of restriction.

Chart 2: Children on the Child Protection Register (including affected by domestic abuse)



Overall numbers of Child Protection Orders granted and children becoming newly looked after are similar to the same period in 2019 (Chart 3). However, numbers continue to be low for children who start to be looked after at home.

Chart 3: Child Protection Orders and Looked After Children



**2. Adult Support and Protection**

Both the number of total concerns, including those originating from Police Scotland, has remained fairly steady since mid-May 2020 (Chart 4). There was a peak in early June 2020 which the Health and Social Care Partnership has established was due to different personnel assessing initial concerns during the lockdown period. Investigations, cases conferences and protection plan numbers are broadly similar to the number encountered in previous years (Chart 5).

Chart 4: Adult Protection Concerns

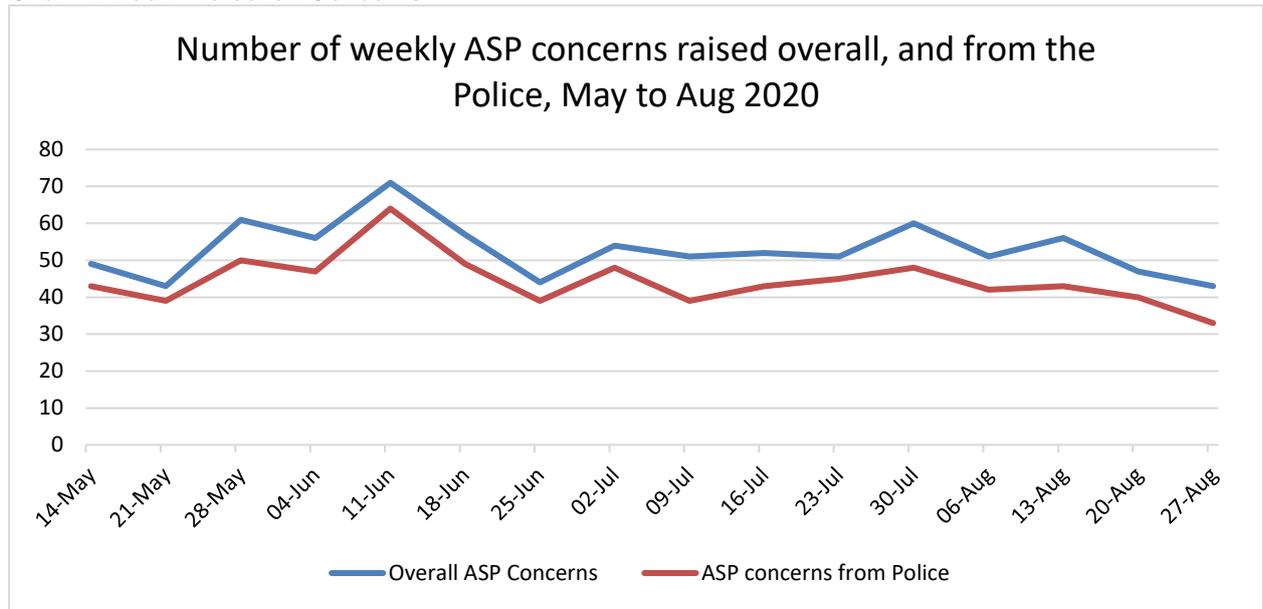
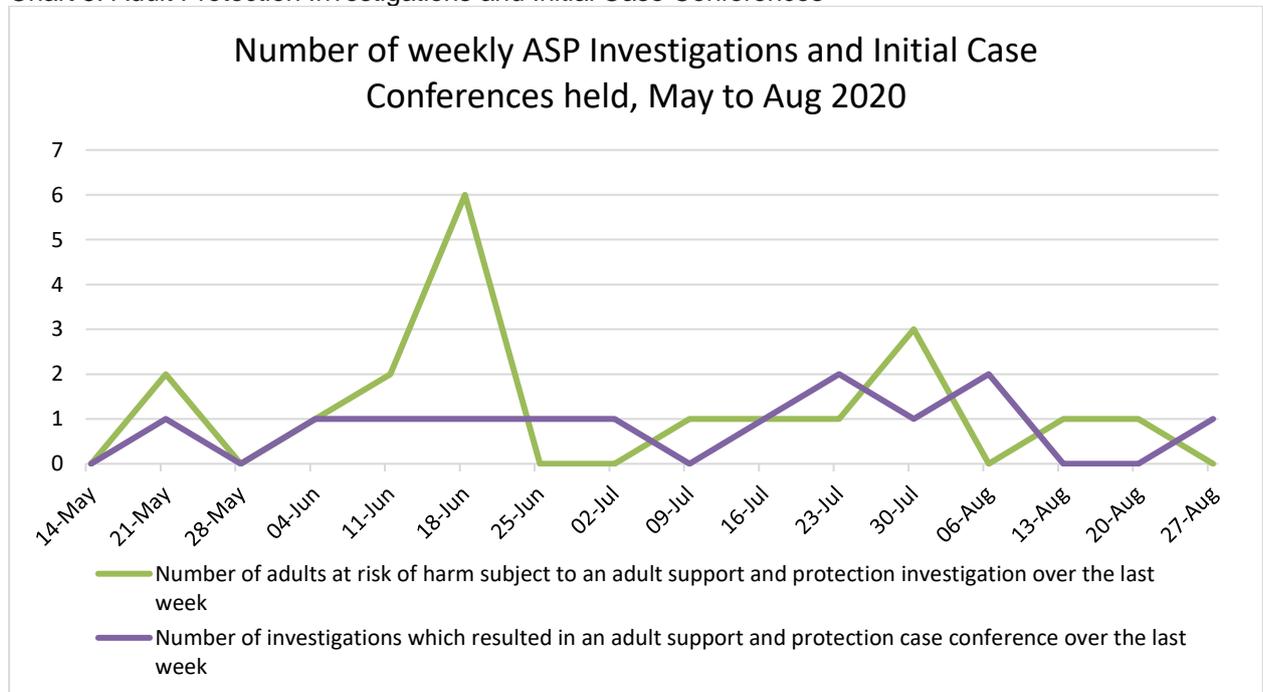


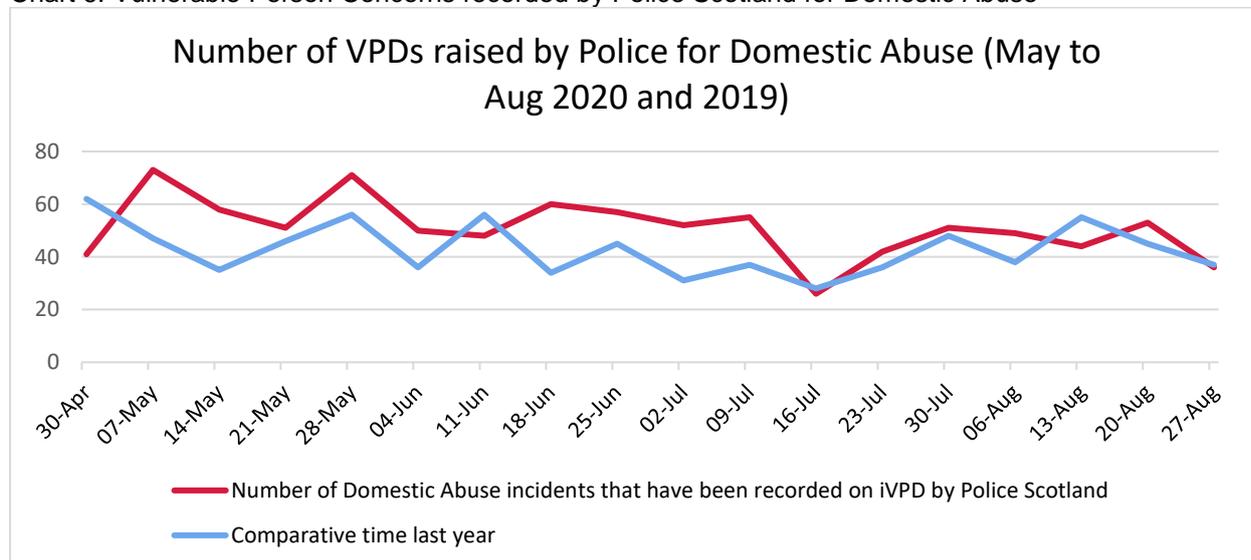
Chart 5: Adult Protection Investigations and Initial Case Conferences



### 3. Domestic Abuse

The number of concern reports arising from domestic abuse incidents that have been recorded by Police Scotland has been higher than the comparative period last year (2019) (Chart 6). Since mid-July 2020 the 2019 and 2020 data has been converging, although it is not yet clear if this position will be sustained over the longer-term.

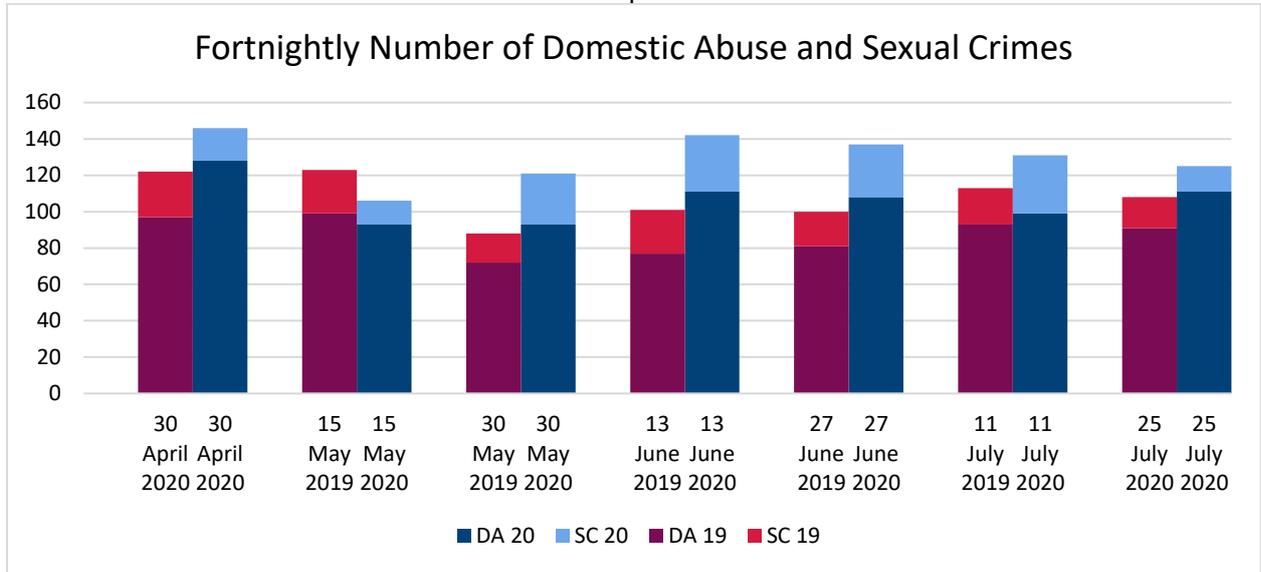
Chart 6: Vulnerable Person Concerns recorded by Police Scotland for Domestic Abuse



In addition to the data in Chart 6 reported through the SOLACE dataset the Violence against Women Partnership has been monitoring key data throughout the lockdown period. Key trends identified include:

- Referrals to Women's Aid during lockdown were lower than the comparative period last year however requests for refuge were considerably higher, with a waiting list for refuge accommodation having to be brought into operation. WRASC (Women's Rape and Sexual Abuse Centre) reported lower referrals than last year but these are returning to comparable levels with 2019 now restriction have eased. Barnardo's Tayside Domestic Abuse Service reported higher levels of referrals although these have dropped since the end of phase 1 restrictions. Shakti Women's Aid reported an increased level of referrals during the restricted period but these have also declined after lockdown was eased.
- Reported domestic abuse and sexual crimes have been higher during the lockdown period than the comparative period last year, with reported sexual crimes showing peaks when restrictions were eased in early July (Chart 7). The MAPPA Strategic Oversight Group and Child Protection Committee are currently considering an emerging trend in relation to an increase in contact and non-contact / internet sexual offences against children and young people.

Chart 7: Domestic Abuse and Sexual Crimes Reporter to Police Scotland



- MARAC (multi-agency risk assessment conferences for the highest risk victims of domestic abuse) referrals have been lower than the comparative period last year.
- All services have reported an increased complexity of problems so that a higher than average time is needed to be spent to address these issues reducing the overall capacity within services.

**4. Individuals subject to MAPPA**

The number of individuals subject to MAPPA case management has remained steady, ranging between 157 and 166 with no great fluctuations from week to week. The number of individuals managed jointly by Police Scotland and the Community Justice Service has also remained steady ranging between 57 and 63.

**5. Homelessness**

The number of homelessness applications per month rose steeply at the end of May 2020 and has maintained a steady state since then (Chart 8). All applicants have been offered accommodation, the number of accepted offers fluctuated between approximately 120 and 140 per week but has maintained a steady state (Chart 9).

Chart 8: Homeless Applications received by Neighbourhood Services

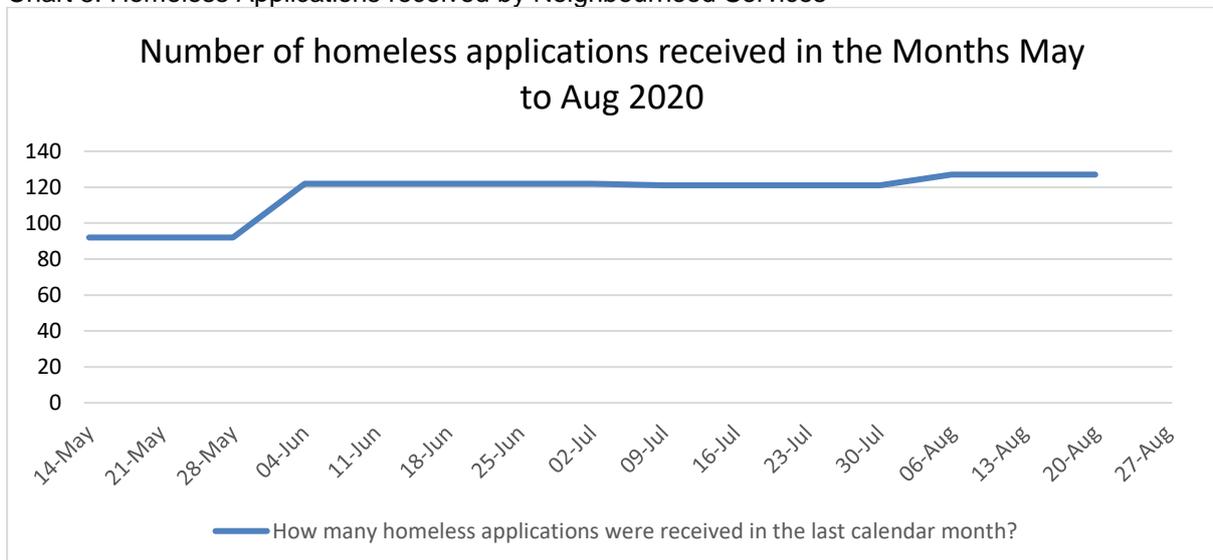
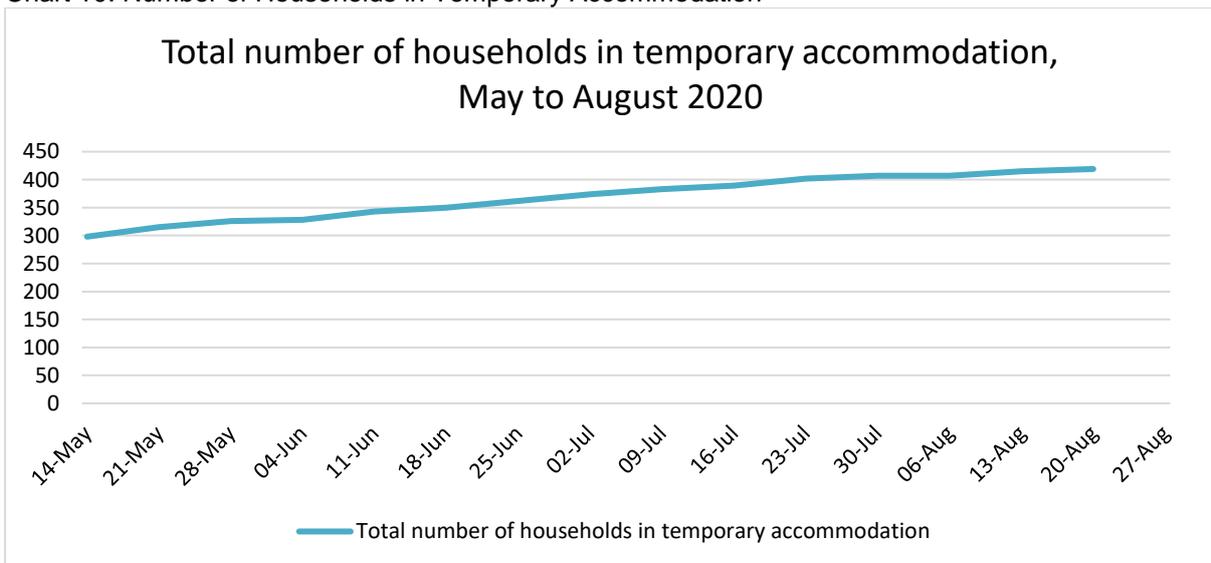


Chart 9: Offers of Temporary Accommodation, Made, Accepted and Refused



The total number of households in temporary accommodation has been steadily increasing from approximately 300 in mid-May 2020 to 420 in mid-August 2020 (Chart 10).

Chart 10: Number of Households in Temporary Accommodation



## TRANSFORMING PUBLIC PROTECTION PROGRAMME UPDATE

### 1. Programme Infrastructure and Governance

- 1.1 Since August 2018, additional permanent resources have been added to the Protecting People Strategic Support Team to support programme management and implementation. This has been supplemented by the identification of workstream sponsors from within the Chief Officers Group. In addition, the programme has received significant support from Care Inspectorate scrutiny and improvement staff and Dundee's Link Inspector; this has been particularly critical in supporting the work around operational service developments and has ensured that Dundee learns from best practice across Scotland.
- 1.2 An Oversight Group, chaired by the Acting Chief Social Work Officer, has been established to provide ongoing leadership support and to actively monitor programme implementation. This is supplemented by regular assurance reporting to the Chief Officers Group.
- 1.3 Over the last six months planned activity within the programme has been adversely impacted by the COVID-19 pandemic as a range of resources have been diverted to maintain essential services and provide a range of enhanced approaches to mitigate the impact of lockdown conditions on the most vulnerable citizens. However, re-commencement of planned programme activities is identified as a priority within the Integrated Protecting People COVID-19 Recovery Plan. Progress made over the last 12 months against each of the three areas of focus within the programme is summarised below.

### 2. Cultural Change within Operational Services

- 2.1 Three operational teams across Children and Families Service and Dundee Health and Social Care Partnership have continued their work to improve critical aspects of public protection practice: risk assessment practice, chronologies, quality of supervision and case file auditing. Teams have been utilising the Model for Improvement and PDSA (Plan, Do, Study, Act) cycles to develop and test changes at a small scale within their teams. Across each team activity has been practitioner planned and led.
- 2.2 The West 1 Locality Team within the Children and Families Service has completed their initial work to develop and test a format and guidance for chronologies. The COVID-19 pandemic provided an opportunity to adopt the approach developed by the team across the whole Children and Families Service, with teams being supported to focus on completion of new format chronologies during the period of homeworking. This followed on from work within the service to ensure that there is a consistent approach to storing chronologies on the MOSAIC case management IT system. Data from the services demonstrates that completion rates for new format chronologies achieved over the lockdown period:

| <b>Completion rate for New Format Chronologies introduced in 1st May 2020</b>  |   |                     |                                 |
|--|---|---------------------|---------------------------------|
|  | <b>Completion Rate for New Format Chronologies*</b> | <b>Open Cases**</b> | <b>New Chronologies started</b> |
| <b>01-May 2020</b>   | 0%  | 2,864               | -                               |
| <b>01-Jun 2020</b>   | 33%   | 2,530               | 841                             |
| <b>01-Jul 2020</b>   | 47%   | 2,226               | 1,049                           |
| <b>01-Aug 2020</b>   | 58%   | 1,963               | 1,130                           |
| <b>28-Aug 2020***</b>  | 66%   | 1,720               | 1,130                           |
| <p>*Note: Prior to May chronologies were completed for children on the existing format available on the MOSAIC case management system.</p> <p>** Note: Open cases defined as an individual with a Caseworker, Co-worker or Duty worker relationship with no end date.</p> <p>***Note: figures for 1st and 28th August are coincidentally the same. New chronologies have been started within the month</p> |   |                     |                                 |

2.3 The Learning Disability Care Management Team within Dundee Health and Social Care Partnership has also completed their initial work to develop and test a format for risk assessment. This is now to be tested across wider teams within the service. Work is currently ongoing to build the test workflows into the MOSAIC case management IT system, after which a learning and development session will be delivered to support teams who are to participate in the wider testing exercise.

2.4 During the winter of 2019 a group of managers from within the Children and Families Service developed and tested a tool for quality assurance of case files. Following positive feedback from the initial test plans were developed to scale-up testing across the whole service from March 2020; whilst some auditing activity did take place the scale was significantly impacted by the pandemic response (with approximately half of the planned audit activity being undertaken). Plans to repeat the service wide test are to be implemented in September and October 2020. In parallel the Health and Social Care Partnership is currently assessing the suitability of the tool for regular quality assurance audits of adult case files.

It should be noted that the Children and Families Service undertook separate weekly auditing activity during the pandemic to assess the impact of temporary changes to practice put in place in response to lockdown, with over 800 cases audited by the end of lockdown in August 2020

2.5 New guidance and accompanying formats to support managers to implement reflective support and supervision were developed by officers from Children and Families Service and the Health and Social Care Partnership at the end of 2019. These were based on previous models of practice that were in place prior to the disaggregation of the single Social Work Service within Dundee City Council at the point of health and social care integration. A small group of managers began the testing of the new model in early 2020 but the onset of the pandemic has delayed the evaluation of this test, further development of guidance and expanded testing. It is a priority in the coming year to re-establish active work in this area of the programme.

### **3. Enhanced Leadership Support and Scrutiny**

3.1 Following on from the programme of development activity undertaken by the COG during 2019 work has been undertaken over the last twelve months to:

- Develop a role descriptor for Independent Chairs / Convenors that clearly sets out the purpose and main accountabilities of the position, as well as the personal qualities, values, behaviors, skills, and the knowledge, understanding and experience required to effectively fulfil the role. The role descriptor complements the one previously developed for COG members and will be utilised to support the recruitment and ongoing development of Independent Chairs.
- Develop options for consultation for a future integrated protecting people governance and strategic planning structure. The short-life working group who undertook this work also developed a statement of core functions for protecting people committees / partnerships that reflects legislative requirements and national guidance.
- Develop and implement an integrated strategic risk register for protecting people. This process was significantly accelerated by the COVID-19 pandemic, with the risk register supporting the COG and committees / partnership to focus on the mitigation of strategic risks that emerged during the pandemic period.
- Finalise the integrated protecting people workforce communications strategy and develop an associated action plan to support implementation. Initial work has also been undertaken to inform the development of a public communications strategy. Progress in this area has been restricted by the onset of the COVID-19 pandemic.

### **4. Transformative Re-design of Protection Processes**

4.1 This aspect of the transformation programme, which has a focus on designing approaches that provide an integrated response to risk across all ages (including multiple risks experienced by

members of the same household/family group) and minimises the number of protection processes that any individual or family is subject to, commenced during the last 12 months. There are two workstreams within this element of the programme:

- Exploring options to more closely align approaches across children and adults in terms of screening and addressing immediate responses to concerns; and,
- Review co-ordination of key protection processes to more clearly align and integrate functions such as chairing of case conferences.

4.2 In October 2019 the Senior Officer, Community Justice and Safety was commissioned by the COG workstream sponsors to undertake an initial scoping exercise to obtain an up-to-date picture of current pathways and processes and of workforce perceptions of perceived strengths, challenges and gaps, drawing on the knowledge and expertise of 39 key staff from across multiple agencies. The scoping exercise also included researching information about best practice approaches elsewhere in Scotland and the rest of the UK to screening and multi-agency meetings. This scoping exercise was the first step in a wider programme of work that will be required to gather and analyse information, data and evidence to enable robust options appraisal of potential future models of service delivery.

## **5. Future Programme Phases**

- 5.1 Over the next 12 months practice improvement will focus on testing and embedding of new risk assessment approaches within the Health and Social Care Partnership. Children and Families colleagues are continuing to focus on increasing the proportion of open cases with new format chronologies and work will be undertaken to quality assure chronologies that are in place. Consideration will also be given to the transfer of learning between children and adult services, with the possibility of further adaption of chronology and risk assessment formats for use in the opposite setting. Further testing of the case file audit tool will be taken forward in the Children and Families Service, with work to adapt and begin testing in Health and Social Care also being progressed.
- 5.2 In the leadership aspect of the programme the focus for the next year will be on further developing and embedding the integrated strategic risk register, including developing associated reporting formats and aligning the content of the register with the content of strategic plans across the protecting people committees. This work will also include progressing the development of a single integrated protecting people strategic plan, a priority that has been delayed by the onset of the COVID-19 pandemic. A consultation exercise will be held regarding options for the future governance and strategic structure for protecting people and subsequently work will be progressed to agree and implement a revised structure for Dundee.
- 5.3 In relation to service re-design workstreams the focus for the next year will be on gathering and analysing further data, information and evidence to triangulate with the scoping exercise already undertaken and inform a robust options appraisal of potential future options for delivery of screening functions.

