

Agenda

Community Planning West Dunbartonshire Management Board

Date: Thursday, 14 September 2017

Time: 09:30

Venue: Committee Room 3,
Council Offices, Garshake Road, Dumbarton

Contact: Craig Stewart, Committee Officer
Tel: 01389 737251 craig.stewart@west-dunbarton.gov.uk

Dear Member

Please attend a meeting of the Community Planning West Dunbartonshire Management Board as detailed above. The business is shown on the attached agenda. **Please note the time of the meeting.**

Yours faithfully

JOYCE WHITE

Chief Executive

WEST DUNBARTONSHIRE COUNCIL
Council Offices, Garshake Road, Dumbarton G82 3PU

Distribution:

Councillor Jonathan McColl (Chair)
Councillor Caroline McAllister
Councillor Martin Rooney
Councillor Jim Finn [substitute]
Councillor John Mooney [substitute]
Vacancy [substitute]
Ms Joyce White, Chief Executive, West Dunbartonshire Council
Ms Angela Wilson, Strategic Director – Transformation & Public Service Reform,
West Dunbartonshire Council
Ms Beth Culshaw, Chief Officer of West Dunbartonshire Health and Social Care
Partnership
Mr Richard Cairns, Strategic Director – Regeneration, Environment & Growth, West
Dunbartonshire Council
Ms Laura Mason, Chief Education Officer, West Dunbartonshire Council
Mr Malcolm Bennie, Strategic Lead – Communications, Culture and Communities
Ms Amanda Coulthard, Corporate & Community Planning Manager, West
Dunbartonshire Council
Mr Peter Barry, Strategic Lead – Housing and Employability, West Dunbartonshire
Council
Ms Jackie Irvine, Head of Children's Health, Care & Criminal Justice, West
Dunbartonshire Council
Ms Catriona Morton, District Manager, Jobcentre Plus
Mr James Russell, Acting Director of Operations, Skills Development Scotland
Mr Jim McNeil, Group Commander – West Dunbartonshire, Scottish Fire &
Rescue Service
Mr John Binning, Principal Transport Policy Officer, Strathclyde Partnership for
Transport
Chief Superintendent Hazel Hendren, Divisional Commander, Police Scotland
Ms Selina Ross, Manager, West Dunbartonshire Community Volunteering Service
Mr Sean Neill, Scottish Government Location Team
Mr Tony McGale, Scottish Government Location Director Support
Mr Steve Dunlop, Chief Executive, Scottish Canals
Mr Gordon Watson, Loch Lomond & Trossachs National Park
Ms Audrey Cumberland, Principal, West College Scotland
Mr John Anderson, Manager, West Dunbartonshire Leisure Trust
Ms Linda Murray, Scottish Enterprise
Mr Nick Allan, Dunbartonshire Chamber of Commerce
Ms Sharanne Findlay, Scottish Prison Service
Ms Kerry Wallace, Unit Manager, Scottish Natural Heritage
Ms Anne MacDougall, Chair of the Community Alliance

Date of Issue: 31 August 2017

COMMUNITY PLANNING WEST DUNBARTONSHIRE MANAGEMENT BOARD

THURSDAY, 14 SEPTEMBER 2017

AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

3 MINUTES OF PREVIOUS MEETING 7 – 10

Submit for information, the Minutes of Meeting of the West Dunbartonshire Management Board held on 24 May 2017.

4 MINUTES OF COMMUNITY ALLIANCE – 9 AUGUST 2017 11 – 14

Submit for information, the Minutes of Meeting of the Community Alliance held on 9 August 2017.

5 LOCAL OUTCOME IMPROVEMENT PLAN 15 – 44

Submit report by the Corporate & Community Planning Manager presenting the final draft of the Local Outcome Improvement Plan (LOIP) 2017-2027 for consideration and endorsement.

6 COMMUNITY BUDGETING – PHASE 2 UPDATE 45 - 49

Submit report by the Corporate & Community Planning Manager providing an overview of phase 2 of community budgeting across West Dunbartonshire.

7 /

7 LOCAL POLICE & FIRE SCRUTINY – QUARTER 1 REPORT 51 – 87

Submit report by the Divisional Commander, Police Scotland and Local Senior Officer, Scottish Fire & Rescue Service providing a quarterly performance update on delivery of both the local fire and police plans.

8 DELIVERY & IMPROVEMENT GROUP UPDATES

Verbal update by each Delivery & Improvement Group Chair.

**9 COMMUNITY PLANNING WEST DUNBARTONSHIRE 89 - 111
ANNUAL PERFORMANCE REPORT 2016/17**

Submit report by the Corporate & Community Planning Manager providing the Community Planning West Dunbartonshire (CPWD) SOA annual performance report for 2016/17.

**10 HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) ANNUAL 113 – 186
PUBLIC PERFORMANCE REPORT 2016/17**

Submit report by the Head of Strategy, Planning & Health Improvement, H&SCP presenting the Annual Public Performance Report 2016/17 for the Health & Social Care Partnership.

**11 WEST DUNBARTONSHIRE CPP CHILDREN SERVICES 187 - 228
PLAN 2017-2020**

Submit report by the Head of Children's Health, Care and Criminal Justice, H&CP and the Chief Education Officer presenting the West Dunbartonshire Community Planning Partnership (CPPP Integrated Children's Service Plan, in line with the requirements of the Children and Young People's Act (2014).

12 /

12 DATE OF FUTURE MEETINGS

The Board is requested to note the following dates of future meetings:-

Thursday 23rd November 2017

Thursday 22nd February 2018

Thursday 24th May 2018

Thursday 23rd August 2018



COMMUNITY PLANNING WEST DUNBARTONSHIRE MANAGEMENT BOARD

At a Meeting of the Community Planning West Dunbartonshire Management Board held in the Committee Room 3, Council Offices, Garshake Road, Dumbarton on Wednesday 24 May 2017 at 9.30 a.m.

Present: Councillors Jonathan McColl, Caroline McAllister and Martin Rooney; Angela Wilson, Strategic Director – Transformation & Public Service Reform; Richard Cairns, Strategic Director – Regeneration, Environment & Growth; Chief Superintendent Grant Manders, Divisional Commander, Police Scotland; John Anderson, Manager, West Dunbartonshire Leisure Trust; Bruce Kiloh, Head of Policy, Strathclyde Partnership for Transport; Stuart Mearns, Head of Planning and Rural Development, Loch Lomond & Trossachs National Park; Linda Murray, Scottish Enterprise; Sharon Kelly, Head of Operations, Skills Development Scotland; Brian Fleming, Operations Manager, DWP; Selina Ross*, Chief Officer, West Dunbartonshire Community Volunteering Service; Liz Connolly, Vice Principal, West College Scotland; and Anne MacDougall, Chair of the Community Alliance.

*Attended later in the meeting.

Attending: Peter Barry, Strategic Lead – Housing and Employability; Amanda Coulthard, Corporate & Community Planning Manager; Jackie Irvine, Head of Children's Health, Care & Criminal Justice; and Craig Stewart, Committee Officer, West Dunbartonshire Council.

Apologies: Apologies were intimated on behalf of Joyce White, Chief Executive, West Dunbartonshire Council; Keith Redpath, Chief Officer, West Dunbartonshire H&SCP; Jim McNeil, Group Commander, Scottish Fire & Rescue Service; Superintendent Gail McClymont, Police Scotland; Catriona Morton, District Manager, Department of Work and Pensions; Tony McGale and Sean Neill, Scottish Government; Gordon Watson, Loch Lomond & Trossachs National Park; David Abernethy, Scottish Prison Service; Audrey Cumberland, Principal, West College Scotland; Steve Dunlop, Scottish Canals; and Nick Allan, Dunbartonshire Chamber of Commerce.

Councillor Jonathan McColl in the Chair

MINUTE OF SILENCE

Having heard Councillor McColl, Chair, the Board observed a minute's silence as a mark of respect for the victims of the recent terror attack in Manchester.

Following upon this, Chief Superintendent Manders provided an update to the meeting on the change to the threat level to critical, and advised that while people should remain cautious, they should not be unduly alarmed. Also, higher profile policing, including armed officers, would be on duty at major events.

WELCOME AND INTRODUCTIONS

Before commencing with the main business of the meeting, Councillor McColl, Chair, welcomed everyone present, advised of those who had retired or were moving on, and then invited all Members of the Management Board to introduce themselves.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda at this point in the meeting.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the West Dunbartonshire Management Board held on 25 January 2017 were submitted for information and noted.

MINUTES OF COMMUNITY ALLIANCE – 1 MARCH 2017

The Minutes of Meeting of the Community Alliance held on 1 March 2017 were submitted for information and noted.

Having heard Ms MacDougall in respect of Elected Member Attendance and issues relating to the transition from a Community Participation Committee to a Community Alliance, Councillor McColl, Chair, gave a commitment that these issues would be resolved.

COMMUNITY PLANNING WEST DUNBARTONSHIRE UPDATE

A report was submitted by the Corporate & Community Planning Manager providing an update on progress of a range of issues and progress currently underway within the Partnership.

After discussion and having heard the Corporate & Community Planning Manager, Chief Superintendent Grant Manders (Police Scotland) and relevant officers in further explanation of their respective reports and in answer to Members' questions, the Board agreed:-

- (1) to note the updates and terms of the discussion that had been give, in relation to Community Planning West Dunbartonshire – Guidance, Community Empowerment Act Implementation, Development of the Local Outcome Improvement Plan and Your Community;
- (2) having heard Councillor Rooney, that in respect of the discussion that had taken place in relation to the issue of Singer Station having a suitable base in Alexandria, that this matter would be taken forward by Councillor Rooney and an update provided in due course; and
- (3) otherwise to note the content of the report and the terms of the discussion that had taken place in respect of this matter.

JOINT INSPECTION OF SERVICES FOR CHILDREN AND 27 – 84 YOUNG PEOPLE IN WEST DUNBARTONSHIRE – 2017

A report was submitted by the Chair of Children and Families Delivery & Improvement Group (DIG) providing an outline of the process and purpose of the Joint Children's Services Inspection and the outcome in terms of the Care Inspectorate's evaluation and final report.

After discussion and having heard Jackie Irvine, Chair of Children and Families DIG in further explanation of the report and in answer to Members' questions, the Board agreed:-

- (1) to note the content of the report and the attached Care Inspectorate Report as published on 28 February 2017;
- (2) to approve the content of the Improvement Action Plan appended to the report (Appendix 2); and
- (3) to note that further progress reports would be provided to the Management Board.

LOCAL POLICE & FIRE SCRUTINY

A report was submitted by the Divisional Commander, Police Scotland and Local Senior Officer, Scottish Fire & Rescue Service providing a quarterly performance update on delivery of both the local fire and police plans.

After discussion and having heard Chief Superintendent Grant Manders on his local police plan and an update on the local fire plan provided by the Corporate &

Community Planning Manager in further explanation of the report and in answer to Members' questions, the Board agreed:-

- (1) to note the comprehensive, full and detailed content of both reports and for the helpful analysis behind the statistical data contained within; and
- (2) otherwise to note the contents of the report and the terms of the discussion that had taken place in respect of this matter.

DELIVERY & IMPROVEMENT GROUP UPDATES

A report was submitted by the Corporate & Community Planning Manager providing a progress report on the 2016-17 Action Plan for each Delivery & Improvement Group against agreed outcomes.

After discussion and having heard the relevant Delivery and Improvement Group (DIG) Chairs (or representative) in elaboration and in answer to Members' questions, the Board agreed to note the progress made to date on delivery of the 2016-17 DIG Action Plans.

TACKLING HEALTH INEQUALITIES

A report was submitted by the Head of Strategy, Planning & Health Improvement, H&SCP setting out West Dunbartonshire Community Planning Partners' approach to tackling health inequalities in relation to the new duties placed on Community Planning Partners by the Community Empowerment (Scotland) Act 2015.

After discussion and having heard the Head of Children's Health, Care & Criminal Justice in further explanation of the report and in answer to Members' questions, the Board agreed to approve a renewed commitment and focus on the determinants orientated approach to tackling health inequalities in the development of the new Local Outcome Improvement Plan (LOIP).

COMMUNITY JUSTICE OUTCOME IMPROVEMENT PLAN

A report was submitted by the Corporate & Community Planning Manager providing an update on the Community Justice Outcome Improvement Plan as submitted to the Scottish Government.

After discussion and having heard the Corporate & Community Planning Manager, the Board agreed to endorse the community justice outcome improvement plan as submitted to Scottish Government.

The meeting closed at 11.30 a.m.

COMMUNITY ALLIANCE

At a Meeting of the Community Alliance held in Committee Room 3, Council Offices, Garshake Road, Dumbarton on Wednesday, 9 August 2017 at 2.05 p.m.

Present: Anne MacDougall, Chair; Councillors Caroline McAllister and Sally Page; Rhona Young*, Clydebank Seniors Forum; Neil Etherington, HSCP Locality Engagement Network; Hope Robertson, Clydebank Asbestos Group; Gillian Kirkwood*, Ysort-it; John Redpath and Gilbert Howatson, Community Councils' Forum; and Haji Munir*, West Dunbartonshire Minority Ethnic Association.

* Attended later in the meeting.

Attending: Peter Barry, Strategic Lead – Housing and Employability; Amanda Coulthard, Corporate and Community Planning Manager; Suzanne Greer, Community Planning Co-ordinator; Wendy Jack, Planning and Improvement Manager, West Dunbartonshire Health & Social Care Partnership; and Craig Stewart, Committee Officer.

Also Attending: Stuart McLean, Group Manager, Scottish Fire & Rescue Service (SFRS), John Hainey, Linnvale and Drumry Community Council and Councillor Diane Docherty

Apologies: Apologies were intimated on behalf of Councillor Martin Rooney; Angela Wilson, Strategic Director – Transformation & Public Service Reform; Chief Superintendent Hazel Hendren, Divisional Commander, Police Scotland and Barbara Barnes, Health & Social Care Partnership (HSCP) Locality Engagement Network.

Ms Anne MacDougall in the Chair

WELCOME AND INTRODUCTIONS

Ms Anne MacDougall, Chair, welcomed everyone to the first meeting of the Community Alliance since the local government elections in May, and introductions were then given.

DECLARATIONS OF INTEREST

It was noted that there were no declarations of interest in any of the items of business on the agenda.

MINUTES OF PREVIOUS MEETING

The Minutes of Meeting of the Community Alliance held on 1 March 2017 were submitted and approved as a correct record.

COMMUNITY BUDGET – PHASE 2 UPDATE

A report was submitted by the Corporate and Community Planning Manager providing an overview of phase 2 of community budgeting across West Dunbartonshire.

After discussion and having heard the Corporate and Community Planning Manager in further explanation and in answer to Members' questions, the Alliance agreed to note the content of the report.

Note: Gillian Kirkwood and Haji Munir entered the meeting during consideration of the above item.

DEVELOPMENT OF THE LOCAL OUTCOME IMPROVEMENT PLAN

A report was submitted by the Corporate and Community Planning Manager providing an update on the recent public consultation activity in support of ongoing actions to develop the Local Outcome Improvement Plan 2017-2027.

After discussion and having heard the Corporate and Community Planning Manager in further explanation, the Alliance agreed to note the content of the report.

COMMUNITY PLANNING WEST DUNBARTONSHIRE UPDATE

A report was submitted by the Corporate and Community Planning Manager providing an update on the range of issues, projects and initiatives currently underway within the partnership.

After discussion and having heard the Corporate and Community Planning Manager and Strategic Lead – Housing and Employability in further explanation of the report and in answer to Members' questions, the Alliance agreed:-

- (1) having heard Anne MacDougall, Chair, to confirm that a presentation on Men's Shed would be given by Neil Etherington to the November meeting of

the Community Alliance with a presentation given by the Leisure Trust to the subsequent meeting of the Community Alliance; and

- (2) otherwise to note the content of the report and the terms of the discussion that had taken place in respect of this matter.

Note: Rhona Young entered the meeting during consideration of the above item.

LOCAL PLANS – PROGRESS & SCRUTINY

A report was submitted by the Corporate and Community Planning providing an update on 2016/17 year end progress on delivery of a range of local priority plans, i.e. Local Police Plan, Local Fire Plan and Delivery & Improvement Group (DIG) action plans.

After discussion and having heard the Corporate and Community Planning Manager, Strategic Lead – Housing and Employability and relevant officers in further explanation and in answer to Members' questions, the Alliance agreed:-

- (1) having heard Group Manager Stuart McLean, Scottish Fire & Rescue Service, in respect of the Local Fire Plan – 2016/17 year-end report, to note the comprehensive content of the report and the helpful analysis behind the statistical data contained within; and
- (2) otherwise to note the content of the report and the terms of the discussion that had taken place in respect of this matter.

COMMUNITY ALLIANCE DEVELOPMENT

A group discussion was led by Anne McDougall, Chair. As part of the discussion, Members discussed, amongst other things, how best to widen the membership to try and ensure that it was reaching representative organisations/groups, whilst staying true to its strategic aims.

After discussion and having heard Anne MacDougall, Chair, and the Corporate & Community Planning Manager in elaboration and in answer to Members' questions, the Alliance agreed:-

- (1) to note the ongoing review of membership of the Community Alliance and the update given in this regard;
- (2) that it would be helpful for a Development session to be organised for the Community Alliance which would explore how best to engage community interest, including how best to engage with young people and ensure that the Alliance maintains a strategic role while supporting community representatives; and

- (3) to note that at the Development session, referred to at (2) above, an opportunity would also be given to discuss membership and consider other groups/organisations who should be present to ensure that the Community Alliance is as representative as possible. An opportunity would also be given to discuss the preferred meeting day and time to try and ensure that as many community representatives as possible could attend meetings.

QUESTIONS FROM THE PUBLIC GALLERY

It was noted that there was no questions from the public gallery.

CLOSING REMARKS

John Hainey raised the issue of a professional BMX track that was being developed in Glasgow, under the auspices of Glasgow Life, and considered how this may impact on West Dunbartonshire. It was agreed that support/improvements to the BMX track located in Drumry, Clydebank could possibly be taken forward when the West Dunbartonshire Leisure Trust gives its presentation to a future meeting of the Alliance.

The meeting closed at 3.57 p.m.



Report by the Corporate & Community Planning Manager

Management Group

Wednesday 14th September 2017

Subject: Local Outcome Improvement Plan

1. Purpose

- 1.1** The purpose of the report is to present to members the final draft of the Local Outcome Improvement Plan (LOIP) 2017-2027 for consideration and endorsement.

2. Recommendations

- 2.1** Members are asked to:
- Review and endorse the final draft of the LOIP
 - Agree to the LOIP being published by 1 October 2017 as required by Scottish Government, following any amendments requested during consideration

3. Background

- 3.1** Since 2014 we have seeing significant progress and change in the development of community planning at both a local and national level. New legislation related to both Community Justice and Community Empowerment has changed the context for partnership working and places increased responsibilities on Community Planning Partnerships (CPPs). There is increasing additional focus on scrutiny of performance and achievement of outcomes at a local and national level.
- 3.2** The Community Empowerment (Scotland) Act 2015 requires each Community Planning Partnership (CPP) to develop and publish a local plan for improving outcomes, the LOIP, by 1 October 2017. Papers on development of the LOIP have been considered at the previous two meetings of CPWD and a public consultation carried out over June and July on the draft priorities and supporting outcomes.

4. Main Issues

- 4.1** As is detailed in paragraph 3.2, all partnerships are required to have their new LOIP in place by 1 October 2017, the draft LOIP is attached as appendix 1. The guidance states that this document should detail local priorities and a profile of the area built on an evidence base of local needs and assets. This is underpinned by locality plan(s) for those areas agreed as in most need and requiring additional intervention.
- 4.2** Following discussion at the May 2017 meeting of CPWD it was agreed that CPWD would adopt 5 key priorities, with supporting outcomes, for delivery over the period 2017-2027. These high level priority areas will be targeted through delivery of annual action plans detailing the collaborative actions of partners in each of the Delivery & Improvement Groups.
- 4.3** An online consultation was carried out over June and July, asking residents to comment on the priority areas and supporting outcomes as well as commenting on any areas they felt had been missed. 359 residents commented on the survey, a full report on the responses is attached as appendix 2.
- 4.4** From the responses received we can see that there is broad agreement with the five key priorities of the LOIP. However the focus on thriving economy and empowered residents was less supported, with almost half of respondents stating that they disagreed with a focus on a thriving local economy.
- 4.5** When looking at responses in relation to the supporting outcomes for each priority there is strong (more than 50%) support for each outcome area other than addictions, which had 46% support.
- 4.6** Feedback through this online consultation has informed the final suite of priorities and supporting outcomes, with language used updated to reflect the feedback received. The key outcome areas for the LOIP are as follows:
- Our local economy is flourishing
 - Our communities are safe
 - Our children and young people are nurtured
 - Our older residents are supported to remain independent
 - Our residents are empowered
- 4.7** As is outlined above, the LOIP should also be informed by a detailed partnership area profile and needs assessment. The West Dunbartonshire assessment has been compiled using available data from individual agencies as well as the SIMD 2016 publication and the Community Planning Outcome Profiles developed by the improvement service. This profile sets the context for delivery in West Dunbartonshire, with a summary included in the LOIP.

- 4.8** The final draft LOIP being considered is intended to be a high level and strategic documents, setting out longer term aspirations for West Dunbartonshire. It contains a profile of the area, details of the strategic priorities and guidance principles of CPWD and information on governance and scrutiny of the document itself.
- 4.9** Each of the 5 priority areas will be led by a Delivery & Improvement Group (DIG), building on and enhancing existing structures. Each DIG will put in place an action plan for delivery of the priorities and outcomes, reporting progress quarterly in line with existing arrangements.
- 4.10** As has been outlined previously, the Community Empowerment (Scotland) Act also requires CPPs to develop locality plan(s), targeting interventions to those communities most in need. In West Dunbartonshire locality plans are being developed for the three broad settlement areas of Clydebank, Dumbarton and Vale of Leven. The detail within these locality plans will be developed based on those targeted areas with the highest level of identified need.
- 4.11** The locality plan builds on existing engagement and identification of the needs and aspirations of the community through Your Community activity. In line with the overarching LOIP it will set out long term aspirations for the area and details of how services and community will work together to tackle inequality, address need and deliver the aspirations of the area.

5. People Implications

- 5.1** None, all activity will be delivered through existing capacity across the partnership.

6. Financial & Procurement Implications

- 6.1** While the LOIP itself does not have any financial implications, there may be financial implications as a result of implementing any additional actions identified to address the priorities and outcomes detailed in the document.

7. Risk Analysis

- 7.1** The LOIP is a requirement of the Community Empowerment (Scotland) Act 2015 and outlines the partnership commitment to improving outcomes for residents of West Dunbartonshire. Failure to deliver this strategic document would result in CPWD failing to comply with the legislation.

8. Equalities Impact Assessment (EIA)

- 8.1** An EIA is being carried out on the LOIP through its development and will be finalised along with the published document.

9 Consultation

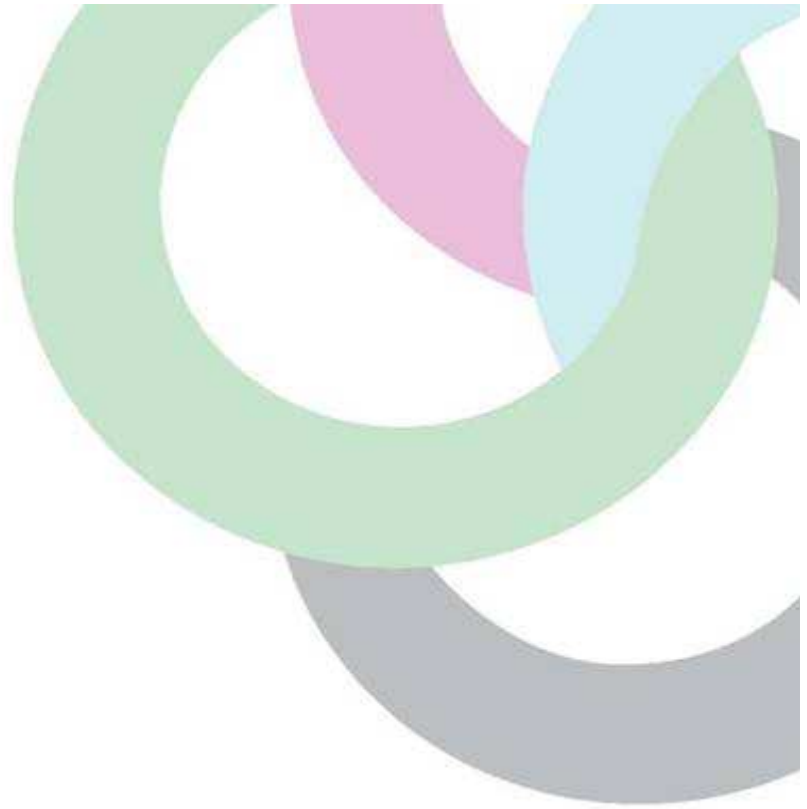
- 9.1** Consultation has been carried out on the priorities and outcomes detailed within the LOIP.

10. Strategic Assessment

- 10.1** Agreement of the LOIP ensures CPWD is fulfilling statutory duties and planning for long term outcome improvement for the people of West Dunbartonshire.

Amanda Coulthard
Corporate & Community Planning Manager
21 August 2017

Person to Contact:	Amanda Coulthard Amanda.coulthard@west-dunbarton.gov.uk
Appendices:	Appendix 1 – Final draft Local Outcome Improvement Plan 2017-2027 Appendix 2 – LOIP consultation summary
Background Papers:	Scottish Government Guidance – Community Empowerment Act Part 2
Wards Affected:	All



Local Outcome Improvement Plan **2017-27**



Foreword

Councillor Jonathon McColl

Leader of West Dunbartonshire Council

Chair – CPWD

DRAFT

Contents

Your West Dunbartonshire, Your Plan

About West Dunbartonshire

Our Strategic Priorities

Our Guiding Principles

Governance and Scrutiny

DRAFT

Your West Dunbartonshire, Your Place

This strategic outcome plan sets out the Community Planning West Dunbartonshire (CPWD) long term vision for 2017-2027. The plan builds on the Single Outcome Agreements that have gone before it, and reaffirms the partnership's shared vision of a West Dunbartonshire that's 'A great place to live, work and visit'.

This plan sets the context for outcome delivery over the next 10 years, detailing the vision and aspirations of the partnership and residents. It is the West Dunbartonshire plan for place, and has been adopted as the CPWD Local Outcome Improvement Plan. The plan details the 5 strategic priorities for delivery over the period 2017-2027 and the guiding and supporting principles which will allow delivery of the priorities. It provides a vision and focus, based on agreed local priorities, for partnership outcome improvement. Through this we will develop new ways of working, collaborative approaches, a focus on continuous improvement and robust governance and accountability frameworks.

Our strategic assessment, carried out during 2017, has informed the setting of the strategic priorities for the partnership. It provided an evidence base on which to assess current trends across outcomes for our residents, emerging issues and priority areas of concern for delivery over the next few years. The strategic assessment ensures that all partners have a shared understanding of context and needs for the diverse communities we serve.

This information, covering evidence and data from all community planning partners then translated into the 5 priority local outcomes adopted by CPWD:

- Our local economy is flourishing
- Our adults and older residents are supported to remain independent
- Our children and young people are nurtured
- Our residents are empowered
- Our communities are safe

At the core of this plan and the priorities adopted by CPWD is a commitment to tackling inequality. West Dunbartonshire is an area of multiple deprivation and it is critical that a focus on reducing inequality underpins all partnership activity in order to deliver on the aspiration of making West Dunbartonshire 'A great place to live, work and visit'.

Over a number of years the partnership has worked with the West Dunbartonshire Community Alliance, a strategic engagement body which supports the work of CPWD, to test and refine thinking on key priorities for the area. The Community Alliance is comprised of representatives from a range of community organisations representing geographical and interest communities.

To successfully deliver the aspirations and priority outcomes of the West Dunbartonshire plan for place it is critical that the variation of aspiration and need, and the diversity, of our different communities is recognised. In West Dunbartonshire we deliver a range of front line partnership activity through our Your Community approach, focused on engagement, problem solving and capacity building.

Your Community allows the partnership to deliver at a local neighbourhood level, working with community organisations and residents in the 17 communities of West Dunbartonshire. This activity began in 2014/15 and is focused on supporting development of joint plans for each neighbourhood. These local place plans will act as locality plans, underpinned by a core of community led activity.

Your Community will support the delivery of locality plans, a new local level partnership plan to support delivery of this strategic place plan. Locality plans, a requirement of the Community Empowerment (Scotland) Act 2015, cover smaller areas and are focused more on those communities that will benefit more from improvement. These locality plans are being developed to target inequality at a local level, providing the context for transformational change at a neighbourhood level. The plans will support a focus on targeted services where need is greatest, identifying new ways of working for and with communities.

To ensure alignment and collaboration across all single agency plans it is critical that this West Dunbartonshire plan for place sets the strategic direction for outcome delivery in West Dunbartonshire. All partner strategies and plans will be aligned to the vision and aspirations set out in this plan.

Delivery of the aspirations and priorities set out in this plan falls to the five Delivery & Improvement Groups (DIGs), which report in to CPWD on action plans and activity to improve outcomes for all residents. The membership of these DIGs is drawn from the community planning partners, reflecting those agencies and services with the ability to deliver on the priorities detailed. Membership will change to reflect shifts in focus, and will also overlap to recognise the cross cutting nature of the priorities and outcome areas being progressed.

This strategic plan for place is underpinned by a range of supporting documents which provide data, context and mechanisms for delivery of the ambitions as outlined. Information, documents and links to these can be found on the Community Planning pages of the Council website at www.west-dunbarton.gov.uk

About West Dunbartonshire

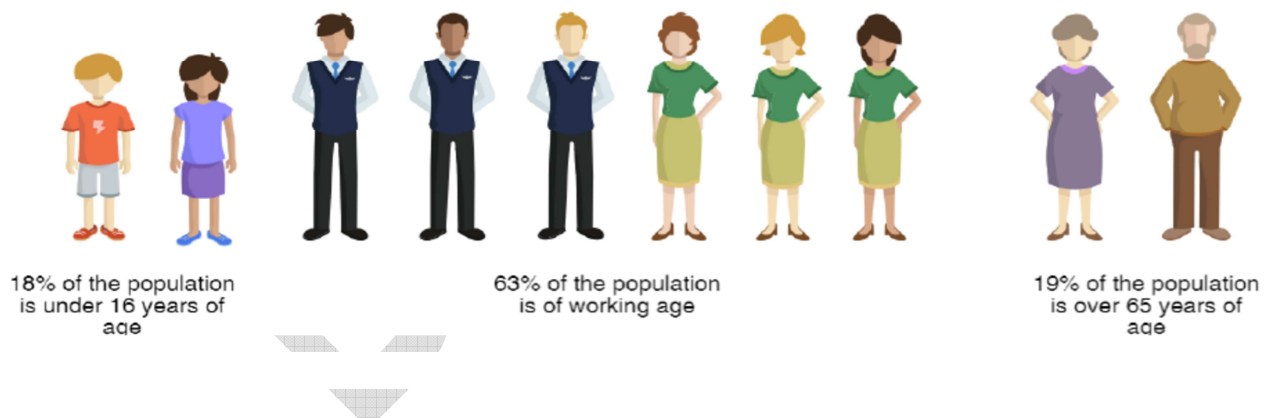
West Dunbartonshire is a diverse area with a rich industrial heritage still evident in our local communities today. Across the three main settlements of Clydebank, Dumbarton and the Vale of Leven we see diversity from the densely populated urban centre of Clydebank to the more rural setting of the Loch Lomond and Trossachs National Park sitting in and beyond the northern edge of the Authority.

The CPWD strategic assessment carried out in 2017, builds on previous assessments and the annual social and economic profile of the area prepared by the Council. The assessment also utilises national publications and profiles such as the Improvement Service Community Planning Outcome Profiles (CPOP) and the Scottish Indices of Multiple Deprivation (SIMD). The full assessment can be found on the community planning pages of the Council website, however key data related to the population of West Dunbartonshire has been summarised in this section.

Population and Demographics

West Dunbartonshire has a population of 89,590, accounting for 1.7% of the total population of Scotland. The 19-29 years age group makes up only 17.4% of the population, compared to 18.2% of the Scottish population. West Dunbartonshire's total population has been falling over time as Scotland's has risen, linked to a steady decrease in the birth rate year on year.

Estimated Population – Age Group Split (WD) 2015

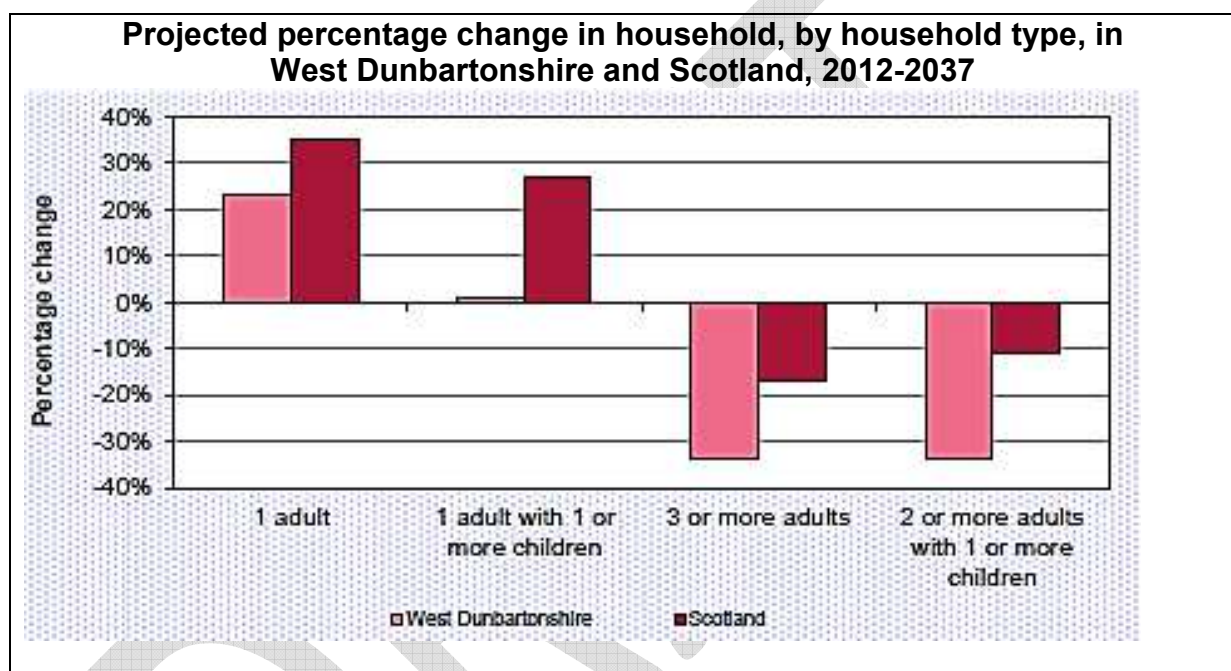


By 2039 the population of West Dunbartonshire is projected to be 83,690, a decrease of 6.7 % from 2014. Over the next 25 years, the age group that is projected to increase the most in West Dunbartonshire is 75+. This is the same as for Scotland as a whole. The population of under 16's in West Dunbartonshire is projected to decline by 12.1%.

Household Profile

The number of households in Scotland has been growing faster than the population. This is because more people are living alone and in smaller households. Average household size in Scotland fell from 2.21 people per household in 2005 to 2.17 in 2015.

West Dunbartonshire has around 45,056 dwellings; just less than 25% (10,748) of these homes are Council owned. Over the next 20 years it is estimated that households headed by 60-74 year olds will increase by 14%, and those headed by the 75+ age group are will increase in number by 70%. Similarly, the number of lone person households is projected to increase by 23%. Over the same period, the number of larger households is projected to fall, with the number of households of 2 or more adults with children decreasing by 34%.



Life expectancy

West Dunbartonshire has life expectancy rates that are statistically significantly worse than the Scottish average, with the second lowest life expectancy at birth of all Scottish Local Authorities.

Based on the most recent figures available (2013-2015) female is greater than male life expectancy), but both were lower than the Scottish average. Male life expectancy at birth in West Dunbartonshire is improving faster than female life expectancy.

Life expectancy at birth - WD



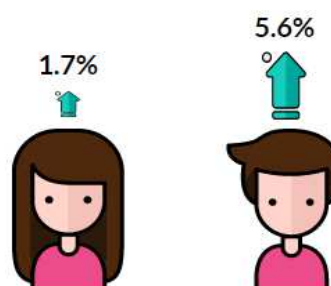
78.7 years



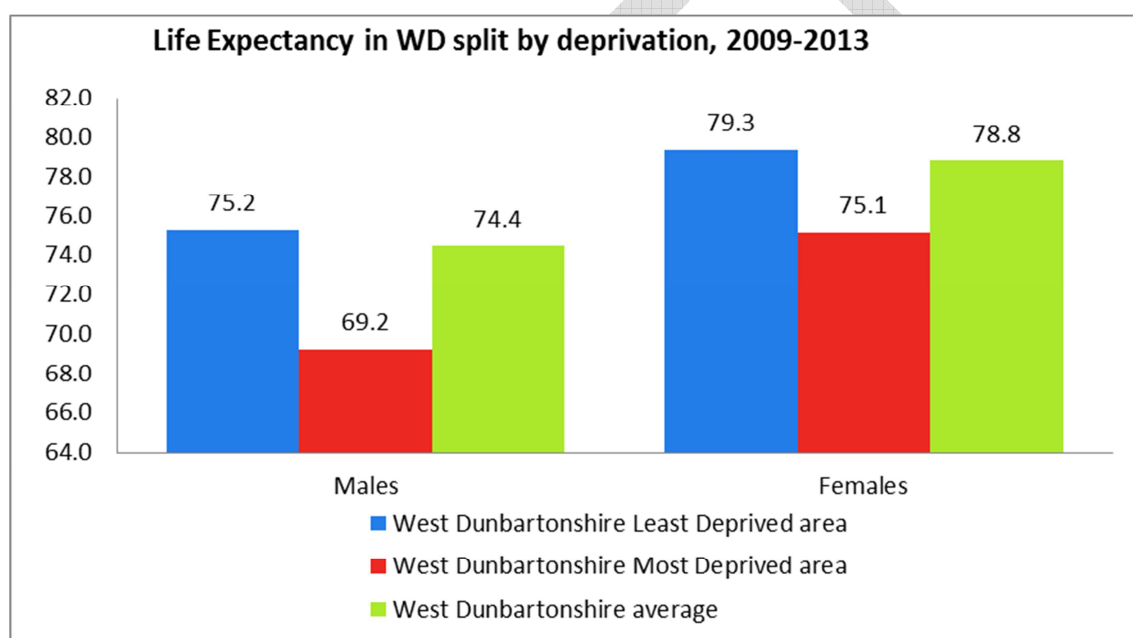
74.8 years

Females born in West Dunbartonshire in 2013-15 have the lowest life expectancy in Scotland. West Dunbartonshire females will live on average 4.8 years less than females in East Dunbartonshire 78.7 years compared to 83.5 years.

The overall picture however is showing some improvement, with the percentage change in life expectancy at birth in West Dunbartonshire improving by 5.6% for Males and 1.7% for females over the last 12 years.



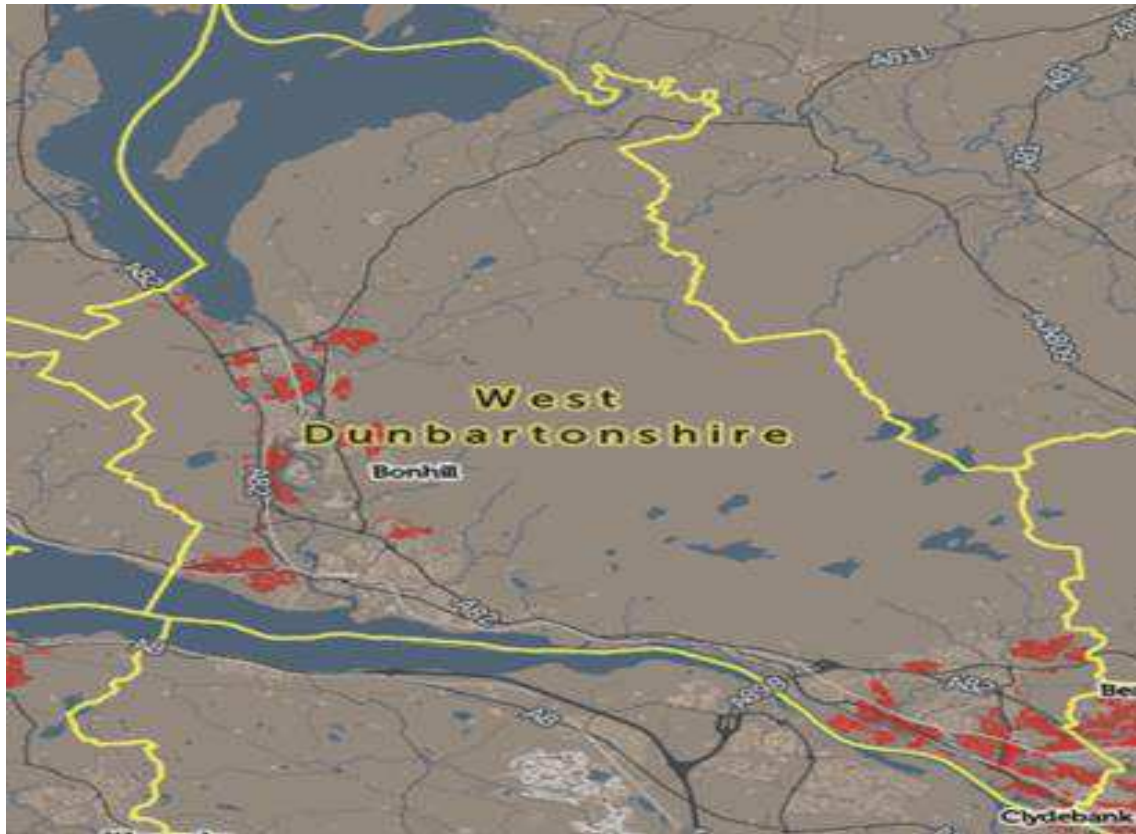
The effect that poverty has on life expectancy can be seen when comparing life expectancy rates in the least and most deprived areas of West Dunbartonshire. The chart below looks at life expectancy rates based levels of deprivation.



Deprivation

In the most recent review of multiple deprivation in Scotland, published in 2016, West Dunbartonshire's share of the most deprived communities increased; the largest rate of increase in relative deprivation since the previous measurement in 2012.

The map below displays in red the small areas (datazones) within West Dunbartonshire that are ranked within the 20% most deprived in Scotland. West Dunbartonshire consists of 121 of these small area datazones. In 2016 the most deprived area in West Dunbartonshire is in South Drumry, Clydebank while the least deprived area is in Dumbarton.

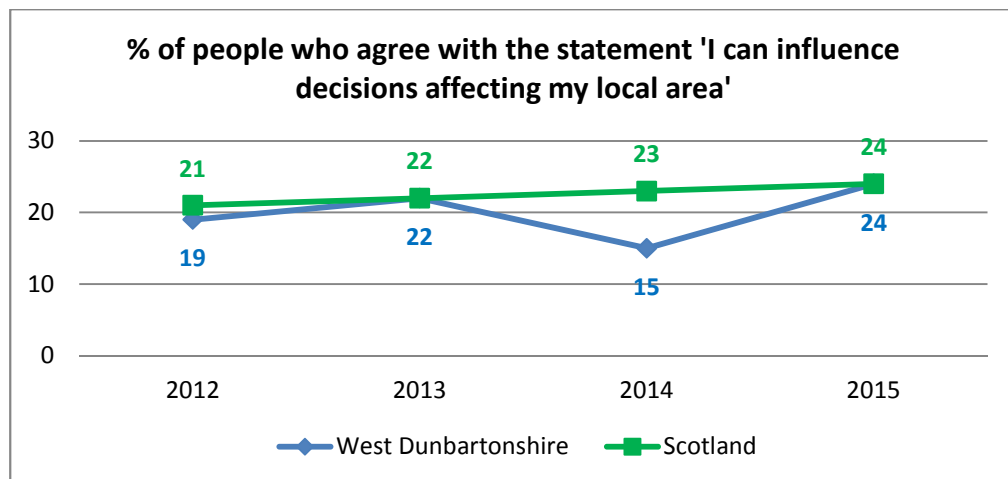


One of the most persistent and important challenges faced in West Dunbartonshire are inequalities between the health of people living in the most and least disadvantaged circumstance.

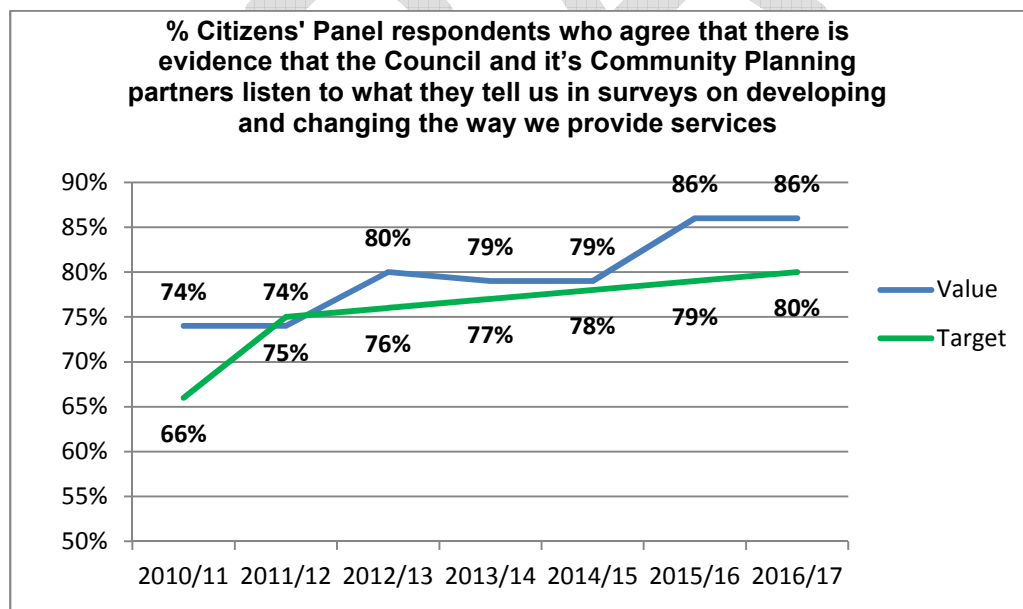
People experiencing disadvantaged life circumstances are more likely to develop a long term health conditions at an earlier age, experience more health problems during their lives and have shorter lives. A recent health publication highlight that West Dunbartonshire is worse than the national average across a range of mental health issues. Of most concern, where West Dunbartonshire is significantly worse than Scotland, are issues around problem drug use and risk taking behaviours.

Engagement & Influence

The 2015 Scottish Household Survey results show that the percentage of people who agree that they can influence decisions affecting their local area has increased and is in line with the Scottish average.



The percentage of Citizens' Panel respondents who agree that there is evidence that the Council and its Community Planning partners listen to what they tell us in surveys on developing and changing the way we provide services has increased to 86% in 2017 from 74% in 2011.



Our Strategic Priorities

CPWD is committed to improving outcomes for all residents in West Dunbartonshire, and values the focus on delivering locally through the Community Empowerment (Scotland) Act 2015. We recognise that improving outcomes requires a variety of different interventions and priorities based on the needs of our diverse communities, and that this is best planned and delivered at a local community level.

However it is also important that the focus locally is directed by the key priorities and outcome areas at a national level, set out through the national performance framework to ensure improved outcomes for all.

The five strategic priorities adopted for West Dunbartonshire are informed by the national performance framework and the previous six policy priorities detailed through the statement of ambition. They are not delivered in isolation, but build on a range of partner plans and strategies. A map of these strategies and plans can be found on the community planning pages of the Council website at www.west-dunbarton.gov.uk.



Priority Outcome Areas

In ensuring that the aspirations of the partnership are met in relation to the five strategic priorities adopted, CPWD has identified a number of outcome areas which will be the focus for partnership activity. Each Delivery & Improvement Group will be tasked with developing an annual action plan which progress activity across these outcome areas. Core performance measures and targets will be set for each of the five priorities and reported on an annual basis.

CPWD Strategic Priority	CPWD Outcomes
Our local economy is flourishing	Our economy is diverse and dynamic creating opportunities for everyone
	Our local communities are sustainable and attractive
	Increased and better quality learning and employment opportunities
	Enhanced quality and availability of affordable housing options
Our communities are safe	Improved community justice outcomes ensure West Dunbartonshire is a safe and inclusive place to live
	All partners deliver early and effective interventions targeted at reducing the impact of domestic abuse
	Residents live in positive, health promoting local environments where the impact of alcohol and drugs is addressed
	Our residents are supported to improve their emotional and mental health and wellbeing
Our children and young people are nurtured	All West Dunbartonshire children have the best start in life and are ready to succeed
	Families are supported in accessing education, learning and attainment opportunities
	Improved life chances for all children, young people and families
Our adults and older residents are supported to remain independent	Adults and older people are able to live independently in the community
	Quality of life is improved for our older residents
	Housing options are responsive to changing needs over time
Our residents are empowered	We live in engaged and cohesive communities
	Citizens are confident, resilient and responsible
	Carers are supported to address their needs

Our Guiding Principles

As a partnership, CPWD brings together key public bodies, communities, the voluntary sector and other key sectors to plan and deliver high quality, local and accessible services that are focused on improving lives for the people of West Dunbartonshire. In order to do that we set priorities for delivery, however we are also guided by a range of supporting principles which underpin and crosscut these priorities.

In all that we do as a community planning partnership we will:

Adopt a preventative and early intervention approach

CPWD are committed to improving outcomes through a prevention and early intervention approach, which will reduce demand for services over time. All partners have committed their services to the outcomes detailed in this strategic plan for place and the documents, strategies and plans which underpin it. In delivering on these we will continue to take a partnership approach to identifying new ways of working and evidencing this decisive shift to a preventative approach

Ensure effective community engagement in the planning and delivery of local services

Meaningful and ongoing engagement with residents and community organisations is central to delivery of improved local outcomes. This commitment to engagement sits at the heart of the community planning approach taken in West Dunbartonshire. Your Community, a model of empowerment and service improvement led by resident engagement and feedback, allows CPWD to deliver in this ambition.

To ensure that residents and communities are fully engaged in the setting and delivery of priorities for West Dunbartonshire, in an inclusive and transparent way, CPWD will adopt an Engaging Communities Framework. This framework will enable ongoing engagement focused on communities of interest and of place.

Work with our communities to empower them and strengthen their voice

Through Your Community and regular engagement and dialogue with residents, at a very local level, the priorities outlined in this strategic place plan were tested and informed. This ongoing process of engagement will also be strengthened through the use of the National Place Standard as a mechanism for gathering views on a range of issues through the lens of local neighbourhoods.

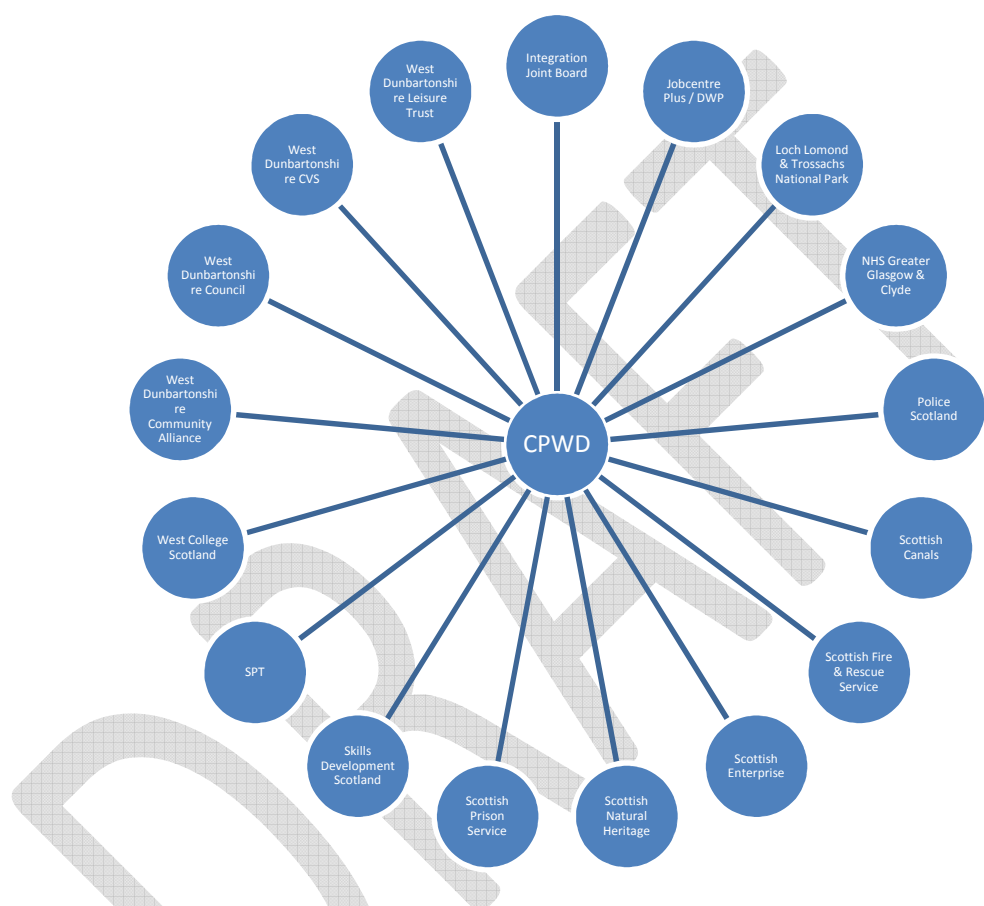
A key approach driven through Your Community is the local delivery of participatory budgeting. CPWD intends to build on the existing community budgeting approach undertaken in West Dunbartonshire to ensure residents and communities have a greater say in how public funds are spent, supporting communities to identify and tackle local inequalities for themselves.

Promote equality and tackle inequality

At the core of the priorities and aspirations of CPWD is a commitment to promote equality and reduce the impact of inequality on our residents. We will continue to progress this equality agenda, recognising the vibrant diversity within our local communities and ensuring that the needs of residents are considered and planned for in an equitable way.

Governance and Scrutiny

This new CPWD plan for place, or Local Outcome Improvement Plan, is supported by robust governance, scrutiny and accountability arrangements across the partnership; providing strategic direction for delivery of improved outcomes across West Dunbartonshire. The partnership consists of:



Community Planning West Dunbartonshire will continue to set the strategic direction for community planning locally. Delivery of this strategic direction will fall to the Delivery & Improvement Groups, which lead on each of the 5 strategic priorities. These officer groups will develop action plans, building on existing plans and strategic at an agency and partnership level, which detail the actions they will undertake collaboratively to improve outcomes under each of the five strategic priorities.

The West Dunbartonshire Community Alliance is a strategic partnership group established to support CPWD in ensuring communities and local organisations within West Dunbartonshire are able to influence and scrutinise the work of CPWD. The Alliance brings together representatives from a range of organisations at neighbourhood, interest and user group level across West Dunbartonshire with the intention of identifying issues of common concerns and to highlight local priorities.

Performance Management and Reporting

It is critical that CPWD is able to focus on improvement and the difference being made through partnership working. This focus on performance is a fundamental element of public service reform and underpins a robust governance and scrutiny approach to community planning.

In delivering the West Dunbartonshire Plan for Place all partners will continue to jointly review progress and report annually on a range of performance measures. These core performance measures will be aligned to the range of national and local strategies and plans currently in place and reported on.

Each Delivery & Improvement Group will develop a strategic action plan detailing the activities and resources focused on their relevant strategic priority, reporting progress on this quarterly through CPWD. These groups will also report on the performance indicators relevant to evidencing progress on priorities on an annual basis.

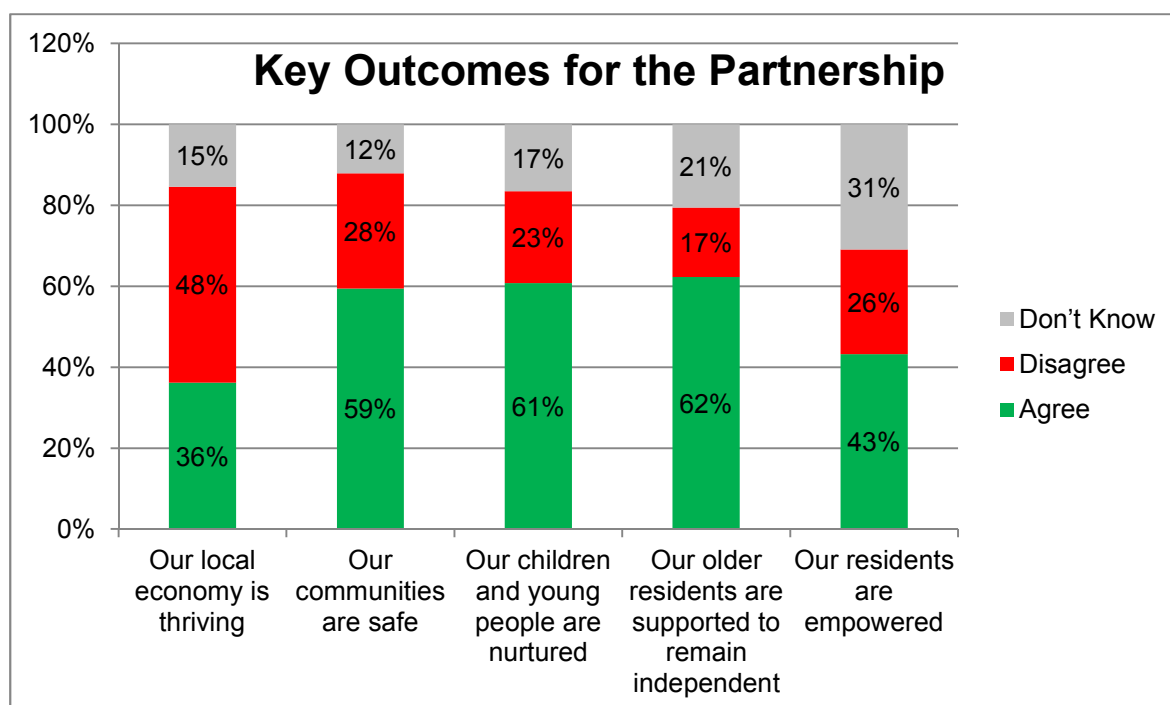
1. Introduction

Community Planning West Dunbartonshire carried out a consultation from 16th June until 28th July 2017 over the proposed outcomes and priorities for its 10-year Local Outcome Improvement Plan (LOIP). 359 responses were received on the survey.

CPWD plans to adopt 5 key outcomes for the LOIP, which will be the focus for partnership activity and investment over the period of the plan. Consultation was carried out on the draft priorities and supporting outcomes.

2. Strategic Priorities

Q1. We asked respondents if they agreed with the key priorities for the partnership. The responses are demonstrated in the chart below:



- More respondents (48%) disagreed than agreed (36%) that 'Our local economy is thriving' should be the focus for partnership activity and investment over the period of the plan. However, each priority area within this key outcome was supported by respondents. (see Q3).
- The majority of respondents (59%) agreed that 'Our Communities are Safe' should be the focus for partnership activity and investment over the period of the plan.

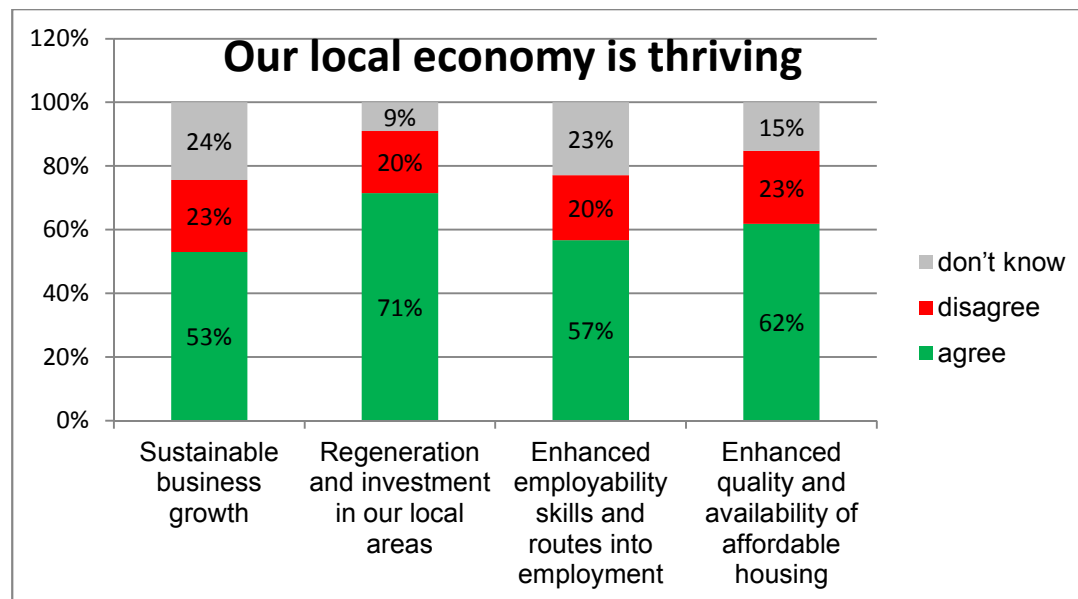
- The majority of respondents (61%) agreed that 'Our children and young people are nurtured' should be the focus for partnership activity and investment over the period of the plan.
- The majority of respondents (62%) agreed that 'Our older residents are supported to remain independent' should be the focus for partnership activity and investment over the period of the plan.
- The majority of respondents (43%) agreed that 'Our residents are empowered' should be the focus for partnership activity and investment over the period of the plan.



3. Supporting Outcomes

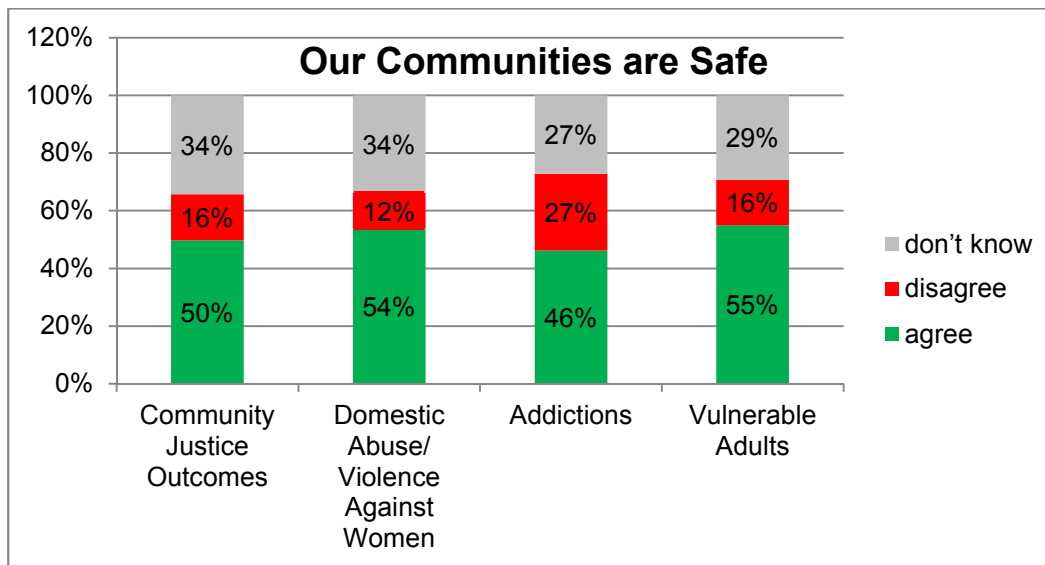
Each outcome is supported by a suite of outcomes, which will be the focus for activity in thematic Delivery & Improvement Groups. Respondents were asked if they agree with these. The results are shown in Q3-7 below.

Q3. We asked respondents if they agreed with the key priorities suggested for the outcome 'Our Local Economy is Thriving'. The responses are provided in the chart below:



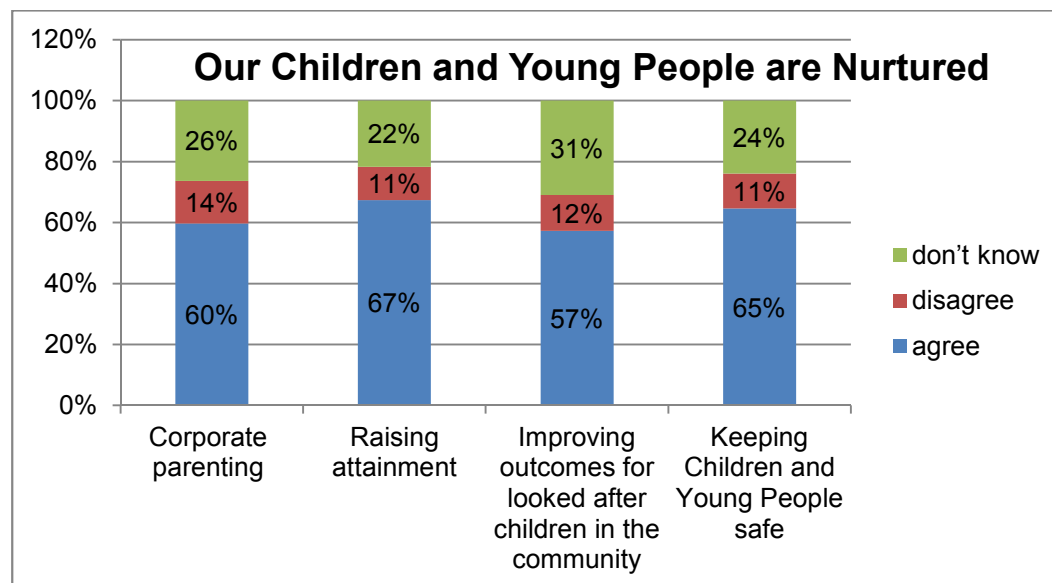
- The majority of respondents (53%) agreed that the partnership should focus on Sustainable Business Growth
- The majority of respondents (71%) agreed that the partnership should focus on Regeneration and Investment in our Local Areas
- The majority of respondents (57%) agreed that the partnership should focus on Enhanced Employability Skills and Routes into Employment
- The majority of respondents (62%) agreed that the partnership should focus on Enhanced Quality and Availability of Affordable Housing

Q4. We asked respondents if they agreed with the key priorities suggested for the outcome 'Our Communities are Safe'. The responses are provided in the chart below:



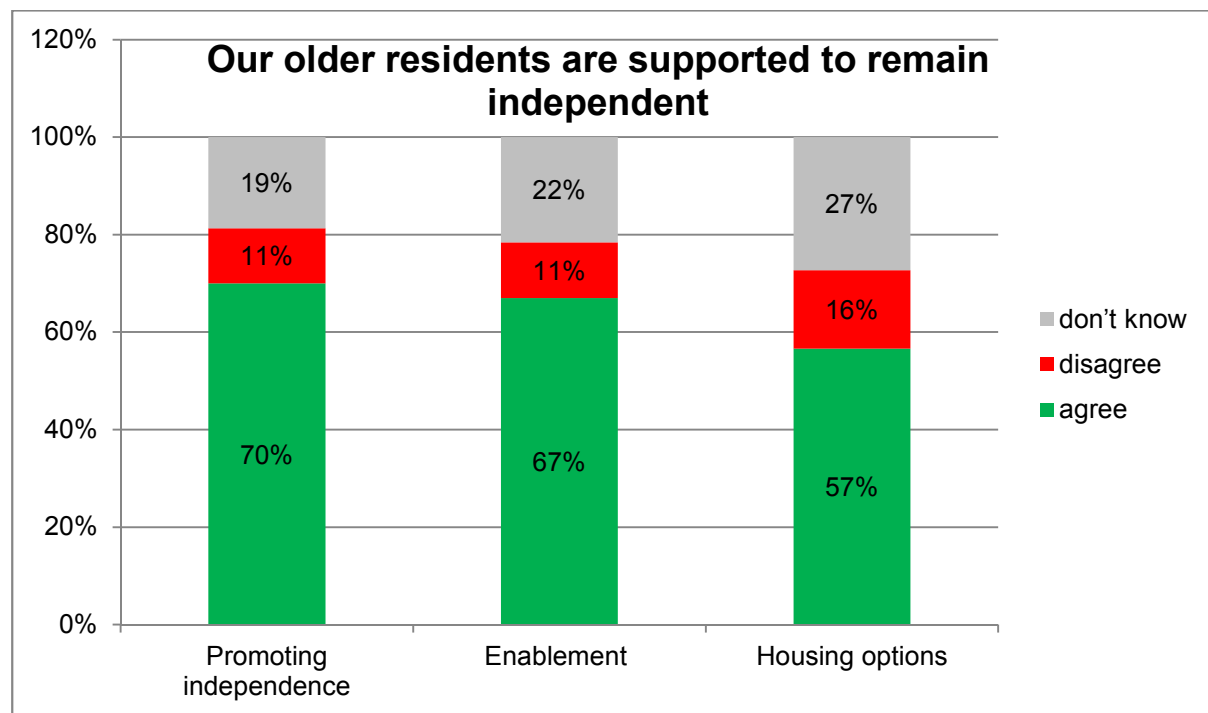
- Half of the respondents agreed that the partnership should focus on Community Justice Outcomes
- The majority of respondents (54%) agreed that the partnership should focus on Domestic Abuse/Violence Against Women
- 46% of respondents agreed that the partnership should focus on Addictions
- The majority of respondents (55%) agreed that the partnership should focus on Vulnerable Adults

Q5. We asked respondents if they agreed with the key priorities suggested for the outcome 'Our Children and Young People are Nurtured'. The responses are provided in the chart below:



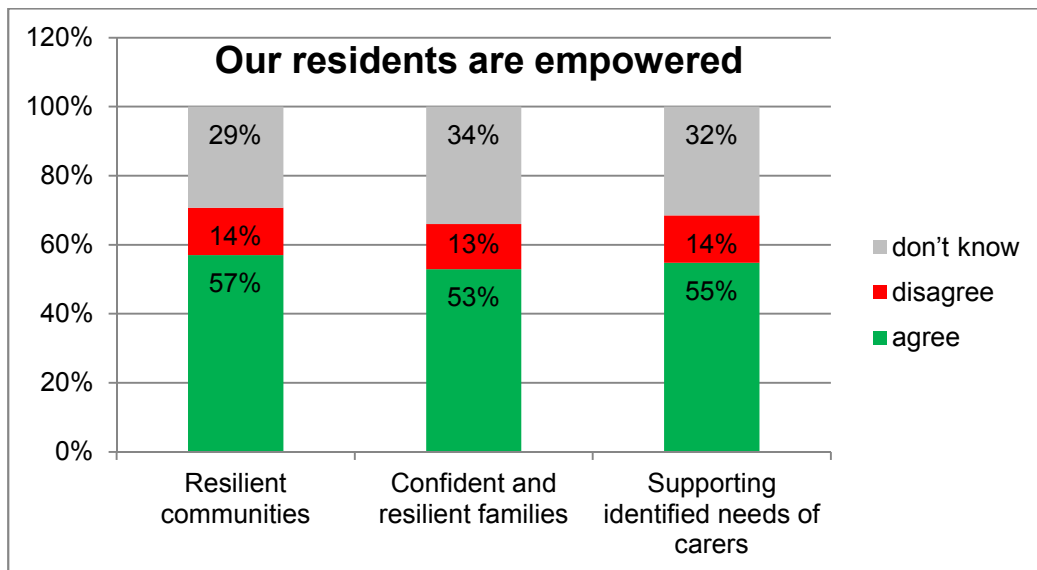
- The majority of respondents (60%) agreed that the partnership should focus on Corporate Parenting
- The majority of respondents (67%) agreed that the partnership should focus on Raising Attainment
- The majority of respondents (57%) agreed that the partnership should focus on Improving outcomes for looked after children in the community
- The majority of respondents (65%) agreed that the partnership should focus on Keeping Children and Young People Safe

Q6. We asked respondents if they agreed with the key priorities suggested for the outcome 'Our Older Residents are supported to Remain Independent'. The responses are provided in the chart below:



- The majority of respondents (70%) agreed that the partnership should focus on Promoting Independence
- The majority of respondents (67%) agreed that the partnership should focus on Enablement
- The majority of respondents (57%) agreed that the partnership should focus on Housing Options

Q7. We asked respondents if they agreed with the key priorities suggested for the outcome 'Our Residents are Empowered'. The responses are provided in the chart below:



- The majority of respondents (57%) agreed that the partnership should focus on Resilient Communities
- The majority of respondents (53%) agreed that the partnership should focus on Confident and Resilient Families
- The majority of respondents (55%) agreed that the partnership should focus on Supporting Identified Needs of Carers

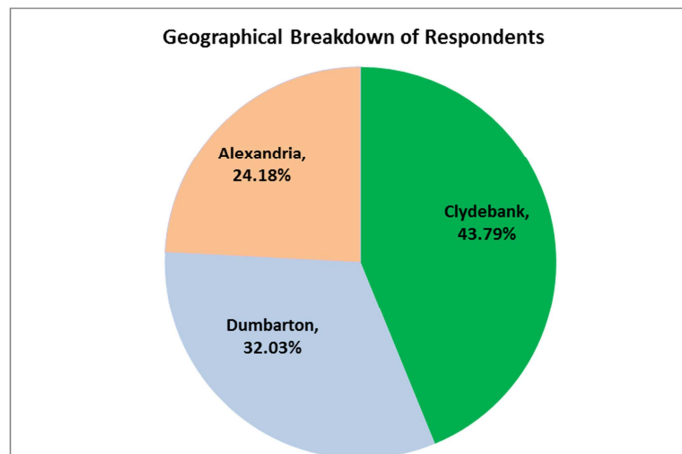
Q8. Respondents were asked if there a priority not listed above that they thought we should include. There were a range of responses to this and the word cloud below shows an analysis of these. Mental health, health in general and education were the most frequent responses.



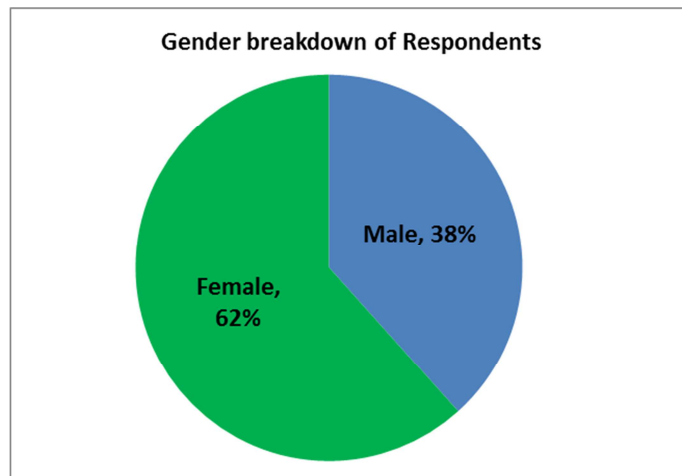
4. Survey Respondents Profile

The following charts illustrate the profile of respondents to the survey.

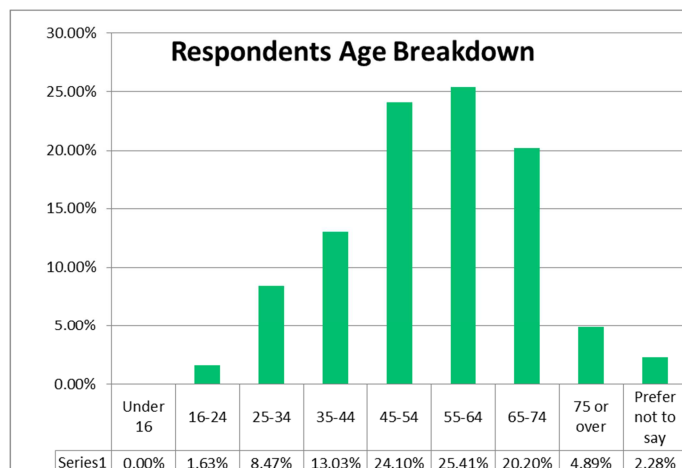
The majority of respondents (just under 44%) were from our largest settlement area - Clydebank.



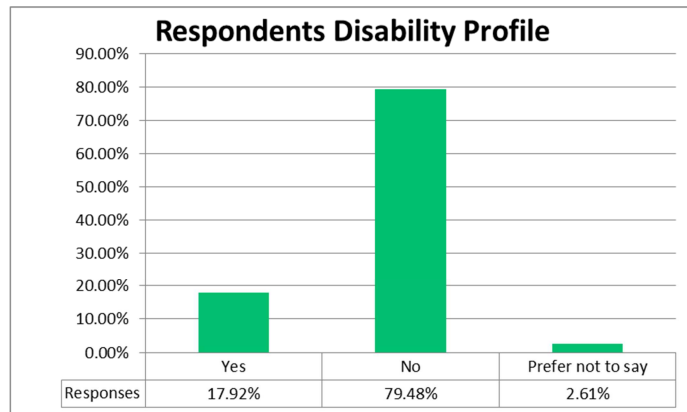
The majority of respondents (62%) were female



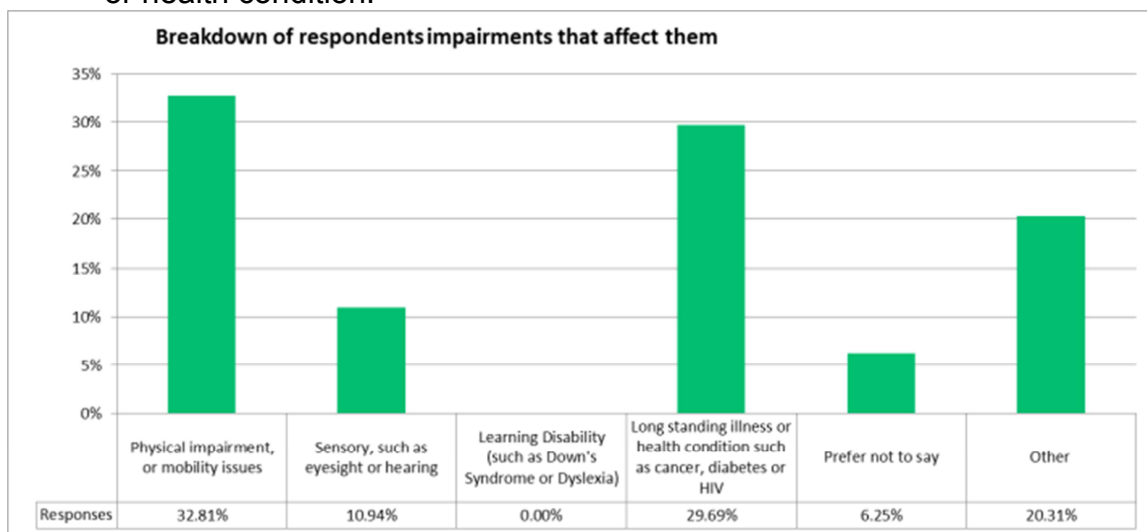
The majority of respondents were from the 45-54 and 55-64 years age groups.



Almost 18% of respondents consider themselves disabled.



Of those considering themselves disabled, more than 1/3 have physical impairment of mobility issues and almost 30% have a long standing illness or health condition.





Report by the Corporate & Community Planning Manager

Community Planning West Dunbartonshire

Thursday 14 September 2017

Subject: Community Budgeting – Phase 2 Update

1. Purpose

- 1.1** The purpose of the report is to provide CPWD members with an overview of phase 2 of community budgeting across West Dunbartonshire

2. Recommendations

- 2.1** It is recommended that members of CPWD note the content of the report

3. Background

- 3.1** West Dunbartonshire Council allocated £1m of capital investment in February 2016 to support delivery of Your Community across West Dunbartonshire. It was agreed that a proportion of this money would be used to fund an approach to participatory budgeting in the area, supported by a small revenue budget allocation of £60,000. The first round of community budgeting was delivered over November 2016, with useful feedback from these events used to inform the second phase of community budgeting in May 2017.

4. Main Issues

- 4.1** Phase two of community budgeting commenced in February 2017, with widespread advertising and drop in events held over March to support development of bids ahead of the 10th April submission deadline. Almost 100 expressions of interest and applications were received for phase 2 of community budgeting and 72 of these are progressed to voting events.
- 4.2** 9 local voting events took place over a 3 week period from 23rd May 2017 to 7th June 2017. Almost 500 local residents came along to participate in these events over the three weeks, with hundreds more taking part through email voting.

4.3 Following conclusion of the events all evaluation forms received have been analysed and a reflection session has taken place, facilitated by the national support agency – PB Partners. This reflection session was an opportunity for the communities team, who delivered community budgeting, to review feedback and evaluation forms as well as reflect on their own learning and experiences from the process.

4.4 From the evaluation forms people in attendance told us:

Best bit about the events:	Worst bit about events:	Do differently in future:
<ul style="list-style-type: none"> • Hearing from lots of different groups • Format of events • Good local venues • Investment in local community • Informative and well organised • Good interaction between groups • Getting to vote in advance if I couldn't attend • Clear and well organised process • Great local turnout • Enthusiasm of presenters • Easy to understand and take part 	<ul style="list-style-type: none"> • Timings • Sound quality • Lack of turnout from community • Complexity of voting • Timekeeping • Not well enough advertised in local communities • Voting is confusing • Attendees leaving in middle of event • Venue too warm 	<ul style="list-style-type: none"> • More promotion through schools • Don't allow online voting • More publicity • Paper based voting • Provide tables so residents can make notes • Provide tea/coffee • Mix up areas instead of grouping presentations • Have events later in evening • Add info stalls for other groups to advertise

4.5 The team reflection session, as described in 4.4 above, allowed time to consider the process with external facilitation. From this a number of key points came out and will inform any future community budgeting processes:

- Refine process for online voting. Including looking at options for electronic tools to support this
- Look at options for advertising the events at a very local level
- Provide detailed guidance for the voting events

4.6 In this second phase of community budgeting, held over May/June 2017, 62 projects were successfully funded and 10 projects were unsuccessful in securing funding. A total of £311,407 was allocated across these projects, £28,986 of which was revenue. A breakdown of allocations in each area can be found at appendix 1, with full detailed published on the Council website.

- 4.7** This was a hugely successful funding round, leaving just over £100,000 of the original £425,000 of capital funding available for a further round. Discussions are taking place at the Your Community Strategic Steering Group on the best way to open out the remaining funding to communities across West Dunbartonshire.
- 4.8** The 10 projects who were unsuccessful in securing funding, referred to in 4.7 above, were unsuccessful as the budget for their area was exhausted. As has previously been detailed, for community budgeting a ring fenced pot of £25,000 (capital) per neighbourhood (for each of the 17 neighbourhoods) was made available for projects to bid against. Voting results for each area were ranked from highest number of votes to lowest and funding allocated on this basis until all £25,000 had been utilised.

5. People Implications

- 5.1** None, all activity is delivered through existing team and partner capacity.

6. Financial & Procurement Implications

- 6.1** Projects funded to date will be fully funded from the £425,000 capital (the agreed proportion of the initial £1m investment ring-fenced for this purpose) and £60,000 revenue allocation made available for community budgeting. Around £100,000 of capital and £31,000 of revenue remain from the initial allocations. This will be used to fund a third and final phase of community budgeting in 2017/18.

7. Risk Analysis

- 7.1** As outlined previously there is an increasing drive nationally for community planning partners to work at an increased pace to deliver outcomes for communities. The Community Empowerment (Scotland) Act sets a clear direction for involvement of communities in the design and delivery of services.
- 7.2** Community budgeting allows the partnership to work with communities to build capacity and resilience.

8. Equalities Impact Assessment (EIA)

- 8.1** An EIA is not required as this is a progress update on existing activities.

9 Consultation

- 9.1** This is an update on areas of work. Consultation has been carried out to inform this approach.

10. Strategic Assessment

- 10.1** Progressing work as outlined in this report ensures CPWD can deliver on the outcomes set in the Single Outcome Agreement.

Amanda Coulthard
Corporate & Community Planning Manager

Person to Contact:	Amanda Coulthard Amanda.coulthard@west-dunbarton.gov.uk
Appendices:	Appendix 1 – Community Budgeting phase two allocation breakdown
Background Papers:	Community Budgeting website page
Wards Affected:	All

Community Budgeting Phase Two

Allocation Breakdown

Area	Total Funding allocated	Number of projects	Capital Funding	Revenue Funding
Alexandria	24,720	4	20,520	4,200
Balloch & Haldane	20,742	4	18,822	1,920
Bonhill& Dalmonach	18,523	2	16,223	2,300
Bowling & Milton	24,780	5	21,810	2,970
Clydebank East	26,319	4	24,760	1,559
Dalmuir & Mountblow	31,050	7	23,430	7,620
Dumbarton East & Central	13,934	7	12,684	1,250
Dumbarton North	19,467	4	17,917	1,550
Dumbarton West	23,979	4	22,529	1,450
Duntocher & Hardgate	19,557	2	19,557	0
Faifley	26,628	5	24,411	2,217
Kilmaronock	19,676	3	19,676	0
Old Kilpatrick	16,690	4	16,690	0
Parkhall, North Kilbowie & Central	15,546	5	14,346	1,200
Renton	9796	2	9,046	750
TOTALS	311,407	62	282,421	28,986



COMMUNITY PLANNING WEST DUNBARTONSHIRE

**Report by the Divisional Commander, Police Scotland and Local Senior
Officer, SFRS**

**Community Planning West Dunbartonshire Management Group
14 September 2017**

Subject: Local Police & Fire Scrutiny – Quarter 1 Report

1. Purpose

- 1.1** This report provides a quarterly performance update on delivery of both the local fire and police plans.

2. Recommendations

- 2.1** Community Planning West Dunbartonshire is asked to scrutinise performance based on the contents of this report.

3. Background

- 3.1** As part of the Police & Fire Reform (Scotland) Act 2013 new arrangements were put in place for local scrutiny and engagement. These arrangements place a requirement on Local Authorities to scrutinise local police and fire and rescue services. In West Dunbartonshire, as with many Local Authorities, a decision was taken to transfer this accountability to the Community Planning Partnership.

4. Main Issues

Local Fire Plan 17/18 Quarter 1 performance – April to June 2017

- 4.1** Scottish Fire & Rescue Services (SFRS) for West Dunbartonshire report on performance against key local priorities on a quarterly basis. The report attached at appendix 1 details the SFRS performance in quarter 1, covering the period April to June 2017. It details performance against the key local priorities detailed in the local fire plan for West Dunbartonshire and shows trends over time for these priorities.

- 4.2** In the first quarter of 2017/18 SFRS responded to 437 incidents. This shows a slight decrease on the same period of 2016/17, and is similar to the 5 year average for the first quarter of the year. From the report we can see that incidences of deliberate fires, accidental dwelling fires and dwelling fire casualties are better than the 2016/17 quarter 1 performance. Accidental fires in other buildings, road traffic collisions and unwanted fire alarm signals are slightly higher than that in quarter 1 of 2016/17.
- 4.3** Deliberate fires, both primary (building based) and secondary (typically involving refuse or heathland), have seen a decrease of 33% on the same period in 2016/17. Within the 136 deliberate fires recorded for the period, 83% of these are secondary fires. There is typically a spike in deliberate fires in the first 3 months of the reporting year, as a result of improved weather and an increase in youth related anti-social behaviour. However unseasonably wet conditions and strong partnership working has led to a reduction in deliberately set fires.
- 4.4** There have been 38 accidental dwelling fires over the period, with 50% of these attributable to cooking. This shows a very small decrease on the same period for 2016/17. Ongoing collaboration across the partnership in relation to home safety visits continues, educating householders on fire safety, specifically targeted at individuals who may be at risk. Linked to this is a reduction in accidental dwelling fires of 42% on the same period in 2016/17. These incidents involved minor injuries and will continue to be addressed through home fire safety visits and the fitting of smoke detectors in residential properties.
- 4.5** Accidental fires in other buildings have increased by 33% on the same period of 2016/17, with 9 incidents recorded in the quarter. The incidents were minor in nature and mainly occurred in kitchen/canteen areas. Fire Safety Enforcement Officers will continue to carry out audits and support improvements to buildings to reduce occurrences.
- 4.6** During the first quarter of 2017/18 there were 7 road traffic collisions that required attendance by SFRS, an increase of 16% on the previous year. To look at opportunities to reduce the incidence of road traffic collisions a Road Safety Coordinator has been put in place to work with key local partners.
- 4.7** Unwanted Fire Alarm Signals (UFAS) continues to be a priority for SFRS, with 122 incidents responded to in the quarter (25% more than the previous year). SFRS continues to work with partners, using robust monitoring data, to reduce prevalence of UFAS.

Local Police Plan – Quarter 1 (April – June 2017)

- 4.8** The report attached at appendix 2 details performance against the local police plan for 2017/18, covering the period April – June 2017 (quarter 1). The content focuses on performance against local police priorities such as violence, disorder and anti-social behaviour, public protection, and acquisitive crime.
- 4.9** Quarter 1 of 2017/18 has shown a significant decrease in the total number of group one to seven crimes recorded across West Dunbartonshire. Compared to the same period in 2016/17 there has been an 18.8% decrease in crimes recorded. These reduced crime levels are largely attributable to reductions in anti-social behaviour, acquisitive crime and offences related to motor vehicles.
- 4.10** Group 1 crimes of violence have reduced by over 23% on the same period last year, mainly due to a reduction in serious assaults. Detection rates have also improved. Quarter 1 2017/18 has shown a continued downward trend for crimes related to low level violence and anti-social behaviour. However while crimes related to anti-social behaviour have noticeably reduced the number of public reported complaints relating to disorder remains considerably higher than in the previous year.
- 4.11** Sexual crimes (group two crimes) have continued to increase, with a 67.5% increase year on year when compared to the same quarter of 2016/17 and recorded crimes sitting at more than double the five year average. Increased crime levels are in the main due to a rise in recorded rape crimes and crimes related to indecent communication / images. Almost 40% of recorded rape crimes were historical reports.
- 4.12** The total number of crimes and incidents involving domestic abuse increased by 5.8% in quarter 1, which equates to 19 more incidents. The highest number of incidents are being recorded in the wider Clydebank area.
- 4.13** Quarter 1 is showing a 23.6% reduction in the number of acquisitive crimes recorded across West Dunbartonshire. Levels are also significantly below the five year average. This reduction is mainly a result of the noticeable decrease in vehicle related crimes and theft by shoplifting. Housebreaking levels remain almost unchanged on the previous period.

5. People Implications

- 5.1** There are no personnel issues.

6. Financial & Procurement Implications

- 6.1** The commitments made in the local plans will be delivered within available resources.

7. Risk Analysis

- 7.1** There may be risks associated with not taking actions to deliver on the key priority areas as detailed in the plans. These are picked up through the strategic risk register of SFRS and Police Scotland.

8. Equalities Impact Assessment (EIA)

- 8.1** Any equalities impacts arising from this report, and associated Equalities Impact Assessment, will be carried out through SFRS and Police Scotland

9. Consultation

- 9.1** The performance report is presented for discussion and review. Both local plans were developed in consultation with communities and key partner agencies.

10. Strategic Assessment

- 10.1** This report details performance and local actions taken by SFRS and Police Scotland in relation to priority areas for West Dunbartonshire CPP.

Jim McNeill
Local Senior Officer –
West Dunbartonshire, SFRS

Hazen Hendren
Divisional Commander,
Police Scotland

Person to Contact: Gail McClymont (Police Scotland) – 01389 822002
Stuart McDonald (SFRS) – 01389 385101

Appendices: Appendix 1: Local Fire Plan 2017/18 Q1 performance report
Appendix 2: Local Police plan 2017/18 Q1 performance report

Background Papers: None
Wards Affected: All



**Working together
for a safer Scotland**

West
Dunbartonshire
COUNCIL

DISCLAIMER

The figures included in this report are provisional and subject to change as a result of quality assurance and review. The statistics quoted are internal management information published in the interests of transparency and openness.

The Scottish government publishes Official Statistics each year which allow for comparisons to be made over longer periods of time.

Please ensure any external partners in receipt of these reports are aware of this.

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<i>All deliberate fires</i>	7
<i>All accidental dwelling fires</i>	9
<i>All accidental dwelling fire casualties (fatal & non-fatal (incl. p/c's))</i>	11
<i>All accidental other building fires</i>	13
<i>Special Service - RTCs</i>	15
<i>False Alarm - UFAs</i>	17
4 Appendices	
5 Glossary	

Introduction

The Scottish Fire and Rescue Service (SFRS) have a robust and extensive approach to the measurement and management of national and local performance.

This report outlines the key findings from the (SFRS) first quarterly review of local performance within West Dunbartonshire for 2017-2018. In so doing it outlines our progress in the delivery of our local priorities as set within the Local Fire and Rescue Plan for the area.

This report benchmarks performance against the previous year's activity and identifies emerging themes and trends which, moving forward, the service will focus on to enhance our preventative activities. Our primary focus will always be to reduce the risk to life and our attention is aimed towards safety in the home, where the vast majority of fire deaths and injuries occur. Every fire fatality is a tragic event, bringing years of misery for a family. It is particularly pleasing to note that there were no fire fatalities during this reporting period and the majority of fire related injuries sustained were of a minor nature.

Our most important engagement and protection activity is the carrying out of a Home Fire Safety Visit which the acceptance rate continues to increase across the area. This critical, free advice includes the fitting of smoke and heat detection to all householders within West Dunbartonshire local communities.

We recognise and are grateful for all the tremendous work of our partners within the Community Planning Partnership both at a strategic and operational level. Together we continue to proactively target the most vulnerable and at risk groups who are more likely to suffer from the consequences of fire in the home.

Looking ahead, the intelligence and data that has been captured over the course of this quarter will be proactively used to inform on the next iteration of the Local Fire and Rescue plan; so ensuring that we continue to strive to deliver better outcomes for local communities across West Dunbartonshire.

Performance Summary

We measure how well we are meeting our priorities using 6 key indicators, depicted below

	Apr to (& incl.) Jun					RAG rating
Key performance indicator	2013/14	2014/15	2015/16	2016/17	2017/18	YTD
All deliberate fires	279	102	144	205	136	●
All accidental dwelling fires	31	19	30	39	38	●
All accidental dwelling fire casualties (fatal & non-fatal)	6	3	4	7	4	●
All accidental other building fires	5	5	9	6	9	◆
Special Service - RTCs	2	5	8	6	7	◆
False Alarm - UFAs	76	93	91	97	122	◆

RAG rating - KEY

◆	RED DIAMOND	10% higher than the previous YTD period, or local target not achieved.
▲	YELLOW TRIANGLE	Up to 9% higher than the previous YTD period, or local target not achieved.
●	GREEN CIRCLE	Equal to or improved upon the previous equivalent quarter (or YTD period), or local target achieved.

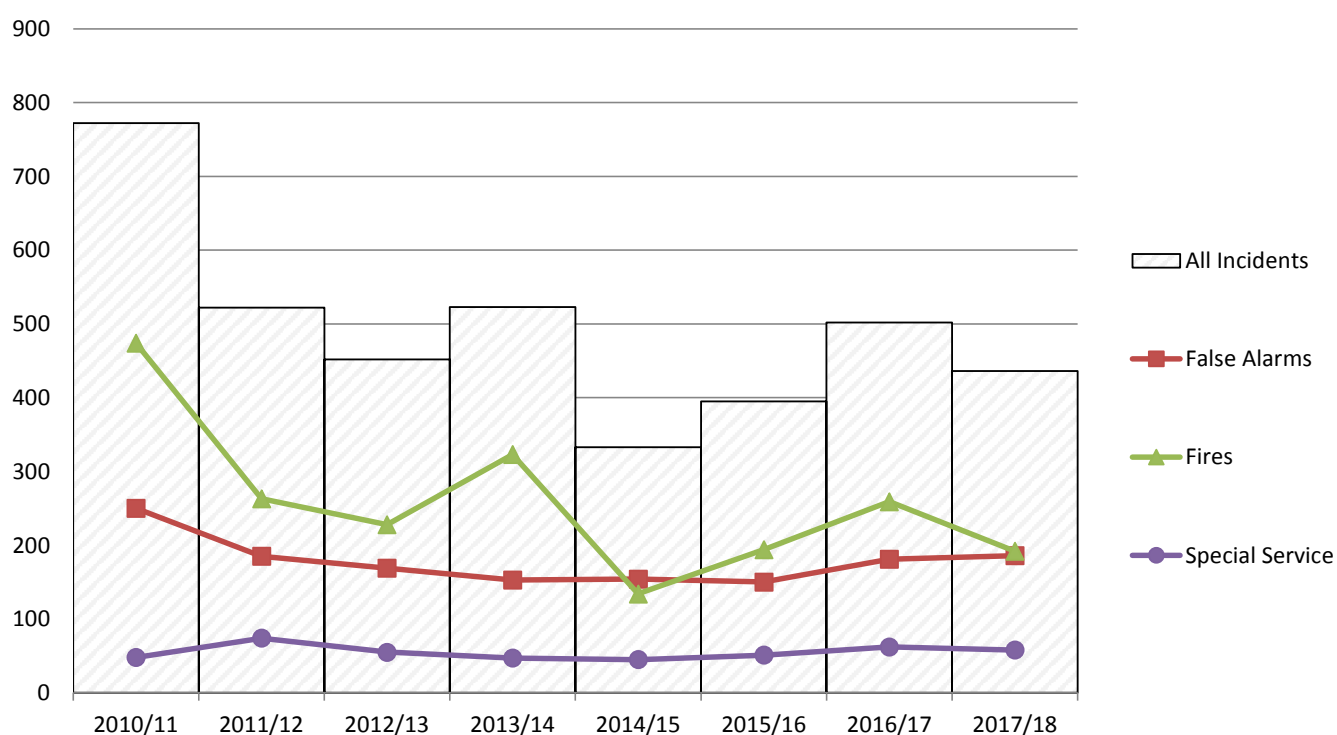
Note

Quarterly Performance RAG rating = the reporting period compared to the average over the previous quarterly reporting periods
 Year to Date RAG rating = the cumulative total of all quarterly performance in the current year compared to cumulative total of all quarterly performance in the previous year

Incident Overview

During this reporting period April 1st- 30th June 2017-18, SFRS have responded to a total of four hundred and thirty seven (437) incidents. This shows a decrease on the same period last year of sixty five (65) incidents, with the period average for the previous four years of four hundred and thirty eight (438) showing a small decrease.

The chart below illustrates incidents YTD attended within West Dunbartonshire council over the last 8 fiscal years



Progress on local fire & rescue plan priorities
Local Risk Management and Preparedness
<p>The Local Fire Plan sets out the priorities in order that the SFRS will meet the objectives of the West Dunbartonshire Single Outcome Agreement. This has seen the creation of Local Performance Indicators (LPI) that provides a focus on delivering these priorities and has been set at a challenging level intended to deliver a meaningful difference to our communities and staff alike. Whilst it is disappointing to note that there has only been a slight decrease in accidental dwelling fires it is important to bear in mind the majority of these incidents were minor in nature, this is borne out by the fact that we had no fire fatalities during this period and the number of casualties suffering minor injuries remains low. Crews will continue to identify and engage with those members of the community that are most at risk and we will reduce that risk through a targeted program of Home Fire Safety Visits (HFSVs).</p>
<u>Train our staff to deal with our local risks</u>
<p>As we carry out West Dunbartonshire's Non-Fatal Fire Casualty Reduction Plan, we are working closely with our partners in targeting areas and groups that our risk analysis has identified as areas for improvement. We will continue to use a targeted approach to promote fire safety, to continue and develop our education and awareness programmes and to work with our communities and partners to deliver safety initiatives. The Station Managers for Dumbarton, Balloch and Clydebank will contribute to the development of a risk based approach by monitoring activity and emerging risks at a tactical level. We will also enhance our engagement with the local business community to target those age and gender risk categories identified within our analysis.</p>
<u>Gather and analyse risk information</u>
<p>This report provides detail on the performance of the Scottish Fire and Rescue Service in the West Dunbartonshire area. The outcomes and measures provided in this report detail a blend of quantitative and qualitative information to support committee members in their scrutiny role. The service aims to deliver very high standards to our communities, however we recognise that wherever our performance falls short of expectations we will respond promptly to address the areas of concern. this report contains a series of Local Performance Indicators (LPI) that provide an assessment of the risk within West Dunbartonshire by: 1. Subdividing the various fire related incidents into meaningful categories. 2. Setting out our direction of travel in reducing that risk. 3. Contextualising the fire risk profile. 4. Confirming the continued proactive measures that the Scottish Fire and Rescue Service are implementing.</p>
<u>Work with partners to mitigate risks</u>
<p>We are continuing to work with West Dunbartonshire Alcohol and Drug Partnership (WDADP) to strengthen referral pathways. We are a key member of partner groups within West Dunbartonshire in targeting areas of concern delivering safety messages all residents. We also attend and contribute to Multi Agencies meetings that may be called for specific incidents to identify and improve risks / training needs so that to eliminate it re-occurring.</p>
<u>Deal with major events</u>
<p>No major events took place during the period under consideration.</p>

Reduction of 'All deliberate fires'

Deliberate Fires include both Primary Fires (those that involve a building or property) and Secondary Fires (typically refuse fires or fires involving grass, trees or heathland). The majority of fires analysed in the Deliberate Fire category will be Secondary Fires, they account for approximately 83% of all fires under consideration.

Results

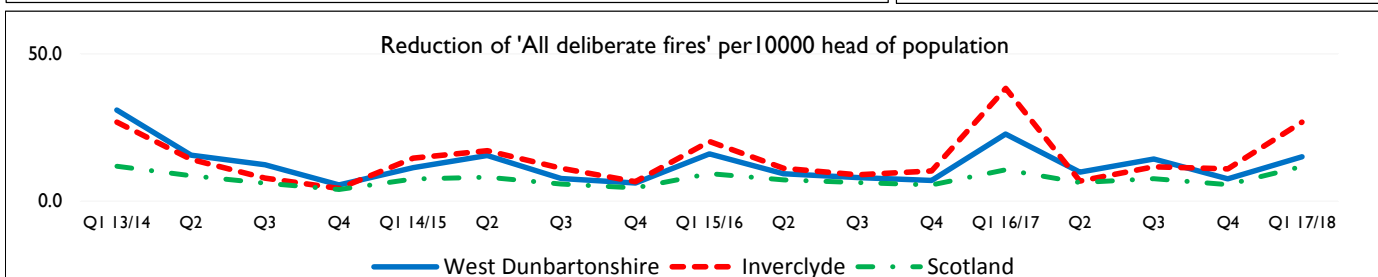
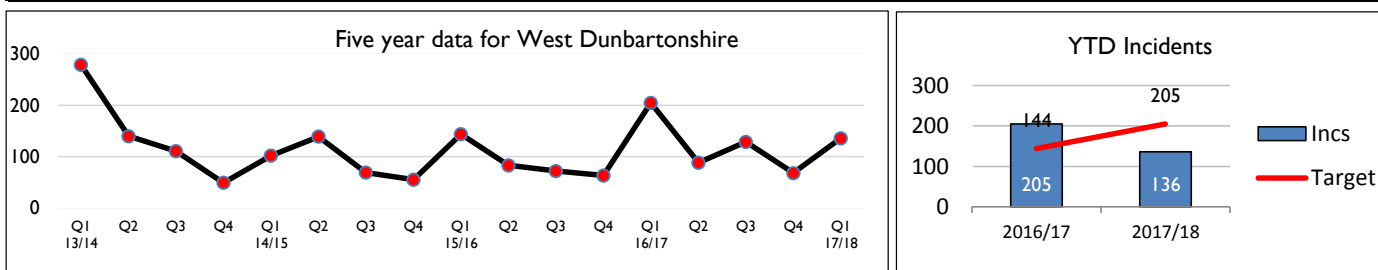
Deliberate Fires YTD 2017/18 have seen a 33% decrease on the figure for the same period in 2016/17. The figure for 2016/17 was 205 which was unusually high compared to the average number of incidents for the previous three years of 175.

Reasons

We typically see a spike in deliberate fires in the first quarter of the year, this spike being the result of improved weather conditions, lighter nights and an increase in youth related anti social behaviour, however this quarter has been unseasonably wet and this, in conjunction with working in collaboration with our partners has resulted in a reduction in deliberately set fires.

Actions

We will continue to work alongside partners within the CPP to identify areas of demand including derelict or vacated properties with the aim of securing these properties or ensuring their demolition. Operational crews and Community Advocate Teams will continue with their youth engagement activities and have delivered a series of school programs, Fire Reach courses and Young Firefighter schemes



YTD ward ave. for West Dunbartonshire - 23	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	279	102	144	205	136	
Lomond	15	11	17	17	8	
Leven	48	15	25	48	28	
Dumbarton	70	40	47	53	40	
Kilpatrick	70	13	17	40	26	
Clydebank Central	46	13	19	19	12	
Clydebank Waterfront	30	10	19	28	22	

Reduction of 'All accidental dwelling fires'

Dwelling fires can have a devastating effect on our community and reducing the number of accidental dwelling fire will always be a priority for the SFRS. We will work alongside our partners to drive down the number of accidental dwelling fires through a program of targeted engagement directed towards those members of our community most at risk.

Results

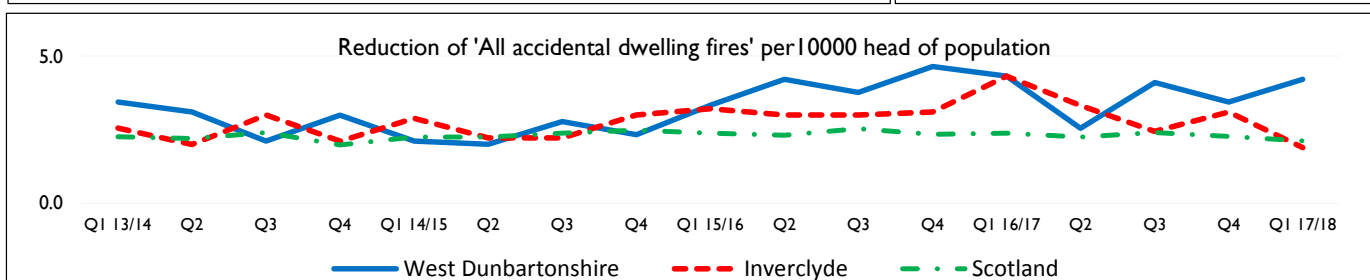
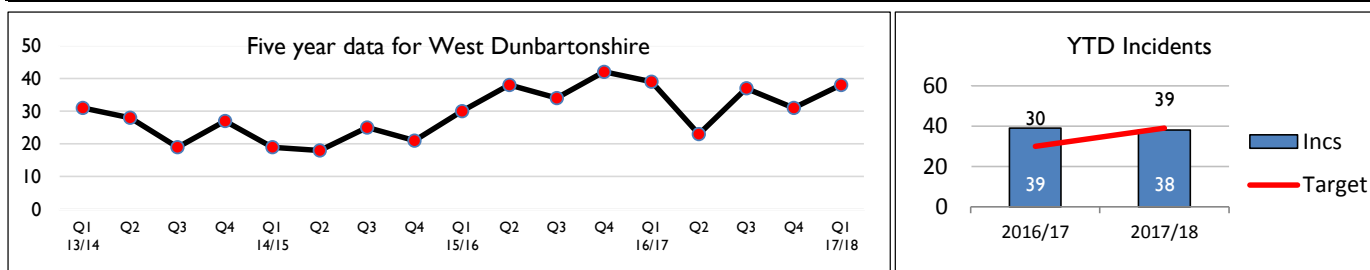
The number of accidental dwelling fires in this reporting period was 38 and this has seen a slight decrease on the figure reported for this period last year. 50% of all accidental dwelling fires reported during this period can be attributed to cooking.

Reasons

It should be noted that the majority of the accidental dwelling fires resulted in minor damage to properties involved due to early detection and intervention. During this reporting period we conducted 439 Home Fire Safety Visits and installed over 250 smoke detectors to properties within West Dunbartonshire. These visits are crucial in educating householders in fire safety within their own home.

Actions

We will continue to deliver Home Safety Visits (HFSV) to the residents within West Dunbartonshire. Free smoke detection installation and fire safety advice are carried out by our service on request and in addition to this service, operational crews will also engage with residents and neighbours at the conclusion of incidents attended and offer HFSV at the time or arrange for a visit in future. We continue to work with partners throughout West Dunbartonshire to assist in the identification of vulnerable members of our community and ensure that those people identified receive HFSV as a priority.



YTD ward ave. for West Dunbartonshire - 6	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	31	19	30	39	38	
Lomond	2	4	2	2	5	
Leven	5	2	8	3	10	
Dumbarton	3	4	6	4	5	
Kilpatrick	2	1	2	6	5	
Clydebank Central	9	3	4	11	10	
Clydebank Waterfront	10	5	8	13	3	

Reduction of 'All accidental dwelling fire casualties (fatal & non-fatal (incl. p/c's))'

Fire Casualty and fatality rates provide an indication of the number of serious, life threatening injuries that occur as a result of fire. We robustly scrutinise any injury to ensure any lessons are captured, measures implemented and the people of West Dunbartonshire are better protected. The reduction of this statistic is a key indicator of the success of our risk reduction and community engagement strategies.

Results

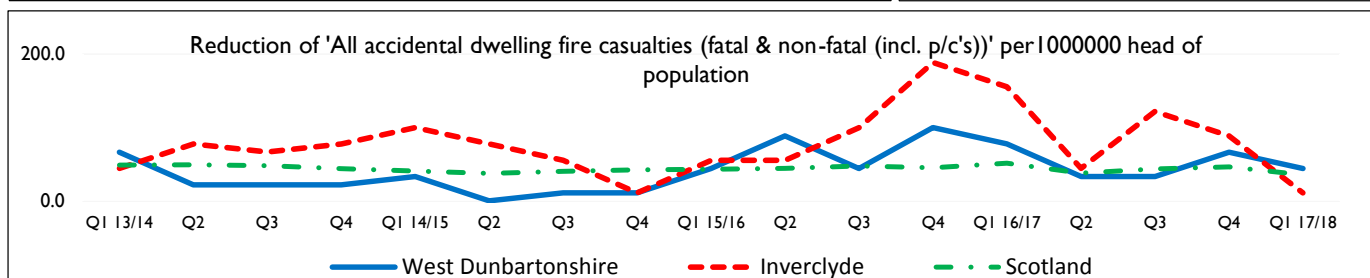
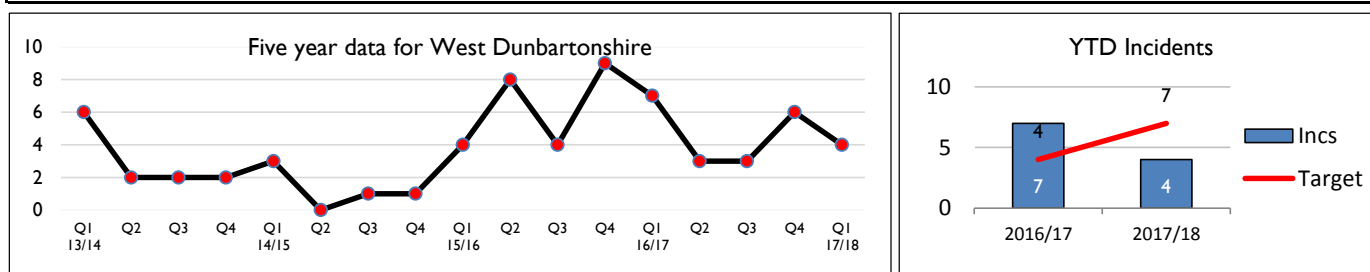
This reporting period has seen a decrease in accidental dwelling fire casualties by 42% when compared to last year's figure. The majority of the casualties involved in these incidents suffered minor injuries.

Reasons

Injuries as a result of accidental dwelling fires during this reporting period were mainly attributed to careless handling of smoking materials and cooking.

Actions

We will continue to promote and deliver Home Fire Safety Visits and ensure that smoke detection is fitted to properties throughout West Dunbartonshire.



YTD ward ave. for West Dunbartonshire - I	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	6	3	4	7	4	
Lomond	0	0	0	0	2	
Leven	0	1	2	3	0	
Dumbarton	2	1	0	0	0	
Kilpatrick	0	0	0	2	0	
Clydebank Central	3	0	1	0	1	
Clydebank Waterfront	1	1	1	2	1	

Reduction of 'All accidental other building fires'

This indicator measures the instances of all accidental fires which have occurred in buildings which are not domestic dwellings.

Results

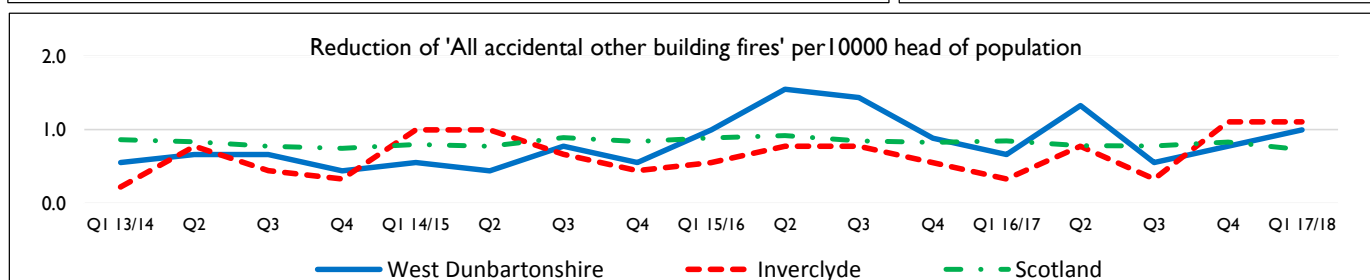
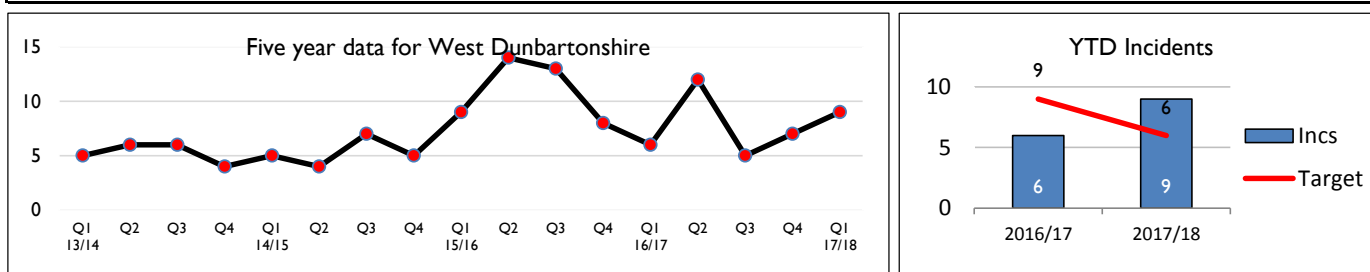
Analysis of the data for this reporting period shows an increase of 33% on the previous year's figures.

Reasons

The incidents reported were all of a minor nature and resulted in little disturbance to the businesses involved. Analysis has identified that the majority of these incidents occurred in kitchen / canteen areas where food was being cooked. The premises involved where varied, fast food outlets, residential care homes, retail premises etc.

Actions

Fire Safety Enforcement Officers will continue to conduct themed audits of buildings and will proactively engage with duty holders to raise awareness of fire safety. All the premises recorded during this reporting period are deemed to be relevant premises under the Fire (Scotland) Act 2005 and as a result of having a fire irrespective of the size of the fire, they are all subject to post fire audits in order that lessons are captured and shared with the duty holders.



YTD ward ave. for West Dunbartonshire - 2	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	5	5	9	6	9	
Lomond	0	0	2	0	1	
Leven	0	1	1	0	0	
Dumbarton	1	1	0	2	1	
Kilpatrick	1	1	1	0	1	
Clydebank Central	0	1	0	2	0	
Clydebank Waterfront	3	1	5	2	6	

Reduction of 'Special Service - RTCs'

Attendance at road traffic collisions is a core role for the Scottish Fire and Rescue Service, but primary responsibility lies with Transport Scotland, Police Scotland and Local Authorities. The SFRS has a crucial role to play in supporting those organisations activities at a local level and can provide access to hard hitting education programmes aimed at those most at risk groups to highlight the consequences of RTC's and dangerous driving.

Results

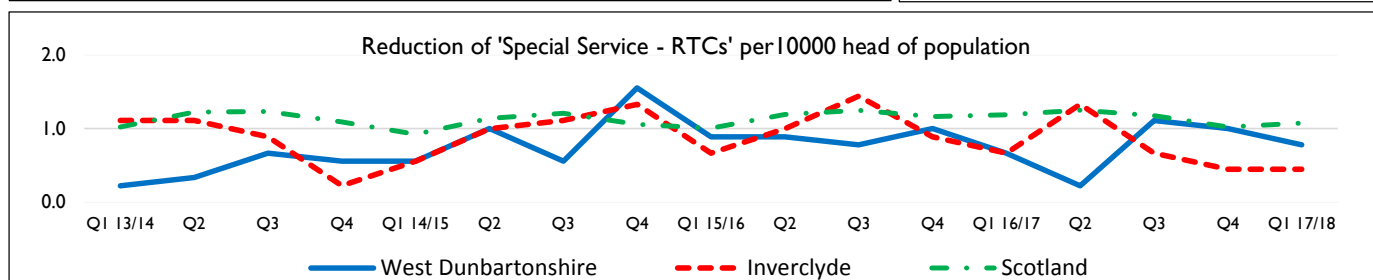
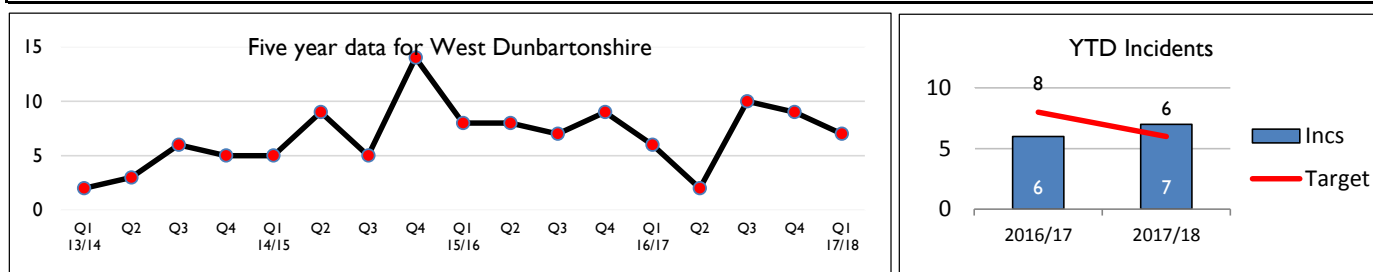
This reporting period has seen a rise of 16% on last year's figure. There were fifteen reported casualties, fourteen of whom were treated in hospital as a result of their injuries. We are happy to report that there was no RTC fatalities during this reporting period.

Reasons

There are a number of factors that present a challenge when trying to affect the number of RTC's within a Local Authority area, one of which is that drivers involved in collisions may not be resident within our community and as a result we do not have an opportunity to engage with them prior to the event.

Actions

We have funded a Road Safety Coordinator who will work in conjunction with Police Scotland, Rospa and partners within the local authority and action measures of communicating our road safety message to all road users.



YTD ward ave. for West Dunbartonshire - I	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	2	5	8	6	7	
Lomond	0	0	3	3	4	
Leven	0	0	2	0	0	
Dumbarton	1	2	2	1	0	
Kilpatrick	1	0	0	0	1	
Clydebank Central	0	1	0	1	0	
Clydebank Waterfront	0	2	1	1	2	

Reduction of 'False Alarm - UFAs'

Unwanted Fire Alarm Signals (UFAS) are defined as incidents where an automated fire alarm system activates and results in the mobilisation of SFRS resources and when the reason for that alarm turns out to be something other than a fire emergency. We are committed to working with partners and other stakeholders to reduce UFAS mobilisations.

Results

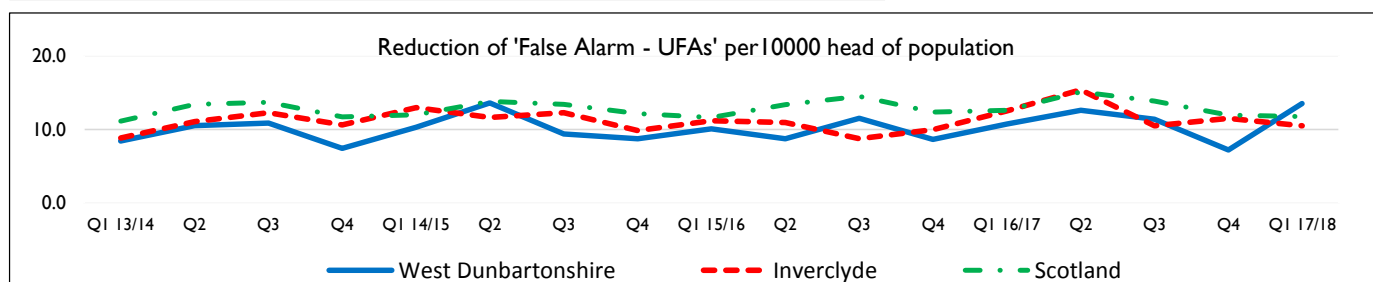
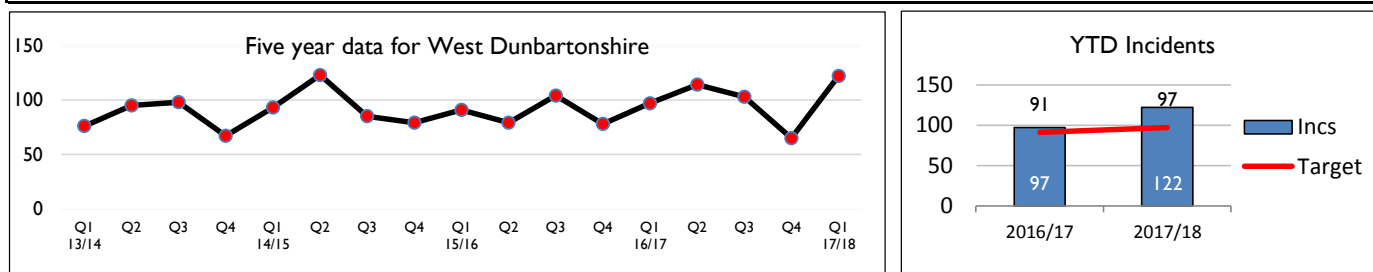
During this reporting period SFRS have attended 122 UFAS incidents within West Dunbartonshire, this is an increase of 25% on the previous year's figure.

Reasons

The increased prevalence of automatic detection systems throughout all classes of building has inevitably contributed to the increased number of incidents recorded during this quarter. SFRS has long been aware of the importance of developing a robust process for managing UFAS activity and we are actively engaging with persons responsible for managing automatic alarm systems and supporting them to deal with identified issues.

Actions

A robust recording system has been implemented for monitoring UFAS activity within West Dunbartonshire and this is used to inform on the correct tactical intervention required, for example promoting the use of staff alarms within premises and ensuring robust internal management procedures are in place. We have identified key SFRS personnel who will manage this system and provide the required statistical data to allow us to direct our resources to enable reduction in this type of premises.



YTD ward ave. for West Dunbartonshire - 20	2013/14	2014/15	2015/16	2016/17	2017/18	Sparklines
West Dunbartonshire	76	93	91	97	122	
Lomond	10	14	14	17	21	
Leven	24	16	8	13	15	
Dumbarton	9	13	23	22	30	
Kilpatrick	2	4	4	5	6	
Clydebank Central	9	11	10	8	7	
Clydebank Waterfront	22	35	32	32	43	



**POLICE
SCOTLAND**
Keeping people safe

West Dunbartonshire

Local Policing Plan 2014 – 2017

Quarterly Report / Q1 – 2017/18

West 
Dunbartonshire
COUNCIL

Local Police Commander, Chief Superintendent Hazel Hendren

As Divisional Commander for Argyll and West Dunbartonshire Division I am pleased to present the first quarterly update in relation to the West Dunbartonshire Local Policing Plan for 2017/18. The purpose of this report is to highlight current crime trends and issues identified in the previous 3 month period and provide some context around crime trends over the longer term.

As outlined in the Local Policing Plan for West Dunbartonshire our focus - **Keeping People Safe** – and the policing principals which it encapsulates continue to be at the centre of all police activity carried out across the area. Public consultation, partnership working and our own detailed crime analysis has determined that the priorities going forward in 2017/18 remain unchanged:-

- ❖ ***Violence, Disorder and Antisocial Behaviour***
- ❖ ***Road Safety & Road Crime***
- ❖ ***Public Protection***
- ❖ ***Major Crime and Counter Terrorism***
- ❖ ***Acquisitive Crime***

These priorities are also aligned to West Dunbartonshire's Single Outcome Agreement 2014 – 2017. National performance frameworks continue to be utilised to measure progress, monitor activity, identify key areas where resources need to be focused and demonstrate how successful we are in meeting our key priorities and objectives. Local Policing Plans for each of the six Multi Member Wards within the West Dunbartonshire boundary are reviewed regularly to ensure that new and emerging issues within local towns and communities continue to be addressed.

Integrity, Fairness and Respect are our policing values and the touchstones for all our interactions, forming the basis of everything we do and every decision we reach. By applying our values, we continue to receive public consent through improved relevancy, trust and support.

Local Area Commander Chief Inspector Donald Leitch continues to have responsibility for addressing crime issues and concerns as they arise on a day to day basis across West Dunbartonshire. He is supported by dedicated Area Inspectors David Quinn (Clydebank) and John Mullen (Dumbarton) who lead the local Community Policing Teams.

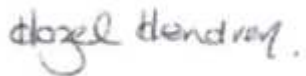
In addition to ensuring our efforts and attention remain focused on the needs and expectations of the local community, local officers are required to respond to spontaneous incidents and seasonal demands where there is clearly potential for increased levels of antisocial behaviour and violence. The lead up to summer saw a variety of events in West Dunbartonshire which have largely passed without incident. There was a good attendance at the Loch Lomond Highland Games on 15 July 2017 and in the region of 25,000 people attended the Scottish Pipe Band Championships at Levensgrove Park, Dumbarton on Saturday 29 July.

Benchmarking

Benchmarking is a process used by organisations to compare their processes and performance metrics against like organisations that are recognised as being the leader in their respective field. This offers organisations the opportunity to learn from the information and experience developed by those considered to be 'best in class'. Benchmarking ensures that organisations maintain both an internal and external perspective on their relative performance and challenges potential organisational complacency over results achieved.

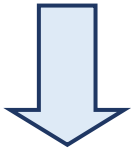
Local Authorities in Scotland have been engaged in benchmarking over the past four years as part as of the Scottish Local Government Benchmarking Framework (LGBF). They have been working with the Improvement Service (IS) over the last four years on developing a common approach to benchmarking.

Research continues into this topic to ensure the most accurate comparisons are being drawn, particularly given that the geographic and demographic profile of an area is a significant factor in determining the nature and volume of crimes reported therein. Similar to previous reports, comparative data has been included in relation to the Inverclyde Local Authority area however this information **MUST** only be used for guidance purpose.



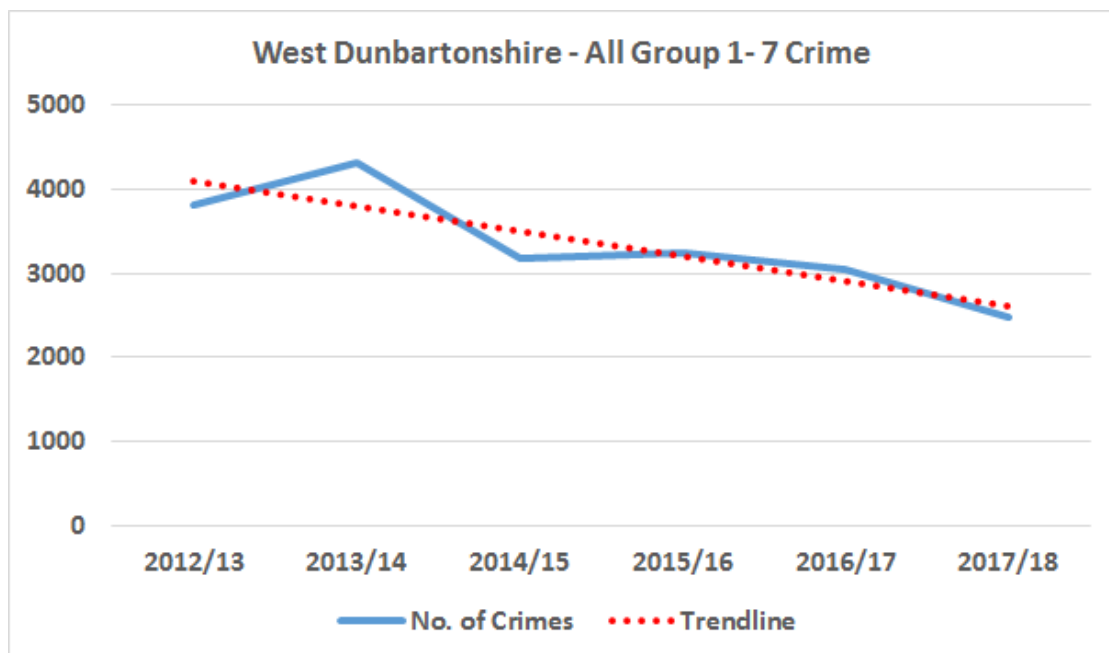
Hazel Hendren
Chief Superintendent
Local Police Commander

Crime Overview



Group 1 -7 Crime

The first quarter of 2017/18 saw a significant decrease in the total number of Group 1 – 7 crimes recorded across West Dunbartonshire. Compared to the same period last year crimes reduced by a further 18.8% remaining 29.8% below the 5 year average figure. In number terms this equates to 571 fewer crimes being recorded. Reduced crime levels are primarily due to reductions in acquisitive crime, antisocial behaviour (ASB) related crimes and offences relating to motor vehicles. Detection rates have reduced slightly from 76% to 72.4% when compared against last year and remain below the 5 year average figure (78.6%).



Local Authority Comparison

Year-end data for 2016/17 shows that the total number of Group 1–5 crimes recorded per 10,000 population remained higher within West Dunbartonshire at 503.6 compared to 454.7 in the Inverclyde Local Authority area, however this is a reduction from 535.3 in 2015/16.

West Dunbartonshire continued to record a higher ratio per 10,000 population than Inverclyde against most crimes categories with the exception of Group 2 Sexual Crime and Group 5 Other Crime (includes drug related crime).

This information is not available in relation to all Group 1 – 7 crime.

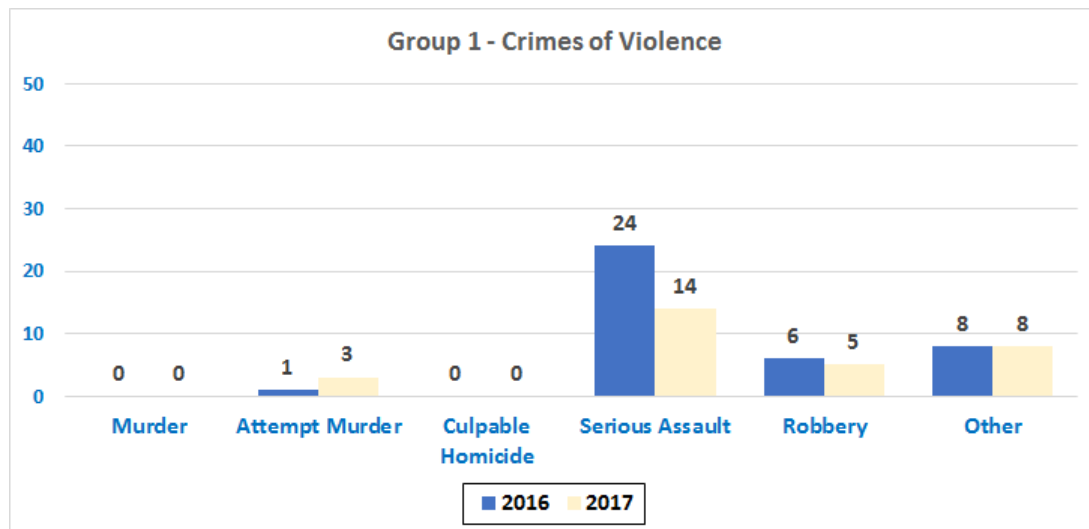
Violence, Disorder & Antisocial Behaviour

Police Scotland remain dedicated to reducing violence, disorder and antisocial behaviour within the local communities of West Dunbartonshire in order to 'Keep People Safe'. Operational police activity carried out on a daily basis continues to be driven by the objectives outlined in the local policing plan:-

- ❖ *To reduce the number of victims of violent crime.*
- ❖ *To reduce the number of reported incidents of antisocial behaviour.*
- ❖ *To impact on alcohol related violence, antisocial behaviour and disorder with particular emphasis in and around licensed premises.*
- ❖ *To increase the number of people detected for violent and domestic crime.*

Group 1 – Crimes of Violence

Compared to Quarter 1 last year, the total number of Group 1 Crimes of Violence reduced by a further 23.1% which equates to 9 fewer crimes being recorded. Reduced crime levels are largely due to a decrease in Serious Assaults which have reduced from 24 down to 14 year on year. Detection rates have improved on last year, up from 66.7% to 83.3%, although this is marginally lower than the five year average figure (85.1%).



In the first quarter, crimes involving lower level violence and ASB also continued in a downward trend. Common Assaults reduced by 6.5% which equates to 16 fewer crimes being recorded. Crimes relating to Breach of the Peace and Criminal Justice and Licensing (Scotland) Act 2010, Sec.38 (CJLS) reduced by 19.9% (84 fewer crimes) and crimes involving drunkenness and other disorderly conduct reduced by 32.7% (50 fewer crimes). Despite noticeable reductions in ASB related crime, the number of public report complaints relating to disorder remains considerably higher than last year. In total 1,324 incidents were recorded which represents a 16.5% increase from the previous year's figure.

Local Authority Comparison

At the end of 2016/17, figures recorded show the total number of Group 1 crimes recorded per 10,000 head of population remained slightly higher than in the Inverclyde Local Authority area at 15.4 and 11.8 respectively.

In terms of low level violence and ASB, the rate recorded per 10,000 head of population for public reported ASB also remained considerably higher within West Dunbartonshire at 759.1 compared to 622.6 in Inverclyde Local Authority area. Common Assault crimes also remained higher at 84.8 versus 83.4, as did crimes relating to Breach of the Peace and CJS S.38 at 74.0 in West Dunbartonshire and 71.5 in Inverclyde.

The Divisional Violence Prevention Strategy and Directed Policing Plans, which are informed by analytical products produced at a local level, continue to be fully exploited to ensure local officers manage the threat and risk posed by specific individuals and at identified problematic locations. In addition various pro-active policing tactics have been utilised in order to impact on crime and incident levels.

Focussed Police Activity

Licensing

Concerns were raised by members of Helensburgh and Vale of Leven (VOL) Pubwatch regarding incidents involving personnel from HMNB Clyde within their premises. This resulted in the Licensing Department checking police systems to collate all recent incidents/crimes involving personnel from the base in the local area to address their concerns. A joint meeting was organised inviting Ministry of Defence Police (MDP) and Royal Navy Police (RNP) to discuss concerns raised by publicans and identify what actions/tasks could be agreed on to support them.

This liaison has resulted in Police Scotland and MDP visiting licensed premises where staff had voiced concerns or had experienced recent incidents. This was in an effort to offer support and provide advice to call 101 or 999 depending on the nature of incident. RNP carried out numerous licensed premise visits, introducing themselves and providing contact details.

VOL Pubwatch provided posters to be placed around the base and Helensburgh Pubwatch are currently publishing their own so they can be displayed also. RNP & MDP are now regular visitors at Pubwatch meetings and give updates on what actions they can take with personnel that offend within their premises. MDP already attend briefings within Helensburgh Police Office and arrangements were made for RNP to also attend briefings for late and night shifts on weekends in Dumbarton.

This has resulted in a much improved partnership approach to deal with incidents in Helensburgh and Vale of Leven and provides further support to the Licensed Premises who are committed to meeting licensing objectives.

Wilful Fire-raising - Operation Astute

Operation ASTUTE is an overt policing operation instigated as a result of a number of fires occurring in the Bonhill and Alexandria areas. The items subject of fire included derelict property, property under construction, refuse bins and vehicles. Scottish Fire and Rescue deemed each fire to be a wilful act and thus joint investigations were progressed. Enquiries remain ongoing and intelligence opportunities are being fully exploited in an attempt to identify perpetrators. A media strategy has been implemented and local councillors were kept abreast of the circumstances. Crime and Fire Prevention Surveys have been carried out and inputs provided at schools in an attempt to deter similar crimes.

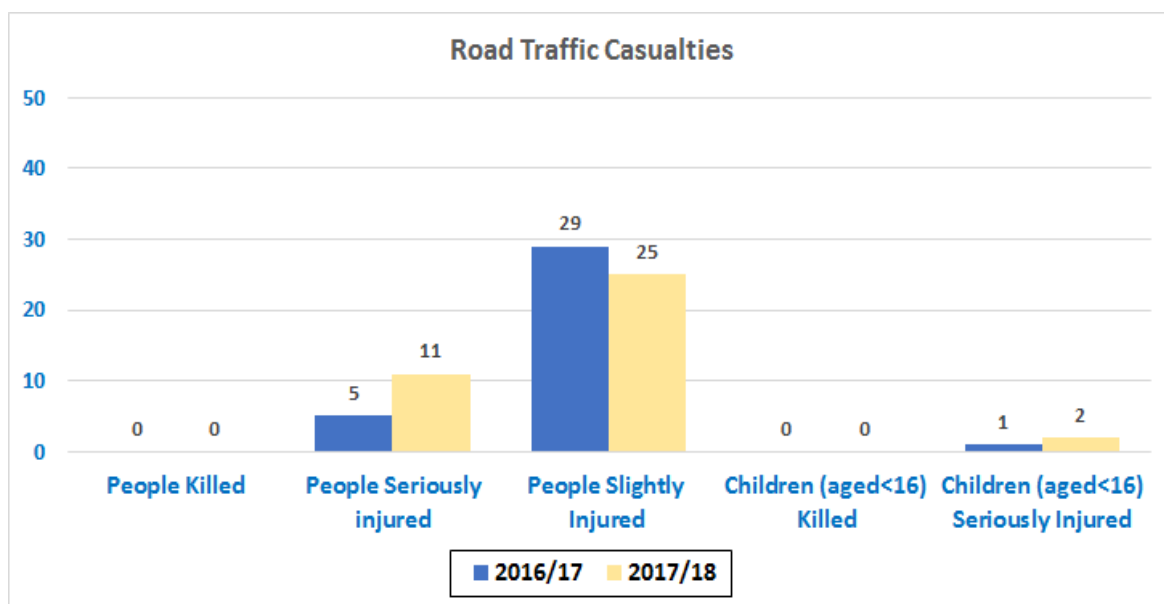
Road Safety & Road Crime

Priorities outlined in the Local Policing Plan 2014 – 2017 continue to be at the forefront of operational activity carried out in respect of road safety and road crime. These are as follows :-

- To work with partners to develop a strategy to reduce the numbers of those killed and seriously injured on the road network within West Dunbartonshire.
- To increase enforcement activity to improve driver behaviour.
- To improve road safety through enhanced partnership working and preventative initiatives within the community.

Road Traffic Casualties

The total number of persons killed or seriously injured on the road network within West Dunbartonshire increased from 5 to 11 when compared against Quarter 1 last year. To date no fatalities have been recorded therefore the increase is due to a rise in serious road collisions. Road collisions resulting in slight injury have however reduced by 13.8% which equates to 4 fewer casualties.



Local Authority Comparison

Year-end figures for 2016/17 show the total number of road casualties recorded within West Dunbartonshire was higher at 130 than in Inverclyde Local Authority area where 113 casualties were recorded. When comparing data per 10,000 head of population relating to the number of road collisions, West Dunbartonshire again recorded the highest number at 141.6 compared to 125.2 in Inverclyde.

NOT PROTECTIVELY MARKED

At the end of Quarter 1 the total number of offences detected within West Dunbartonshire relating to motor vehicles reduced by a further 25%. Reductions in offences relating to speeding, seat belts and using a motor vehicle without and valid MOT certificate accounts for much of the overall decrease. It is also notable that careless and dangerous driving offences have reduced with 8 fewer detections recorded YTD.

	April 2016 – June 2016	April 2017 – June 2017	% Change
Dangerous driving	9	2	-77.8%
Speeding	124	106	-14.5%
Disqualified driving	7	6	-14.3%
Driving Licence	39	26	-33.3%
Insurance	75	67	-10.7%
Seat Belts	47	32	-31.9%
Mobile Phone	51	17	-66.7%

Focussed Police Activity

Motorcycle Campaign

This month saw the start of the National Motorcycle Safety Campaign, although the majority of issues relating to motorcycle safety tend to occur within the western part of L Division (Argyll and Bute), the corridor leading from West Dunbartonshire west was a focus to influence rider behaviour and give safety advice and vehicle examinations. Many riders come from West Dunbartonshire and a rider was killed within Dumbarton last year, so this focus was very much relative to this area. So far the division has seen a considerable drop in serious incidents involving motorcycles and inconsiderate or dangerous riding.

Partnership Working

Multi-agency events have also taken place to detect undocumented drivers and those who may use the road to further their activities as bogus workmen. As a result double the vehicles from the same period last year have been seized as being used without proper insurance, or other documentation.

Targeting Drink/Drug Drivers

Road checks continue to be used to target drink/drug drivers and foreign national offenders through Operation Trivium, a joint operation involving Road Policing, Immigration and Department of Work and Pensions.

Road Checks

Commercial vehicle use continues to feature high on the agenda with road checks across the area tackling those operators who make money while using un-roadworthy vehicles and flout regulation regarding driver's hours. At least one Multi-agency check is done per month in this regard.

General patrolling targeting the priority routes where collision are most likely to occur accounts for the majority of duty time by Road Policing whereby detection figures remain overall similar to last year.

NOT PROTECTIVELY MARKED

8

Produced by Police Scotland Analyst Unit on 24/07/2017

All statistics are provisional and should be treated as management information. All data are sourced from Police Scotland internal systems and are correct as at 2 July 2017.

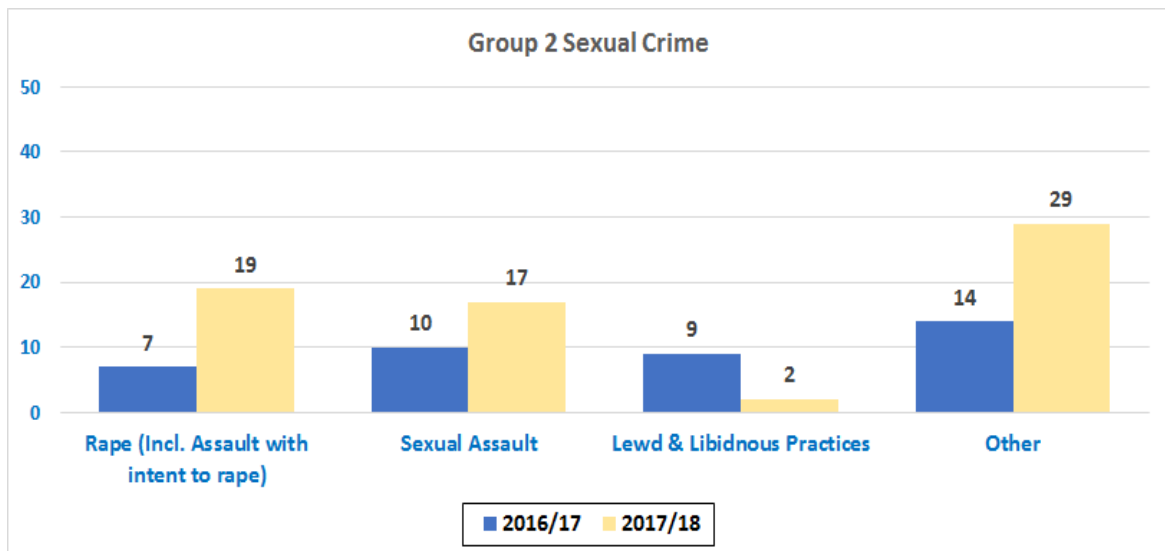
Protecting Vulnerable People

As set out in the Local Policing Plan 2014 – 2017, our priorities in respect of protecting vulnerable people remain unchanged:-

- ❖ *To work with our partners to identify those children, young people and vulnerable adults who are most at risk and through joint action reduce that risk.*
- ❖ *To continue to develop proactive strategies to deal with managed offenders, particularly those that present the greatest threat, risk and harm.*
- ❖ *To increase the number of persons detected for sexual crimes.*
- ❖ *Together with partner agencies, strive to provide a better quality of service to the victims of sexual crime.*

Group 2 – Sexual Crime

Continuing the upward trend in Group 2 crimes recorded at the end 2016/17, the total number of crimes recorded during Quarter 1 increased from 40 to 67 compared to the same period last year. This represents an increase of 67.5% year on year, with figures remaining more than double the 5 year average. Increased crime levels are primarily due to a rise in the number of rape crimes recorded and crimes relating to indecent communication/images. The majority of rape crimes have occurred within residential dwelling homes with a high percentage committed by a partner/spouse. Almost 40% were historical reports.



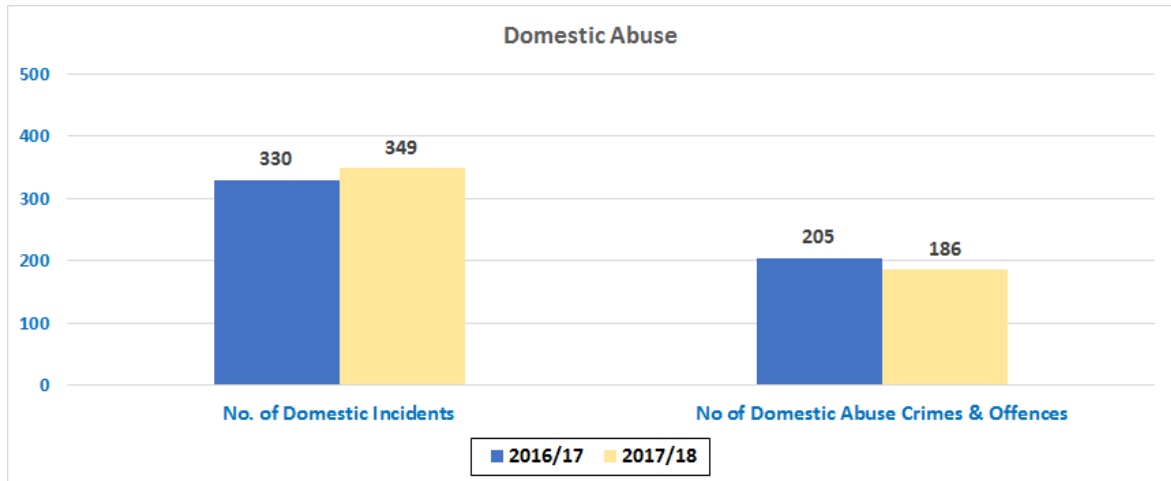
Detection Rates

Set against figures recorded at the end of Quarter 1 last year, detection rates have improved slightly from 55% to 58.2% but remain below the 5 year average (71.4%). Similarly, the detection rate for Rape crime increased from 57.1% to 63.2% but remains below the 5 year average (75.7%).



Domestic Abuse

In Quarter 1 the total number of crimes and incidents involving domestic abuse increased by 5.8% which equates to 19 more incidents being recorded. Despite this increase, the number of crimes and offences resulting from domestic abuse incidents reduced by 9.3% (n=19). Clydebank Waterfront and Clydebank Central Multi Member Ward areas continued to record the highest number of domestic abuse incidents YTD.



Local Authority Comparison

At the end of 2016/17, the number of Group 2 crimes recorded per 10,000 population remained slightly lower in West Dunbartonshire at 17.2 compared to 19.9 in the Inverclyde Local Authority area. The number of Sexual Assault crimes also remained lower at 11.5 versus 13.8 respectively. However, domestic abuse incidents remained considerably higher in West Dunbartonshire at 1391 versus 868.

Focussed Police Activity

Serial Offender Detected

Following a report of historic sexual abuse from two victims against a now 24 year old male an extensive investigation followed. This resulted in six victims in total being identified. This resulted in the suspect being charged with four crimes of rape, two sexual assaults and one charge of Lewd and Libidinous practices. The offences dated from 2006 to 2017.

Historical Reporting

For the second year in succession the division is experiencing an increase in reports of sexual crime. Of the reports made this year, almost 40% are non-recent/historic. The fact that victims are finding the courage to report these crimes, some many years after the event, is to be welcomed. The reasons for this are possible wide ranging, however, there is no doubt that media reporting of high profile cases and historic crimes gives victims confidence to come forward. This allows investigations to be carried out and potentially bring perpetrators to justice as in the case highlighted above. It also allows for victims, with their consent, to be referred to partner agencies who can offer support and counselling.

Focussed Police Activity (cont'd)

Cybercrime Prevention

Cyber related sexual offences, including indecent communications and image distribution/sharing continue to increase, a trend likely to continue due to the fast pace change of technology, in particular mobile phones and their increased use, particularly amongst children and young persons. This is currently being managed in part through regular interaction with our partners across the local authority area, looking at in particular children and young persons through education and prevention.

Major Crime & Counter Terrorism

Keeping people safe by reducing the threat posed from organised crime and terrorism across West Dunbartonshire remains a high priority for all local police officers. The Joint Terrorism Analysis Centre (JTAC) is the UK's centre for the analysis and assessment of international terrorism. JTAC has responsibility for setting international terrorism threat levels which is currently assessed as **SEVERE**. Recent events in Manchester and London highlight the necessity for vigilance at all times. Police across Argyll & West Dunbartonshire Division continue to implement the UK Government CONTEST strategy with local and national partners. Police Scotland also continues to target and disrupt the activities of those involved in organised crime at a local level through focused and robust interventions based on the objectives set out in the local policing plan:-

- ❖ *To disrupt organised crime groups by targeting individuals, the businesses they operate and their access to public contracts.*
- ❖ *To target those individuals who are intent on supplying drugs.*
- ❖ *Through education and partnership, reduce the impact that serious and organised crime and terrorism has on our communities.*
- ❖ *Through the Multi-Agency Serious and Organised Crime and Contest Group, raise awareness and improve information sharing between agencies.*

As per the most recent intelligence assessment (June 2017) relating to Serious and Organised Crime (SOC), the overall threat/risk posed to the communities within West Dunbartonshire remains unchanged. There continues to be 3 identified SOC Groups in operation within the area. Two continue to be assessed as Low Risk and one as Medium Risk. Proactive and reactive intelligence and evidence gathering opportunities continue to be fully exploited in an attempt to reduce the threat and harm posed by individuals linked to these groups and to identify new and emerging groups. Police activity continues to focus on arresting individuals linked to these groups, depriving them of cash and assets through full use of POCA legislation, and as well as depriving them of legitimate enterprise to ensure the maximum impact.

In line with trends identified across Scotland, the primary function of these groups continues to be assessed as drug supply and distribution within the local area. As shown in the table below, detections relating to drug supply increased during Quarter 1 although figures still remain below the 5 year average (-17.6%).



Serious & Organised Crime	April 2016 – June 2016	April 2017 – June 2017	% Change
Number of detections for drugs supply, drugs productions, drugs cultivation	16	29	81.3%

Local Authority Comparison

Data recorded at the end of 2016/17 indicates that the number of drug supply crimes detected per 10,000 head of population remained lower within West Dunbartonshire at 10.8 compared to 15.8 in Inverclyde. West Dunbartonshire also recorded a lower number when considering all drug crime; 93.8 crimes were recorded per 10,000 head of population versus 101.4 in the Inverclyde area.

Focussed Police Activity

Project Griffin

During Quarter 1 the Counter Terrorism Liaison Officer (CTLO) based at Dumbarton arranged and carried out a Project Griffin Course which involved around 50 local business people and offered them the chance to gain essential Counter Terrorism (CT) advice specifically directed at the threat that they may face in the light of current threat levels across the UK. This is the first event of its type on this scale in L Division since 2009 and was held at the Cameron House Hotel. Due to its success a further event is planned for the end of July at the Lodge on Loch Lomond.

Operation Racoon

Protesters from Trident Ploughshare set up a camp in Peaton Glen woods near to RNAD Coulport between 8 and 16 July 2017 with the intention of disrupting activity across both HMNB Clyde and RNAD Coulport. The majority of protest activity was directed at the Coulport site resulting in 9 arrests. The police response was pre-planned under the banner of Operation Racoon and incorporated Ministry of Defence Police and Police Scotland resources resulting in the event passing without significant disruption.

Day of Action – New Psychoactive Substances

Due to intelligence which suggested that NPS was being sold within Clydebank Shopping Mall a joint day of action with Trading Standards was undertaken to specifically target the individual(s) involved. While no NPS was found, a significant quantity of counterfeit cigarettes was recovered valued at over £1,000 and seized by Trading Standards. The male involved was also fined £200 for offences relating to Section 20(1) of the Tobacco and Primary Medical Services (Scotland) Act 2010. He was also reported to the Procurator Fiscal for offences under The Consumer Protection Act 1987, Section 12(1). Since The Market is covered by a Market Operators Licence, Trading Standards and Police Interventions attended and spoke with the Centre Manager who terminated his stall on a permanent basis. Furthermore, the male has also been reported to the DWP for other related offences.

Operation Acervose - Human Trafficking

On Monday 15 May, Police Scotland carried out a national day of action to raise awareness of human trafficking and to identify and recover potential trafficking victims. Around 500 officers including 50 from partner agencies visited 80 premises and locations in all 13 geographical divisions of Scotland including fisheries, car washes and nail bars. The activity was part of a National Crime Agency response to the threat of modern slavery and human trafficking across the UK. At a local level there were three businesses visited by Police Scotland, the Home Office and Maritime Scotland and two arrests made within Clydebank.

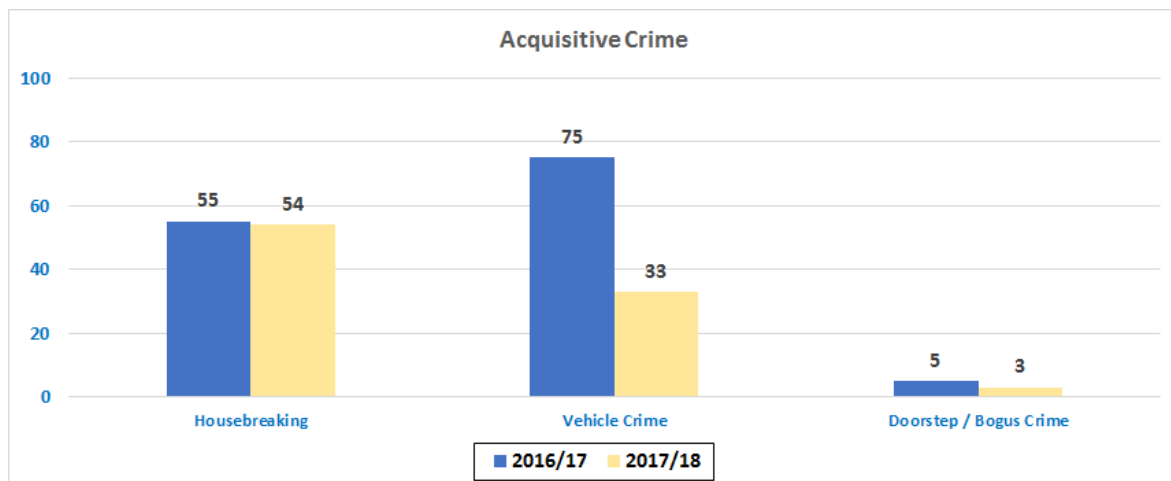
Acquisitive Crime

In the Local Policing Plan 2014 – 2017, Police Scotland have identified that the objectives in relation to acquisitive crime will be:

- *To reduce the number of housebreakings and improve detection rates.*
- *To target individuals involved in doorstep crime and support the victims through partnership working.*

Group 3 - Acquisitive Crime

Compared to Quarter 1 last year, there has been a significant reduction in the number of acquisitive crimes being recorded across West Dunbartonshire which have reduced by 23.6%. Crime levels also remained 24.2% below the 5 year average. Crime reductions are mainly due to noticeable decrease in vehicle related crimes and theft by shoplifting crimes. As shown below the number of Theft by Housebreakings being reported remained almost unchanged



Detection Rate

Overall there has been a marginal decrease in the detection rate for acquisitive crime which is currently 38%. The detection rate for housebreaking crime remains below last year's figure at 16.7% however for vehicle crime it has improved considerably from 22.7% to 54.5%.

Local Authority Comparison

Data recorded at the end of 2016/17 shows that the number of Group 3 crimes recorded per 10,000 head of population remained considerably higher within West Dunbartonshire at 205.3 than in the Inverclyde area 160.5. This continues to be due to a higher occurrence of crimes involving common theft and shoplifting which recorded rates of 59.5 and 64.0 per 10,000 against 45.9 and 41.0 in Inverclyde, respectively. There are marginal differences in the rates recorded in respect of housebreaking and vehicle related crime although West Dunbartonshire continues to record the highest number.

Focussed Police Activity

Operation Monarda

To support the ongoing prevention, engagement, intelligence gathering and enforcement activity relevant to doorstep crime, a national multi-agency initiative took place between 22 and 29 May 2017. At a local level there were vehicle stops and enforcement carried out by SEPA and Road Policing. Local officers also carried out leaflet drops within areas with a high population of elderly residents as well as advice and guidance letters delivered to Banks, Building Societies and Post Offices. There was also awareness raising inputs conducted at various locations throughout West Dunbartonshire.



Report by the Corporate & Community Planning Manager

Community Planning West Dunbartonshire

14 September 2017

Subject: Community Planning West Dunbartonshire Annual Performance Report 2016/17

1. Purpose

The purpose of this report is to provide members with the Community Planning West Dunbartonshire (CPWD) SOA annual performance report for 2016/17

2. Recommendations

- 2.1** CPWD is asked to note the progress made in 2016/17, in delivering the ambitions of the Single Outcome Agreement (SOA).

3. Background

- 3.1** CPWD agreed a new SOA in February 2014, covering the period 2014-17. This SOA detailed the 4 priority areas for partnership action in West Dunbartonshire and established Delivery & Improvement Groups to progress action on these priorities.

- 3.2** In June 2016 CPWD approved the action plans for 2016/17, detailing collaborative activity in the partnership to improve outcomes under the 4 priority areas.

4. Main Issues

- 4.1** CPWD and the Community Alliance receive regular progress updates from each priority lead on delivery of the action plan throughout the year, detailing achievements and risks in delivering the SOA. Significant progress has been made in delivering activities to support the ambitions of the SOA.
- 4.2** This annual performance report, attached as appendix 1, highlights most recent data in relation to the performance indicators for each of the 4 priority

areas outlined in the SOA. Overall 60% of targets were achieved with a further 17% just narrowly missed.

- 4.3** Within the Employability and Economic Growth priority 85% of targets were achieved/exceeded or narrowly missed. 2 PIs were significantly adrift of target. This related to the amount of vacant floor space in town centre units in both Alexandria and Clydebank.
- 4.4** 70.3% of targets were achieved/exceeded or narrowly missed under the Safe, Strong & Involved Communities priority. The PIs significantly adrift of target were:
- Number of children present during incidents of domestic abuse reported to the Police
 - Number of group 2 crimes (sexual) per 10,000 of adult population
 - Detection rate for hate crimes
 - Number of home fire safety visit referrals from partner agencies
 - Number of incidents of disorder
 - Number of public reported incidents of anti-social behaviour
 - Percentage of residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour
 - Number of deliberate fires
 - Number of accidental dwelling fires where alcohol/drugs and/or smoking materials is suspected
 - Number of instances of young people participating in diversionary activity provided through the Pulse
 - Percentage of Citizens Panel respondents who are satisfied or very satisfied with the physical appearance of their local area
- 4.5** 81% of targets were achieved/exceeded or narrowly missed under the Supporting Children & Families priority. The PIs significantly adrift of target were:
- Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care
 - Number of young people attending specialist educational day provision out with WDC schools
 - Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review
- 4.6** 91% of targets were achieved/exceeded or narrowly missed under the Supporting Older People priority. No PIs were significantly adrift of target.

5. People Implications

- 5.1** There are no people implications associated with this report

6. Financial & Procurement Implications

6.1 there are no financial implications associated with this report

7. Risk Analysis

7.1 The SOA progress report ensures CPWD can evidence the delivery of improved outcomes within the strategic vision of 'West Dunbartonshire...A great place to Live, Work and Visit'.

8. Equalities Impact Assessment (EIA)

8.1 There are no issues identified in relation to this annual progress report

9. Consultation

9.1 The DIGs were consulted in and contributed to the development of the CPWD SOA Annual Performance Report.

10. Strategic Assessment

10.1 The SOA Annual Report summaries CPWD progress and performance against all its priority areas and supporting local outcomes.

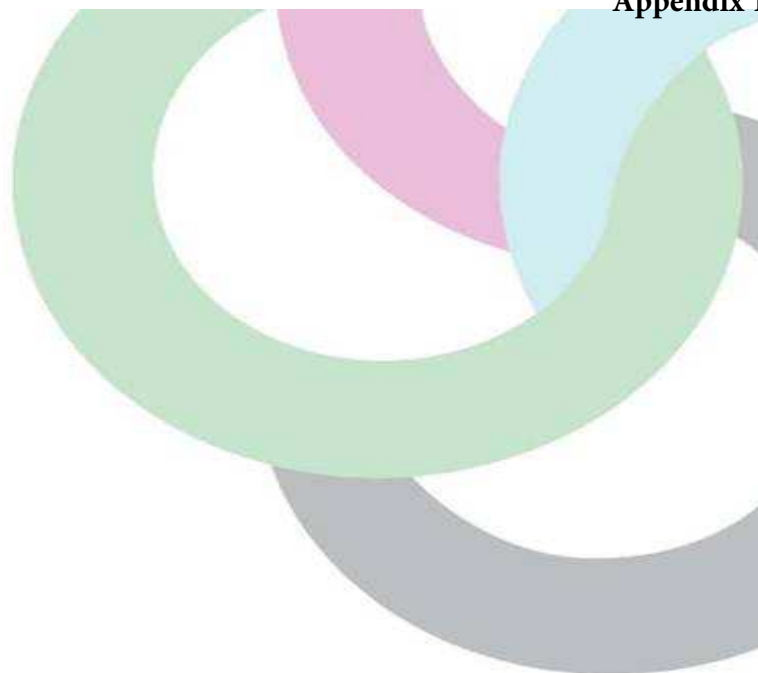
Amanda Coulthard
Corporate & Community Planning Manager
17 August 2017

Person to Contact: Amanda Coulthard – Corporate & Community Planning Manager
Amanda.Coulthard@west-dunbarton.gov.uk

Appendices: Appendix 1: CPWD Annual Performance Report 2016/17

Background Papers: [Single Outcome Agreement 2014-17](#)

Wards Affected: All Wards



Single Outcome Agreement **2014-17**

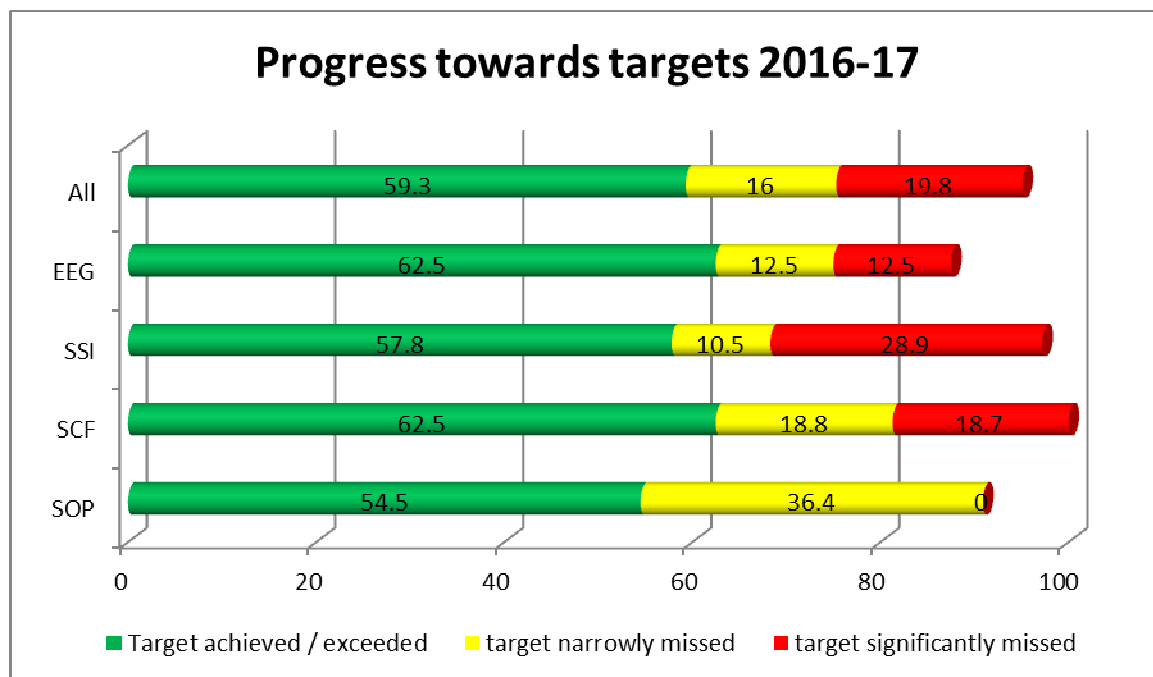
Annual Performance Report 2016/17



Introduction

During 2016/17 West Dunbartonshire's 2014-17 Single Outcome Agreement comprised **19** Local Outcomes and **81** performance measures. This progress report illustrates the year-end position for the Performance Management Framework that was in place for the 3rd and final year of our SOA (2016/17).

The following chart provides a status summary of the performance indicators that are used to measure progress towards the local outcomes in our Single Outcome Agreement - where data is available:



Of those performance indicators where current data is available, and where targets were set, 77% of targets were achieved/exceeded or narrowly missed. Further analysis of performance indicators and associated targets shows that the general trend within each priority area is:

85% of targets were achieved/exceeded or narrowly missed under the Employability and Economic Growth (EEG) priority










70.3% of targets were achieved/exceeded or narrowly missed under the Safe, Strong & Involved Communities (SSIC) priority

81% of targets were achieved/exceeded or narrowly missed under the Supporting Children & Families (SCF) priority

91% of targets were achieved/exceeded or narrowly missed under the Supporting Older People (SOP) priority







Local Priority: Employability and Economic Growth

Local Outcome: Increased the number of new business starts and supported the growth of sustainable businesses










Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Business stock per 10,000 of adult population (16+)	247	251	261	Not Available	239				Business Stock for 2015/16 period has increased positively for the WDC area.
Business start-up rate per 10,000 of adult population (16+)	33.8		37.2		25				Business Demography 2015 data shows business start-up rate per 10,000 population has increased to 37.2%.
3 year survival rate (%) of new business starts	59.5%	56.8%	62.5%		65%				62.5% of the businesses started in West Dunbartonshire in 2012 have survived until 2015. This is slightly above the Scotland figure of 62%.

The figure for 2016/17 for the above indicators will be available in December 2017.




Local Outcome: Growth of the tourism economy

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage increase in number of visitors to West Dunbartonshire	4.2%	1.2%	2.9%	1.3%	1%				The STEAM report for 2016 shows an increase of 1.3% for visitor numbers.
Percentage increase in tourism generated income for West Dunbartonshire	6.5%	4.5%	8%	2.8%	1%				The STEAM report for 2016 shows there has been an increase of 2.8% for tourism generated income.








Local Outcome: Created attractive, competitive and safe town centres and enabled the development of our major regeneration sites

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of floor space in Alexandria Town Centre that is vacant	9%	9%	11%	10%	8%				Small decrease from previous year
Percentage of floor space in Dumbarton Town Centre/commercial centre that is vacant	15%	10%	10%	8%	8%				Small decrease. Meets target
Percentage of floor space in Clydebank Town Centre/commercial centres that is vacant	7%	4%	8%	11%	5%				The increase for Clydebank is largely owed to BHS vacating a large unit last year.







Local Outcome: Improved core employability skills and assisted people into work

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of working age people with low or no qualifications	18.6%	18.3%	See note						Data no longer available
Employment rate	64.7%	67.2%	72.3%	75.4%	71.5%				The overall employment rate for West Dunbartonshire has risen to 75.4%. This is still lower than the comparative figures for Scotland of 76.8% and UK as a whole of 77.8%, but with a much reduced gap than the previous figures for West Dunbartonshire of 67.2%, Scotland 72.6% and UK 72.4%.

Local Outcome: Improved and Sustained Income levels

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of people with increased or sustained income through Benefit Maximisation	89%	90%	89%	86%	85%				Working4U Money continues to successfully support residents with in and out-of-work benefit claims. The team have reported an increase in the frequency with which they provide Appeals Representation which is linked to ongoing welfare reforms.
Percentage of the total population who are income-deprived in West Dunbartonshire	Not available			18%	22.1%		Not applicable		Source: http://www.gov.scot/Resource/0051/00513914.pptx . Due to changes with the benefits system, percentages cannot be compared over time. The difference could be due to changes in the eligibility of benefits, or there could have been actual improvements – SIMD data cannot tell.
Percentage of local people with increased or sustained income through reduced debt liability/debt management	84%	78%	71%	75%	80%				Increase of 4% on 2015/16. The percentage of people engaging with the service has increased during 2016/17. Changes in bankruptcy legislation under Bankruptcy and Debt Advice Scotland Act which came into effect in 2015, for example increased fee when bankruptcy is filed for, and has impacted on percentage of engagements in recent years. Working4U Money and the wider Advice Partnership continues to successfully support residents with routes out of debt, improving financial health and stability.

Local Outcome: Improved the quality and availability of affordable housing

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of new supply social housing for rent	48	102	91	91	80				
Percentage of council dwellings that meet the Scottish Housing Quality Standard	83.49%	87.9%	85.91%	88.19%	87.6%				This replaces the previous SHQS PI due to it no longer being published by the Scottish Government. Target exceeded at 88.19% pass. This has been submitted to SHR in our annual return to the charter. 11.8% are exempt or in abeyance. Properties in abeyance have dropped from 864 to 682.
Percentage of RSL Housing Stock (In WD) meeting the Scottish Quality Standard	98.1%	100%	See note		100%				Data not published for 2014-17. Each RSL is monitored by the Scottish Housing Regulator.

Local Priority: Supporting Safe, Strong and Involved Communities












Local Outcome: Reduced violent crime

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of Crimes in Group 1 (Violent Crimes) per 10,000 (5-year rolling average)	15.4	15.8	18.1	15.4	31.4	✓	↑	↑	Target met
Number of murders		2	1	0	Reduce	✓	↑	↑	Target met
Number of attempted murders		4	10	5	Reduce	✓	↑	↑	Target met
Number of serious assaults		56	88	83	Reduce	✓	↓	↑	Target met
Number of petty assaults		886	938	921	Reduce	✓	↓	↑	Target met



















Local Outcome: Improved collaborative working in relation to counter terrorism and serious organised crime through strong partnerships

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of awareness raising sessions delivered to Partners		32	39	35	32	✓	↓	↓	Target met
Number of awareness raising sessions delivered to Community Groups		101	105	130	101	✓	↑	↑	Target met
Value of cash and asset deprivation of serious organised crime groups & value of disruption and deprivation of access to legitimate enterprise for serious organised crime groups			£1,650,000	£614,339	N/A	N/A	↓	↓	This figure is illustrative, a target is not set for this measure
















Local Outcome: Enhanced safety of women and children

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Detection rate for domestic abuse related crimes (5 year average) per 10,000 of adult population	78.2	74.9	82.2	79.8	71.1				Target met
Percentage of domestic abuse incidents that result in crimes or offences	56.3%	52.3%	49%	39.1%	Reduce				Target met
Number of children present during incidents of domestic abuse reported to the Police		231	Not available	412	Reduce			Not applicable	While this number increased, a number of actions are progressing in partnership to ensure the impact of domestic abuse on children and young people is minimised wherever possible.
Number of group 2 crimes (sexual) per 10,000 of adult population		23.5	12.8	17.19	Reduce				This figure has increased over the year in part due to an increase in the reporting of historical sexual crimes.






















Local Outcome: Enhance safety of vulnerable groups

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	100%	100%				All clients have a current risk assessment and care plan.
Percentage of all homeless cases re-assessed within 12 months (repeat homelessness)	9.9%	10.1%	10.5%	5.6%	8%				Target met
Tenancy Sustainment levels in West Dunbartonshire are increased	83.6%	87.3%	86.8%	88.4%	89.1%				Target missed by less than 1%. A number of actions are progressing through housing services, in partnership with others, to improve and maintain tenancy sustainment across West Dunbartonshire.
Detection rate for hate crimes		92.6	83	72.5	Increase				Target was missed. However increasing the roll out of third party reporting centres and further inputs to the West Dunbartonshire Equality Forum will support an improvement in this area.
Number of home fire safety visit referrals from partner agencies	Not available		574	344	Increase				There have been a number of personnel changes within our partner agencies and within SF&R. We are in the process of establishing new pathway referrals and ensuring previous pathways are re-established.
Number of referrals to the WDC Community Safety Services Anti-Social Investigation and Support Team (ASIST) from partner agencies	Not available	104	97	99	86				Target met












Local Outcome: Reduced antisocial behaviour and disorder

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of Citizens' Panel respondents experiencing antisocial behaviour	30%	29%		28%	27%				Target slightly missed. However work through Your Community and the ASB task group progresses to reduce experience of ASB in communities.
Number of incidents of disorder		4,985	4,680	5,304	Reduce				Target missed. Actions to improve this will be progressed through the partnership ASB task group
Number of public reported incidents of anti-social behaviour		6,497	6,130	6,801	Reduce				Target missed. Actions to improve this will be progressed through the partnership ASB task group
Percentage of residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour	88%	62%		61%	75%				Target missed. Actions to improve this will be progressed through the partnership ASB task group
Number of deliberate fires	579	365	362	490	Reduce				Working with partner agencies we have established an Anti-Social Behaviour (ASB) Fire Reduction Group, this group is focusing on the reduction of deliberate fire setting by implementing a partnership approach, the majority of deliberate fires are minor and relate mainly to grass and rubbish fires . Fire reach courses run as a diversionary strategy throughout the year to assist in reducing instances of fire related ASB.












Local Outcome: Home, Transport and Fire Safety

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of people fatally injured in dwelling fires	0	0	0	0	0				Target met
Number of people (all ages) killed/seriously injured in road crashes	32	28	24	21	Reduce				Target met
Number of All Accidental Dwelling Fire (ADF) Casualties	12	5	25	19	Reduce				Target met
Number of accidental dwelling fires where alcohol/drugs and/or smoking materials is suspected	27	22	27	36	Reduce				The majority of incidents resulted in minor injuries; we are working with partners to provide telecare S/D to increase earlier detection and quicker response, referral pathways for vulnerable members of our community are established with WDC and Third Sector agencies.
Number of reports of bogus/cold callers		19	9	21	Increase				Target met
Number of bogus crimes		5	18	7	Reduce				Target met
Number of home fire safety visits completed	934	1,142	1,405	1,776	Increase				Target met

Local Outcome: Reduced impact of alcohol and drug misuse on communities







Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of incidents for Consuming Alcohol in a public place (where appropriate byelaws exist - based on a 5 Year average)	796	774	450	681.6	765				329 for 2016/17
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	95%	92.9%	91.6%	92.7%	90%				We continue to achieve the 90% NHS Greater Glasgow and Clyde Local Delivery Plan target.
Percentage of Citizens' Panel respondents experiencing community problems relating to alcohol and drugs	23%	20%	Not available	16%	20%			Not applicable	Based on average of witnessed drink and drug misuse in the community and agent purchase. Witnessed instances of drug misuse or dealing - 7%; Witnessed drinking in public - 34%; Minors asking you to buy alcohol - 6%
Number of instances of young people participating in diversionary activity provided through the Pulse	17,674	16,747	19,935	1663	12,000				The reduced number of instances are due to reduced funding and the reduced access to community venues

Local Outcome: Stronger, confident and more involved communities







Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of sustained Voluntary Organisations	942	939	930	914	Increase				Slight decrease in sustainment of voluntary organisations over 2016/17.
Percentage of the population active in volunteering and community activity	39%	39%	39%	40%	42%				Slight decrease in volunteering and community activism over 2016/17
Percentage of Citizens Panel respondents who are satisfied or very satisfied with the physical appearance of their local area	64%	70%	Not available	69%	86%			Not applicable	Activity progressing through Your Community is focused on supporting a range of physical improvements in local areas
Number of young people involved in youth consultation and representation	415	1,659	753	3,975	397				Target met

Local Priority: Supporting Children & Families






















Local Outcome: Improved attainment and achievement for early years, primary schools and secondary schools













Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Achievement rate in Skills for Work/City & Guilds courses	98%	98%	96%	N/A	95%				2015/16 data reduced by 2 percentage points from the previous session to 96%. This was one percentage point above the target. Data for this indicator is supplied by Partner Providers. 2016/17 data will not be available until December 2017.
Percentage of volunteers recruited and developed through Sports Development gaining a positive destination	85%	93%	92%	94%	80%				Target met

Local Outcome: Increased positive destinations for 16-19 year olds




Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	44%	56.5%	62%	62%	73%				8 out of the 13 children who left care during 2016/17 entered a positive destination.
Percentage of pupils entering positive destinations	90.1%	89.4%	92.2%	Not available	92%				2016-17 data will not be available until 2018

Local Outcome: Families are confident and equipped to support their children throughout childhood

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Number of children with or affected by disability participating in sports and leisure activities	175	143	149	113	125				Target not achieved due to the move mid-year of some service users to the Leisure Trust.
Percentage of child protection investigations to case conference within 21 days	80.2%	94.5%	83%	81.8%	95%				There has been a significant rise in Child Protection referrals which has meant the number of case conferences held in 2016/17 was almost double the 100 held in 2015/16. This increase has had an impact on meeting timescales.
Rate of stillbirths per 1,000 births	5.1	2	3.2	4.2	4.3				Preliminary annual figure published by National Records of Scotland for 2016.
Rate of infant mortality per 1,000 live births	2	5.1	1.1	1	3.1				Preliminary annual figure published by National Records of Scotland for 2016.
Balance of Care for looked after children: % of children being looked after in the Community	90.5%	89.1%	89.8%	90.4%	90%				Of the 425 looked after children at the end of March 2017, 384 were looked after in the community.
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014		93.3%	93.3%	100%	100%				All children aged 0-18 years have an identified "named person".
Number of young people attending specialist educational day provision outwith WDC schools	54	50	56	70	58				More young people in our specialist placement are choosing to stay on at school beyond their statutory school leaving age in order to complete a senior phase and achieve more qualifications. This is a good news story for the individuals concerned but it does mean that our numbers in alternative provision have increased.
















Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage attendance at school	93.5%	92.7%	92.8%	Not available	93.5%				WDC data from the 2015-16 school session are showing percentage attendance for that session rose by 0.1% from the previous school session to 92.8%. The figure is 0.2 percentage points below the target of 93%. Scottish Government will publish the data from the 2016-17 school session in December 2017.
Cases of exclusion per 1,000 school pupils	34	30	38	Not available	35				WDC data on exclusions during the 2015-16 school session are showing exclusion incidents per 1,000 pupils for that session increased by 8 from the previous school session to 38. The figure is 7 below the target of 45.
Number of parents with pre-5 children attending Sports Development information sessions to help sustain increased levels of physical activity at home	242	165	301	272	140				Target met
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	76.3%	77.4%	71.7%	71.7%	85%				This figure relates to 2015/16. 2016/17 data is due to be published by ISD Scotland in February/March 2018.



















Local Outcome: Improved attainment and achievement through Life Long Learning

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of learners successfully completing courses targeted at improving literacy and numeracy	78%	83%	71%	76%	76%				During 2016/17 237 learners participated in literacy & numeracy courses with 181 successfully completing.

Local Outcomes; Supporting Older People

Local Outcome: Improved care for and promote independence with older people

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Emergency admissions aged 65+ as a rate per 1,000 population	263	282	250	263	236				There were 4,179 emergency admissions during 2016/17. As a rate per 1,000 of the 65 and over population, this figure is the 3rd lowest across the partnerships within NHS Greater Glasgow and Clyde (NHS GGC) and well below the overall NHS GGC rate of 300.
Number of clients 65+ receiving a reablement intervention	542	586	542	610	545				The number of people receiving a reablement intervention within West Dunbartonshire has increased by 13% since 2013/14.
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	51%	55%	61.5%	66%	65%				Of the 610 people who received a reablement intervention during 2016/17, 403 reached all of their agreed personal outcomes. As part of our equalities monitoring, 65% of men and 67% of women who received an intervention reached their outcomes.
Number of patients in anticipatory care programmes	1,024	1,645	1,821	1,678	1,400				Target achieved. We continue to sustain high levels of Anticipatory Care Plans to support people within the community to plan and access the care they need at times of difficulty.
Number of people aged 75+ in receipt of Telecare - rate per 100,000 population	22,666	22,745	23,304	23,058	23,670				1,606 people aged 75 and over and 2,394 people of all ages were receiving Telecare at the end of March 2017.

Performance Indicator	2013/14	2014/15	2015/16	2016/17					Notes
	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of people aged 65 or over with intensive needs receiving care at home	40.71%	39.32%	35.83%	33.5%	37%				At the end of March 2017, 286 people with intensive needs were receiving 10 or more hours of homecare. This indicator is published by the Local Government Benchmarking Framework and measures volume of service rather than appropriate targeting or alternative supports which may augment homecare such as telecare. This 2016/17 figure is provisional.
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	98.2%	97.9%	97.8%	97.7%	98%				835 people were supported to live at home or in a homely setting in Qtr4 2016/17.
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	41%	39.2%	35.8%	29%	40%				Of the 3,999 people aged 65 and over who were admitted to hospital as an emergency twice or more during 2016/17, 2,839 received an assessment.
Percentage of carers who feel supported to continue in their caring role	85%	87%	80.2%	99%	90%				As part of their Carer Support Plan assessment, 204 out of the 206 people asked felt supported to continue in their caring role during 2016/17.
No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015	5	1	3	Not available	0				This is no longer reported from July 2017 due to the changes in target and calculation by the Scottish Government.
Number of people aged 18-64 years receiving a Telecare service		305	287	340	Increase				The number of people aged 18-64 years receiving Telecare has increased by 11% since 2014/15.



**Report by Head of Strategy, Planning & Health Improvement
Health and Social Care Partnership**

Management Board: 14th September 2017

**Subject: Health & Social Care Partnership Annual Public Performance Report
2016/17**

1. Purpose

- 1.1 To present the Management Group with the Annual Public Performance Report 2016/17 for the Health & Social Care Partnership.

2. Recommendations

- 2.1 The Management Group is asked to note the Annual Public Performance Report 2016/17 for the Health & Social Care Partnership.

3. Background

- 3.1 The Health & Social Care Partnership's Strategic Plan 2016-19 was approved by the Partnership Board at its August 2016 meeting. It was subsequently presented to this Management Group at its September 2016.
- 3.2 As required by legislation, the appended Annual Public Performance Report has been produced to enable scrutiny of the delivery of the Strategic Plan by the West Dunbartonshire Health & Social Care Partnership Board; and to share for interest for other stakeholders. It was formally considered by the Health & Social Care Partnership Board at its meeting of 23rd August 2017.

4. Main Issues

- 4.1 The preparation and presentation of this Annual Public Performance Report has been informed by the Guidance for Health and Social Care Integration Partnership Performance Reports. It has also been informed by local experience of integrated performance reporting; and the very positive reception to the previous Annual Performance Report, locally and nationally.
- 4.2 As the Management Group will recall, the Health & Social Care Partnership's Strategic Plan structure reflected the commitment of the Health & Social Care

Partnership Board to demonstrating “community planning in practice”; and the three Community Planning Single Outcome Agreement priorities that Health & Social Care Partnership has a lead role in delivering:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

5. People Implications

5.1 There are no specific personnel issues associated with this report.

7. Financial Implications

7.1 The Annual Public Performance Report includes a summary of the Health & Social Care Partnership’s year end financial position.

8. Risk Analysis

8.1 Section 42 of the Public Bodies (Joint Working) Act obliges integration authorities to prepare and publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

9. Equalities Impact Assessment (EIA)

9.1 None required.

10. Strategic Assessment

10.1 The Annual Performance Report evidences the commitment of the Health & Social Care Partnership Board to demonstrating “community planning in practice”; and the three Community Planning Single Outcome Agreement priorities that Health & Social Care Partnership has a lead role in delivering:

- Supporting Children and Families.
- Supporting Older People.
- Supporting Safe, Strong and Involved Communities.

Communication Bulletin

The Community Planning Partnership Management Group fully supports the continuing development of the local Health & Social Care Partnership; and recognise the considerable achievements that it has delivered within the challenging financial climate.

Soumen Sengupta

Head of Strategy, Planning & Health Improvement
Health & Social Care Partnership - September 2017

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Appendices: Health & Social Care Partnership Annual Public Performance
Report 2016/17

Background Papers: Guidance for Health and Social Care Integration Partnership
Performance Reports:
<http://www.gov.scot/Publications/2016/03/4544>

Wards Affected: All

West Dunbartonshire Health & Social Care Partnership



Annual Public Performance Report 2016/17

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West Dunbartonshire Health and Social Care Partnership Board - the local Integration Joint Board (IJB) - is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). West Dunbartonshire Council and Greater Glasgow and Clyde Health Board discharge the operational delivery of those delegated services except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway through the partnership arrangement referred to as West Dunbartonshire Health and Social Care Partnership (WDHSCP). The Health and Social Care Partnership Board is responsible for the operational oversight of WDHSCP.

This Annual Public Performance Report is available at www.wdhscp.org.uk and feedback is always welcomed.

Mr Soumen Sengupta
Head of Strategy, Planning & Health Improvement (WDHSCP)

National Health and Social Care Standards: My Support, My Life

The [National Health and Social Care Standards](#) reflect integrated health and care provision across Scotland and will be implemented in 2018. They are underpinned by five principles:

**Dignity
& Respect**

Compassion

Be Included

Responsive Care

**Support
& Wellbeing**

The national Health and Social Care Standards were published on 9th June 2017 and set out what we should expect when using health, social care or social work services in Scotland.

They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Standards are based on five outcomes:

- **I experience high quality care and support that is right for me.**
- **I am fully involved in all decisions about my care and support.**
- **I have confidence in the people who support and care for me.**
- **I have confidence in the organisation providing my care and support.**
- **I experience a high quality environment if the organisation provides the premises.**

These Standards are very much welcomed by West Dunbartonshire Health and Social Care Partnership Board, as they reflect and reinforce our own established core values of:

- **Protection; Improvement; Efficiency; Transparency; Fairness; Collaboration; Respect; and Compassion.**

‘A coherent shared vision was in place and modelled by a mature partnership.’

Care Inspectorate, 2017

1. INTRODUCTION

‘Words cannot describe my grateful thanks to the Home Care Services and everyone involved with the ongoing support given to my husband during his long and progressive illness. I would never have been able to grant my husband his wish to remain at home without [their] overwhelming support. The professionalism, respect and dignity shown allowed my husband to remain the private and proud man he was.’

Feedback from Carer

Welcome to the second Annual Public Performance Report of the West Dunbartonshire Health and Social Care Partnership Board.

This Annual Public Performance Report has been prepared as required by the [Public Bodies \(Joint Working\) Act 2014](#) and concerns the period 1st April 2016 to 31st March 2017.

Reflecting the [Guidance for Health and Social Care Integration Partnership Performance Reports](#) and shaped by our developing experience of integrated performance reporting, it demonstrates how the staff and services that constitute our HSCP continue to fulfil:

- **Our mission to improve the health and wellbeing of West Dunbartonshire.**
- **Our purpose to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.**

The Health and Social Care Partnership Board’s second [Strategic Plan](#) for 2016-19 is informed by the strategic commissioning process advocated by Audit Scotland; and benefits from ongoing engagement with a full range of local stakeholders, including third sector and community groups. Our Strategic Plan reflects the Partnership Board’s commitment to integration as community planning in practice, with its strategic commissioning outcomes articulated with respect to the three local [Community Planning Single Outcome Agreement](#) priorities that WDHSCP has a key leadership role in:

- **Supporting Children and Families**
- **Supporting Older People**
- **Supporting Safe, Strong and Involved Communities**

These high level priority areas are targeted through delivery of annual action plans detailing the collaborative actions of partners across our local Community Planning Partnership.

The activity and outcomes delivered within this Annual Public Performance Report underscores the commitment of the Partnership Board, the Senior Management Team and our staff as a whole to robust [clinical and care governance](#). It has been prepared with the context of an ambitious and ongoing national review that has been considering how current health and care targets and indicators support the improvement of health, the future of the NHS and social care services, and best use of public resources in Scotland. It also reflects a number of themes within the Chief Medical Officer for Scotland's Annual Report: [Realising Realistic Medicine \(2017\)](#), which emphasises a more personalised approach to care and decision making through a vision for targeted and universal services.

All Scottish local authorities participate in comprehensive performance scrutiny through the [Local Government Benchmarking Framework](#) (LGBF). The LGBF and the Improvement Service's overview report includes ten indicators that lie within the responsibilities of the HSCP - consideration of these can add depth to a wider performance discussion. In addition, we are working towards a transparent and comprehensive understanding of the impact of what we spend on services, and on the lives of the people that we work with. The beginnings of this technical work is included here, with initial analysis of some key areas of delivery. This is inevitably a crude breakdown and work is being taken forward that captures in a more sophisticated fashion the cross cutting impact of budgeting and spend.

This is my last official report before retiring from my role of Chief Officer, and so I would like to express my appreciation to the highly capable and passionate Senior Management Team whose commitment I have always been able to depend upon and whose confidence I have benefited from; and, most importantly, all those staff and colleagues who

*continue to
work so
hard - with
diligence
and
compassion
- to deliver
high quality*



services to individuals and communities throughout West Dunbartonshire.

Handwritten signature of Mr R Keith Redpath.

Mr R Keith Redpath
Chief Officer (2015 - 2017)

2. SUPPORTING CHILDREN AND YOUNG PEOPLE

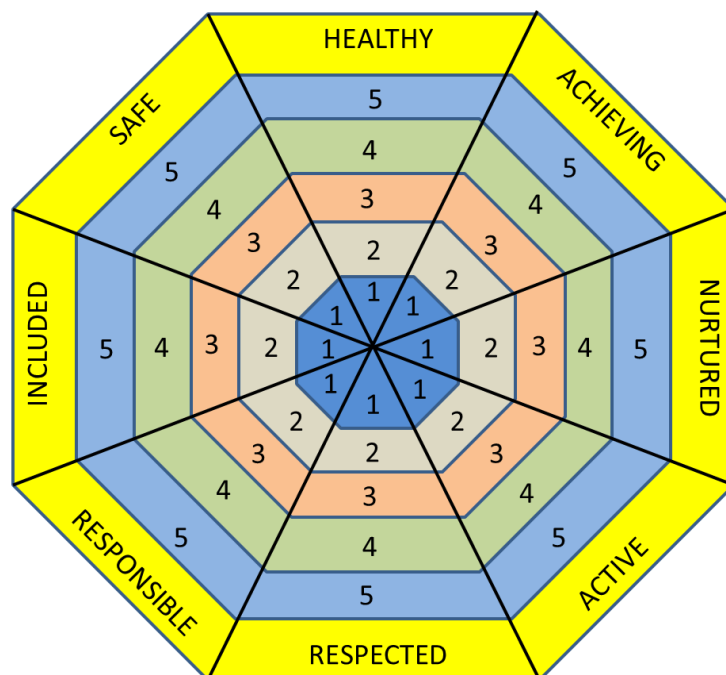
The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning priority are:

- Ensuring our children have the best possible start in life and are ready to succeed.
- Ensuring our young people are successful learners, confident individuals, effective contributors and responsible citizens.
- Improving the life chances for children, young people and families at risk.

Getting it Right for Every Child

These priorities reflect the main principles of [Getting it Right for Every Child \(GIRFEC\)](#) and adhere to the Scottish Government's vision and aim of giving every child the best possible start in life. We have embedded GIRFEC into all aspects of children's services, across community and specialist health and social work and care services.

The development of the 'Focusing on Outcomes' pilot in our residential houses, based on the GIRFEC Wellbeing Wheel, helps young people, families and practitioners to recognise progress and improvements in outcomes, based on the 8 wellbeing indicators.



A Joint Inspection of services for children and young people in the West Dunbartonshire Community Planning Partnership area took place in 2016/17. This inspection looked at the difference our services are making to the lives of children, young people and families.

West Dunbartonshire has 'highly committed staff groups across the partnership who demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning'.

Care Inspectorate, Joint Services for Children and Young People, February 2017

The [results](#) of the inspection were positive and identified:

- Services impacting positively on the lives of children, young people and families.
- A clear commitment to integration and collaboration
- Strong leaders delivering a clear vision
- A dynamic and responsive system of strategic governance
- Highly committed staff demonstrating ownership of our strategic vision for children, young people and families.

Our three areas for improvement have been taken forward through an Improvement Plan:

- Demonstrate the difference investments in early intervention and prevention are making for all children and young people through measurement of robust data and progress across strategic plans.
- Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse and local trends in use of kinship care.
- Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.

'The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.'

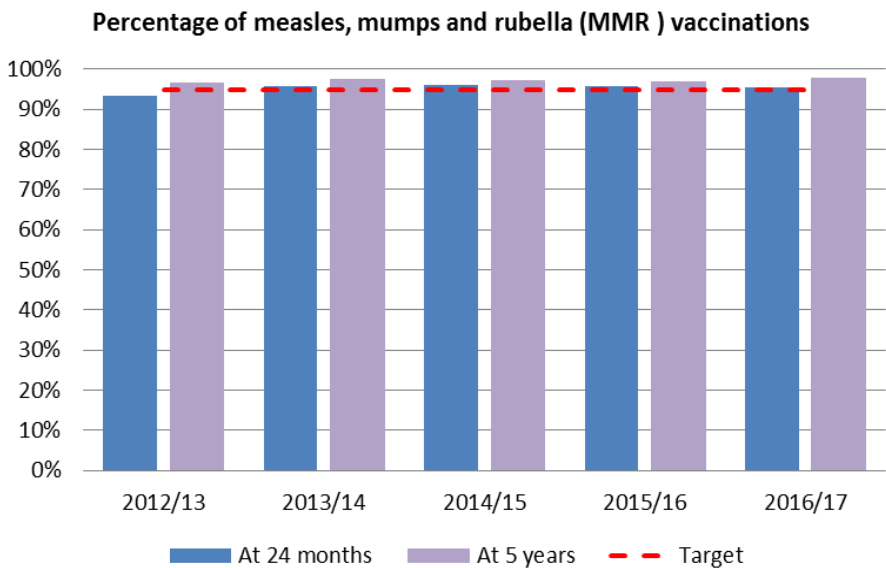
Care Inspectorate, Joint Services for Children and Young People, February 2017

Our commitment that '*all children will have the best possible start in life*' includes supporting families through pregnancy and early years, with health visiting pre-natal care and by providing intensive support to children and parents within the home and nursery settings.

The national [Child Health Programme](#), promoting early child development and family wellbeing is a provision for all children in Scotland. A key milestone is that 85% of our children have reached all expected developmental milestones by their 27-30 month child health review, meaning that developmental delay is identified at an early stage.

71.7% of children were reviewed in 2015/16, with 89.9% reviews completed, showing a reduction of 4.5% from 2013/14. Whilst Health Visiting practice was unchanged, the method of recording and data extraction nationally had revised. It is anticipated that data for 2016/17, to be reported in February 2018, will show improvements in both these areas.

The measles, mumps, and rubella (MMR) vaccine protects children, and adults, from these diseases. Since the MMR was introduced, it is rare for children in Scotland to develop these serious conditions. Our health visiting team continues to work with local general practices to successfully promote and deliver childhood vaccinations. 95.6% of all children aged 24 months received an MMR vaccination in 2016/17, higher than the Scotland figure of 94%.



As required in the [Children & Young People \(Scotland\) Act \(2014\)](#), West Dunbartonshire has adopted the Named Person procedures that reflect current best practice in 2016/17.



All 18,726 children and young people in West Dunbartonshire had an identified “named person”

In implementing GIRFEC, we have continued to focus on preventing crisis and reducing risk for children and families through using timely assessment and the right support. This reflects our shared community planning objective to focus on early intervention and prevention in the lives of children, young people and their parents and/or carers. This includes supporting initiatives that meet all of the GIRFEC Well-being indicators.

Supporting Children's Health and Wellbeing

A two year tailored healthy weight programme is now complete, with our learning mainstreamed into core West Dunbartonshire Leisure programmes. Both WDHSCP and West Dunbartonshire Leisure provide a range of physical activity programmes and healthy eating initiatives for children and adults across all ages to support continued lifestyle change and sustain increased levels of physical activity at home.



Some pregnant women and new mums who are vulnerable through, for example, teenage pregnancy, mental health, learning disability or domestic abuse, need additional help with maintaining healthy pregnancy and to care for children born with a high level of risk. The Special Needs in Pregnancy Service (SNIPS) supports vulnerable pregnant women and their partners so that they and their child are safe and healthy.

Special Needs in Pregnancy Service

Babies at risk are safeguarded with the health and wellbeing of each child and parent being assessed and addressed. SNIPS promote early sharing of information and early collaboration with parents and family members to ensure the best outcomes for their children. SNIPS has developed robust and transparent working relationships with colleagues in Police and voluntary organisations. This early intervention approach ensures that children, who require complex care planning, receive this quickly and effectively. Parenting Capacity assessments begin pre-birth, with multi agency early intervention identifying pregnancies where the threshold of risk indicates that either the unborn or new born child may require child protection measures.

The success of the SNIPS team comes from its multi-disciplinary approach which provides a robust assessment and review of need and risk and supports a healthy pregnancy and better outcomes for children and their families. The valuable work of the SNIPS team enhances the life chances of the most vulnerable children born in West Dunbartonshire and provides a foundation for these children to have the best possible start in life.

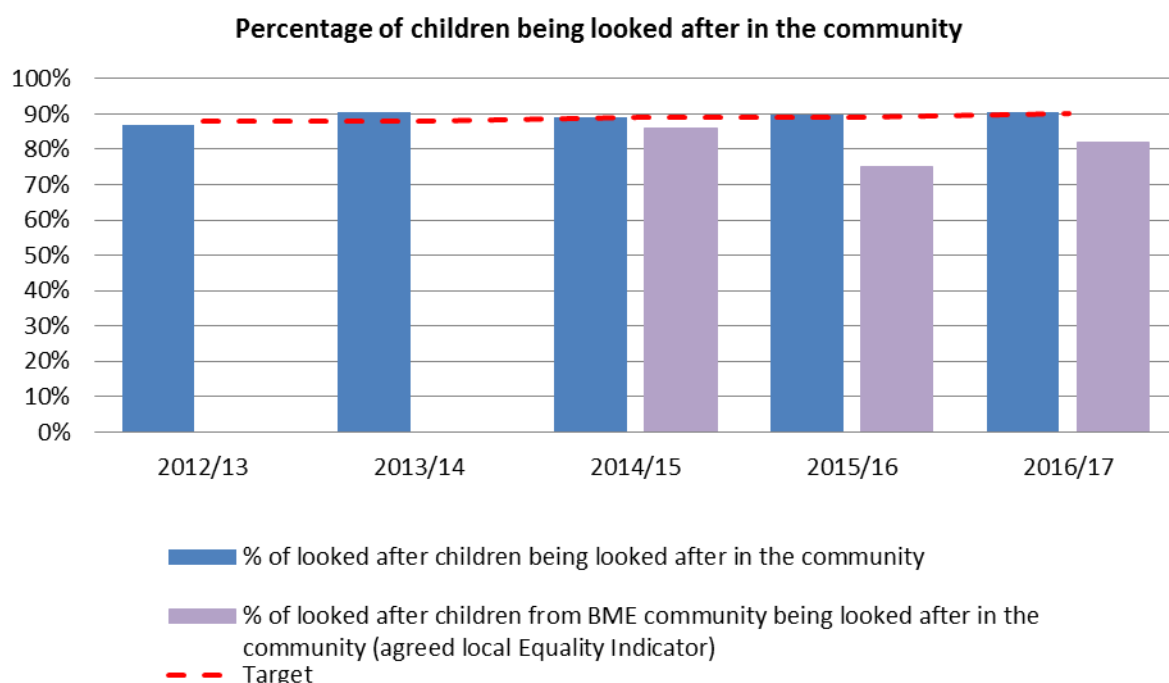
Looked After Children's Services

We support children to continue to live at home wherever possible. By providing support to children and families, problems can often be resolved without the need to separate them from their family. We strive to increase the proportion of children and young people who are looked after in the community. This key priority requires effective early intervention, prevention and providing families with the right support they need, when they need it.

As shown below, this has increased from 87% in 2012/13 to 90.4% in 2016/17. These figures are revised annually to reflect the Scottish Government's Children's Social Work Statistics publication which reports the academic rather than financial year.



At the end of March 2017, 384 of the 425 looked after children were being looked after in the community.



82% of looked after children who are from a black ethnic minority (BME) community were looked after in the community at the end of March 2017. Although this is lower than the overall figure, the numbers involved are very small, meaning the percentage fluctuates more significantly.

We recognise that some of our most vulnerable children and young people do need to be cared for away from home. WDHSCP's Looked After and Accommodated Children (LAAC) service strives to improve the lives of these children and young people, providing a nurturing and loving environment. We have continued to see positive results across our regulatory services inspections, awards applications and self-evaluation for our looked after and accommodated services.



Burnside Children's House was awarded the Scottish Institute for Residential Child Care (SIRCC)'s **Residential Child Care Team of the Year Award 2016.**

'Innovative, sector leading practice.'

'Staff are amazing they really care for us.'

WDHSCP Looked After Children's Team were finalists in Scottish Association of Social Work (SASW) **Team of the Year Award 2016**

Our young people are very positive about the development of our [Corporate Parenting](#) Champions Board with representation from some young people, Council Officers and key partners who have Corporate Parenting responsibilities. This builds on current forums that engage care experienced young people and aims to ensure that our Corporate Parents and young people are fully engaged in improving lives, with the voice of our care experienced children and young people at the centre.

'Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development.'

Care Inspectorate Joint Services for Children and Young People, February 2017

When D moved into Burnside Children's House in Spring 2015, it was a big change for him in adapting to a new home, staff and children. Staff from his previous residential house also moved to Burnside, which made his transition easier, including his keyworker who he has a positive relationship with. This caring, consistent approach, providing D with the information to make informed decisions, has worked well for him.



D was keen to attend a work placement course and Burnside staff, his school and fieldwork social worker, together with Skillseekers, supported him towards this aim. Despite initial difficulties, he was encouraged to keep trying and found a placement as a green keeper in a local sports ground. This is an outstanding achievement for a young person who did not attend school for almost a year. D has grown in confidence within his work placement and within Burnside House with staff supporting and guiding him through his journey. He interacts maturely within the house and sets a good role model for the other young people.

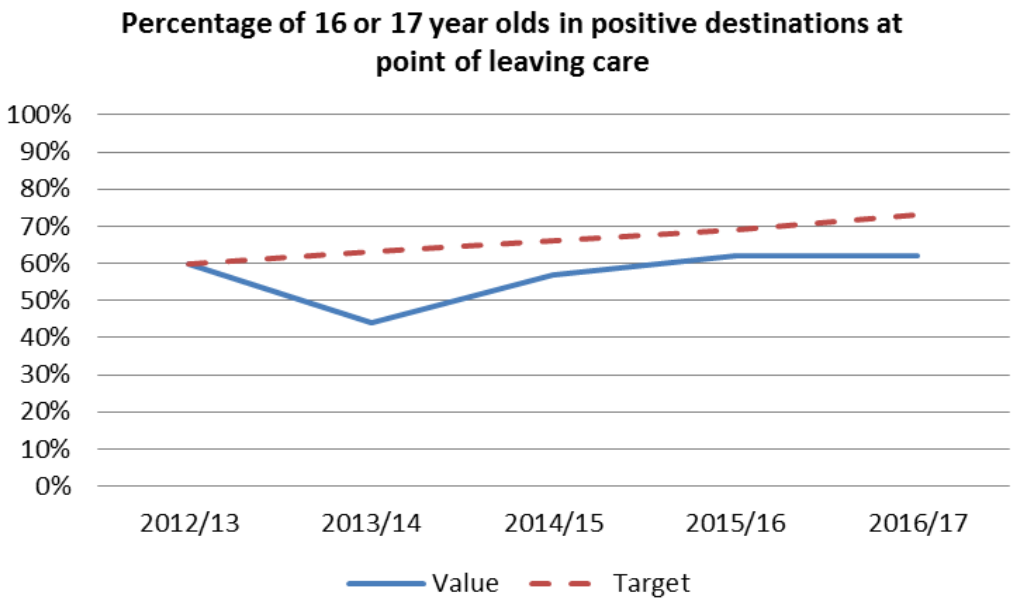
The HSCP's Looked After and Accommodated Children (LAAC) Team strive to improve the lives of some of our most vulnerable children and young people who are unable to live at home with their families. The service includes three Children's Houses, Permanence and Foster Care teams, Throughcare and Aftercare provision and an Alternative to Care service. As individual teams, and a whole service, they strive to be sector leading, to maintain a culture with the needs/voices of each individual child at the centre.

When the children from Burnside Children's House nominated their staff team, who then won SIRCC's national Residential Child Care Team of the Year award 2016, it showed a real commitment from staff to create a homely and warm atmosphere, as reflected in the statements of the young people and visitors to the houses. Staff believe 'our young people come first and we ensure that they are at the heart of everything that we do'. There is a feeling that 'we are all in it together' and this ethos creates the positivity that supports the LAAC team in West Dunbartonshire.

Our Throughcare and Aftercare team's Adult Placement Service was awarded gradings of 6 (Excellent) by the Care Inspectorate in February 2017 for Quality of Care and Support and Quality of Staffing. The inspectors noted that:



- The needs of young people were reliably and comfortably met through joint working approaches
- Young people were supported exceptionally well
- Key strength of the service was collaboration with partners to ensure effective outcomes for young people
- Much improved links with our local mental health provision



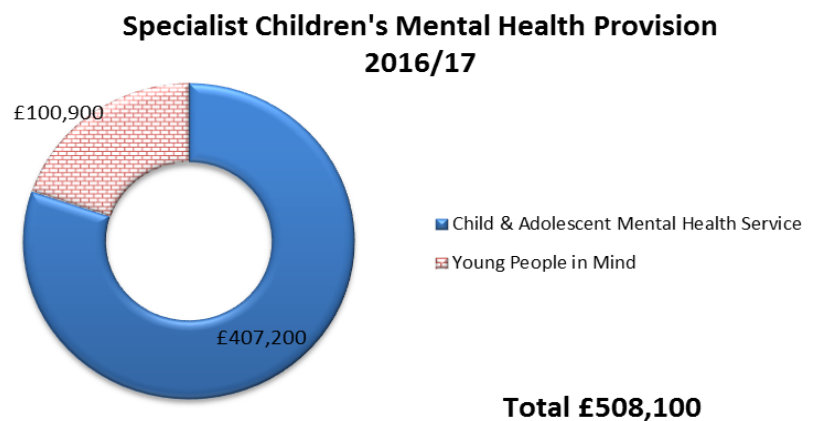
The [Scottish Care Leavers Covenant](#) is a commitment to young people who have experience of the care system that they matter. At our annual Corporate Parenting Event, in 2017, West Dunbartonshire committed to the Covenant, focusing on the long-term wellbeing needs of care leavers.

Thirteen young people left care during 2016/17; and of these 62% entered further/higher education, training or employment at the point of leaving care. This matches our performance in 2015/16 and shows sustained improvement on the 2013/14 figure of 44% – however, again, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.

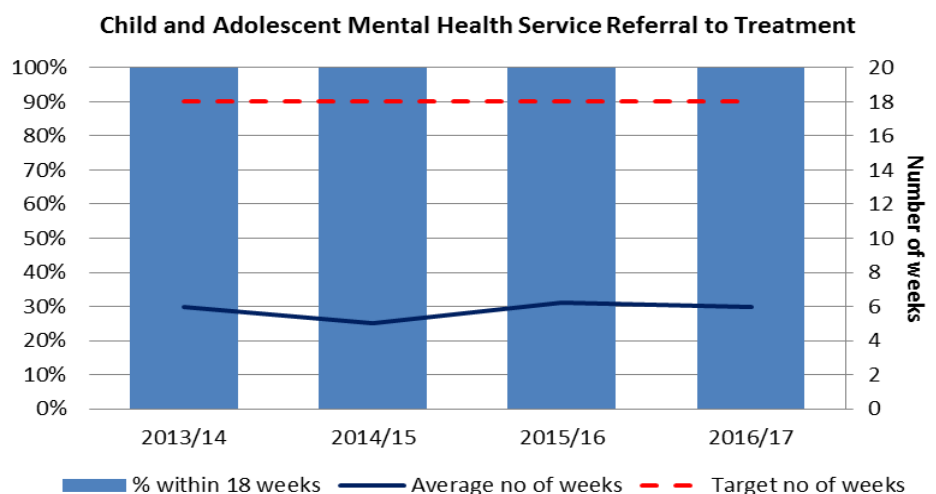
Scottish Government's [Health and Social Care Delivery Plan](#), reinforces the equal importance of mental and physical health. Supporting care experienced and vulnerable children and young people in physical and mental health, WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. Robust and early planning systems have been implemented to support transitions from children's services to specialist adult services.

Around 10% of children and young people have a clinically diagnosable mental health problem. These can disproportionately affect children from lower income households and areas of deprivation. Child and Adolescent Mental Health Services

(CAMHS) embrace the range of services that contribute to the mental healthcare of children and young people, and their families and carers. In 2016/17, £407,200 was spent on CAMHS provision, with 381 new referrals during the year, in addition to ongoing support to those already engaged.



Timescales from referral to treatment for CAMHS have consistently been well below the target time of 18 weeks: the 381 children and young people referred during 2016/17 received treatment within an average of 6 weeks.



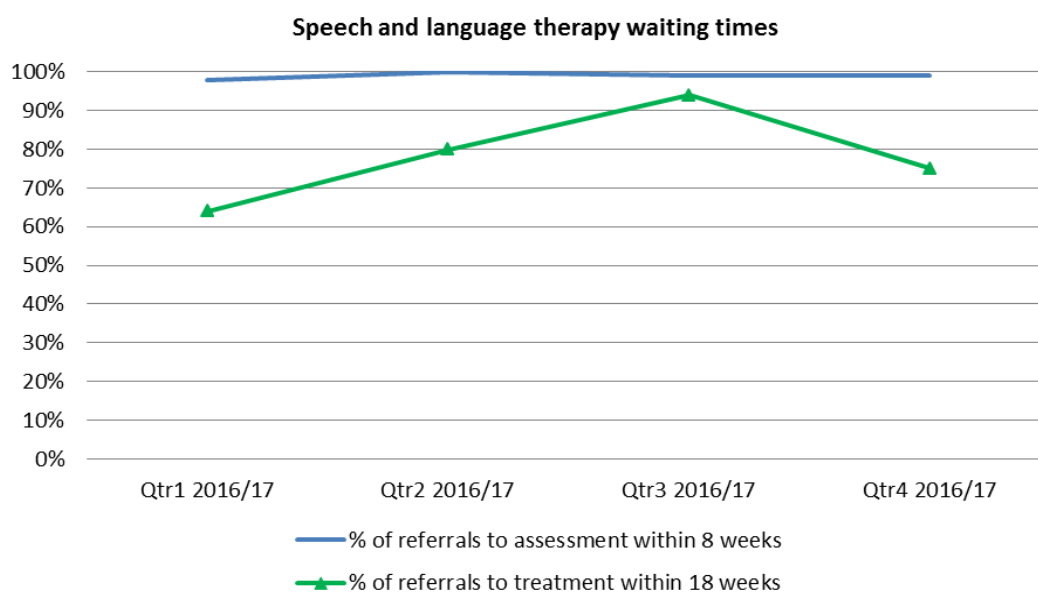
Young People in Mind, a specialist mental health resource for our care experienced young people, continues to successfully support care leavers and young vulnerable adults, recognising the long term value of support in early adulthood. Young People in Mind reflects approximately 20% of the children's specialist mental health provision for WDHSCP, being £100,900 in 2016/17 and supports some of our most vulnerable children and young adults.

Our Speech and Language services provided training to upskill parents, built on a similar successful model to train staff in our early years, school and looked after children's services settings. This has achieved positive results, with parents telling our Speech and Language services that they are now better able to support their children.

'We have found the techniques and strategies learned to have real value for helping our son progress with his language and difficulties he faces. Thanks again.'

'We are now equipped with the tools to help build on my son's communication.'

The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales.



It is important to respond timeously to concerns regarding communication and developmental delay. In 2016/17, 99% of children received completed triage within 8 weeks and 75% of children and young people began treatment within the 18 week target.

WDHSCP Paediatric Speech and Language Therapy Team was commended at the WDC Staff Recognition Awards 2017 for **Team of the Year**.

3. SUPPORTING OLDER PEOPLE

The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning priority are:

- Avoid unnecessary delays in hospital discharge
- Reduce emergency admissions to hospital across the population
- Reduce unnecessary admission to hospital in people over 65 years
- Support more people at the end of life to die where they choose

WDHSCP leads on the strategic priority of Supporting Older People across Community Planning Partners, primarily through the vehicle of the local [Integrated Care Fund](#) Plan (ICF) which reflects our commitment to avoiding unnecessary hospital admissions and supporting people to live as independently as possible and safely within a homely setting for as long as possible.

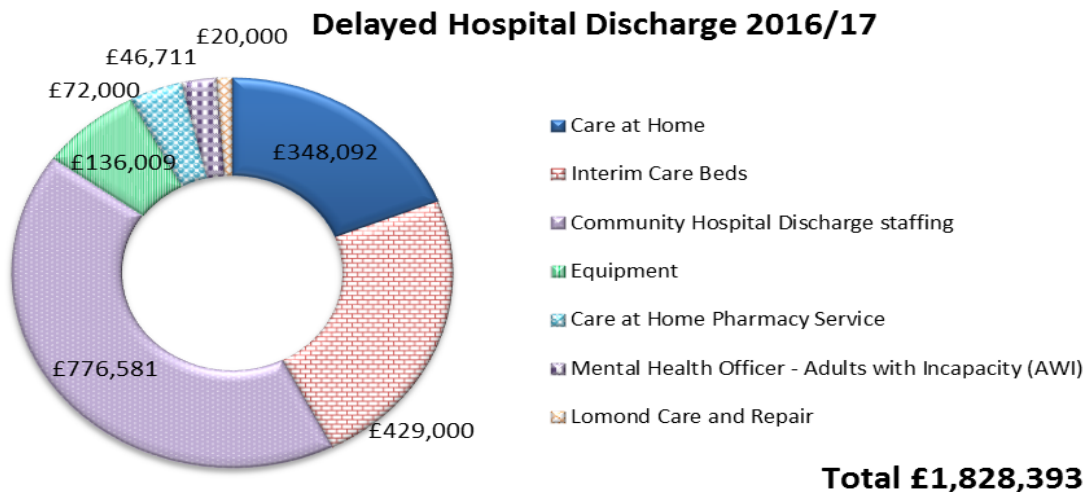
To achieve this we work with communities to build community capacity. This means working together to avoid unnecessary admissions to, and delay in discharge from, hospital through strong partnerships of statutory, third and independent sector providers of health and social care provision in the community.

[West Dunbartonshire's Social and Economic Profile 2017](#) shows that we have seen relatively large increases in our share of the 20% most deprived data zones in Scotland, showing the biggest increase in relative deprivation from 2012. Our Strategic Needs Assessment reflects that we have high levels of people with long term and complex conditions, often linked to the history of heavy industry in the area, with related diseases affecting people at a relatively young age. Because of this, our commitment to work together in shifting the balance of where care and support is delivered to people from hospital to community settings and people's homes is essential; supporting a whole population approach to improved health and wellbeing.

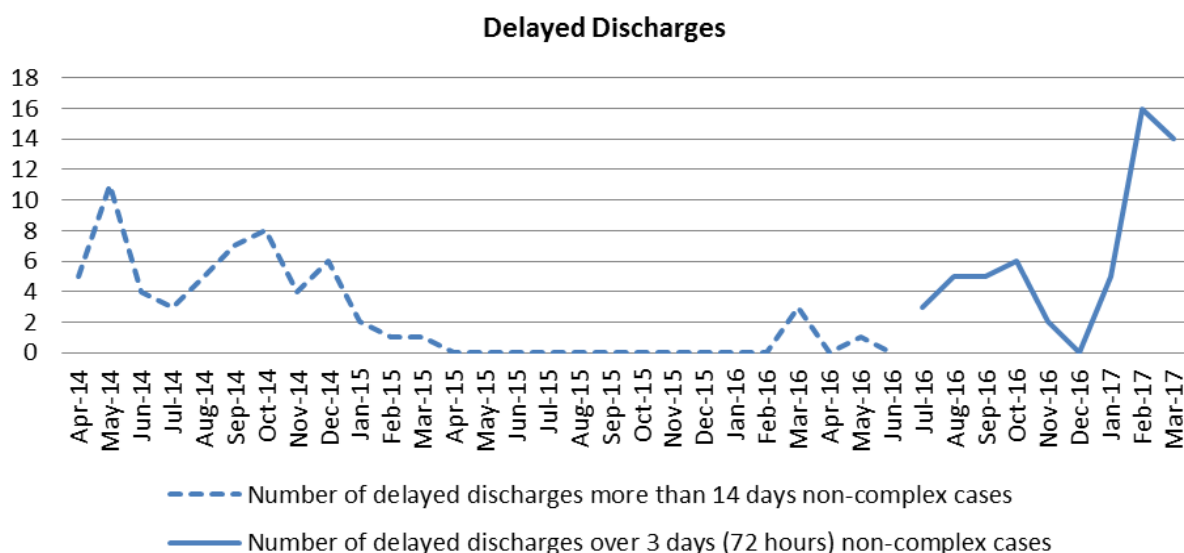
'Partners evidenced a clear commitment to integration and collaborative working.'

Care Inspectorate , 2017

When people leave hospital they often need support or care, sometimes for a short time. Our award winning integrated Community Hospital Discharge Team works with patients and carers in planning their discharge from the point of admission to hospital. Our Hospital Discharge Liaison Workers are based in hospital wards, supporting a smooth transition between acute and community services, providing planned discharge from hospital at the point a person is medically fit to return home. This can often involve a number of WDHSCP and partner services.



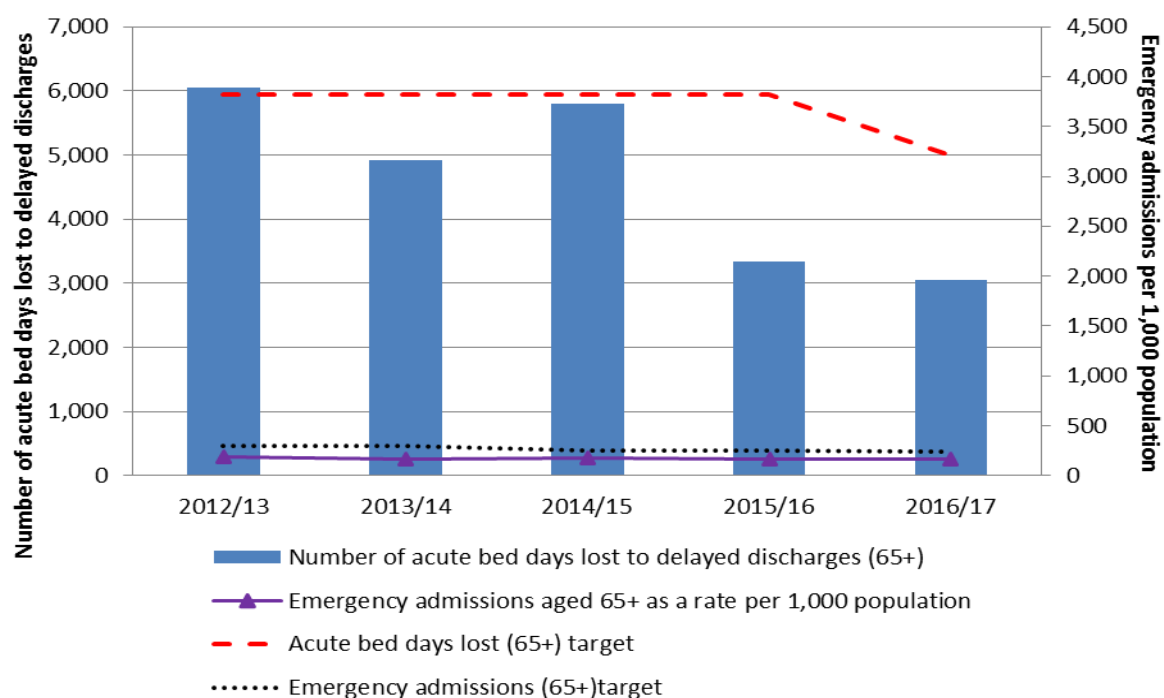
A complex array of factors can affect appropriate and timely discharge, including home care, medicines review, suitable accommodation and clinical support. The illustration below is indicative of the crosscutting financial commitment required to meet this aim. An indicative total of £1,828,393 is identified as aligned to supporting delayed hospital discharge in 2016/17. This has supported the positive long term trend of significantly reduced delay for people in our community being discharged.



From 1st July 2016 targets for delayed discharge and methods of calculating delays were revised by the Scottish Government. The chart above displays performance against both the 14 day target and the new 72 hour target. Performance against the 72 hour target declined in February and March 2017 due to an increase in demand combined with a temporary decrease in capacity. However, the number of patients whose discharges were delayed beyond 3 days reduced back down to 5 in April 2017.

Sustained results in hospital discharge outcomes have been achieved through the impact of service redesign, responsive and developing practice across WDHSCP teams and their influence in supporting change within hospital ward settings.

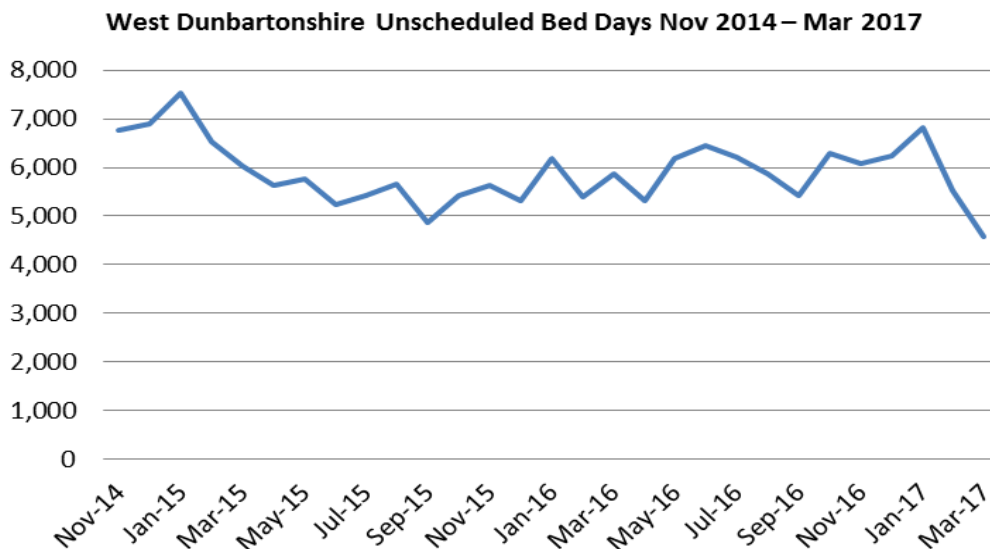
By focusing on timely and appropriate hospital discharge the number of acute bed days lost to delayed discharge for West Dunbartonshire residents has reduced by 47% from 5,802 in 2014/15 to 3,047 in 2016/17.



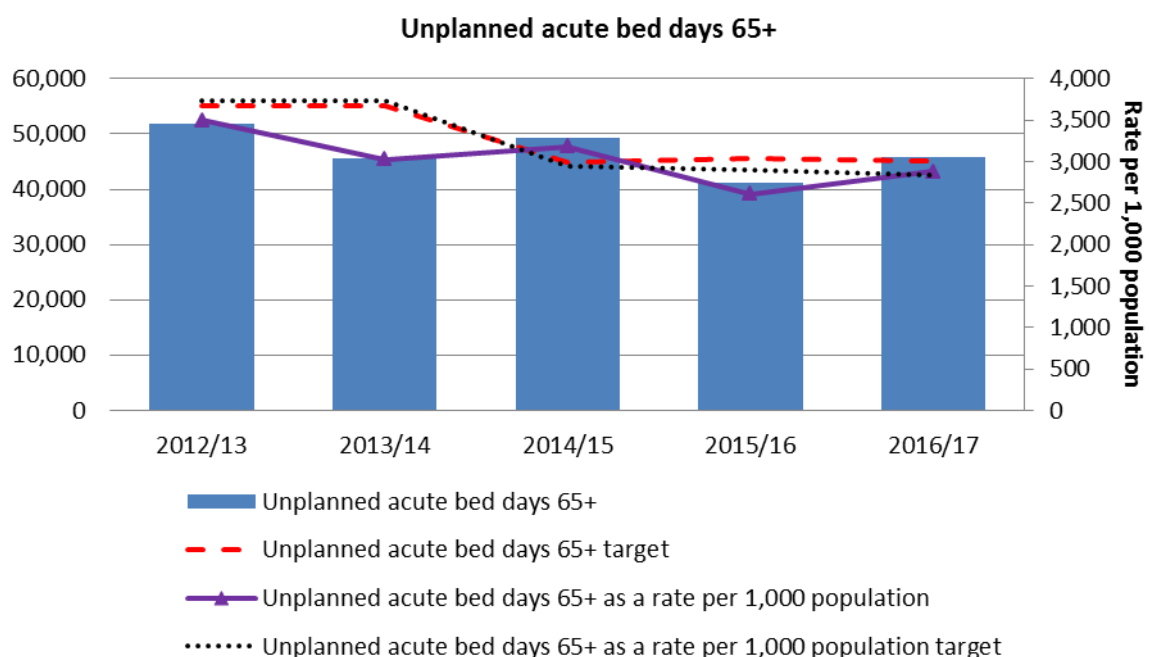
WDHSCP's Community
Hospital Discharge Team was a **finalist** at
the 2016 Scottish Health Awards.

Reducing Unscheduled Care

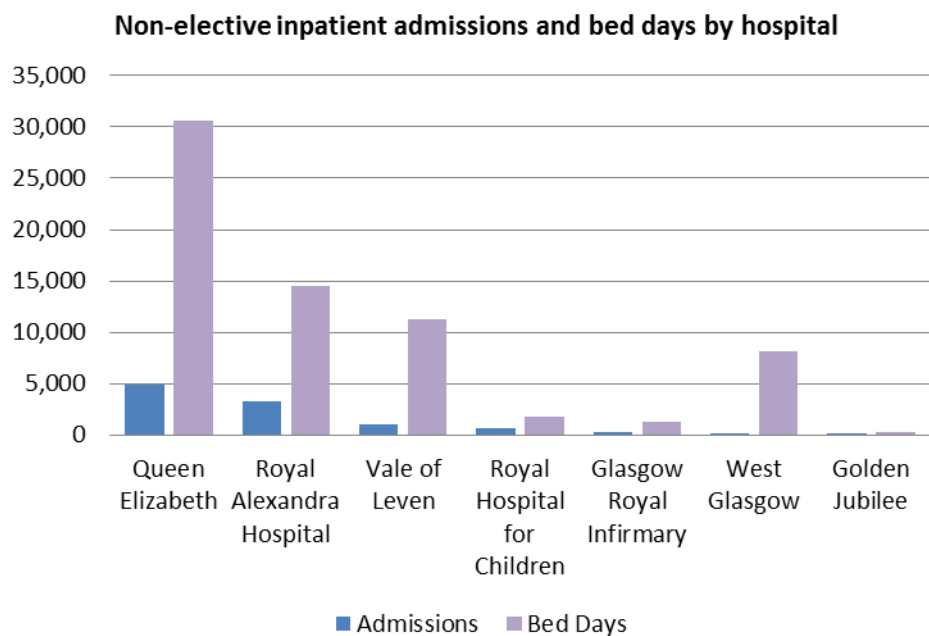
Unscheduled care is the unplanned treatment or care of a person usually as a result of an emergency or urgent event. This usually means a person presenting at Accident and Emergency services and can result in their being admitted to hospital. This can be due to a fall, illness or otherwise being unwell. Our out of hours support in the community is increasingly used.



While the number of unplanned acute bed days for people aged 65 and over in 2016/17 has increased on the previous year, the overall trend is positive with a reduction of 11% between 2012/13 and 2016/17.



Improving unscheduled care is a shared priority for the Partnership Board, its neighbouring Integration Joint Boards, NHS Greater Glasgow and Clyde and the Scottish Government. This reflects the challenges presented by the combination of continuing shifts in patterns of disease to long term conditions; growing numbers of older people with multiple conditions and complex needs; and a pressurised financial environment.

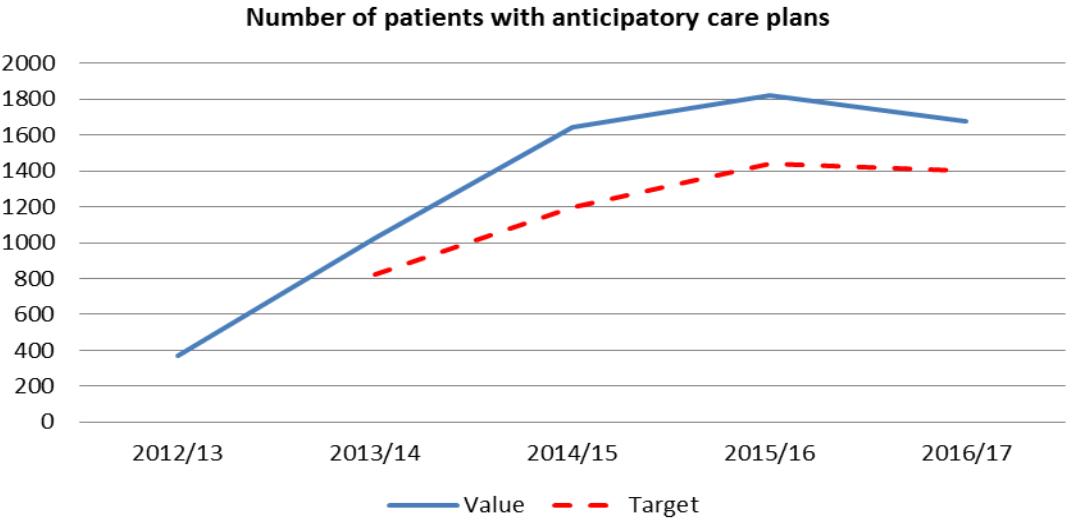


In 2016/17, Queen Elizabeth Hospital accounted for the highest proportion of non-elective hospital activity: accounting for 46% of all admissions and 56% of all bed days used by West Dunbartonshire residents. Royal Alexandra Hospital accounted for 32% of admissions and 26% of bed days and Vale of Leven Hospital accounted for 10% of admissions and 11% of the total bed days. Of these 3 hospitals, the Queen Elizabeth had the highest average length of stay at 8.1 days. Average stay in the Vale of Leven was 7.2 days and in the Royal Alexandra Hospital, 5.7 days.

Critical to addressing these pressures then has been on-going work and developments to shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment. At the same time, waste and variation in clinical practice need to be addressed, alongside promoting the reliable implementation of effective interventions. To that end, during 2016/17 the Partnership Board approved its [commissioning objectives to improve unscheduled care for residents of West Dunbartonshire](#). At the heart of these comprehensive commissioning intentions is a commitment to invest, redesign and deliver an effective infrastructure of community services.

The anticipatory care plan (ACP) is a summary of ‘thinking ahead’ discussions between the service users, those close to them and the practitioner. By effective anticipatory care planning with our most vulnerable individuals; we have been able to provide for people their preferred supports where and when appropriate alongside available locally managed nurse led in-patient beds. We have increased our capacity through introducing additional specialist anticipatory care planning nurses in WDHSCP, with a focus on planning for high risk individuals and ongoing review of ACPs in order to maintain or improve individuals’ independence and prevent their circumstances deteriorating.

Our target for 2016/17 was to sustain the high level of 1,400 people with anticipatory care plans. We have successfully achieved 1,678 and are continuing to identify and review vulnerable people through increased capability to provide and review ACPs and support to General Practice, specifically targeting people with high level needs.

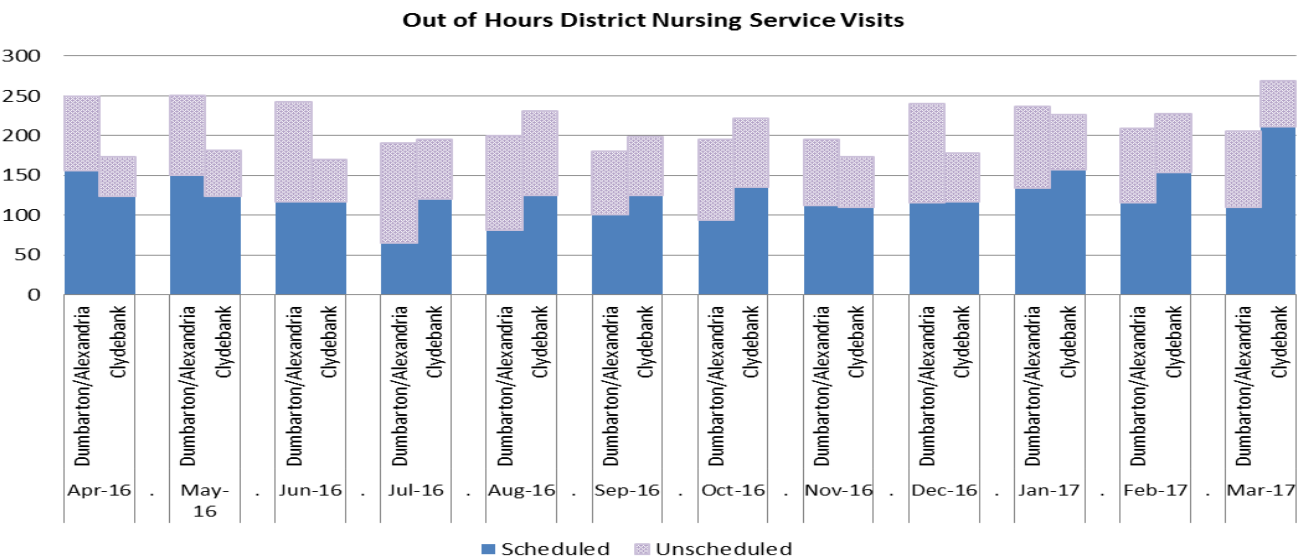


Of those people aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 71% had been assessed for services and supported by WDHSCP.

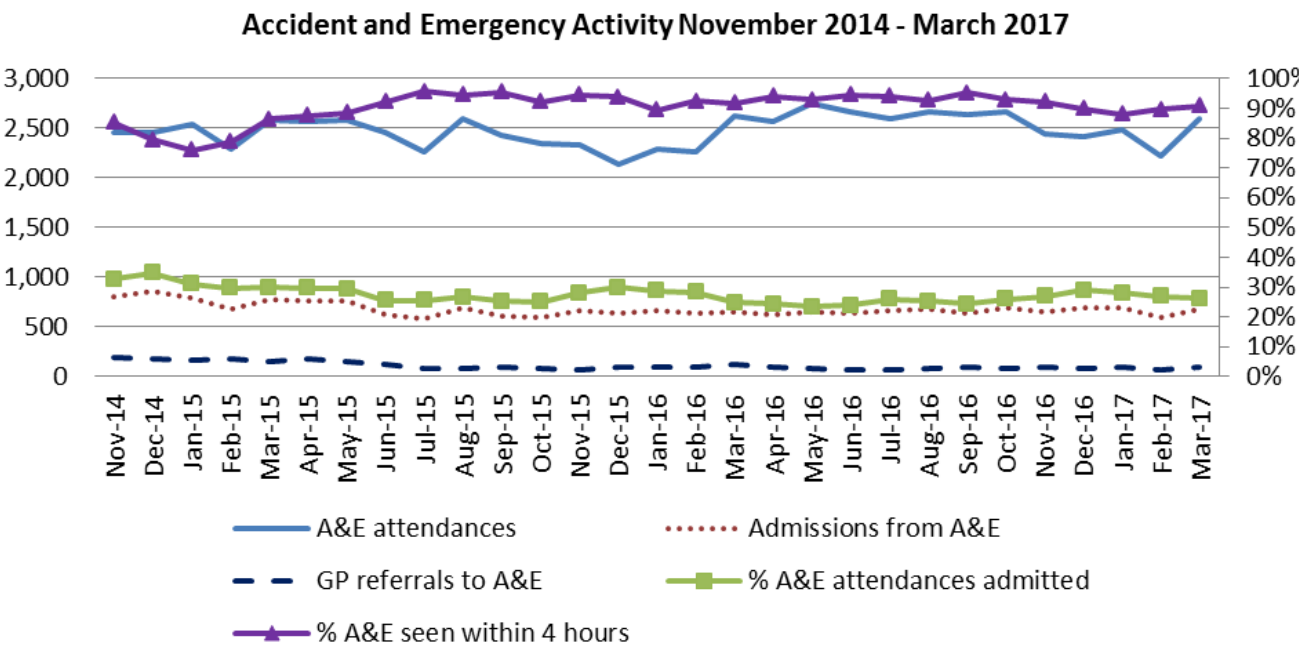


Our commitment to providing community out of hours provision helps prevent inappropriate hospital admissions and uses anticipatory care plans to provide people with their preferred supports where appropriate. WDHSCP District Nursing and Care at Home services link directly to out of hours GP services and all our local authority and private sector care homes.

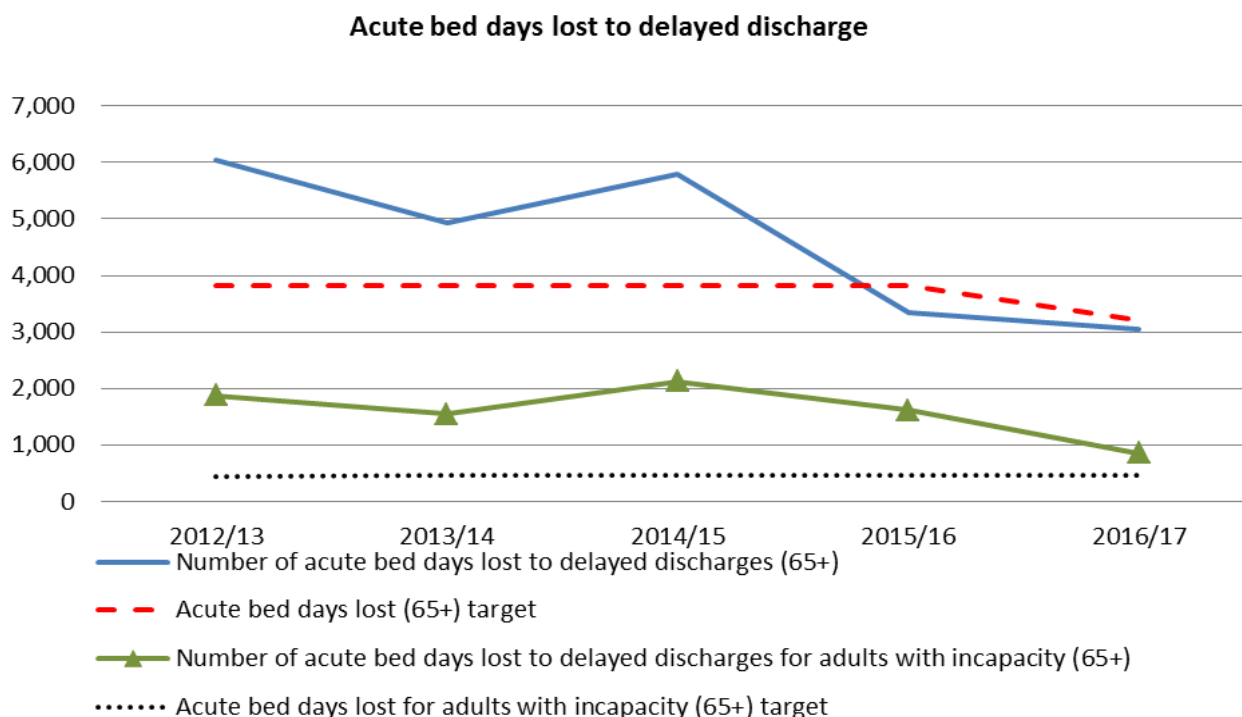
The chart below illustrates Out of Hours District Nursing Service activity during 2016/17 across our two Localities. We have increased the available out of hours provision; including care at home, respite and district nursing services. This has resulted in a reduction in unnecessary hospital admissions. In total there were 5,042 visits, 2,596 in Dumbarton/Alexandria and 2,446 in Clydebank: 41% of these were unscheduled, highlighting the responsive nature of the service.



In addition, provisional data from Information Services Division for the number of attendances at Accident and Emergency Departments shows a decreasing trend in the long term, despite a slight increase within 2016/17.



Almost a third of the acute bed days lost to delayed discharge in 2016/17 relate to Adults with Incapacity (AWI). Hospital discharge for patients who lack capacity can be lengthy and complicated, and can sometimes lead to extended delays.



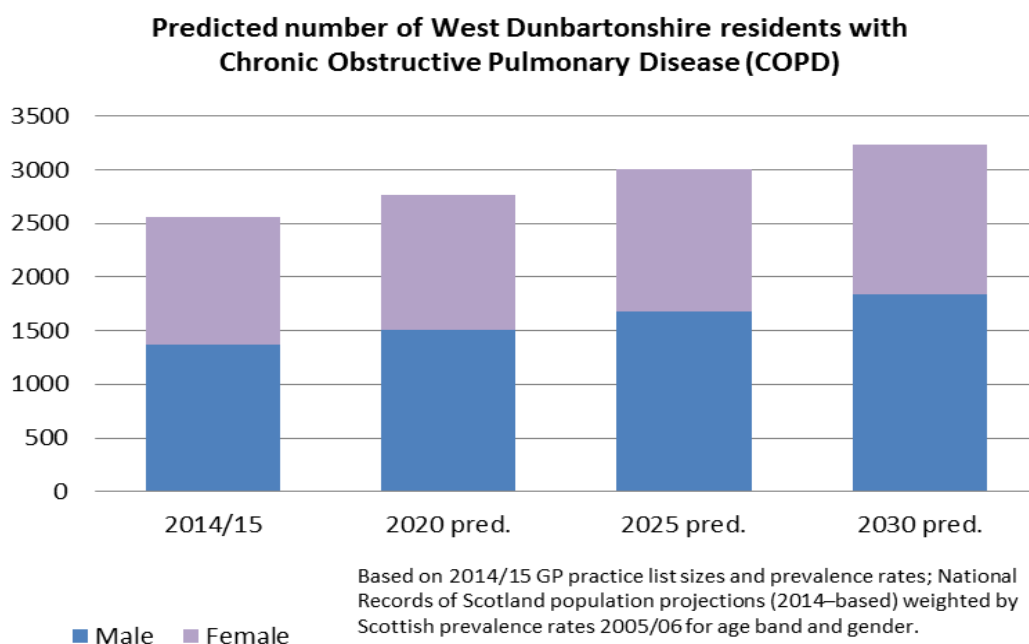
However, we have substantially reduced the bed days lost to AWI by 55% between 2012/13 and 2016/17. This has been achieved through increasing capacity in our Mental Health Officer (MHO) service by increasing provision to support Adult with Incapacity and Guardianship processes, thus working to reduce delay in the most complex cases.



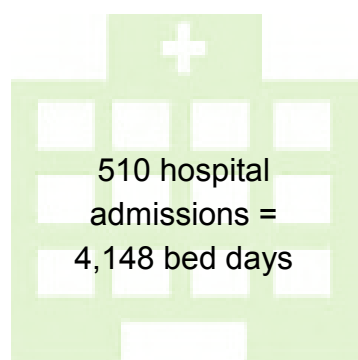
Responding to Chronic Obstructive Pulmonary Disease Prevalence

Our Strategic Needs Assessment identified an increasing number of people with Chronic Obstructive Pulmonary Disease (COPD) in West Dunbartonshire, identified as a result of a history of heavy industry and poor health linked to a range of long term conditions in the area.

Below are crude predictions for the number of people with COPD. In line with this the number of people with COPD is projected to rise by 26% from 2,557 to 3,229 between 2014/15 and 2030.

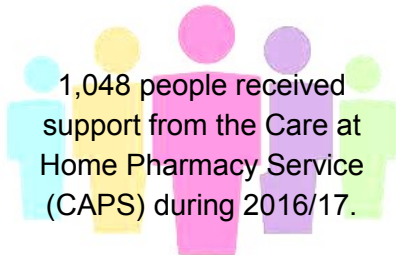


In 2016/17 there were 510 hospital admissions where COPD was the primary reason for admission and this equated to 4,148 of the bed days used by West Dunbartonshire residents.




Our COPD nursing service, managed within WDHSCP district nursing, provides training, advice and support to Care at Home and Care Home staff within care homes. This provides staff with the skills and confidence to support their service users to live as independently as possible in their home/homely setting. In recognising that some of our most vulnerable members of the community may not readily seek out services, we are targeting non-engaging service users.

Delivering a truly integrated community health and care service we have continued to demonstrate success working with all of West Dunbartonshire's GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. All of the GP practices participated in the Medicines Management Local Enhanced Service (Repeat Prescribing); and WDHSCP's Prescribing Team continued to work with local GPs to support compliance with the Formulary Preferred List, with 80.2% compliance as at March 2017.



1,048 people received support from the Care at Home Pharmacy Service (CAPS) during 2016/17.



The HSCP's Prescribing Support Team was recognised as the **Self-Management Supporting Health and Social Care Partnership of the Year** at the 2016 Health and Social Care Alliance Scotland Awards.

Care at Home Pharmacy Service

West Dunbartonshire Health and Social Care Partnership's Care at Home Pharmacy Service (CAPS) provides targeted pharmaceutical interventions to people recently discharged from hospital and receiving Care at Home Services. The CAPS service supports people and carers to manage their medicines, offering support in the home to avoid admissions and re-admissions to, and supporting discharge from, hospital. Working alongside other HSCP services, it delivers a dedicated service to improve compliance with medicines and support vulnerable older people in our community, visiting them in their homes to ensure that they have the right medicines and helping them take the right dosage at the right time.

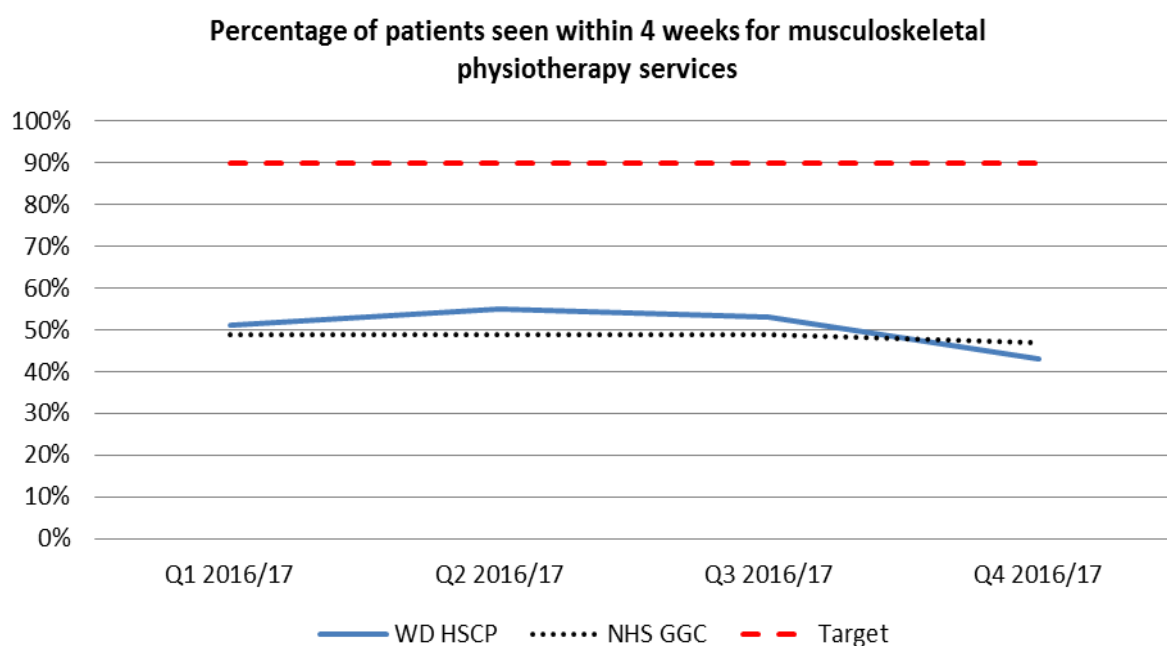
When Mr. P was discharged from hospital he was visited by a Care at Home Pharmacy technician to ensure he was managing a complex set of medication effectively and safely. Mr. P was already using a compliance aid and the pharmacy technician went through his medicines with Mr. P and agreed that he managed well. Where Mr. P no longer required medication prescribed in hospital, or did not want to continue taking it, the pharmacy technician passed the request for review directly onto the GP practice. The service does not just help people to manage their prescribed medicines; they arranged a replacement for a broken nebuliser for Mr. P and contacted the WDHSCP smoking advisor for Nicotine Replacement Therapy with ongoing support. After a CAPS referral, the Fire Safety team also prioritised visiting Mr. P for a home safety check.

Musculoskeletal Physiotherapy (MSK)

WDHSCP hosts the Musculoskeletal (MSK) Physiotherapy Service for the Greater Glasgow and Clyde area. WDHSCP has led a NHSGGC-wide change process to support the delivery of improved waiting times for MSK Physiotherapy – and this remains challenging given rising demands. Target timescales were reduced nationally from 90% of patients seen within 9 weeks to 90% within 4 weeks from 1st April 2016.

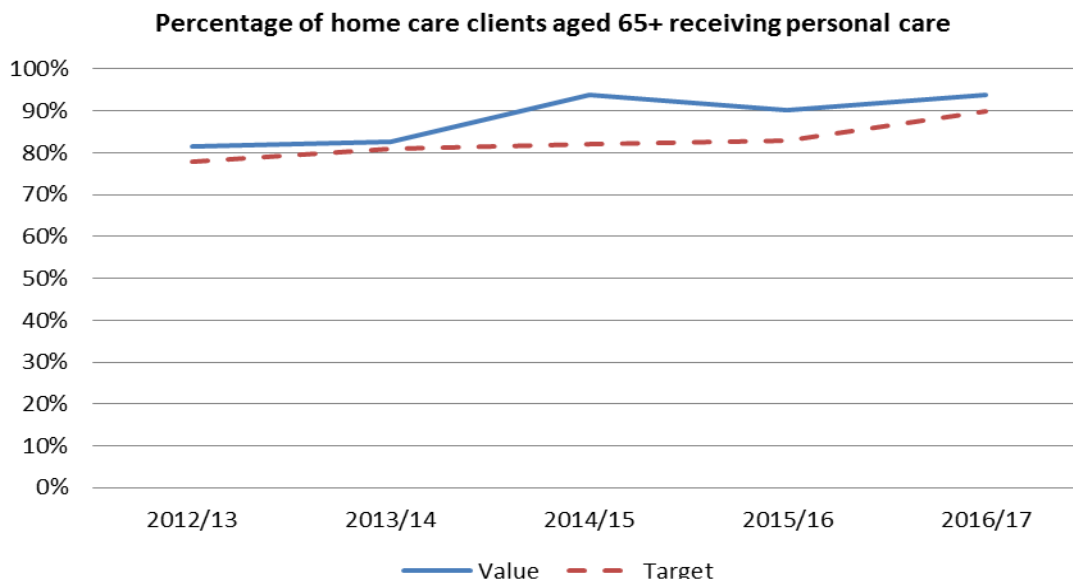


In 2016/17 there were 6,771 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 4,591 new patient appointments; and 12,285 return appointments. Waiting times for a routine appointment continue to rise as demand exceeds capacity but, on average, 50% of patients are seen within 4 weeks of referral.



Care at Home: Support to Live at Home

For many older people Care at Home provision is a crucial service that supports them to continue to live at home. WDHSCP is ranked first in Scotland for the proportion of adults receiving any care or support who rated it as excellent or good in 2015/16 at 88%. The Scottish national figure has decreased from 84% in 2014/15 to 81% in 2015/16.



With increasing levels of personal care we are continuing to target services towards those with high level needs, in order to maintain or improve their independence. People with high level needs often require visits of two or more carers to provide support.

By prioritising those with high level needs the Care at Home service can maintain or improve individuals' ability to avoid unnecessary hospital admission, return to a homely setting, support independence; and where possible prevent their circumstances deteriorating.




In 2016/17 WDHSCP provided 9,206 carer hours per week to people aged 65 and over and 10,640 carer hours per week to people of all ages.

Our Care at Home Service was awarded the **Scottish Association of Social Work (SASW) Award 2017** for their 'best example of collaboration in an integrated setting'.



Our annual survey of people who use WDHSCP Care at Home provision continues to indicate a high satisfaction rate with the service. In 2016/17:

- 97% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 98% of clients stated that their contact with Home Carers has improved their quality of life.
- 99% of clients agreed or strongly agreed that their Home Carers treated them with dignity and respect.



‘Fantastic group of carers and they can't do enough for me.’

Telecare

The number of people receiving a Telecare service has increased by 8.8% since 2012/2013 to 2,394 in March 2017.

Our provision of Telecare has become an integral part of our care packages to allow people to remain at home and to provide support to carers. The development of our Technology Enabled Care (TEC) demonstrator flat within a sheltered housing complex provides staff, services users and carers with an opportunity to see TEC equipment in action, promoting use of TEC in self-management, focusing on person-centered and community delivered care.

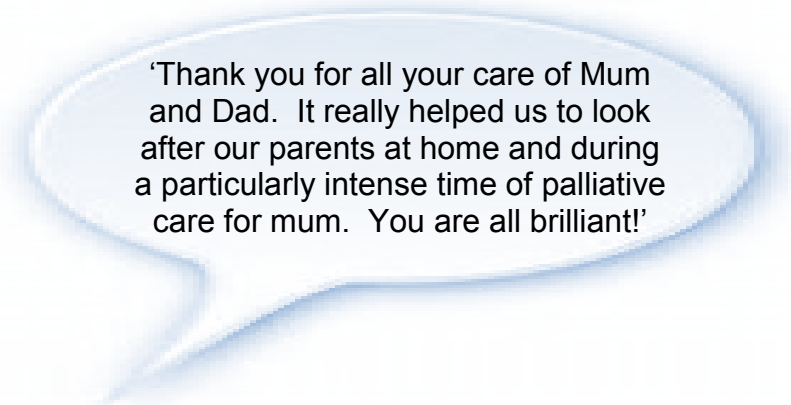
‘Most people were extremely or very satisfied with the care they received.’

Care Inspectorate, 2017

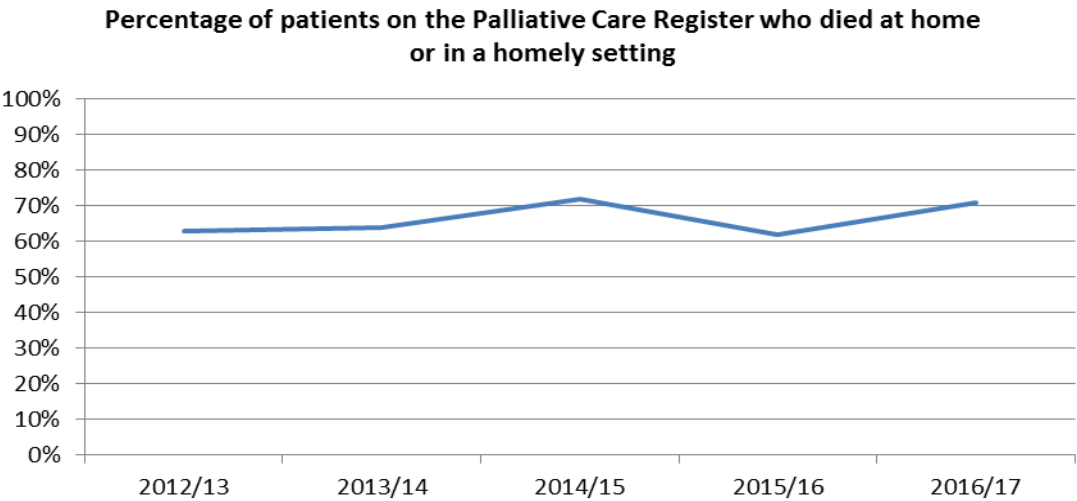
Telehealth and care assists and supports vulnerable people living at home to maintain independence in the community with protection, reassurance and peace of mind that support is on hand. Sensors automatically signal any required response to an emergency or crisis and WDHSCP telecare is innovative in providing a mobile worker response, where in many other areas, family and friends are relied on. Wide ranging provision such as work with local epilepsy groups, supported by the wide range of sensor and alarm equipment, mean that tailored packages to meet an individual's needs can be introduced.

Our Care at Home staff continue to support clients, through reablement, to re-learn the skills necessary for daily living and improve levels of independence. This reduces the likelihood of being readmitted to hospital and increases the person’s confidence and skill in independent living. During 2016/17:

- 610 people received a reablement service.
- 66% of people who received a reablement package reached their agreed personal outcomes and re-learned the skills necessary for daily living and improved their levels of independence. As part of our equalities monitoring, 65% of men and 67% of women who received an intervention reached their outcomes.



Many people want the choice to die at home, where they feel safe and comfortable. The local integrated palliative care services have been able to care for the increasing number of people with complex long term conditions and those at the end of their life, giving residents the choice of being supported in the place most appropriate to them when it comes to the end of their life. All of our patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary completed within EMIS. In 2016/17, 71% of people on the Palliative Care Register were supported to die at home. 22% of cancer deaths and 39% of non-cancer deaths occurred in hospital.



Care Homes: Living in a Homely Setting

Where people live has an enormous impact on their health and wellbeing - and their ability to manage their condition(s); and feel safe and confident within a homely setting. We have continued to work closely with colleagues within the Care Inspectorate to deliver high quality standards within all of our older people's residential care homes, achieving mainly 4 and 5s within inspections throughout 2016/17. Along with a number of older people residential and day care services, our Care at Home Services, Sheltered Housing and Community Alarm services achieved grades of 5 (Very Good) in Care Inspectorate regulatory inspections, all receiving positive reports regarding outcomes.



As part of our vision we are replacing the Council's older people's care homes and day care with buildings that provide service users, their relatives and our staff with a modern living and working environment which enables better person-centered care within more eco-friendly facilities and transforming the residential care we provide for older people.

Crosslet House

Crosslet House is a new purpose built care home in Dumbarton that aims to transform the lives of its residents and their families, providing a well-staffed and equipped 'Home for Life' for our residents with access to a range of health and care services for our day care users, including therapeutic and rehabilitative facilities as well as social and recreational activities.

Planning permission has been granted for a second care home and day care centre at Queens Quay, Clydebank by West Dunbartonshire Council.

During 2016/17 we have continued to expand My Home Life across both statutory and independent provision. One cohort of training for Care Home staff, from both WDHSCP services and the independent sector has further embedded My Home Life in care home provision. Reflecting its success the training has been expanded to Care at Home staff.

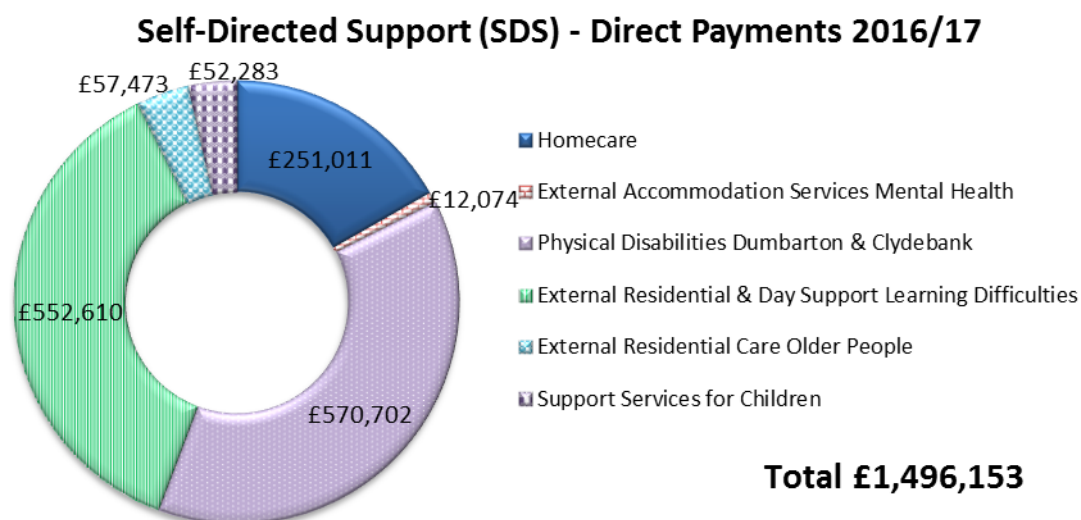
In 2017 the WDHSCP Care Contract Team was the first team to 'go live' with the new Electronic Document Management System (EDM), CIVICA, across our Health and Social Care Partnership. New and innovative processes, staff training and the development of 'dip and work flow' process maps continue to assist with supporting improved processes for families.

Self-Directed Support

We recognise and are committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support (SDS) provides. To support service users and families to understand our options, SDS is embedded in our assessment process across adult and children's services. Our Integrated Resource Framework continues to support indicative personal budgeting assessment. This framework supports fairness and equality across all individuals eligible for local authority funded support.

SDS provides opportunity for four options in deciding your own care: these being Direct Payment, Individual Service Fund, Local Authority arranging and organising your support or a mixture of any of the three options above.

Whilst the numbers of service users that have opted to take a Direct Payment option of SDS continue to be small, the total value of Direct Payments has risen steadily from £1,100,542 in 2014/15 to £1,496,153 in 2016/17. The expenditure on SDS Options 1 and 2 in 2015/16 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16% over the same time period.



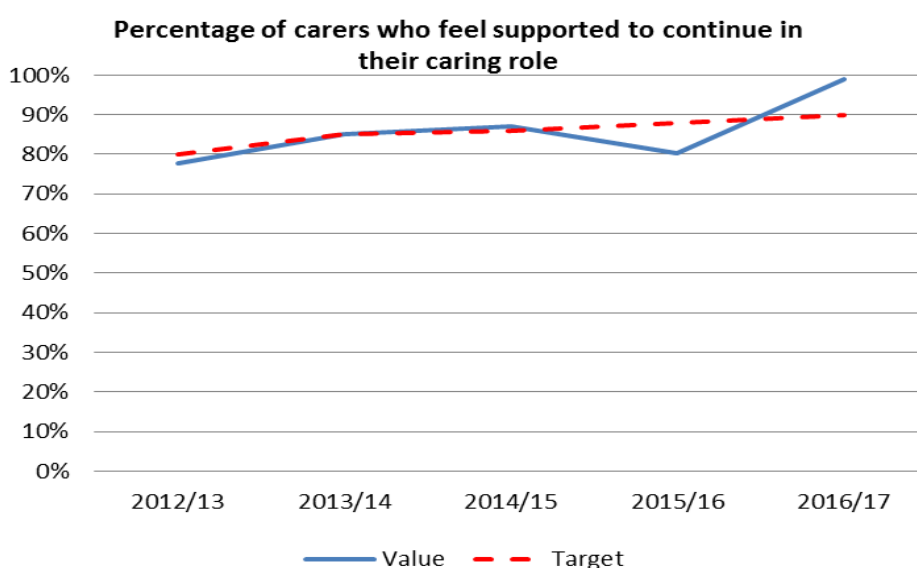
The uptake of SDS Direct Payments continues to almost exclusively be by adults and older people, with only 3% being utilised for support services for children.

WDHSCP works in partnership with third sector organisations, Carers of West Dunbartonshire (adult carers), Y Sort-it (young carers) and West Dunbartonshire Community Volunteering Service (WDCVS) to provide carer services across West Dunbartonshire. This has seen a review and revalidation of West Dunbartonshire Carers Development Group to take forward implementation of the [Carers Act 2016](#). This partnership approach works to plan services, identify carers and focus resources to ensure adult and young carers feel like equal partners in the planning and delivery of care and support.

‘Young Carers Y Sort-it has helped me become the person I am today, and honestly I don’t know where I would be without them.’

Carer’s story

‘My day had become a mixture of personal care, medical procedures and housework and the highlight of my week was an outing to the supermarket. I had a Carer’s Assessment completed and I’ve been able to do several courses that enabled me to help care for my husband. I have always had trouble relaxing and taking part in an Aromatherapy course at the Carers Centre, a massage and relaxing music, has become a very welcome alternative to sedation. It is amazing the number of times that I have been offered a therapy, just as I was getting to the “end of my tether”.’



In 2016/17, Carers of West Dunbartonshire supported 1,236 adult carers, with 6039 enquiries/contacts recorded. Y Sort-it supported 120 young carers. In 2016/17, there were 1,439 carers identified of people being supported by WDHSCP services.

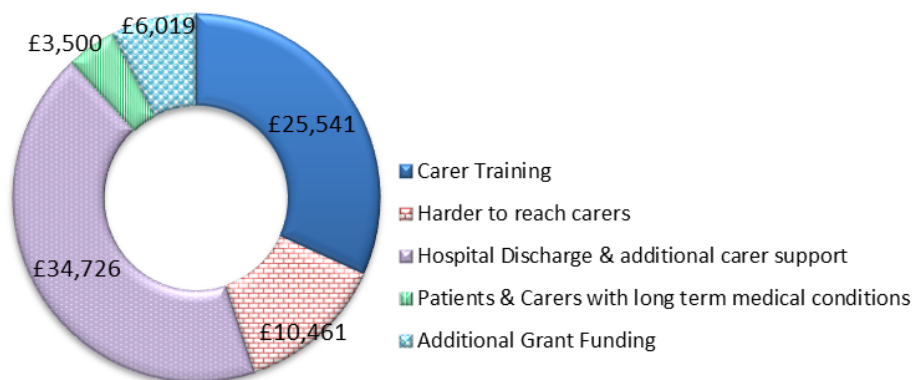


99% of carers who had a Carer Support Plan identified that they felt supported

'I began to hear myself laugh again.'

Co-located carers posts within WDHSCP Community Hospital Discharge and Addiction Teams have seen timeous and integrated support for carers and continue to support improved identification of carers and those most in need.

Carers Information Allocation 2016/17



Total £80,247

'Just to be. Let go guilt. Relax and socialise again. Accepting that I am doing the best I can.'

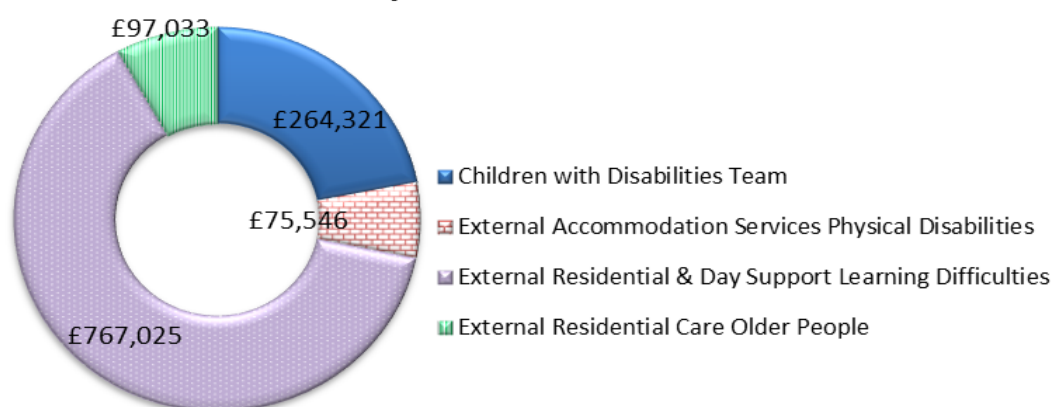
Recognising the challenges in supporting hard to reach carers, Carers of West Dunbartonshire-led SEARCH (Support and Education for Alcohol Related Challenges in the Home), focuses on identifying and supporting carers affected by alcohol related issues, with a particular focus on younger adults at risk of using alcohol as a coping mechanism for caring related stress; and older adults aged 65 and over, emerging as a 'hidden' group of people with alcohol related issues.

The initiative has identified an increased number of carers; with 74 carers newly identified directly through SEARCH initiatives. This has developed significantly, with over 80% of referrals for SEARCH now being made across WDHSCP Teams of Addictions and Mental Health (59%) and Community Hospital Discharge (25%).

We have also prioritised the identification and engagement of Black and Minority Ethnic carers and hard to reach groups: through our partnership with Carers of West Dunbartonshire there has been increased engagement with local Black and Minority Ethnic groups.

WDHSCP's Respite Booking Bureau focuses on delivering respite to families and carers based on a model of choice; coordinating respite in one single access point for carers and practitioners to find suitable and appropriate respite provision. Focusing on early intervention and preventing unplanned and crisis respite, we continue to provide building based respite, breaks at home, supported holidays and emergency respite. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers.

Respite Services 2016/17



Total £1,203,925



During 2016/17, 228 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.

Reflecting a key WDHSCP priority to support people to live safely and independently at home or in a homely setting, a range of appropriate housing options is vital to ensure individuals are able to live independently within their community. WDHSCP has worked with the Council's Housing Section (in its role as strategic housing authority) and the wider Housing Sector reflecting the local Housing Contribution Statement, which sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. This has resulted in innovative housing solutions supporting older adults and adults with learning disabilities and mental ill-health to live more independently in the community.


Independent sectors providing community based supports is reinforced through our partnership agreement with West Dunbartonshire CVS, our Third Sector Interface, which provides a wide range of initiatives, including Link Up, befriending and foot care in the community, building on our commitment to a social prescribing model.

The connectivity between workstreams and a multi-agency approach allows us to support a co-production approach across all our communities; for example in the delivery of Dementia Friendly West Dunbartonshire.



Key self-care programmes with enhanced interventions (including targeted health improvement activities) are in place. Work is ongoing with independent sector organisations, for example the Link Up scheme with WDCVS. Work has commenced on developing Technology Enabled Care programmes of care for COPD patients and Frailty.

Through our partnership with CVS, our foot care in the community is a volunteer foot care/nail cutting service that sees volunteers trained by WDHSCP Podiatry staff undertaking basic foot care tasks for vulnerable people in the community who are unable to manage these tasks, with processes for onward referral agreed as required. Increasing community capacity in this way allows greater capacity within Podiatry services to provide higher priority care and ensures people in the community receive the care they need.



WDHSCP Daycare Officer Karen McNab was awarded the **Community's Award** at West Dunbartonshire Council's 2017 Employee Recognition Awards, recognising her outstanding commitment to the health and wellbeing of the people in her care.

'I wouldn't be here without them - in such a mobile state.'

David tells us that the support he receives as an adult with cerebral palsy living in West Dunbartonshire is invaluable to his ability to live as independently as possible.

Cerebral palsy is a lifelong condition that affects muscle control and movement. As cerebral palsy affects everyone differently, treatments and therapies are tailored to a person's individual needs. Support from WDHSCP, including physiotherapy, occupational therapy, speech and language, and care at home provision often helps people with cerebral palsy live more independently at home and in the community, providing support around their assessed need.

As a child David was supported by Bobath Scotland, a specialist cerebral palsy resource, working in partnership with our Children's Health and Care services. Whilst traditionally supporting children's services, the value of their work, being the only bespoke cerebral palsy service in Scotland, was identified as also of value for adults. Whilst David was receiving good support from WDHSCP Adult Care Team and his carers, he found it frustrating to lose Bobath support. Staff also reported a need for specialist bespoke training to meet individual service user needs. The HSCP Adult Care Team Managers listened to these messages and worked to find a solution.

Our pilot partnership project, focusing on an integrated approach to planning and support between WDHSCP, Bobath, the Scottish Government, The RS Macdonald Charitable Trust and the Robertson Trust, aimed to understand the specific challenges facing adults with cerebral palsy in their local communities. This has resulted in significant improvements, with Bobath now providing assessments, home visits, delivering follow up therapy and training and working with professionals locally, developing a model pathway that can be adopted by other areas and services. This project has increased long term capacity within West Dunbartonshire; augmenting understanding of cerebral palsy and how to best respond to assessed needs. Bobath has supported the HSCP and our partners to build understanding and skills, and redesign existing resources to support adults with cerebral palsy to live as independently as possible in the community. This increased knowledge and confidence of staff has led to more confident and dynamic decision making and care.

People with cerebral palsy have identified that they know where to ask for help and are better able to self-manage and live independently with confidence. Better signposting to specialist services has led to increased confidence in living independently.

Professionals have increased knowledge and are clearer about cerebral palsy and the impact that it has on physical health and that of carers, also reflected in the improved knowledge and support from the Carers' Centre.

4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

The key strategic aims for the Health and Social Care Partnership Board with respect to this commissioning priority are:

- The creation of opportunities for people with learning disabilities to be supported to live independently in the community wherever possible.
- To deliver effective care and treatment for people with a mental illness, their carers and families.
- Through efficient and effective partnership working with key stakeholders, to reduce the harmful effects of alcohol and drugs and promote recovery in local communities.

WDHSCP's strategic priorities for Supporting Safe Strong and Involved Communities reflect our commitment to the safety and protection of the most vulnerable people within our care and the wider community.

Delivery of effective services across mental health, addiction, learning disability and criminal justice requires a robust, often long term, partnership approach across a network of statutory, third and independent sector providers.

Supporting People with Learning Disabilities

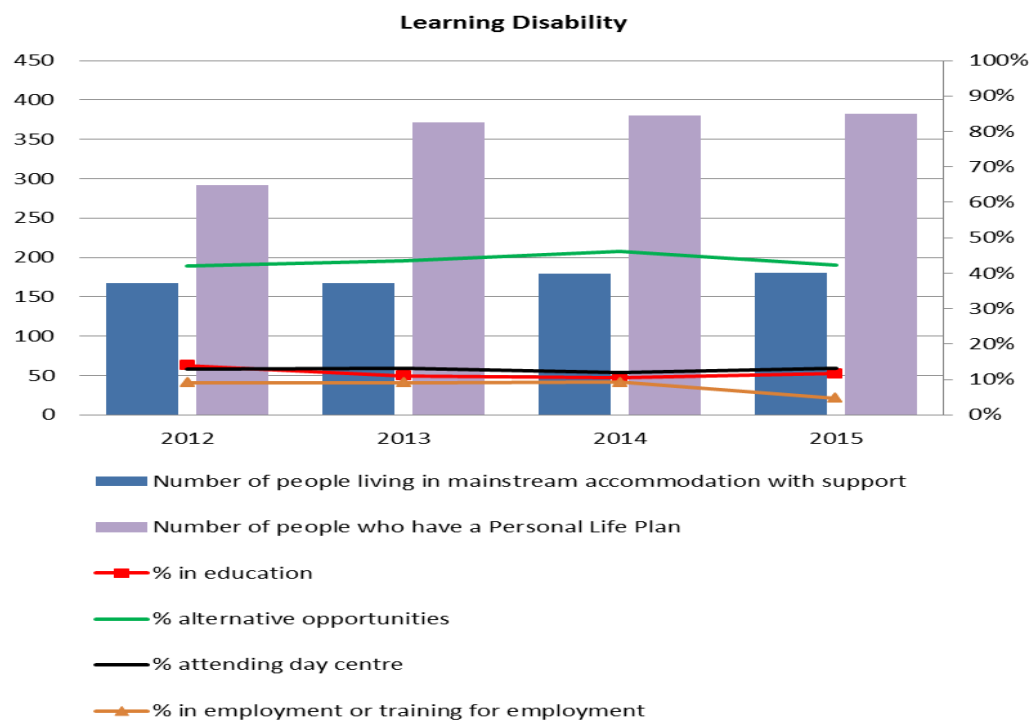
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national [Keys to Life Strategy](#). Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services, and is prioritised around key aims of people with a learning disability. Our outcomes focused approach promotes person centered assessment and planning.

Keys to Life Strategy: People are supported to:

Healthy Life; Choice and Control; Independence; Active Citizen

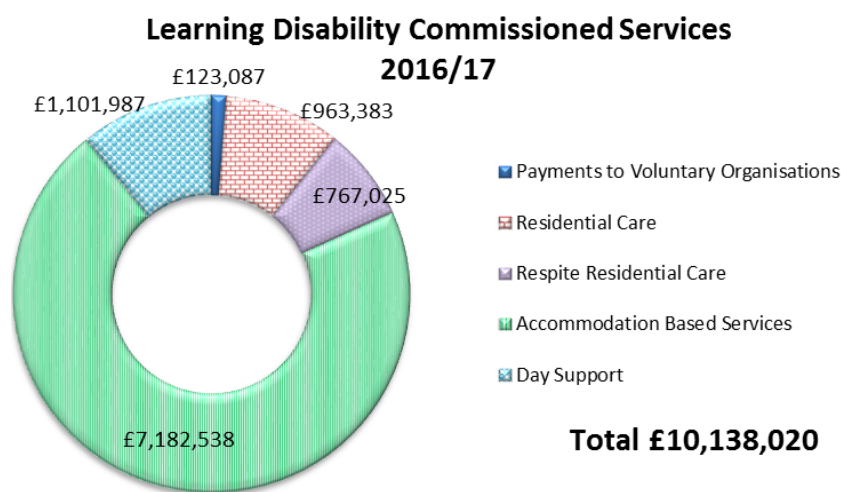
People with a learning disability and their carers are actively involved in planning their care and support. Their Personal Life Plans reflect differing levels of understanding and awareness, whilst striving to involve them as much as possible.

As shown below, the most recent data show that the number of people with a learning disability living in mainstream accommodation with support has increased by 8% between 2012 and 2015.



Baxter View offers specialist homes for people living with autism and complex support. The purpose-built accommodation, managed by Cornerstone, provides accommodation for up to 10 people and allows a greater degree of independent living than is normally the case for people with high level needs, who previously sometimes had to live outwith West Dunbartonshire due to lack of appropriate accommodation.

In West Dunbartonshire, as nationally, Technology Enabled Care is increasingly supporting people with a learning disability to live as independently and safely as possible in the community. Service users have, throughout 2016/17, consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery.



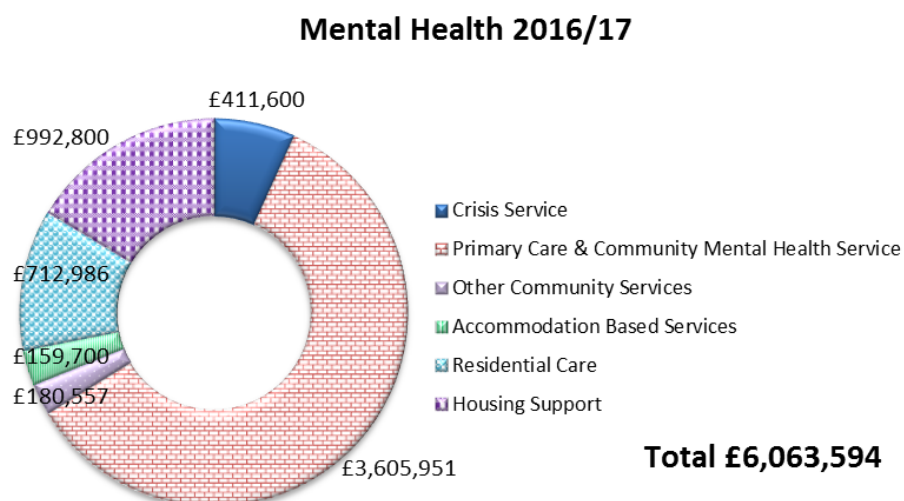
Work Connect

Work Connect, based in Levensgrove Park, is a specialist WDHSCP supported employment service for people with mental health issues, addictions and learning disability. In partnership with WDC Greenspace, it gives disabled or vulnerable people the safe space, tools and support to improve their quality of life through opportunities to learn and apply their skills and creativity, providing practical skills often used as a non-medical option, alongside existing health and care treatment and support, to improve health and wellbeing.

The 'Boots On' film project, one of the initiatives, demonstrates the impact of focusing on positive person centered outcomes. Developed and created by the people supporting and supported by Work Connect, it reflects the skills and interests of attendees and the project's flexibility in developing personal projects that work toward individuals' personal outcomes. Participants report it has improved mental health and physical health, and increased confidence across its whole team of participants and in doing so records its own success. Collectively they have created evidence of the positive person centered outcomes of the project.



We recognise that people's mental health is of equal importance to their physical health. Our adult mental health service aims to reflect the Scottish Government's [National Mental Health Strategy: 2017-2027](#). This requires collaboration across all mental health services, to ensure that they are delivered where they are most needed; with the key principle that services prevent and treat mental health problems with the same commitment and drive as they do physical health.



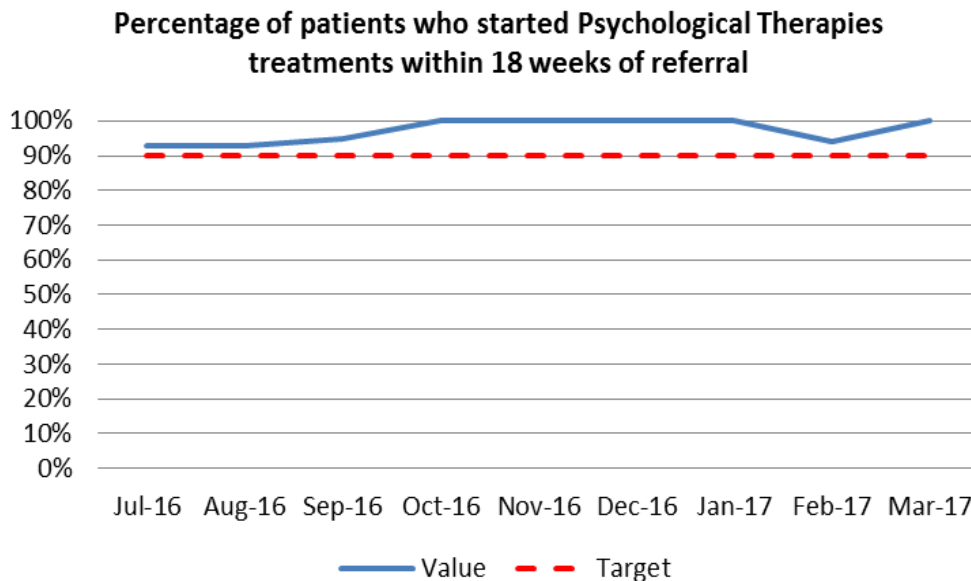
Our Acquired Brain Injury Service Care Inspectorate inspection, report published in 2017, was awarded gradings of 6 (Excellent) for the two themes inspected, Quality of Care and Support and Quality of Management and Leadership, with the report noting:

- The contribution of the Brain Injury Engagement Network (BIEN) supporting inclusion and co-production.
- Extremely motivated and skilled staff.
- Excellent involvement at national and strategic level.

‘A dynamic, expert service which put people affected by Acquired Brain Injury, at the core of what it does.’
Care Inspectorate 2017

WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. Enhanced access to Psychological Therapy programmes across West Dunbartonshire HSCP Mental Health community based services has led to clinically significant improved symptoms for local patients. By implementing a strategic approach to integrating resources across teams and supporting staff skills development through peer mentoring, service users with anxiety, stress and depression have been supported to improve their mental health.

Since July 2016 we have consistently exceeded the national target for 90% of patients starting Psychological Therapies treatment within 18 weeks of referral.

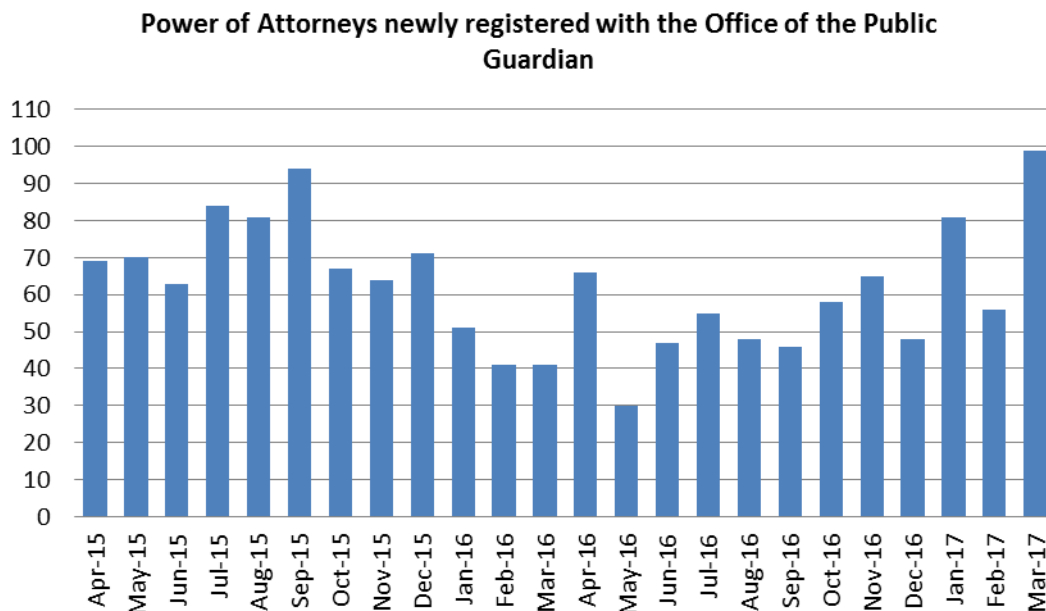


WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative that has improved dementia awareness and support to people living with dementia in local communities. With the anticipated increase in numbers living with dementia in the community, this sustainable approach to supporting people in their homes, neighbourhoods and social networks is crucial.

In 2017 DFWD was recognised at the international conference in Japan regarding its learning and good practice. West Dunbartonshire's Dementia strategy and implementation plan will be refreshed in 2017 reflecting the new Scottish Government's [Dementia Strategy 2017-20](#).

When a person is diagnosed as living with dementia they need the right information and support so that they can live as fulfilling lives as possible, prepare for the future, and that their preferences for end of life are acted upon. All 186 people diagnosed with dementia during 2016/17 were offered post-diagnostic support coordinated by a link worker, including the building of a person-centered support plan.

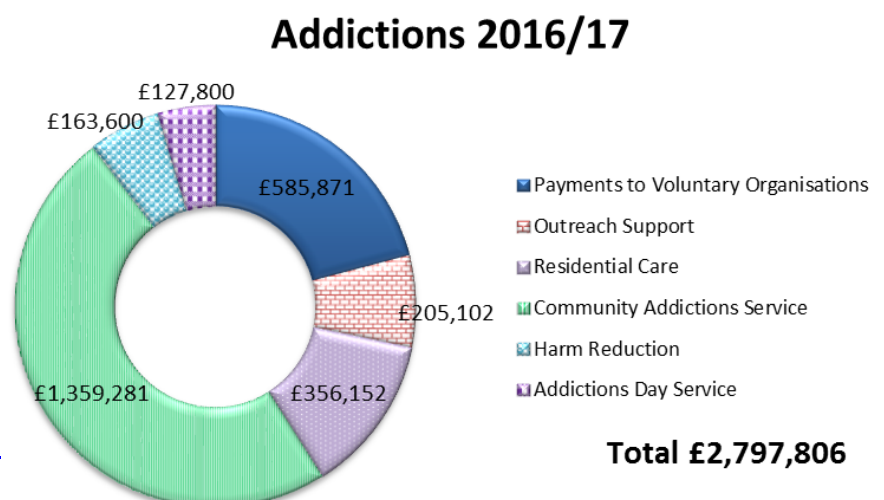
During 2016/17, there were 699 newly registered Power of Attorney where the granter resides within West Dunbartonshire. There has been a continued commitment to improving knowledge and raising awareness across the community. This has included WDHSCP working with primary care in developing awareness raising cards for GPs and other primary health care workers to distribute to patients. Raising awareness is now core practice within our Community Health and Care services.



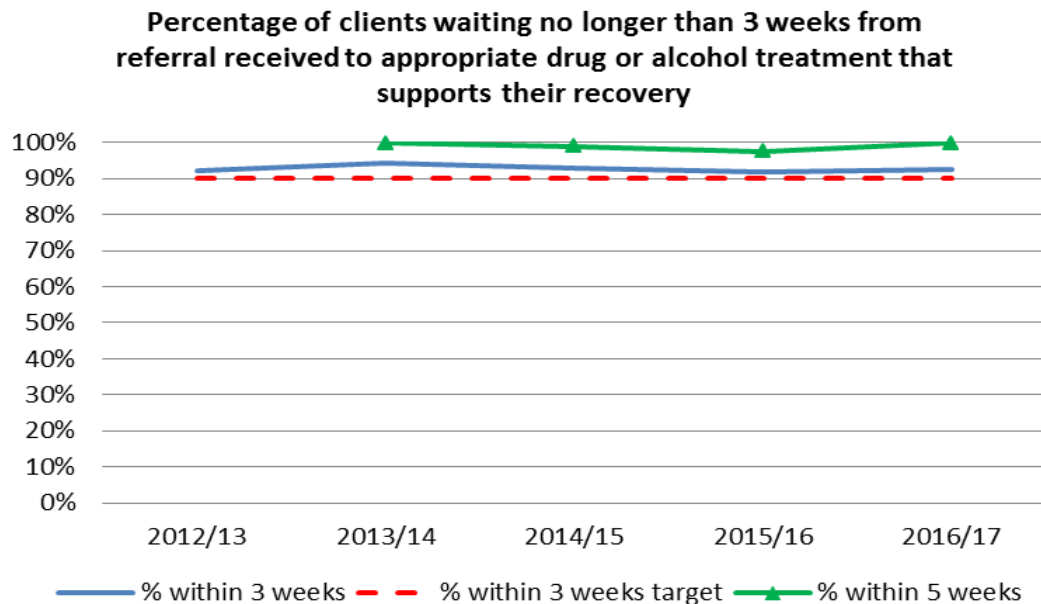
Supporting People with Addiction

WDHSCP Addiction Services support people to regain and sustain a stable lifestyle; access education, training and employment services enabling individuals to participate in meaningful activities as members of their community; improve family and other relationships; access counselling services; and provide parental support for families and children. The national [Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services](#) underpin the

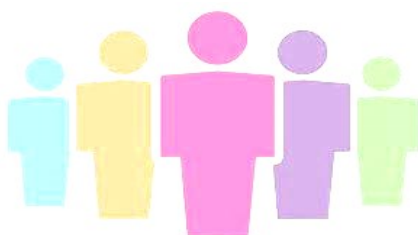
development of WDHSCP Addiction Services, supported by [The Road to Recovery Drugs Strategy](#) and [Getting Our Priorities Right](#) (GOPR) guidance.



We continue to consistently meet the target of 90% of patients waiting no longer than 3 weeks for referral to appropriate drug or alcohol treatment: 92.7% were seen within 3 weeks and 99.8% within 5 weeks during 2016/17.



The provision of Alcohol Brief Intervention (ABI) reflects our priority of prevention and early intervention. This is a short, non-confrontational ‘conversation’ about a person’s alcohol consumption in order to motivate and support the change in their drinking and reduce risk of harm. As reflected across NHS Greater Glasgow and Clyde as a whole, delivery of Alcohol Brief Interventions in primary care in West Dunbartonshire is significantly below target. 230 ABIs were carried out by GP practices and 295 were carried out within wider settings in West Dunbartonshire during 2016/17. This reflects the broadening of ABI delivery in wider settings and may potentially cover ‘harder to reach’ groups, especially in communities where deprivation is greatest. WDHSCP Health Improvement Team has continued to offer support to GP practices as part of its ongoing Capacity Building Programme.



92.7% of people receiving treatment within 3 weeks of referral.

WDHSCP leads on the Community Planning Partnership's Alcohol and Drug Partnership (ADP) which is responsible for developing and leading local strategies to deliver improved outcomes for people affected by issues of alcohol and drug abuse.

In May 2016, the Scottish Government commissioned the Care Inspectorate to support all ADPs in Scotland to review their progress towards implementation of the national Quality Principles, which support a holistic, recovery-focused partnership approach.

The Care Inspectorate highlighted the high quality effective services being delivered to meet the needs of clients in West Dunbartonshire.



The ADP was identified as meeting and exceeding key performance targets, successfully delivering accessible services and that:

- Services worked effectively and that individuals accessing services did so without delay.
- Services being delivered were high quality and needs based, supporting empowerment through recovery.
- Well established governance was in place with sound mechanisms for reporting progress against the ADP delivery plan through the Integrated Joint Board and Community Planning Partnership.
- The ADP was noted as being innovative, committed to self-evaluation and continuous improvement.

'Strong working relationships across the Community Planning Partnership and with appropriate thematic groups associated with ADP interventions such as Child Protection Committee (CPC), Adult Protection Committee (APC), children and families and other public protection agendas.'

Care Inspectorate, 2017

The national Sexual Health and Blood Borne Virus Framework 2015-2020 sets out an ambition that Scotland should aim to deliver Hepatitis C therapy for most infected people in community settings. The Care Inspectorate also acknowledged the work of the WDHSCP Addictions Blood Borne Virus Team as a good practice example.

Blood Borne Virus Service

WDHSCP's Blood Borne Virus (BBV) service is the only community outreach service of its type within the NHSGGC area actively treating chronic Hepatitis C positive patients outwith the hospital setting. This has resulted in a shift from 10% to over 70% attendance, which has significantly improved therapeutic outcomes for patients. Staff have embraced the new, flexible service delivery methods, and are able to see the benefits of local approaches in ensuring hard to reach clients are able to access effective anti-viral therapy.

By working within the local community, our partners including GPs, Working4U, and the wider housing sector have been able to more actively engage in supporting people.

WDHSCP Addiction Service presented their findings at the Annual EASL (European Association for the Study of the Liver) International Liver Congress, in Amsterdam; sharing their innovative and successful approach.

People using the ADP's services tell us of the positive impact it has on their lives. Our ADP Annual Service User Satisfaction Survey 2017 indicates that the majority of service users were happy with services and felt that their lives were better because of the services provided. Service users felt treated with dignity and respect in all service areas.

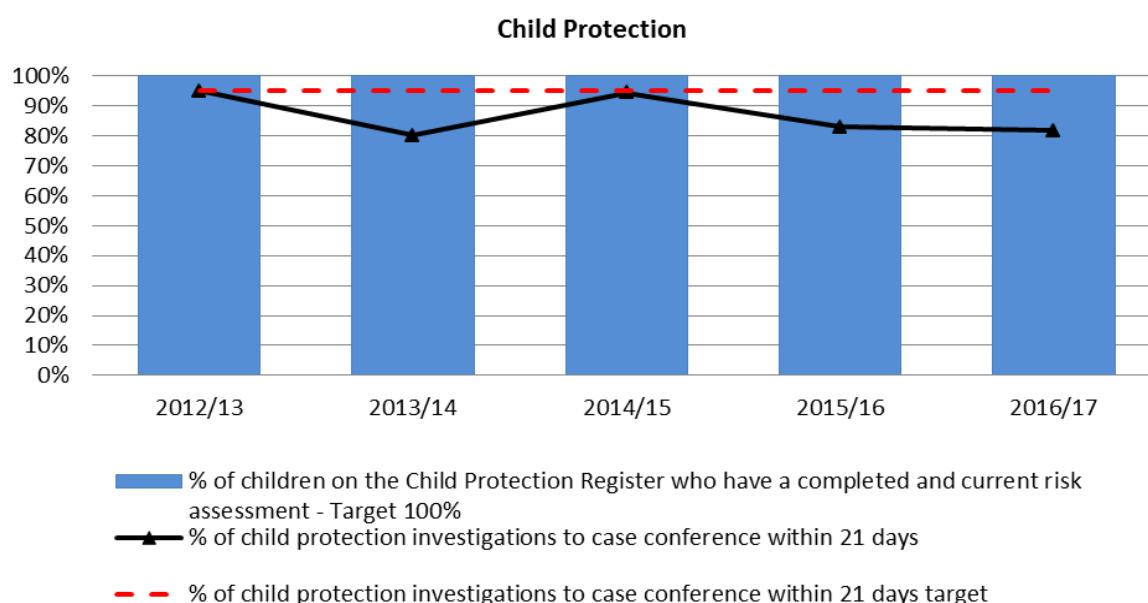
Our Future of Addiction Services (FAST) recovery cafés support service users who would like to move on in their recovery to training, education or mutual aid as well as families and carers. Our service user involvement group enables service users to voice their opinions on services; and to volunteer at our café, which runs on a six weekly programme. In 2016/17 a new recovery café opened in Clydebank, reflecting the success of the model locally. The cafes can see more than 40 people attending regularly, giving them access to welfare benefits workers, recovery and health support, in addition to a safe space for families to meet.

5. PUBLIC PROTECTION

Public Protection provides a range of measures which can be used together to ‘protect our people’. This includes protection from harm for children and young people, vulnerable adults and the effective and robust management of High Risk Offenders through our Multi-Agency Public Protection Arrangements (MAPPA). As such Public Protection is integral to the delivery of all adult and children’s services within WDHSCP.

WDHSCP has a significant role within the Public Protection Chief Officers Group (PPCOG), with both the Chief Officer and Chief Social Work Officer providing the necessary leadership, scrutiny and accountability. This includes the management of high risk offenders; and in assuring that each of the services in place for child and adult protection are performing well and keeping the citizens of West Dunbartonshire safe.

As at the 31st of March 2017 there were 71 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 28 children the previous year. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. The percentage of case conferences held within 21 days has reduced from 83% in 2015/16 to 81.8% in 2016/17, however the significant rise in Child Protection referrals has meant the number of case conferences held in 2016/17 was almost double the 100 held in 2015/16, at 192.



The local WDHSCP-led and multi-agency Child Protection Committee (CPC) monitors the numbers of children on the CPR and the variance over the course of the year. It has considered child wellbeing and child protection, including examining levels of vulnerability and the prevalence of domestic abuse and child protection concerns. Analysis of the factors that led to children being placed on the Child Protection Register overwhelming identified the contributory factor recorded as ‘neglect’.

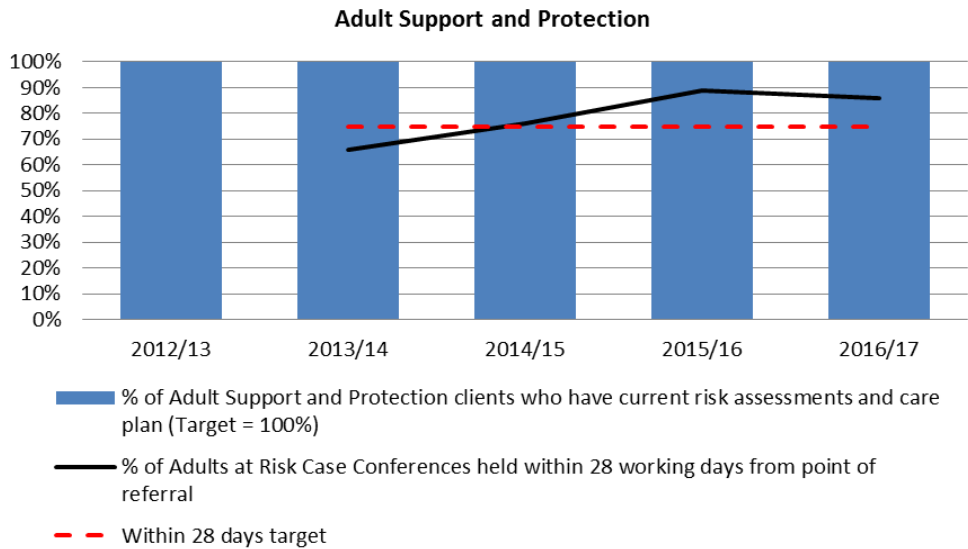
Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. The Adult Protection Committee (APC) continues to meet on a quarterly basis and attendees include a representative from WDHSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care and advocacy services and Scottish Fire and Rescue Service.

Reflecting the links within Public Protection, West Dunbartonshire’s Adult Protection and Child Protection Committee Training subgroups merged in 2016/17, recognising the benefit of connectivity across skills and knowledge for staff and the community. The initial focus is to update E-Learning Modules for Adult/Child Protection to incorporate a more interactive theme increasing access to training and continuing to ensure a skilled and confident workforce supporting our most vulnerable people.



All Adult Support and Protection service users have a current risk assessment and care plan and meeting timescales for case conferences has been sustained well above target at 86% in 2016/17. From April 2016 the target timescale for beginning Adult at Risk

investigations was reduced from 8 to 6 working days and the new timescale was met in 87% of all investigations during 2016/17.



Where Adult Protection measures have been required, we ask some people who have been involved about their experiences of the process, and what the outcome has been like for them. They tell us that they feel safer, with examples of people being offered safer housing, being supported to access new, safer opportunities, restricting access of others to the person by, for example, Banning Orders.

Adult Protection

For one vulnerable man in the community an integrated support package including Learning Disabilities and Adult Care Team support was already supporting his needs however there was growing concern that money was going missing from his home and that he was increasingly agitated and upset.

It was agreed that technology enabled care would support him safely by providing cameras that identified where he was leaving his house in the evening, which was an identified risk for him. However, what the devices actually showed was people entering his house at night, reinforcing concerns about his vulnerability. Following an Adult Protection investigation a banning order was put in place. This prevents named people from contacting him and, with the support of his advocate working with the HSCP, he was offered sheltered housing provision to better keep him safe.

'If it hadn't been found out and had ASP and the Banning Order done, I don't think they would have stopped coming to me for money- I was too scared to say "No".'

'Using it got the police to tell the people I was scared of to stay away.'

'I thought that they liked me but they were using me.'

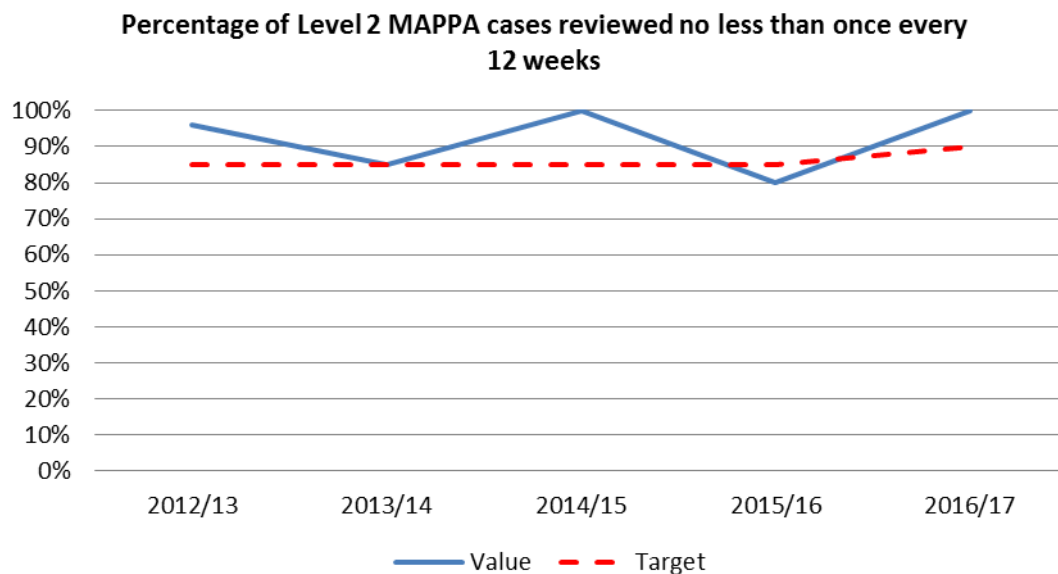
Trading Standards

WDHSCP is working closely with Trading Standards and our community planning partners to implement the local strategy to tackle financial harm. Where a person is identified as vulnerable then the Trading Standards Team will intervene at an early stage and assign a named officer to assist them.

Specifically in relation to the risk of Door Stop Seller scams, by utilising technology enabled care (TEC), WDHSCP have installed alert systems which notify home care staff when there is suspected activity in the area.

Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards (as the Responsible Authorities) to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients.

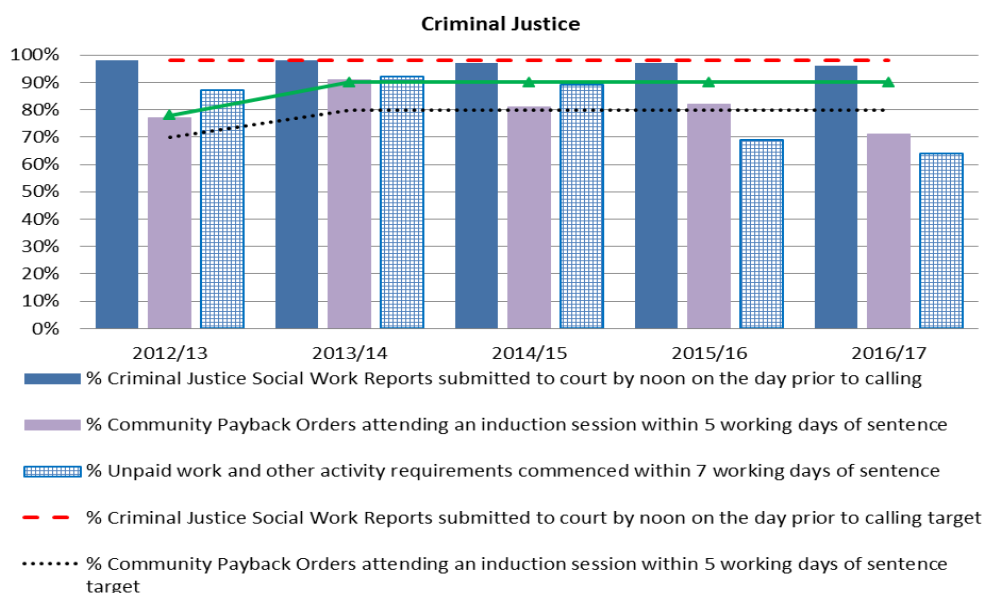
WDHSCP has consistently achieved the target of 85% of Level 2 MAPPA cases being reviewed at least once every 12 weeks.



In addition to registered sex offenders and restricted patients, since April 2016 MAPPA arrangements have also applied to offenders who through the nature of their conviction are assessed as presenting a high or very high risk of serious harm to the public (referred to as category 3). It is important to note that the threshold for inclusion in MAPPA is set at a high level and is based upon the application and interpretation of formal risk assessment.

The [Community Justice \(Scotland\) Act 2016](#) identified Community Planning Partnerships as the vehicle to bring partner organisations together to plan and deliver community justice outcomes. It transferred the responsibility for the local strategic planning and delivery of community justice from Community Justice Authorities to Community Planning Partnerships; with full responsibility being conferred from 1st April 2017 following the disestablishment of Community Justice Authorities on 31st March 2017. The new arrangements rely on Community Planning Partnerships being the vehicle to bring partner organisations together to plan and deliver community justice outcomes.

Community Justice relates to the whole journey that a person can travel through, including the risk factors that can underpin a person's offending behavior; to the factors supporting desistance and the milestones people often experience on this journey. WDHSCP is crucial in supporting people and their families and carers through statutory criminal justice services, and importantly through WDHSCP and third sector partnership provision, reflecting the often poor physical and mental health of people involved in offending behaviour.



For West Dunbartonshire, criminal justice social work remains accountable to and subject to the governance arrangements within the Health and Social Care Partnership Board; and WDHSCP will continue to play a pro-active role with partners in ensuring robust arrangements are in place across agencies. The WDHSCP Criminal Justice Social Work team has experienced a significant increase in demand across a range of statutory activities, including Community Payback Orders over the course of 2016/17.

Women's Safety and Support Service

Women's Safety and Support Service (WSS) undertake assessments of need and risks and create individually tailored safety and support plans. The service works with women and girls who are partners and ex-partners of male/female perpetrators of domestic abuse who are subject to criminal proceedings and female offenders affected by gender based violence. It increases the safety of women and girls by providing early intervention, crisis intervention and support for emotional health in the medium to longer term, in partnership with other local services for women and girls.

Reflecting the high level of domestic abuse in West Dunbartonshire, this service had 51 new referrals in 2016/17, in addition to offering ongoing support to up to 24 women already engaged in the service.

6. BEST VALUE AND FINANCIAL PERFORMANCE

The Health and Social Care Partnership Board is required to make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Partnership, that officer is the Chief Financial Officer.

The financial reporting responsibilities of the Chief Financial Officer include preparing financial statements and performance reports. Financial performance is an integral element of the Partnership Board's overall performance management framework, with regular reporting and scrutiny by the Partnership Board and its Audit Committee. The 2016/17 financial performance reports demonstrate that in challenging economic times the requirement to deliver services for best value is being met, whilst maintaining quality and securing continuous improvement.

The key messages from our first full year of operation during the financial year 2016/17 are:

- On a total budget allocation of £167.693m from West Dunbartonshire Council and Greater Glasgow and Clyde Health Board, including Set Aside and Hosted Services, we have ended the year with a surplus of £3.956m.
- This represents previously reported underspends in Social Care, mainly from unapplied Social Care Fund resources of £2.994m and planned for service underspends across Health Services to be held in reserve to mitigate any future budget volatility and underwrite the delivery of approved savings plans.
- This surplus will be added to the reserves brought forward from 2015/16 of £1.612m.
- These general fund reserves are categorised into earmarked reserves for specific projects, such as residential care home transformation or 2017/18 budget pressure and unearmarked reserves which forms part of the HSCP Board's financial strategy and was established to better manage the risk of any future unanticipated events that may materially impact on the financial position of the HSCP Board.
- Approved savings of £0.993m relating to Social Care were delivered in line with the financial plan.
- Approved savings of £1.431m for Health Care were part delivered through Health Board collective savings plans and local savings plans. The balance of £0.909m was funded non-recurrently by Greater Glasgow and Clyde Health Board to allow the HSCP Board to approve savings options at the November 2016 meeting for implementation 1 April 2017.
- The cost of implementation of the Scottish Living Wage of £8.25 per hour for all adult care workers from 1 October 2016 was calculated at a cost of £0.667m.

The table below sets out the financial performance (subject to final audit approval) of all our services and whilst the overall position is favourable, it is clear to see that health and social care services are under pressure due to increasing demand across our population.

The Scottish Government's 2016/17 Social Care Fund amounted to £250m of which this partnership received £4.921 million. The Partnership Board approved a financial plan which allocated £1.260m to support increasing cost pressures through demographic growth and £0.667m to deliver the Scottish Living Wage. The balance of £2,994m is being held in reserve and will be managed in line with the approved Reserves Policy.

West Dunbartonshire Integrated Joint Board Health & Social Care Partnership	2016/17 Annual Budget £000	2016/17 Net Expenditure £000	2016/17 Underspend/ (Overspend) £000
Consolidated Health & Social Care			
Older People Residential, Health and Community Care	25,966	25,971	(5)
Homecare	12,819	13,075	(256)
Physical Disability	2,742	2,509	233
Children's Residential Care and Community Services (incl specialist)	18,925	19,113	(188)
Strategy Planning and Health Improvement	1,934	1,878	56
Mental Health Services - Adult & Elderly Community and Inpatients	9,872	9,580	292
Addictions	2,961	2,859	102
Learning Disabilities - Residential and Community Services	15,352	15,163	189
Family Health Services (FHS)	23,418	23,418	0
GP Prescribing	19,294	19,294	0
Hosted Services - MSK Physio	6,246	6,064	182
Hosted Services - Retinal Screening	823	745	78
Criminal Justice	46	16	30
HSCP Corporate and Other Services	4,015	772	3,243
Cost of Services Directly Managed by West Dunbartonshire HSCP	144,413	140,457	3,956
Set aside for delegated services provided in large hospitals	17,066	17,066	0
Assisted garden maintenance and Aids and Adaptions	702	702	0
Services hosted by other Integrated Joint Boards within Greater Glasgow & Clyde	11,775	11,775	0
Retinal & MSK Physio Services hosted by West Dunbartonshire IJB for other IJBs	(6,263)	(6,263)	0
Total Cost of Services to West Dunbartonshire HSCP	167,693	163,737	3,956

The set aside budget for large hospital services is related to the Partnership Board's responsibility for the strategic planning for unscheduled care with respect to the population of West Dunbartonshire. For 2016/17 the reported budget is regarded as "notional" with a corresponding equal "notional" spend. However this will develop in 2017/18 as services are redesigned to shift the balance of care from hospital to community care settings. Good quality community care should mean less unscheduled care in hospitals, and people staying in hospitals only for as long as they need specific treatment.

The main financial variances during 2016/17 were in relation to:

- Homecare (Care at Home Services) – reported a year end overspend of £0.256m as a result of increased demand from our growing older people population requiring more frequent visits to allow them to remain supported at home.
- Children’s Residential Care and Community Care – reported a year end overspend of £0.188m mainly due to an increase in residential and secure placements.
- Learning Disability Residential and Community Services and Physical Disability – reported year end underspends of £0.189m and £0.233m respectively, mainly due to a small decrease in the number of clients requiring supported living or residential packages of care.
- HSCP Corporate and Other Services – of the total reported underspend of £3.243m the main factor is the unapplied Social Care Fund of £2.994m, as detailed above.
- Addictions and Mental Health Services – reported underspends of £0.102m and £0.292m respectively are mainly related to staff vacancies and changes to client mix.

Looking forward to 2017/18 and beyond, ongoing financial austerity within the public sector coupled with short term funding allocations make financial planning in the medium term a complex endeavour for the Partnership Board and impacts on the decision making process on how to address funding reductions with the least impact to front line services.

Service redesign and shifting the balance of care are essential given the projected scale estimated funding reductions (3%-7%) and demographic challenges in the coming years. The Strategic Plan and its associated commissioning intentions will inform the Partnership Board’s Financial Plan around growing our community based services.

The Partnership Board will closely monitor progress on the delivery of approved savings programmes through robust budget reporting processes. The HSCP Chief Officer will develop further options through use of invest to save models and opportunities for team co-location (e.g. as part of West Dunbartonshire Council’s investment in fit for purpose office accommodation and improved agile working strategy).

The Partnership Board will use reserves to both underwrite any unforeseen service volatility and to support service redesign to deliver sustainable, high quality health and care services to West Dunbartonshire communities.

7. GOOD GOVERNANCE

Both our [Chief Internal Auditor's Report on Governance, Performance and Financial Management Review](#) and our [2015/16 Annual Audit Report](#) by Audit Scotland identify effective financial management and strong governance arrangements as hallmarks of our HSCP and our integration arrangements to-date.

In accordance with the recommendations of Audit Scotland's [Health and Social Care Integration Report 2015](#), our Audit Committee and Partnership Board actively address recommendations and scrutinise actions to address potential risks to the success of health and social care integration. These include:

- Providing clear and strategic leadership.
- Ensuring governance arrangements work effectively.
- Strategic plans that document how key priorities will be delivered.
- Financial plans that show how we use resources such to provide community-based and preventative services.
- Working with West Dunbartonshire Council and Greater Glasgow and Clyde Health Boards to address risks associated with complex accountability arrangements; review clinical and care governance arrangements; agree budgets; establish effective scrutiny arrangements and put in place data sharing arrangements.

For West Dunbartonshire, this includes increased emphasis on understanding and reporting how we best make use of our limited resources to achieve positive outcomes for our community. To this end we are striving towards improved reporting of expenditure directly related to key performance priorities. Reflecting the cross cutting nature of the needs of our community, our service provision and priorities, headline financial indicators included within this Annual Public Performance Report within key priority areas - and these be developed as we progress our Strategic Needs Assessment over the coming year.

The Partnership Board also receives and the HSCP publishes a Quarterly Public Performance Report, which provides an update on progress in respect of key performance indicators and commitments:

<http://wdhscp.org.uk/about-us/public-reporting/performance-reports/>

Developing Localities and GP Quality Clusters

Within West Dunbartonshire our two Localities in Alexandria/Dumbarton and Clydebank were formally established in July 2015. These groups build on the existing arrangements within primary care to engage local services and on the close working relationship between practices and the HSCP; and has been extended to formally include participation from wider services, including acute, housing and third sector organisations. Our Localities work collaboratively with representatives from across the various professions and organisations. We have excellent involvement from our GPs, Optometrists, Nursing, Social Work and Housing representatives and we work with our colleagues in West Dunbartonshire Community Voluntary Service (CVS). The Lead within CVS represents the Local Engagement Network at the Locality meetings across the HSCP. The priorities of the Local Engagement Network and the Localities are aligned and influence the content of activities and improvement plans within the HSCP. During 2016/17 these groups have worked with Mental Health, Addictions, Children and Young People's Services, respiratory services and frailty to improve care for local patients. This work has resulted in collaborative working with our secondary care and third sector organisations and has contributed to improving pathways for patients and relationships within the different care settings.



As a result of the national changes to the GMS (General Medical Service) contract in 2016/17 and the introduction of the new clinical quality arrangements within practices and between clusters of practices, West Dunbartonshire General Practitioners have developed three clusters; Alexandria, Dumbarton and Clydebank. Due to the geographical nature of the clusters in Alexandria and Dumbarton Locality and their alignment to secondary care service at the Vale of Leven Hospital and the Royal Alexandra Hospital these clusters work together to ensure alignment of improvement activity which may impact on secondary care, thus ensuring improvements are developed as a whole system approach. The HSCP developed a shared and agreed approach for the appointment of the Cluster Quality Leads within West Dunbartonshire, who were appointed in November 2016; the Cluster Quality Leads working with the Practice Quality Leads to develop and implement activities identified for improvement. A number of topics have been identified during 2016/17. The work included prescribing, diabetic foot, frailty coding, epilepsy, and cancer care. This activity will be built on during 2017/18.

Appendix 1: Core Integration Indicators

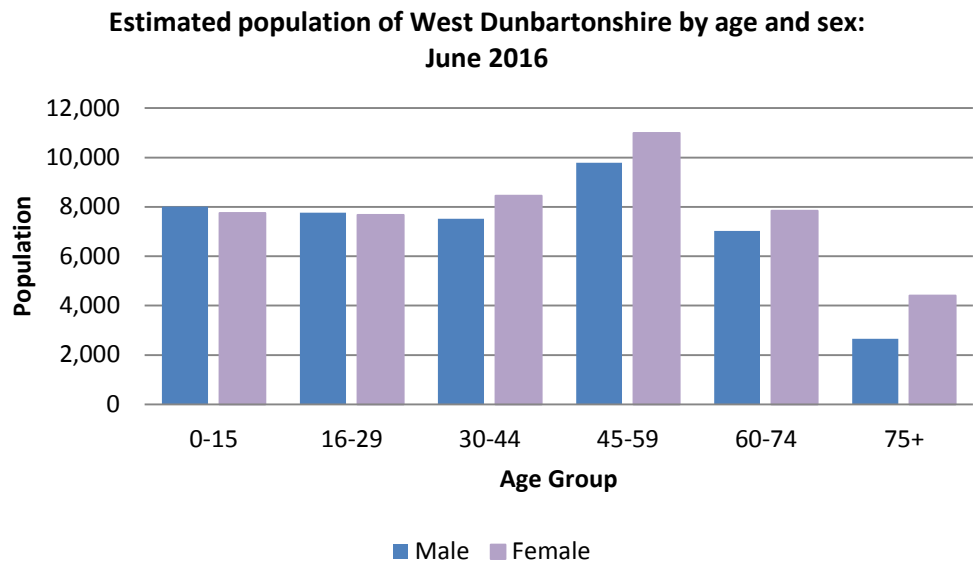
Core Integration Indicator	West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland latest data
	2014/15	2015/16	2016/17	Direction of travel	2016/17	
Premature mortality rate per 100,000 persons	557	570	N/A	↑	441	●
Emergency admission rate per 100,000 population	14,254	13,562	13,271	↓	12,037	●
Emergency bed day rate per 100,000 population	146,024	132,099	136,448	↓	119,649	●
Readmission to hospital within 28 days per 1,000 population	79	78	82	↑	95	◊
Proportion of last 6 months of life spent at home or in a community setting	86.3%	86.9%	88.1%	↑	87.5%	◊
Falls rate per 1,000 population aged 65+	21	23	24	↑	21	●
Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	90%	93%	N/A	↑	83%*	◊
Percentage of adults with intensive care needs receiving care at home	67%	69%	N/A	↑	62%	◊
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	880	530	479	↓	842	◊
Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22.4%	21.5%	22.1%	↓	22.8%	◊

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing poorer than Scotland figure

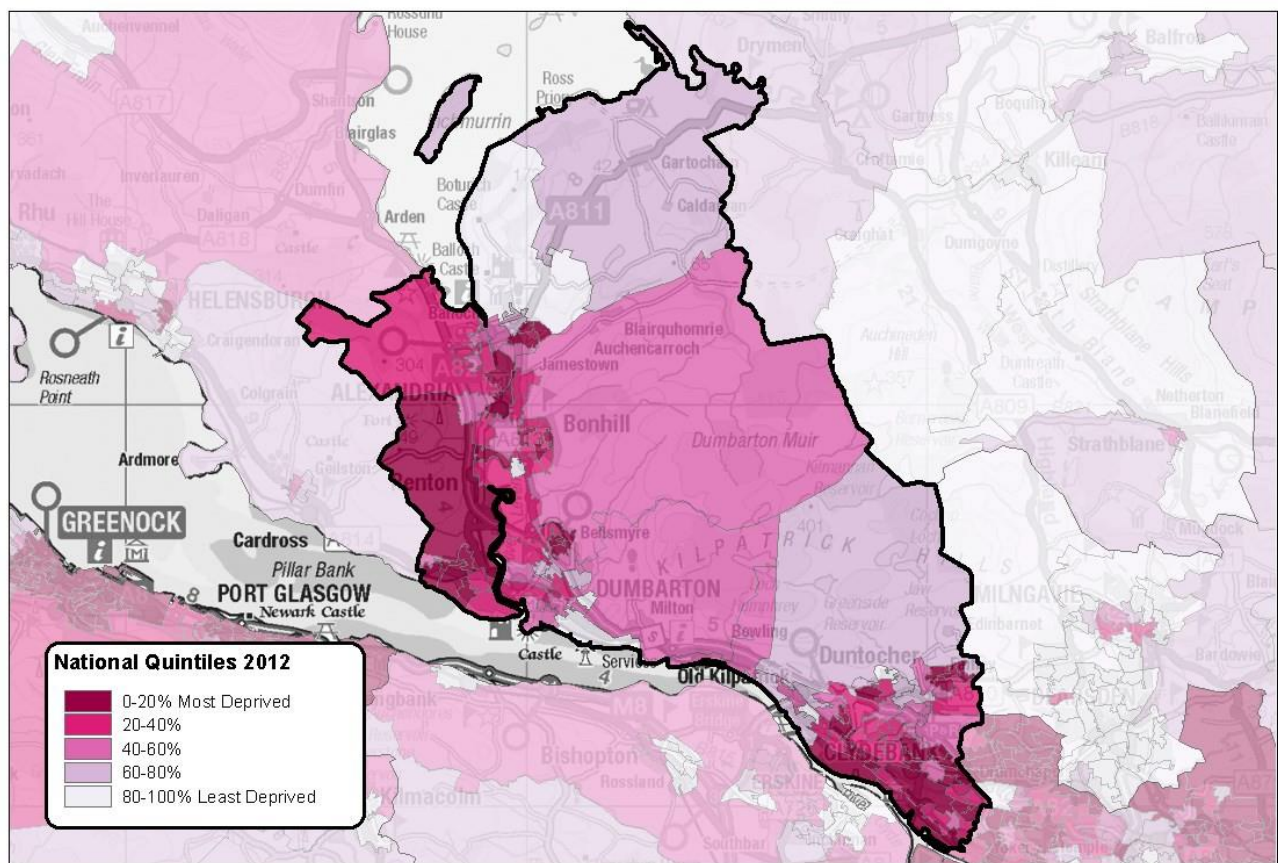
*2015/16 figure

APPENDIX 2: STRATEGIC NEEDS ASSESSMENT - SNAPSHOT

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2016 population for West Dunbartonshire is 89,860: a decrease of 0.3% from 89,590 in 2015.

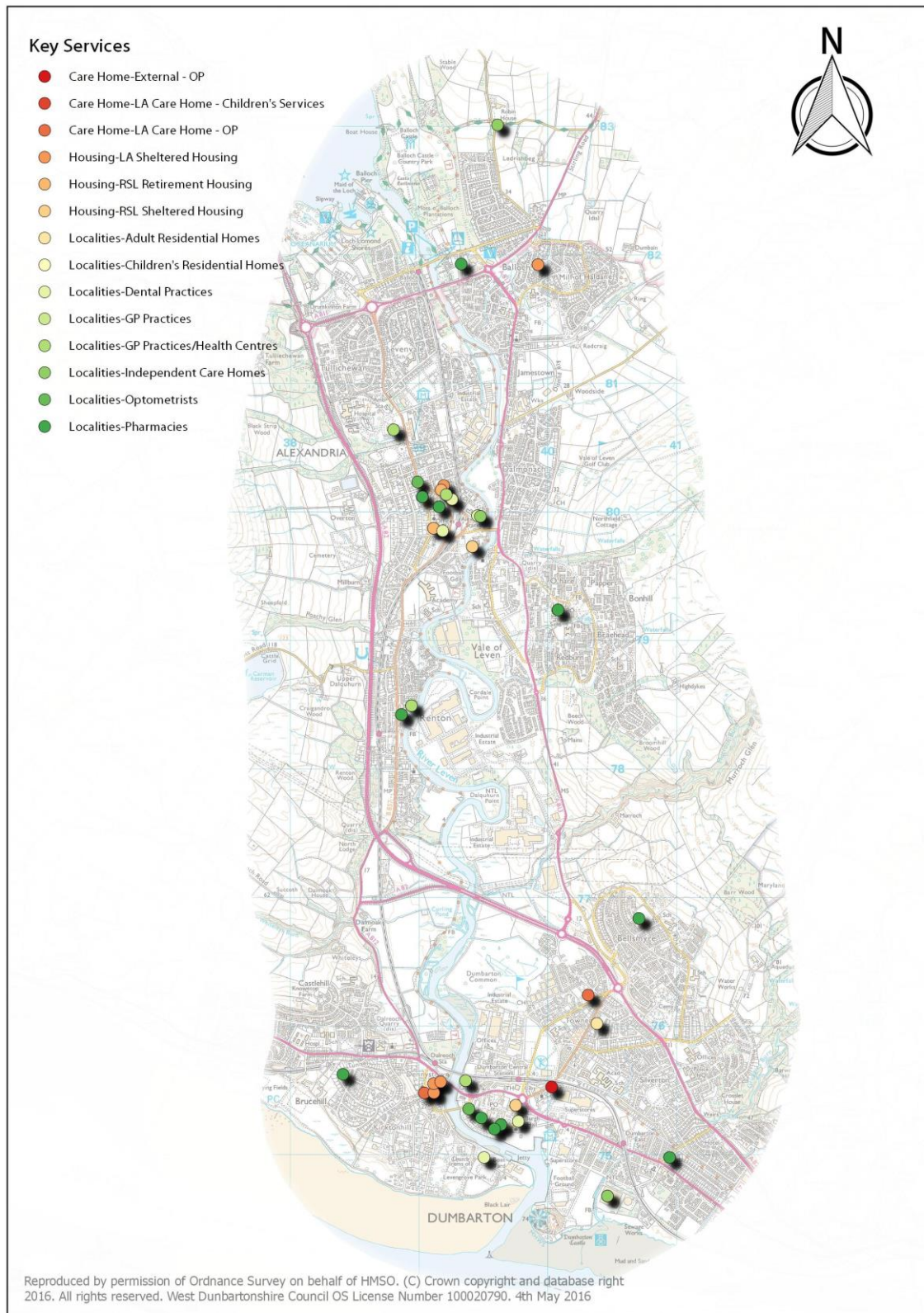


The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



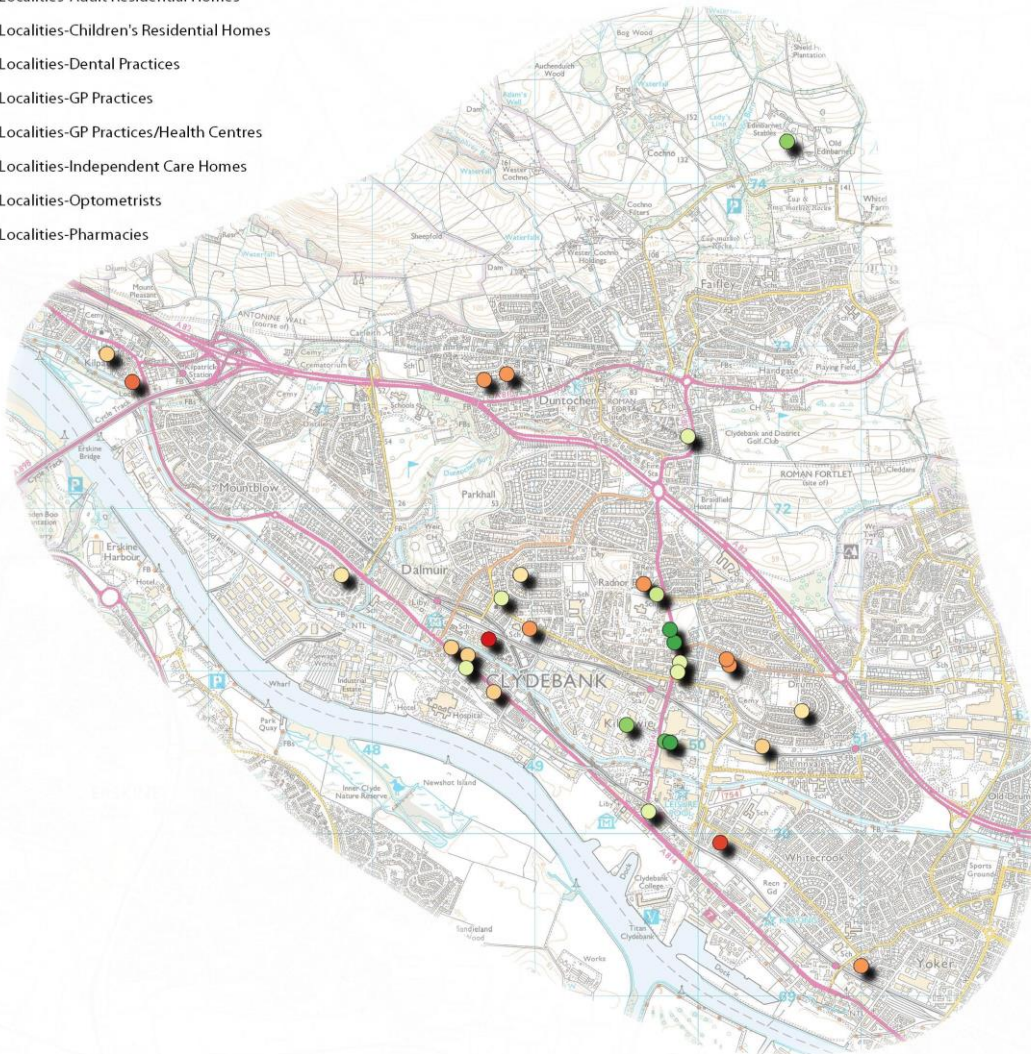
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In 2015, the Health and Social Care Partnership Board identified its two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. The following two maps show each of those areas, and key community health and social care facilities located within each.



Key Services

- Care Home-External - OP
- Care Home-LA Care Home - Children's Services
- Care Home-LA Care Home - OP
- Housing-LA Sheltered Housing
- Housing-RSL Retirement Housing
- Housing-RSL Sheltered Housing
- Localities-Adult Residential Homes
- Localities-Children's Residential Homes
- Localities-Dental Practices
- Localities-GP Practices
- Localities-GP Practices/Health Centres
- Localities-Independent Care Homes
- Localities-Optometrists
- Localities-Pharmacies

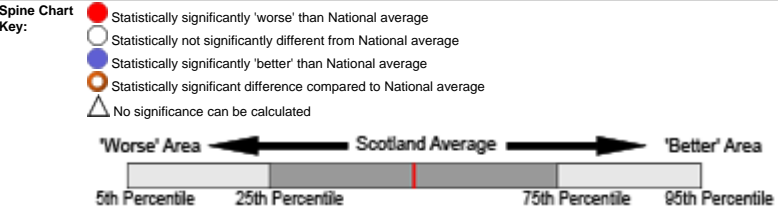


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Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Scotland Comparator	'Best'
Life Expectancy & Mortality	1 Male life expectancy ¹⁸	2011	n/a	74.1	yrs	76.6			
	2 Female life expectancy ¹⁸	2011	n/a	78.7	yrs	80.8			
	3 Deaths all ages ¹²	2014	1,056	1,365.6	sr4	1,165.0			
	4 All-cause mortality among the 15-44 year olds. ¹²	2014	45	144.9	sr4	98.2			
	5 Early deaths from CHD (<75) ¹²	2014	54	70.4	sr4	54.2			
	6 Early deaths from cancer (<75) ¹²	2014	164	208.2	sr4	167.1			
Behaviours	7 Estimated smoking attributable deaths ^{3,13,16}	2014	201	441.7	sr4	366.8			
	8 Smoking prevalence (adults 16+) ^{3,14}	2014	61	21.9	%	20.2			
	9 Alcohol-related hospital stays ¹⁵	2015	914	1,057.2	sr4	664.5			
	10 Alcohol-related mortality ¹⁷	2013	27	31.1	sr4	22.1			
	11 Drug-related hospital stays ^{12,15}	2014	135	158.2	sr4	133.6			
	12 Active travel to work ^{3,14}	2014	n/a	15.9	%	15.7			
Ill Health & Injury	13 New cancer registrations ^{12,19}	2013	610	758.0	sr4	644.3			
	14 Patients hospitalised with chronic obstructive pulmonary disease (COPD) ^{12,19}	2014	287	340.9	sr4	241.5			
	15 Patients hospitalised with coronary heart disease ¹²	2014	433	519.6	sr4	403.1			
	16 Patients hospitalised with asthma ¹²	2014	92	100.2	sr4	89.4			
	17 Patients with emergency hospitalisations ¹²	2014	7,391	8,542.4	sr4	7,473.4			
	18 Patients (65+) with multiple emergency hospitalisations ¹²	2014	852	5,737.3	sr4	5,238.1			
Mental Health	19 Road traffic accident casualties ¹²	2013	46	53.7	sr4	58.9			
	20 Population prescribed drugs for anxiety/depression/psychosis	2015	18,809	21.0	%	18.0			
	21 Patients with a psychiatric hospitalisation ¹²	2013	285	331.6	sr4	286.2			
Social Care & Housing	22 Deaths from suicide ¹⁷	2012	15	16.8	sr4	14.2			
	23 Adults claiming incapacity benefit/severe disability allowance/ employment and support allowance	2015	6,285	8.5	%	6.2			
	24 People aged 65 and over with high levels of care needs who are cared for at home ³	2016	320	36.0	%	34.8			
	25 Children looked after by local authority ³	2014	385	20.5	cr2	14.0			
Education	26 Single adult dwellings	2015	17,611	39.1	%	37.4			
	27 Average tariff score of all pupils on the S4 roll ¹³	2012	n/a	182.0	mean	193.0			
	28 Primary school attendance	2010	6,227	94.4	%	94.8			
	29 Secondary school attendance	2010	5,075	90.1	%	91.1			
Economy	30 Working age adults with low or no educational qualifications ³	2013	10,500	18.6	%	12.6			
	31 Population income deprived	2015	15,955	17.8	%	12.3			
	32 Working age population employment deprived	2014	10,165	17.4	%	12.2			
	33 Working age population claiming Out of Work benefits	2015	9,410	16.2	%	11.2			
	34 Young people not in employment, education or training (NEET). ³	2014	400	9.5	%	6.5			
	35 Children Living in Poverty	2012	4,645	22.8	%	15.3			
Crime	36 People claiming pension credits (aged 60+)	2015	2,040	9.5	%	6.2			
	37 Crime rate	2015	3,469	38.7	cr2	30.8			
	38 Prisoner population ³	2014	204	292.3	sr4	161.9			
	39 Referrals to Children's Reporter for violence-related offences ³	2013	16	2.1	cr2	2.1			
	40 Domestic Abuse ³	2015	1,358	151.6	cr9	108.1			
	41 Violent crimes recorded ³	2015	162	18.1	cr9	12.6			
Environment	42 Drug crimes recorded ³	2015	1,110	123.9	cr9	66.0			
	43 Population within 500 metres of a derelict site	2015	57,413	64.0	%	29.7			
	44 People living in 15% most 'access deprived' areas	2015	10,028	11.2	%	15.0			
Women's & Children's Health	45 Adults rating neighbourhood as 'a very good place to live' ^{3,14}	2015	n/a	44.0	%	56.3			
	46 Teenage pregnancies ¹²	2013	111	42.9	cr2	37.7			
	47 Women smoking during pregnancy ¹²	2014	204	22.9	%	17.3			
	48 Low birth weight ¹²	2014	21	2.5	%	1.9			
	49 Babies exclusively breastfed at 6-8 weeks ¹²	2014	137	16.0	%	27.5			
	50 Child dental health in primary 1	2015	608	65.7	%	69.9			
Immunisations and Screening	51 Child dental health in primary 7	2015	583	66.7	%	67.9			
	52 Child obesity in primary 1	2015	81	8.6	%	9.9			
	53 Breast screening uptake ¹²	2011	2,799	69.3	%	72.5			
	54 Bowel screening uptake ¹²	2013	8,018	53.3	%	57.3			
	55 Immunisation uptake at 24 months - 5 in 1 ¹²	2014	1,012	98.0	%	98.1			
	56 Immunisation uptake at 24 months - MMR ¹²	2014	984	95.3	%	95.5			

Notes: 3. Data available down to council (local authority) area only.
12. Three-year average number, and 3-year average annual measure.
13. Indicator based on HB boundaries prior to April 2014.
14. Two-year combined number, and 2-year average annual measure.
15. All 6 diagnosis codes used in the analysis; please see the technical report for more information.
16. Two-year average number, and 2-year average annual measure
17. Five-year average number, and 5-year average annual measure
18. Three year average for health boards, local authorities and Scotland. Five year average intermediate geographies
19. Note that the definition has changed since last update

Spine Chart Key: % =percent
cr2 =crude rate per 1,000 population
cr9 =crude rate per 10,000 population
mean=average
sr4 =age-sex standardised rate per 100,000 population to ESP2013. Please see Appendix I in the technical report.
yrs =years



See the detailed Definitions and Sources table for indicator information and Technical Report for further guidance on interpreting the spine.

APPENDIX 3: CARE INSPECTORATE GRADINGS FOR WDHSCP REGISTERED SERVICES

This Appendix details the grades achieved for WDHSCP services which were inspected and had reports published by the Care Inspectorate between 1st April 2016 and 31st March 2017.

Gradings:

1 – Unsatisfactory; 2 – Weak; 3 – Adequate; 4 – Good; 5 – Very Good; 6 - Excellent

Service	Date published	Grade	Quality Theme
Adoption Services	23 April 2016	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
Blairvadach Children's House	13 October 2016	5 5 5 5	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	23 December 2016	6 NA 6 NA	Care and Support Environment Staffing Management and Leadership
Craigellachie Children's House	23 February 2017	4 NA 4 NA	Care and Support Environment Staffing Management and Leadership
Fostering Services	23 April 2016	5 N/A N/A 4	Care and Support Environment Staffing Management and Leadership
Throughcare Adult Placement Services	3 February 2017	6 NA 6 NA	Care and Support Environment Staffing Management and Leadership
Acquired Brain Injury	10 February 2017	6 N/A N/A 6	Care and Support Environment Staffing Management and Leadership
Boquhanran House	18 May 2016	5 4 NA NA	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Care at Home Services	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Community Alarm Services	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Dalreoch House	2 February 2017	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Frank Downie House	21 December 2016	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Langcraigs	17 November 2016	5 N/A N/A 5	Care and Support Environment Staffing Management and Leadership
Langcraigs Day Care	18 January 2017	4 N/A 4 4	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	22 November 2016	3 N/A 3 3	Care and Support Environment Staffing Management and Leadership
Learning Disability Community Connections	31 January 2017	5 N/A 4 4	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	23 February 2017	3 3 3 3	Care and Support Environment Staffing Management and Leadership
Sheltered Housing	30 March 2017	5 NA NA 5	Care and Support Environment Staffing Management and Leadership
Willox Park	21 October 2016	4 N/A 4 N/A	Care and Support Environment Staffing Management and Leadership

APPENDIX 4: WD HSCP KEY PERFORMANCE INDICATOR SUMMARY 2016/17



Target achieved or exceeded





















Target narrowly missed












Target missed by 15% or more

*Provisional figure pending full year data

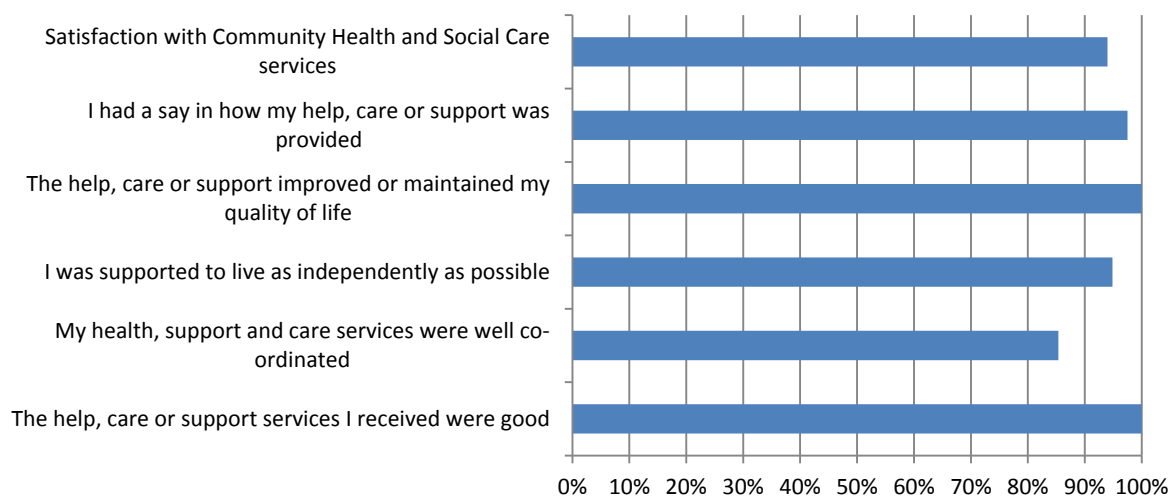
Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	90%	
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	6.25	6	18	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	95.8%	95.6%	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.9%	97.6%	95%	
Balance of Care for looked after children: % of children being looked after in the Community	89.8%	90.4%	90%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	62%	62%	73%	
Percentage of all children aged 0-18 years with an identified "named person" as defined within the Children's and Young People's Act 2014	93.3%	100%	100%	
Number of delayed discharges over 3 days (72 hours) non-complex cases	N/A	14	0	
Number of acute bed days lost to delayed discharges (inc Adults With Incapacity) Age 65 years & over	3,345	3,047	3,210	
Number of acute bed days lost to delayed discharges for Adults with Incapacity, age 65 and over	1,617	849	466	
Emergency admissions aged 65+ as a rate per 1,000 population	250	263	236	
Unplanned acute bed days (aged 65+) as a rate per 1,000 population	2,610	2,883	2,831	
Rates of attendance per month at Accident and Emergency (A&E) per 100,000 population - Rolling Year	1,517	1,586	1,750	
Number of non-elective inpatient admissions	10,702	10,503	12,000	
Percentage of total deaths which occur in hospital 65+	44.4%	42.2%*	45.9%	

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of total deaths which occur in hospital 75+	42.8%	41.7%*	45.9%	
Number of clients 65+ receiving a reablement intervention	542	610	545	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	61.5%	66%	65%	
Number of patients in anticipatory care programmes	1,821	1,678	1,400	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	23,304	23,058	23,670	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	548.7	517.9	550	
Percentage of people aged 65 and over who receive 20 or more interventions per week	28%	28.9%	30%	
Percentage of people aged 65 or over with intensive needs receiving care at home	35.83%	33.5%	37%	
Percentage of homecare clients aged 65+ receiving personal care	90.3%	93.7%	90%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.8%	97.7%	98%	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	35.8%	29%	40%	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	35%	22.3%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	42%	39.2%	35%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - WDHSCP	N/A	51.2%	90%	
Percentage of patients seen within 4 weeks for musculoskeletal physiotherapy services - NHSGGC	N/A	49.3%	90%	
Number of clients receiving Home Care Pharmacy Team support	815	1,048	600	
Prescribing cost per weighted patient (£Annualised)	£172.00	£181.10	NHS GGC average at March 2017	To be confirmed
Compliance with Formulary Preferred List	79.8%	80.2%	78%	
Total number of respite weeks provided to all client groups	6,729	4,795.1	6,730	

Performance Indicator	2015/16	2016/17		
	Value	Value	Target	Status
Percentage of carers who feel supported to continue in their caring role	80.2%	99%	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	91.7%	92.7%	90%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	96%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	82%	71%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	69%	64%	90%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Percentage of child protection investigations to case conference within 21 days	83%	81.8%	95%	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	71.7%	71.7%	85%	

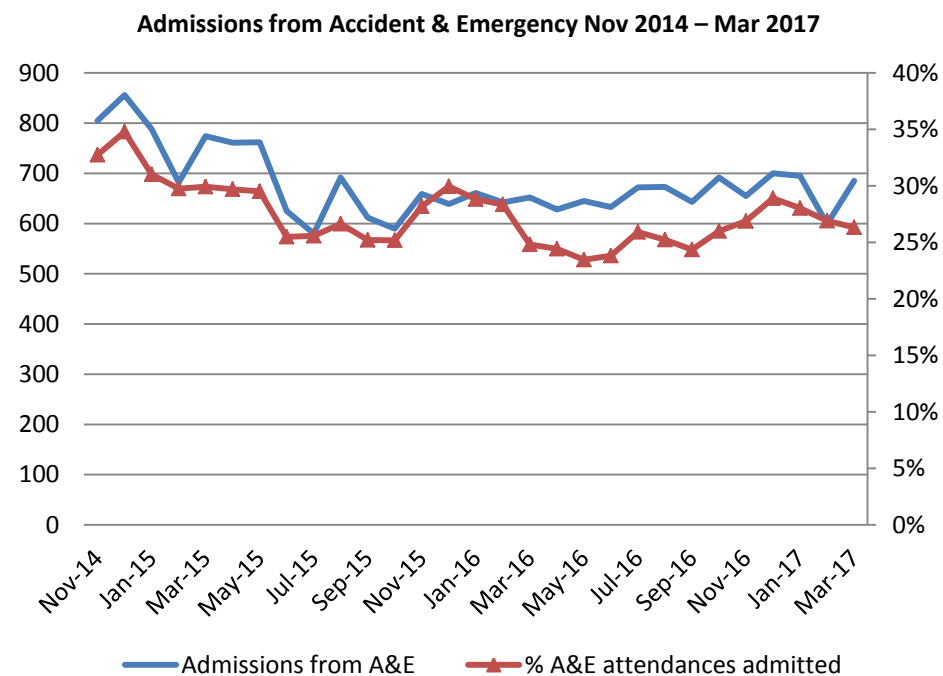
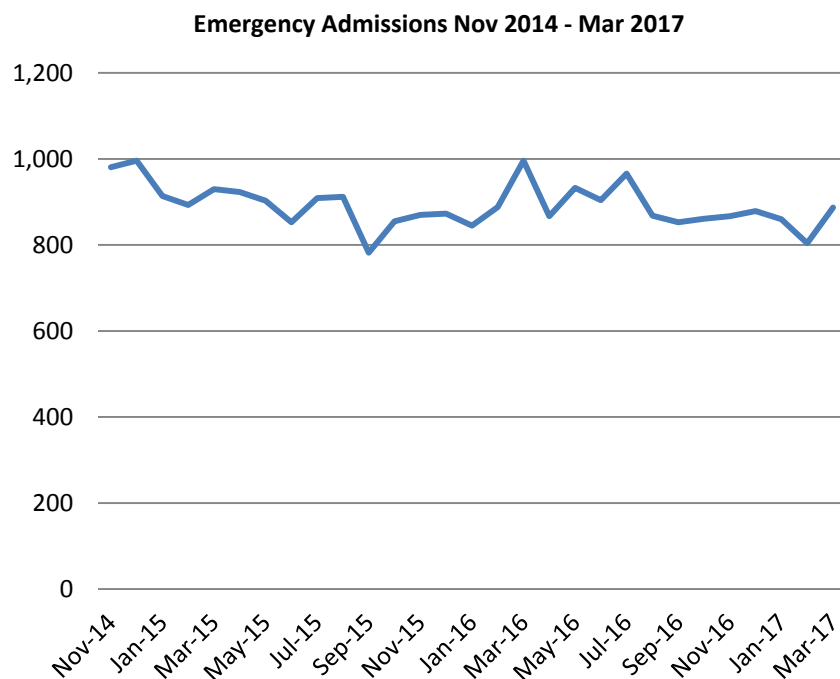
Appendix 5: National Health and Wellbeing Outcomes

WDHSCP has collected data to monitor outcomes for those using health and social care services within West Dunbartonshire in line with the National Health and Wellbeing Outcomes. As part of West Dunbartonshire Council's telephone user survey, callers were asked during January to March 2017 to provide feedback on their experience of HSCP services.

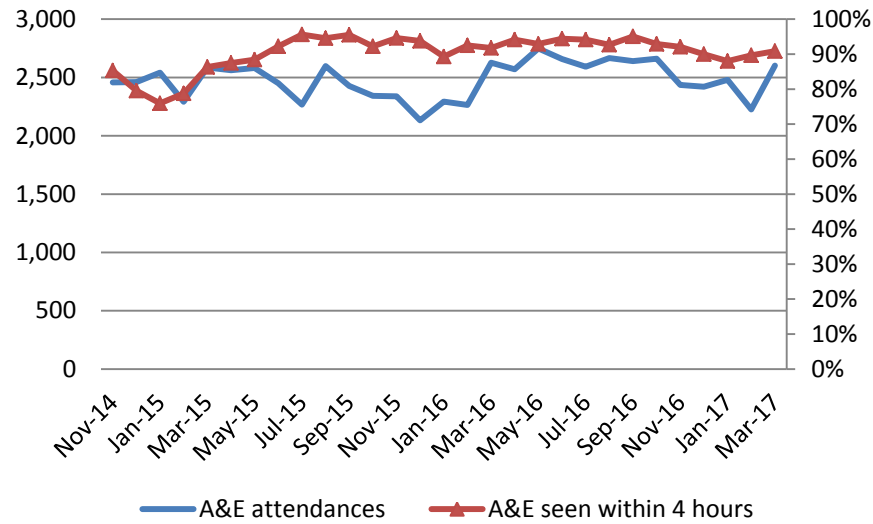


Appendix 6: Measuring Performance under Integration

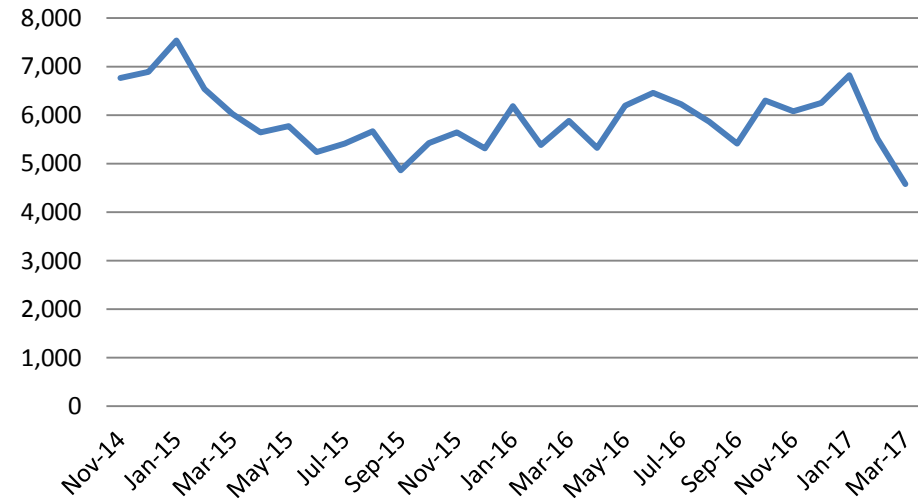
Provisional monthly figures for six of the Core Integration Indicators are being produced and monitored at a national level. Indicative figures below show the improving trend in West Dunbartonshire since November 2014. Subsequent improvements have also been seen in the latest provisional figures for April 2017.



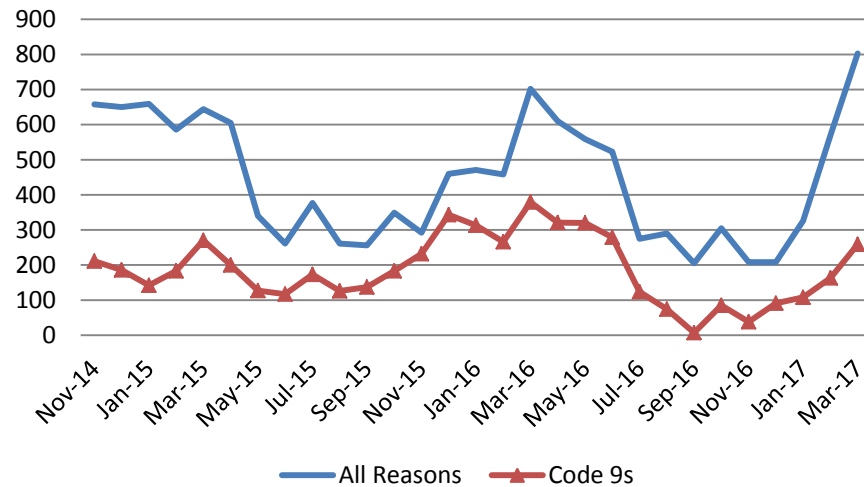
A&E attendances and 4 hour target Nov 2014 - Mar 2017



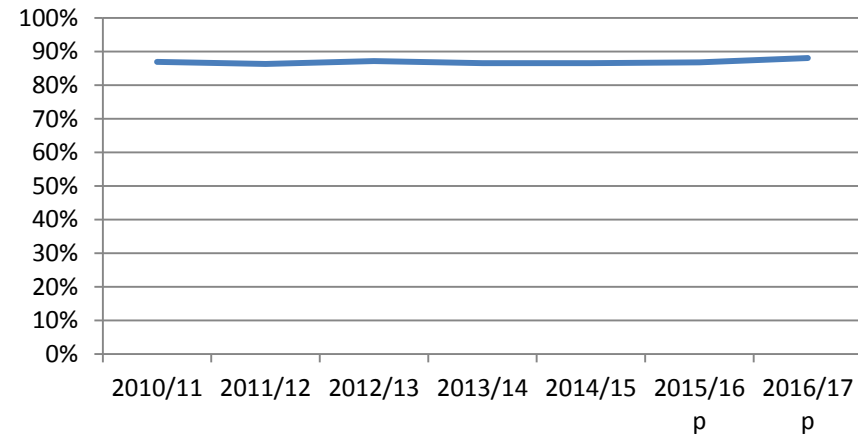
Unscheduled Bed Days Nov 2014 – Mar 2017



Delayed Discharge Bed Days Nov 2014 – Mar 2017



Percentage of last 6 months of life spent in a community setting 2010-2017



Appendix 7: HSCP Local Government Benchmarking Framework indicators

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
The gross cost of "children looked after" in residential based services per child per week £	£2,962.45	£3,008.94	£1,994.98	£2,946.15	£2,374.54	£2,292.62	We are the best performing HSCP in Scotland in 2015/16. The Scotland figure is £3,405.85.
The gross cost of "children looked after" in a community setting per child per week £	£47.99	£52.15	£143.79	£155.63	£159.38	£185.70	Ranked 4th in Scotland. Scotland figure is £291.57.
Balance of Care for looked after children: % of children being looked after in the Community	89.03%	88.35%	87%	90.5%	89.1%	89.8%	The HSCP's focus, along with community planning partners, on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to be cared for away from home. As per our Community Planning West Dunbartonshire Corporate Parenting Strategy, we have strived to increase the proportion of children and young people who are looked after in the community: this has increased from 88.4% in 2011/12 to 89.8% in 2015/16. We are ranked 17th in Scotland for this measure.
Home care costs for people aged 65 or over per hour £	£16.90	£15.67	£17.64	£18.47	£20.91	£22.03	We have moved from 15th to 21st in Scotland, although we are close to the Scotland figure of £21.22 per hour.
Self directed support spend for people aged over 18 as a % of total social work spend on adults	1.1%	1.6%	1.42%	1.39%	1.77%	2.16%	Expenditure on Self-Directed Support (SDS) Options 1 and 2 has increased by 61% since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 2.16%. However, high satisfaction with social care services may also mean that clients are less motivated to actually take up SDS direct payments or individual service funds relative to other areas. This may go some way to explaining why our increased SDS expenditure has not been reflected in our ranking of 27th.
Percentage of people aged 65 or over with intensive needs receiving care at home	43.28%	44.27%	42.52%	40.71%	39.32%	35.83%	This measure focuses on people with 10 hours or more of homecare service each week. The increased use of additional Telecare sensors as an integral component of care packages to sustain people at home contributes

Performance Indicator	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	
	Value	Value	Value	Value	Value	Value	Note
							towards a reduction in the number of homecare hours and increased support to carers. We are ranked 15th in Scotland but are above the Scotland figure of 34.78%.
% of adults satisfied with social care or social work services	67.7%	67.7%	67%	67.57%	69.67%	66.33%	We have sustained high levels of satisfaction with social care services at 66% in comparison with 50.67% in Scotland. This figure relates to 2013-2016.
Percentage of adults receiving any care or support who rate it as excellent or good	N/A	N/A	N/A	88%	87.97%	88.12%	This is a new LGBF measure already part of the Health and Wellbeing indicators. We are the best performing HSCP in Scotland for this measure. The Scotland figure is 81%.
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	N/A	N/A	N/A	88%	88.23%	85.87%	This is a new LGBF measure already part of the Health and Wellbeing indicators. We are ranked 13th in Scotland on this measure. The Scotland figure is 84%.
Net Residential Costs Per Capita per Week for Older Adults (65+)	£600.00	£554.19	£430.41	£415.97	£460.43	£466.13	The HSCP is significantly higher than the Scotland figure of £364.99 and this is reflected in our ranking which has remained at 29th since 2014/15. The LGBF Overview Report 2014/15 recognises that 'variation in net costs between councils will be largely influenced by the balance of LA funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs'. The latter would include the degree to which staff employed within care homes are at paid at least the National Living Wage. West Dunbartonshire local authority care homes are a significant provider of residential care placements (with all of our staff paid at least the National Living Wage) which goes some way to explaining our being ranked 29th.



Report by Jackie Irvine, Head of Children's Health, Care and Criminal Justice, West Dunbartonshire Health and Social Care Partnership and Laura Mason, Chief Education Officer, West Dunbartonshire Council

Community Planning Management Group 14th September 2017

Subject: West Dunbartonshire CPP Children Services Plan 2017 – 2020

1. Purpose

- 1.1 This report presents the West Dunbartonshire Community Planning Partnership (CPP) Integrated Children's Services Plan, in line with the requirements of the Children and Young People's Act (2014), for the consideration of the Partnership Board.

2. Recommendations

- 2.1 The CPP Management Group is asked to:
- i) Approve the content of this report and the attached Integrated Children's Service Plan 2017-2020.
 - ii) Re-affirm its commitment to the priorities within the Children Services Plan across West Dunbartonshire Community Planning Partners.

3. Background

- 3.1 West Dunbartonshire has a strong history of positive integration and partnership working in relation to the delivery of children and young people's services. This has been noted and reflected within the recent Care Inspectorate Joint Children's Inspection Report February 2017. The Report noted the consistent nature of joint working and partnership through the commitment by the Council Education Services and NHSGGC Health Board; including the integration of the management of children's health and social care services as part of the wider HSCP.
- 3.2 In May 2017, the CPP Children and Young People Delivery and Improvement Group carried out a review of its CPP priorities and oversaw the refresh of this Plan. This Group acts as the key vehicle for public agencies and voluntary sector organisations to plan and deliver local services. This approach has allowed for better engagement directly with children and young people in local communities and delivers the commitments to the needs of looked after and accommodated young people and those vulnerable young people within our communities.

- 3.3 The attached Integrated Children's Services Plan is explicitly reflective of that community planning approach and has been enthusiastically approved by the local CPP Children and Families Delivery and Improvement Group.

4. Main Issues

- 4.1 The priorities of the attached Integrated Children Services Plan reflect the requirements and expectations of the Scottish Government, the Council, the NHSGGC Health Board and other local community planning partners:
- Continuing to embed Getting It Right for Every Child (GIRFEC) across all services and all providers.
 - Child protection, as led and overseen by the Public Protection Chief Officers' Group on behalf of community planning partners.
 - Tackling domestic violence.
 - Delivering an effective and consistent approach to corporate parenting.
 - Providing Early and effective support to children, Young people and their families.
- 4.2 The CPP Children Services Plan also builds on the significant work led by West Dunbartonshire Council Educational Services to embrace the principles of Curriculum for Excellence, and the on-going work to ensure successful implementation through the comprehensive Curriculum for Excellence Action Plan.
- 4.3 The CPP Integrated Children Services Plan 2017-2020 is the vehicle for co-ordinating action to deliver the newly emerging Local Outcome Improvement Plan (LOIP) and the commitments for children, young people and their families. This draft Integrated Children Services Plan intentionally bridges the current priorities as identified with consultation with staff, partners and wider stakeholders and the first year of the Local Outcome Improvement Plan (LOIP). Its content has been developed from strategic commitments across the CPP; recommendations from inspection and feedback from stakeholders. It has been prepared so that it can be smoothly updated and its time period refreshed once a new LOIP is confirmed in October 2017.
- 4.4 The CPP Integrated Children Services Plan supports the long-term commitments that CPMG will recall from the previously approved CPP Children Services Plan 2013 – 2015; the HSCP Strategic Plan 2016 – 2019; the Educational Services' work programme for 2016 – 2017 as set out with in its Departmental Plan.
- 4.5 The draft CPP Integrated Children Services Plan was provided to the Scottish Government on 3rd July 2017. The Plan has since benefitted from additional comments and contributions from across local community planning partners and once approved will be resubmitted to the Scottish Government.

5. People Implications

- 5.1** Staff training, development and engagement are important features of the implementation of the CPP Children Services Plan; as reflected within the PDP and KSF processes across the Council and NHS Greater Glasgow and Clyde.

6. Financial Implications

- 6.1** The delivery of the Children Services Plan is underpinned by its existing allocation of resources, augmented by non-recurrent contributions secured from other budgets/sources (e.g. Council community planning funding in support of parenting programmes and Y Sort It).
- 6.2** It is imperative for the continued delivery of the range of children's services that vulnerable children and young people receive the support they need, when they need it and for as long as it is required. This is particularly important within the current financial climate and the need to identify savings across the public sector.
- 6.3** The Joint Children's Inspection concluded that it was imperative that partners continue to commit to the funding providing early and effective intervention and prevention that they identified as a strength in West Dunbartonshire particularly in respect of the levels of deprivation experienced by families.

7. Risk Analysis

- 7.1** Both the Care Inspectorate and Health Care Improvement Scotland have indicated their commitment to the joint inspection of children's services and child protection arrangements, as demonstrated within the local inspection process throughout 2016 in West Dunbartonshire. The inspection also recognised the importance of local community planning partners to provide evidence of structured clinical and care governance arrangements underpinning the delivery of safe services as well as clear and distinct public protection arrangements as delivered through the Child Protection Committee, Adult Protection Committee and Public Protection Chief Officers Group.
- 7.2** Visible commitment by the Joint Partnership Board to the focused and streamlined community planning approach in the provision and improvement of children's services – as well as child protection within the wider context of public protection – and a partnership approach to self-evaluation as expressed within the attached Integrated Children Services Plan are important to providing both local and external inspection body assurance of quality.
- 7.3** Whilst the inspection in West Dunbartonshire was a largely positive one, there were three areas of improvement outlined by the Care Inspectorate. However the inspection report noted that children's service planning in West Dunbartonshire was well understood by all staff, and there was "*A coherent shared vision was in place and modelled by a mature partnership*". They therefore concluded that they were "*confident that partners are well placed to incorporate the opportunities for further improvement*".

8. Equalities Impact Assessment

- 8.1 An Equality Impact Assessment completed on the CPP Integrated Children Services Plan found that there were no specific negative concerns, and a range of positive findings in relation to the rights of children. This provides reassurance and encouragement to on-going work in this regard.

9. Consultation

- 9.1 This Plan has benefited from comments and contributions from across local community planning partners, particularly those HSCP and Educational Services staff planning and delivering local services; and through on-going engagement with key community groups and fora.
- 9.2 The Plan has been to the Education Committee and to the HSCP Partnership Board as part of the consultation process.

10. Strategic Assessment

- 10.1 This Plan will actively support the delivery of the WDC strategic priorities, to be described within the new LOIP, to support the most vulnerable children and young people.

Jackie Irvine
Chief Social Work Officer

Health and Social Care Partnership

Laura Mason
Chief Education Officer

Education, Learning and
Attainment

Date: 14th September 2017

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Appendices:

Draft West Dunbartonshire Community Planning
Partnership Integrated Children's Services Plan 2017 –
2020.

Integrated Children's Services Plan 2017-2020

West Dunbartonshire Community Planning Partnership



West Dunbartonshire has “highly committed staff groups across the partnership who demonstrated clear ownership of the strategic vision for children, young people and families and felt clearly connected to improvement planning”

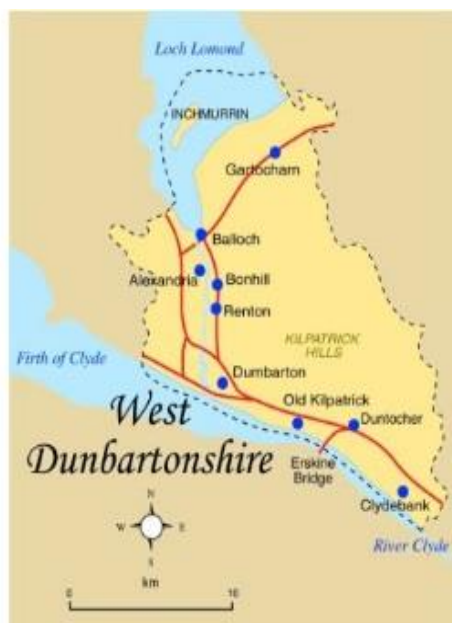
Care Inspectorate Joint Services for Children and Young People, February 2017

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“A coherent shared vision was in place and modelled by a mature partnership”.
Care Inspectorate in February 2017

Our vision is for West Dunbartonshire’s children and young people:

- To have the best possible start in life and to be ready to succeed
- To be successful learners, confident individuals, effective contributors and responsible citizens
- Have the same life chances for all children, young people and families at risk



With a population of 89,860, West Dunbartonshire is one of Scotland’s smallest local authorities. It is an area of geographical contrasts and diverse communities; from remote rural villages to the densely populated former industrial areas on the River Clyde.

Almost half of the population live in Clydebank. The town of Dumbarton serves as the civic headquarters for the local authority and the Vale of Leven area attracts visitors to the Loch Lomond and Trossachs National Park. There is a strong sense of pride in the area’s shipping heritage and tourist industry.

This draft Plan outlines our key priorities for the next three years in achieving this vision and in improving outcomes for children and young people and their families. The plan helps us deliver our priorities and helps our stakeholders understand what we are seeking to deliver and how we are planning to achieve it.

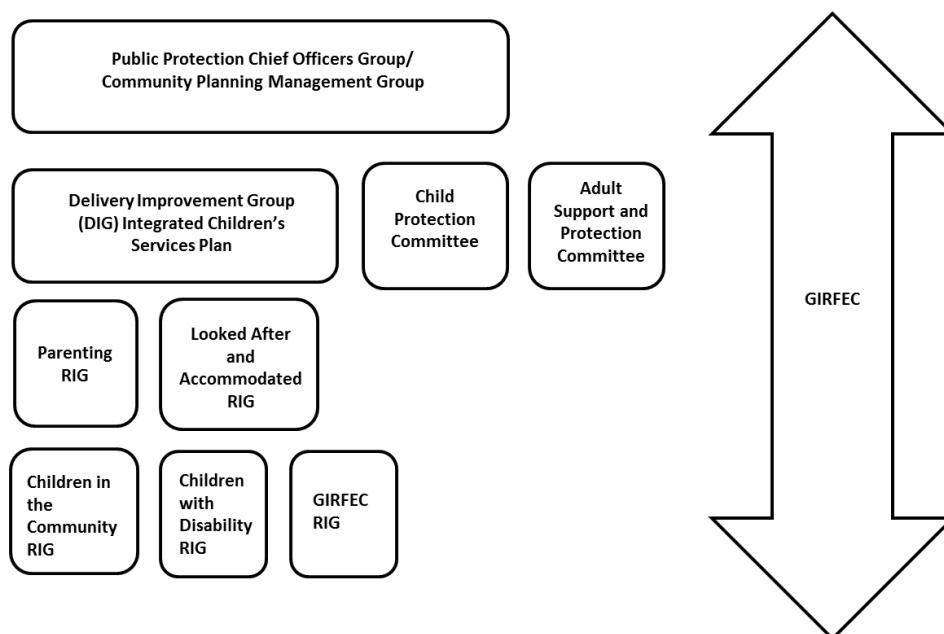
Review, Consultation and Engagement

“There was an obvious culture of self-evaluation and continuous improvement.” *Care Inspectorate in February 2017.*

West Dunbartonshire Community Planning Partnership is comprised of all statutory community planning partners, other key public sector partners, as well as voluntary, business and independent sectors. The development of this draft Plan provided an opportunity to review the Community Planning Partnership priorities and identify the direction of travel for the next three years.

West Dunbartonshire has well-established multi-agency partnerships which underpin our integrated approach to the planning and delivery of all children’s services.

There is a clear reporting and accountability structure for the Community Planning Partnership Children’s Services Plan through the Community Planning Partnership Children and Families Delivery and Improvement Group and the Community Planning Partnership Management Board; linking closely to the Public Protection Chief Officer’s Group, Child Protection Committee; Health and Social Care Partnership Integrated Joint Board and the Council’s Education Services Committee. As part of this continuous improvement process, young people’s mental health and emotional wellbeing has been agreed as a crucial cross cutting issue which is reflected across all strategic priorities and Review and Improvement Groups (RIG)s.



West Dunbartonshire has undergone in recent years, as with most public sector bodies, great changes from the integration of community health and care services to the delivery of a whole scale school establishment re-design. As a partnership we have been able to use these opportunities to continue to grow and develop. Our challenge within this paper has been to effectively represent the range and scope of joint working across West Dunbartonshire with children, young people and their families.

The Community Planning Partnership Children and Families Delivery and Improvement Group is committed to the engagement of children, families, partner organisations and communities in the development of our services; continually seeking and responding to feedback from children and young people, parents/carers and partner organisations to improve services.

The drive for continuous improvement supports the development of all strategies and plans across Children and Families. Our integrated performance management processes are in line with our Community Planning Partnership Performance Improvement Framework. All key aspects of Children and Families are regularly monitored and reported, in accordance with this framework.

This Plan has been informed by a process of review, consultation and engagement across the partnership. Feedback from service users and parents reflect the motivated and committed nature of service provision across West Dunbartonshire, and the high level of confidence service users have in services.

The latest Review of the Integrated Children's Services Plan (May 2016) as part of the process of annual review for the Integrated Children's Services Plan, involved a wide range of stakeholders from across West Dunbartonshire. Stakeholders from across a range of disciplines and statutory and third sector, education, health and social care agencies came together to review priorities and identify areas of continued focus and achievements.

Our Joint Inspection of Services for Children and Young People took place between August and October 2016 and the report was published in February 2017. The inspection team comprised representation from; the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary for Scotland. The Team included young inspection volunteers, who are young people with direct experience of care and child protection services who receive training and support to contribute their knowledge and experience to help us evaluate the quality and impact of partners' work.

The Council's Community Learning and Development Youth Alliance Service, in partnership with young people from the three Youth Voice groups, hosted a consultation event called, 'We Asked Youth Voiced', to feedback the results of the

'Penny for Youth Thoughts' consultation. Youth Voice groups continue to make good progress in developing the skills of young people to ensure they have a voice and are well represented in their communities.

There is continued shared commitment of partners to; Getting It Right for Every Child (GIRFEC); to the delivery of corporate parenting responsibilities; to improving outcomes for looked after children and young people and supporting the needs of young carers. Those children and young people, who have had to take on a caring role, are recognised by all partners as children and young people first; and as such our approach is to assessing and supporting their needs within their caring context.

Our agreed approach to measuring outcomes is demonstrated by our ability to collectively evaluate all our Community Planning Partnership services against the impact on children and their families through increasingly joined up and targeted performance indicators and frameworks, based on agreed priorities. Our priorities are recorded, reported and monitored within the Community Planning Partnership.

Outcome focused self-evaluation is increasingly embedded across children and families services. Centres, teams and schools are all involved in processes of self-evaluation and these continue to contribute to our understanding of how we are performing against our strategic outcomes and improvement priorities. Self-evaluation is central to maintaining quality and to the pursuit of excellence. It is complementary to, and informed by, the wide range of external scrutiny arrangements to which we are also subject.

Anticipating and managing risk is key to achieving our outcomes. We regularly assess, monitor, manage, control and plan around risk through a variety of mechanisms and the maintenance of a comprehensive Risk Register which is regularly reviewed at senior management level and reported at committee annually.

The Equality Act 2010 increased duties in respect of disability, race, gender, sexual orientation, faith, age, pregnancy/maternity, gender reassignment and marriage/civil partnerships. Looked after Children, young carers and families in areas of multiple deprivation are also considered as equalities groups. Equalities and Rights Impact Assessments are carried out as part of our planning process and Children and Families contributes to the community planning partnership wide Framework and Action Plan to address inequality.

The Children and Families Delivery and Improvement Group held a multi-agency Development and Review Session in March 2017. This session provided an opportunity for review, reflection and forward planning to help inform wider consultation process on this plan as well as informing the development of the Local Outcomes Improvement Plan across the Community Planning Partnership.

Key Drivers

“There was an evident commitment to early intervention and prevention with very effective early help and support processes”. *Care Inspectorate in February 2017.*

There are many key pieces of legislation which underpin the delivery of services for children, young people and their families. There are too many to list here but legislation which will place extra demands on our services in the coming years include Social Care (Self-directed Support) (Scotland) Act 2013, the Children and Young People (Scotland) Act 2014 and the Children's Hearings (Scotland) Act 2011.

Within Education services there are national policy drivers including the continuing commitment to the expansion of ELCC; delivery of the closing the poverty related Attainment Gap and the strategic priorities of the National Improvement Framework (NIF).

The changing demographic picture in the West Dunbartonshire has led to increases in demand for specific services amongst a number of population groups including: children and young people who require to be looked after and learners identified as having exceptional support needs, in particular children diagnosed as having an autism spectrum disorder.

The Scottish Index of Multiple Deprivation is the Scottish Government's official tool for identifying communities suffering from deprivation. The index divides Scotland into small areas, called data zones, each containing around 350 households. The most recent 2016 index identified 48 data zones as among the most deprived 20%, highlighting West Dunbartonshire as one of the most deprived areas in Scotland. As at 2011, approximately 1.6% of the West Dunbartonshire population belonged to an ethnic minority, which was less than the Scottish figure of 4%.

Children Living in West Dunbartonshire

- In 2016 there were 15,764 children aged 0-15 years resident in West Dunbartonshire; 17.5% of the population.
- This is higher than Scotland where 0-15 year olds make up 16.9% of the population.
- 2016 there are 7184 pupils in the 33 primary schools in West Dunbartonshire.
- 2016 there are 5084 pupils in the 5 secondary schools in West Dunbartonshire.
- In 2016 there are 180 pupils in the 3 special need schools in West Dunbartonshire.
- Total number of pupils in West Dunbartonshire's schools is 12,448 pupils.
- There is a varied trend regarding live births in west Dunbartonshire, 2012-2015 decrease is 12.3%. 2015 falling by 6.3% to 924 between 2014 and 2015.

Vulnerable Children in West Dunbartonshire at 31st July 2016:

- At 31st July 2016 there were 363 children looked after in West Dunbartonshire.
- WD looked after rate of 1.94% of the 0-17 year olds compared to 1.4% for Scotland.
- Of all our looked after children, 82 are at home with parents; 166 with friends/relatives; 78 with foster carers or other community placements and 37 looked after in other residential care settings.
- 77 children had their names placed on the West Dunbartonshire Child Protection register during 2015/16, with 48 remaining on the register as of 31st July 2016.
- There are 2,385 primary school and 1,812 secondary school pupils with additional support needs.

West Dunbartonshire partners agreed that the following groups will benefit from additional support:

- Vulnerable pregnancies
- Children with or affected by disability
- Children in need/vulnerable children, including young carers
- Children and young people where safety and wellbeing is an issue
- Children and young people affected by issues such as domestic abuse, mental health and substance misuse
- Children and young people who are looked after and looked after and accommodated
- Young people leaving care
- Young people involved in offending.

All partners are working hard to achieve cultural change in service areas that have traditionally proved difficult to shift in West Dunbartonshire, such as health outcomes and domestic abuse. We continue to shift and target resources to support the commitment to early intervention and prevention in both of these areas of work.

Resources and Spend

“Investments in the wholesale modernisation of the school estate were commendable. Elected members were committed to raising attainment and had successfully secured increasing amounts of funding to support local efforts”. *Care Inspectorate in February 2017.*

We are committed to shift and target our resources towards early intervention and prevention, with Community Planning resources prioritising early recognition and addressing identified risk and need through community and universal services.

There will however continue to be at risk and vulnerable children, young people and families who will benefit from and require continued additional support. For some this will mean living away from their family or community to best meet their needs and for others additional support in the community.

As identified within this Plan, West Dunbartonshire has a higher than average national rate of looked after children, along with increasing numbers of children placed on the West Dunbartonshire Child Protection register and those identified as having additional educational support needs. Innovative investment and commissioning approaches have continued across crucial provision to both bolster preventative measures and sustain targeted supports, for example with care experienced young people and supporting positive mental health of those experiencing grief and loss.

As reflected in the table below, a significant investment programme for the rebuilding of school estate has been based around three development models of new build schools, refurbishment of existing school and repurposing of existing school buildings. We envisage our 21st century schools to be technology and social rich learning spaces. These spaces create opportunity for learning in a variety of independent and collaborative styles.

Council School Estate	Project Budget
Bellsmyle Campus:	£10.65m
Kilpatrick School	£10.5m
Our Lady & St Patrick's High School	£25.9m
Balloch Campus	£16.464m
Total estimated Schools Estate Budget	£63.514m

Our refurbishment of existing schools, namely Bonhill – Lennox Primary School and Early Learning Childcare Centre, St Ronan’s Primary School, Ladyton Early Learning Childcare Centre and Highdykes Primary School have a combined project budget of £1.393m.

Our Schools Estate Improvement Plan works consist of various schools to upgrade Primary School Buildings and maintaining those schools which were in poor condition. It has a combined project budget of £4.6m.

For the few most vulnerable children and young people who require combined residential care and education to support their needs, the Health and Social Care Partnership (HSCP) and Educational services jointly fund Residential School placements with combined expenditure for 2016/17 estimated as £2,129,256. Estimated budget for 2017/18 is £2,212,428.

Educational Services funding for day placements	Budget 2017/18	Expenditure 2016/17	Average children per month
Residential	£1.575m	£1.344m	13.1 children per month
Day care	£1.591m	£1.960m	62.9 children per month
Total 2017/18	£3,166,000	£3,340,000	

Reflecting the implementation of the Children and Young People (Scotland) Act (2014), West Dunbartonshire HSCP’s payment to kinship carers has risen from £601,361 in 2015/16 to £1,012,168 in 2016/17. With estimated expenditure of £959,511 in 2017/18. From 2015/16 to 2016/17 we have seen a 30% reduction in the expenditure on adoption allowances which reflects our commitment to more robust and time specific assessment processes and the increased age of adopted children and young people in West Dunbartonshire. This is reflected in the estimated spend ongoing.

West Dunbartonshire’s commitment to supporting children, young people and families in the community is reflected in the commissioning approach and resource allocation to third and independent sector partners, thus reducing the risk of children being looked after away from home and increasing independence for children affected by disabilities.

As reflected in the table below, the HSCP continue to demonstrate that quality and service delivery are maintained and services are redesigned to deliver sustainable, high quality health and care services.

Health and Social Care Partnership	Estimate 2017/2018	Expenditure 2016/17
West Dunbartonshire Council Estimated Net Exp. Budget	£15,460,310	£15,477,870
Residential Accommodation for Young People	3,593,717	3,739,130
Community Placements	3,471,580	3,343,789
Residential Schools	637,428	789,992
Childcare Operations	3,862,961	3,811,788
Other Services - Young People	3,894,624	3,793,171
NHS Estimated Net Exp. Budget	3,384,000	3,319,200
Specialist Children Health Services (excluding CAMHS and Young People in Mind)	703,000	709,500
School Nursing	160,000	225,000
Health Visiting	1,750,000	1,700,900
Dental Health Support Workers	73,000	43,600
Senior Nursing	98,000	106,600
CAMHS	471,000	406,600
Young Family Support Workers	129,000 (includes £117 WDC funding)	127,000 (includes £117k WDC funding)
Identified as WDC funding within NHS Estimated Net Exp. Budget	£525,000	£525,000
Young People in Mind	102,000	102,000
Youth Counselling	40,000	40,000
Parenting	50,000	50,000
Specialist Children Health Services	333,000	333,000

Strategic Needs Assessment

“The strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation”. *Care Inspectorate in February 2017.*

West Dunbartonshire’s already agreed integrated planning process reflects forward planning, based on performance data, there is a range of local population’s data and wellbeing needs which have been referenced and collated.

There are clear challenges for partners in West Dunbartonshire in advancing the life chances of children given the high levels of enduring poverty and inequality across communities. Partners have a strong commitment to early intervention and we have invested in approaches and services to prevent problems escalating; while there are improving trends in a number of health measures, others remained stubbornly difficult to shift, in spite of the concerted efforts of staff across services.

Over the coming year with the development of the new Local Outcome Improvement Plan, and in line with our commitment to the analysis of population and trend data, we will be developing a detailed strategic needs assessment. The following pages review our current performance mapped against the SHANNARI well-being indicators, as well as trends over the last three years and comparative results with Scotland. Our analysis over the next year will consider the new ScotPHO data and future demographic analysis in order to inform our long term strategic needs analysis.

Performance Indicator		West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland 2015/16
		2013/14	2014/15	2015/16	Direction of travel	2015/16	
Healthy	Exclusively breastfeeding at Health Visitor's first visit	21.7%	21.4%	25.2%	↑	35.6%	●
	Exclusively breastfeeding at the 6-8 week review	24.1%	23.2%	25.0%	↑	28.2%	●
	Exclusively breastfeeding at the 6-8 week review from the 15% most deprived areas	9.9%	10.3%	10.1%	↑		
	Smoking in pregnancy	19.6%	17.5%	20.7%	↑		
	Smoking in pregnancy - most deprived quintile	28.0%	24.5%	28.2%	↑		
	Measles, Mumps and Rubella (MMR) immunisations at 24 months	95.8%	96.1%	95.8%	↔	95.4%	◊
	Measles, Mumps and Rubella (MMR) immunisations at 5 years	97.5%	97.1%	96.9%	↓	97.1%	●
	Percentage of five year olds (P1) with no sign of dental disease	58.6%	61.9%	69.4%	↑	67.0%	◊
	Percentage of P7 children with no sign of dental disease	68.4%	67.4%	n/a	↓	75%†	●
	Percentage of 0-2 year olds registered with a dentist	38.4%	37.6%	40.9%	↑	49.1%	●
	Percentage of 3-5 year olds registered with a dentist	84.0%	85.1%	84.7%	↑	91.0%	●
	Percentage of P1 children at risk of obesity (upper limit)	11.3%	10.3%	8.6%	↓	9.9%	◊
	Teenage pregnancy 13-15 years rate per 1,000 (2011/13 and 2012/14)	5.6	5.9	5.1	↓	4.0	●
	Teenage pregnancy 15-17 years rate per 1,000 (2011/13 and 2012/14)	32.0	28.8	26.4	↓	22.3	●
	Percentage of women booked for antenatal care by the 12th week of gestation	79.45%	83.81%	91.39%	↑	88.79%	◊
	Rate of stillbirths per 1,000 births	5.1	2	3.2	↓	4	◊
	Rate of infant mortality per 1,000 births	2	5.1	1.1	↓	3.2	◊
	Number of births	983	979	924	↓		
	Percentage of low birth weight babies (singleton births)	5.5%	6.1%	7.3%	↑	5.3%	●

↑Increasing ↓Decreasing ↔Unchanged ◊Performing better than Scotland figure ●Performing worse than Scotland figure

Performance Indicator		West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland 2015/16
		2013/14	2014/15	2015/16	Direction of travel	2015/16	
Healthy	Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	76.0%	77.5%	71.7%	↓	72.4%	●
	Number of hospital admissions 0-19 years of age	2592	2684	2616	↑		
	Number of non-elective hospital admissions 0-19 years of age	1548	1628	1484	↓		
Safe	Percentage of child protection investigations to case conference within 21 days	80.2%	94.5%	83.0%	↑		
	Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	↔		
	Number of Child Protection referrals	154	138	201	↑		
	Number of Child Protection investigations	199	213	190	↓		
	Number of children investigated	196	197	170	↓		
	Number of children investigated - Male	102	103	79	↓		
	Number of children investigated - Female	91	93	90	↓		
	Number of children involved in pre-birth case discussions but not progressing to pre-birth conference	1	1	3	↑		
	Number of children involved in pre-birth case conference	17	15	14	↓		
	Number of children registered pre-birth (as distinct from live child registration)	0	2	3	↑		
	Number of Child Protection investigations resulting in a case conference (No of case conferences held)	96	127	108	↑		
	Number of children on the Child Protection Register at year end	20	34	28	↑		
	Number of children on the Child Protection Register - Male (At Quarter/Year End)	9	17	16	↑		
	Number of children on the Child Protection Register - Female (At Quarter/Year End)	11	17	12	↑		

↑Increasing ↓Decreasing ↔Unchanged ♦Performing better than Scotland figure ●Performing worse than Scotland figure

Performance Indicator		West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland 2015/16
		2013/14	2014/15	2015/16	Direction of travel	2015/16	
Safe	Number of children with temporary registration (At Quarter/Year End)	1	1	2	↑		
	Average length of time on Child Protection Register (Days) - All	82	173	107	↑		
	Average length of time on Child Protection Register (Days) - Male	86	165	114	↑		
	Average length of time on Child Protection Register (Days) - Female	79	180	97	↑		
	Percentage of children remaining on the Child Protection register for more than 18 months	0%	0%	0%	↔		
	Number of Child Protection registrations	51	86	57	↑		
	Number of Child Protection de-registrations	65	71	63	↓		
	Number of de-registrations where child moved into a formal placement	n/a	7	4	↓		
	Number of de-registrations where child returned home or at home with parents	n/a	52	57	↑		
	Number of de-registrations where child living with kinship carer	n/a	7	2	↓		
	Number of children and young people looked after	329	386	363	↑	15,317	
	Percentage of children and young people looked after (0-18 population)	1.73%	2.05%	1.94%	↑	1.40%	●
	Percentage of children looked after in the community	90.5%	89.1%	89.8%	↓	90.4%	●
	Number of children referred to the Scottish Children's Reporter Administration on offence or non-offence grounds	654	392	323	↓	15,329	
	Number of children referred to the Scottish Children's Reporter Administration on offence grounds	52	49	41	↓	2,761	
	Number of referrals to the Reporter on offence grounds	101	139	97	↓	6,685	
	Number of referrals to the Reporter on non-offence grounds	630	368	293	↓	20,655	

↑Increasing ↓Decreasing ↔Unchanged ♦Performing better than Scotland figure ●Performing worse than Scotland figure

Performance Indicator		West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland 2015/16
		2013/14	2014/15	2015/16	Direction of travel	2015/16	
Safe	Rate per 1,000 children aged 8-18 referred to the Reporter on offence grounds	5.4	5.1	4.3	↓	4.9	◊
	Rate per 1,000 children aged 0-18 referred to the Reporter on non-offence grounds	35.2	20.7	16.5	↓	13.3	●
	Rate of emergency hospital admissions for alcohol misuse for people aged 16 and over per 1,000 population	9.9	9.2	10.5	↑		
	Number of domestic abuse incidents	1,460	1,220	1,358	↓	58,104	
	Number of domestic abuse incidents where children affected	n/a	768	975	↑		
	Number of people fatally injured in dwelling fires	0	0	0	↔		
	Number of home fire safety visit referrals from partner agencies	n/a	574	1,405	↑		
	Number of All Accidental Dwelling Fire casualties	12	5	25	↑		
	Number of accidental dwelling fires where alcohol/drugs and/or smoking materials is suspected	27	22	27	↔		
	Number of home fire safety visits completed	934	1,142	1,405	↑		
	Number of people killed/injured in road crashes	169	134	154	↓		
	Number of people killed/seriously injured in road crashes	32	28	24	↓		
	Number of incidents for consuming alcohol in a public place where appropriate bye-laws exist (5 year average)	796	774	450	↓		
	Number of public reported incidents of anti-social behaviour	6,497	6,130	6,801	↑		
Achieving	Residents satisfied or very satisfied with agencies' response to tackling anti-social behaviour	88%	62%	n/a	↓		
	16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	44.0%	56.5%	62.0%	↑	n/a	
	Number of care leavers receiving aftercare services	21	33	33	↑	3,054	
	Percentage of young people eligible for aftercare services in employment, education or training	62%	41%	54%	↓	n/a	
	Percentage of receiving aftercare with known economic activity	62%	45%	58%	↓	n/a	

		West Dunbartonshire				Scotland	Comparison West Dunbartonshire and Scotland 2015/16
		2013/14	2014/15	2015/16	Direction of travel	2015/16	
Performance Indicator							
Responsible	13 year olds reported they usually drink at least once a week (including those who drink 'almost every day' and 'about twice a week')	11%	n/a	n/a		6%	●
	15 year olds reported they usually drink at least once a week (including those who drink 'almost every day' and 'about twice a week')	23%	n/a	n/a		17%	●
	Average units of alcohol consumed in the last week by 13 year olds	20	n/a	n/a		19	●
	Average units of alcohol consumed in the last week by 15 year olds	13	n/a	n/a		18	◇
	15 year olds reported having used or taken one or more of the drugs named in a list provided, even if only once	13%	n/a	n/a		17%	◇
	13 year olds reported having used or taken one or more of the drugs named in a list provided, even if only once	7%	n/a	n/a		4%	●
	15 year olds reported using drugs in the last month	7%	n/a	n/a		9%	◇
	13 year olds reported using drugs in the last month	4%	n/a	n/a		2%	●
	15 year olds reported that they had used drugs in the year prior to the survey	11%	n/a	n/a		15%	◇
	13 year olds reported that they had used drugs in the year prior to the survey	4%	n/a	n/a		3%	●
	15 year olds reported that they had used cannabis in the last year	11%	n/a	n/a		15%	◇
	13 year olds reported that they had used cannabis in the last year	4%	n/a	n/a		3%	●
Included	Number of instances of young people participating in diversionary activity provided through the Pulse	17,674	16,747	19,935	↑		

↑Increasing ↓Decreasing ↔Unchanged ◇Performing better than Scotland figure ●Performing worse than Scotland figure

We regularly collate and analyse information on a range of indicators to assess how we are making progress over time and through benchmarking with other areas; where good practice can be identified and shared; and identify areas for improvement.

Outcomes 2015/16	West Dunbartonshire	Dundee City	East Ayrshire	North Ayrshire	Glasgow City
Percentage of children who have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review - Early Years Collaborative Stretch Aim	71.7%	77.8%	66.9%	73.4%	45.4%
Percentage of secondary school pupils achieving 5 plus awards at SCQF level 5 or higher	54%	52%	57%	52%	48%
Percentage of secondary school pupils achieving 5 plus awards at SCQF level 6 or higher	29%	27%	30%	24%	23%
Percentage of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 5 or higher	42%	37%	38%	39%	41%
Percentage of secondary school pupils from deprived areas achieving 5 plus awards at SCQF level 6 or higher	19%	13%	12%	13%	16%
Percentage of school leavers entering a positive destination	89.9%	88.2%	90%	90.8%	86.5%
Percentage of young people eligible for aftercare services in employment, education or training	54%	23%	26%	42%	41%
Percentage of those young people receiving aftercare with known economic activity	58%	47%	47%	42%	58%

Service Mapping

“An extensive range of support services was being delivered by partners and stakeholders to support children, young people and families across communities... Staff demonstrated strong persistence in terms of working alongside rarely-heard or reluctant-to-engage children, young people and families in order to facilitate improved outcomes in circumstances and life chances”.

Care Inspectorate in February 2017.

Across West Dunbartonshire, we can demonstrate that we are making a positive impact on the lives of our children and young people, meeting their needs through highly effective universal, targeted and specialist provision with a challenging demographic. Partnership planning is aligned and accountable to well established strategic integrated planning and operational structures across all statutory, third and independent sector providers in partnership with children, young people and their families.

Across the CPP, we recognise that effective workforce planning ensures that services and organisations have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. This means planning a sustainable workforce of the right size, with the right skills and competences, which is responsive to demand and ensures effective and efficient service delivery across a broad range of services and locations.

In practice this is reflected through integrated assessment processes, shared planning arrangements, joint delivery of service and effective and appropriate information sharing across community planning partners, parents and carers; within universal, targeted and specialist provision. For professional groups of staff working across CPP with some of our most vulnerable people, there is reassurance, leadership and management from the well-established Public Protection Chief Officers Group.

The Health and Social Care Partnership services across community health and social work are jointly managed and delivered for children and young people. In addition strong and effective joint working between the Health and Social Care Partnership and Education Services has created within West Dunbartonshire an environment of child centred assessment and care planning; creating better opportunities for good outcomes for children and young people as well as their families.

Within the Health and Social Care Partnership this is further enhanced by the joint management of all community children's health and social work services by the Chief Social Work Officer as the Head of Children's Health, Care and Criminal Justice.

Effective joint working is supported by effective collaboration with Education Services, Police Scotland and the Third Sector Interface.

West Dunbartonshire was one of the first areas to integrate their community health and social work services and within this environment the Health Visiting Service has taken a lead role in the delivery of the Early Years Collaborative approach alongside colleagues from Education Services. The focus of the service has been to support pre-natal care, through the provision of intensive support to children and parents within the home and nursery setting.

One of the most effective measures of outcomes for children, young people and their families has been in respect of the performance information which can be accessed within the Dash Board (Community Health Visiting teams and School nursing), and across the various Referral to Treatment Waiting Time target reports for Speech and Language Therapy services, Children and Adolescent Mental Health Services, Paediatric Occupational Therapy, Physiotherapy and Community Children's Nurses (CCNs). This creates an environment for integrated analysis and review of trends leading to focused and appropriate service delivery and improvement.

Education Service and the HSCP Speech and Language service continue to develop innovative approaches to ensure that children and young people are having their needs assessed timeously. A programme of training for staff and parents as well as targeted support for teachers, children and parents to support effective referral pathways has supported the delivery of services within the target waiting time, with 63% waiting no longer than 18 weeks for treatment.

We have achieved standardised assessment and child planning processes and templates across the child's community health electronic record. This ensures all health professionals working with a child, for example; health visiting, school, school nursing, speech and language therapy, physiotherapy, occupational therapy and Child and Adolescent Mental Health Services (CAMHS); can record observations within the same file, contribute to a shared health chronology and be appraised about the extent of involvement and engagement with the child and family.

Significant investment of resources has been made within Education services to deliver a single agency assessment that is GIRFEC compliant and dovetails into further planning with community health and social work services as well as additional support services within the broader NHS Greater Glasgow and Clyde Acute services and Police Scotland.

The Psychology of Parenting Project (PoPP) is a prevention-focused parenting initiative that is hosted within NHS Education for Scotland. The PoPP implementation scheme provides a framework supporting the improvement of outcomes for young children between the age of 3 and 6, with elevated levels of behavioural difficulty. It

does this by guiding and supporting local services to deliver one carefully-selected evidence based group parenting programme for parents of this target group of children. West Dunbartonshire has been selected to become a site for this initiative. The programme selected in West Dunbartonshire is the 14 - week long Incredible Years® Pre-school Basic Parenting programme.

We will work with NHS Education for Scotland to deliver the Incredible Years programme across the Authority targeting 40% (168) of the estimated number of children who are likely to be at risk because of their behaviour. NHS Scotland will support some of the costs associated with the running of the groups, provide training and supervision to improve the quality of the delivery of the groups and build staff capacity and provide some of the materials required for the groups over the course of 2017-2018.

West Dunbartonshire was an early adopter of the Family Nurse Partnership approach. We have been able to gather evidence based long and short term benefits of participation in the programme include reductions in smoking during pregnancy, greater intervals between and fewer subsequent births, fewer child accidents, reduction in child abuse and neglect, better language development in children and an increase in employment and greater involvement of fathers. We have been able to demonstrate good outcomes for mothers and babies as part of a range of support services and interventions for families.

Adjustments have been made to the Health and Social Care Partnership CareFirst recording system to also ensure it is GIRFEC compliant; this joint recording system, across community health and social care, ensures joint recording of initial referral discussions (IRD) and facilitates the sharing and receiving of information from the two Named Persons services as well as other partners. This is particularly relevant where children and young people are being supported by third sector partners or where Housing services are working with vulnerable families.

Across community planning partners, we continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties, including; our school counselling service; and our range of mainstream parenting opportunities for all parents within our communities.

Locally, we have close and effective working relationships with our Third Sector Interface and wider voluntary sector partners agreeing shared priorities and delivering support and provision to children and young people e.g. Children First supporting parents with play; Life Changes Trust funded Peer Mentoring for looked after children at home and in the community; and Includem working to build confidence and resilience with our most vulnerable young people.

Partners deliver a range of sport and leisure opportunities to children and young people of all abilities; including initiatives and opportunities for families. For example, the Set 4 Sport programme enables parents living in properties with little or no garden to creatively engage their children in physical activities in any location. Children and young people with a disability benefit from the Disability Sport programme which offered coaching and support to access a range of well used activities as well as enhanced inclusive activities through the Leisure Trust.

For care experienced young people who have not made an initial successful transition from school into training, education or employment, Skills Development Scotland (SDS) has a particular role and responsibility as a corporate parent to offer the support, guidance and opportunities necessary to help them reach their full potential. Supporting these young people is therefore, a core function of our post-school targeted service. As such SDS are a key partner in our Corporate Parenting Strategy and approach as well as an integral member of our Children and Families Delivery and Improvement Group.

Evidence locally and nationally suggests that families benefit from a wide range of universal and targeted services, parenting opportunities being one aspect to support families to remain together or work towards a return home. We have responded to this feedback from families, carers and practitioners by creating and providing a range of information and services that support the wellbeing of their families and children, with a tiered approach to service provision, and from pre-birth to young adulthood.

Key Achievements and Good Practice

“Partners worked effectively together to identify cross-cutting themes and agree a manageable number of priorities”. *Care Inspectorate in February 2017.*

The summary report of the joint inspection of inter-agency provision of children’s services in West Dunbartonshire, published in February 2017, assessed our impact on children and young people as “very good”. The report (Services for children and young people in the West Dunbartonshire) also noted that the strength of strategic approaches to targeting key universal health services had achieved some real gains within a very challenging context of high deprivation.

Integrated Joint Working – GPs and GIRFEC

In 2015 a number of practices within Clydebank Health Centre nominated themselves to take part in a national Information Sharing pilot between GPs and the Education Named Person Service. This was led by a GP Child Protection Specialist in conjunction with the Health and Social Care Partnership and Educational Services. This pilot has proven to be very effective, considerably improving GP understanding of the roles of different professionals; the amount of involvement education professionals have in the lives of families; and the information already held by schools. It has established trusting relationships and improved appropriate information sharing - which has in turn positively impacted on the lives of children, young people and their families. The findings from this West Dunbartonshire Information Sharing GP pilot have been shared locally; and also reported at a well-received two day master class held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

Effective change management – Seasons for Growth

While many schools across Scotland run Seasons for Growth groups, the programme in West Dunbartonshire is led strategically, well embedded in primary and secondary schools and is delivered in other settings. The inspection team viewed it as a model of outstanding and sustainable practice.

In 2005, staff recognised that the long-term, negative impact of unresolved issues arising from challenges such as bereavement, separation and divorce which could be mitigated by using the Seasons for Growth programme. Seasons for Growth is a peer education group work programme facilitated by two trained ‘companions’. Initial attempts to introduce the programme were ineffective. Although initially dozens of companions were trained, only one group was actually delivered. As a result, a multi-agency action group was established to develop a sustainable development plan to make Seasons available to all children and young people.

Choose Life committed funding for training, materials and employment of a senior educational psychologist one day a week to chair the multi-agency action group and coordinate the programme. Continued support from strategic leaders (through the mental health and wellbeing strategy group) has been key to this success. Partners

analysed barriers that had prevented the programme being used. A model of sustainable development was put in place, including two trained companions in each school supplemented by a large pool of multi-agency ‘floating companions’, which included health and social work professionals and staff from the third sector. The programme was successfully rolled out one learning community at a time, over a two-year period. The programme has been delivered in children’s houses and many looked after children attend groups in their own schools. An adapted programme for Syrian refugees began in January 2017. Every group is evaluated and positive feedback has been received from staff, children, young people and families. Further, the action group has identified a relationship between the well-embedded Seasons for Growth programme and raising attainment. We believe this merits further research as part of the Scottish Attainment Challenge.

Leadership by young people for young people - Y Sort It

Led by a management board of young people, Y Sort It is an influential project delivering high quality, innovative and inclusive youth work opportunities to children, young people and families. With a proven track record in strategic and operational partnership working over a fifteen-year period, the project has successfully supported young people to achieve positive outcomes. There is a clear vision of enhancing life opportunities by young people, for young people with staff and mentors acting as strong advocates; influencing decision making and achieving transformation in services.

As a strong collaborative partner, the project plays a key role in holding partners to account and ensuring the views and needs of young people are central to strategic decision making, service design and delivery. By accessing important sources of revenue and attracting matched funding, the project supports partners in delivering a range of sustainable, early intervention provision and opportunities for young people.

The project recognises that young people living in an area of multiple deprivation often experience, or are at risk of experiencing, social and economic exclusion. It promotes equality and diversity by helping young people achieve their ambitions. The project has achieved success in engaging and supporting a range of seldom heard or difficult-to-reach young people, such as young people with caring responsibilities, young people from the lesbian, gay, bi-sexual, transgender and intersex (LGBTI+) community and young people involved in offending behaviour and substance misuse. The Wrecked & Wasted initiative has been helping young people to change attitudes and behaviours related to alcohol and drug use through harm reduction and peer-led youth work approaches.

Commitment to equality and inclusion - Highly Dependent Learners

The Highly Dependent Learners approach, facilitated by a strategic steering group, demonstrated a strong multidisciplinary approach to supporting children and young people with complex physical, medical and learning needs within mainstream education provision. It clearly demonstrates partners' commitment to equality and inclusion. Staff work collaboratively within the spirit and principles of Getting it Right for Every Child to meet legislative requirements and promote positive outcomes for children with additional support needs.

Families have indicated that they feel engaged, listened to and believe that services are responsive to meeting the changing needs of their children at every stage of development. Multi-agency protocols facilitated partnership working, which in turn contributed to positive outcomes for vulnerable young babies. There is very early recognition by neonatal health staff of issues related to prematurity or other additional needs. Excellent communication between neonatal units, primary care and nurseries enables staff to identify and anticipate the longer-term developmental needs of children. One-to-one training sessions between health professionals and education staff have been put in place to build confidence in providing services to this particular group of children and young people.

Digital Well Being – Information for Children and Young People

West Dunbartonshire is part of the 'Aye Mind' a Digital 99 pilot being delivered across NHS Greater Glasgow and Clyde (NHSGG&C); the programme aims to create a more appropriate safe based internet provision for children and young people. All Health and Social Care Partnership Children's Homes have focussed resources to support young people to continue to have access to digital and social media but with additional levels of safety and monitoring. On-line safety is only one of the responses the CPP has to protecting children and young people at risk from Child Sexual Exploitation (CSE).

Community Safety - Child Sexual Exploitation

Our local delivery plan to recognise and prevent CSE reflects a joined up approach to keeping our children safe that is in line with national guidance. Through the CSE Strategy Group we have raised the awareness among services, and staff of the prevalence and signs of CSE. We have also provided training and development opportunities for our foster carers and residential staff which has been received well and recognised through our strategic inspections. Our response will continue to be monitored and reviewed as part the governance of the Child Protection Committee and the Public Protection Chief Officers Group.

Police Scotland Peer Mentoring Programme 'Be-Smart'

Police Scotland is leading the way in prevention on a range of child protection and public protection initiatives. Their peer mentoring pilot Be-smart was developed in

partnership with global leader in IT Security Trend Micro. This programme is part of the Choices for Life programme within Police Scotland, which provides young people with a range of information and supports them to make informed and safe decisions. The Be-Smart training was piloted with officers within West Dunbartonshire, Argyll and Bute, Highlands and Fife and is now being rolled out more widely across the school community. The programme aims to provide adults and youth mentors with the skills they need to teach their communities about being safe and responsible online. Be-Smart Training was completed in West Dunbartonshire in June 2016; by pupils and teachers from two secondary schools, parents and Youth Workers from the Voluntary Sector (Y Sort It).

Strategic Outcomes

“Young people, including the most vulnerable, were meaningfully involved in influencing policy and service development”. *Care Inspectorate in February 2017*

Strategic Outcome 1

Demonstrate the difference investments in early intervention and prevention are making for all children and young people through the measurement of robust data and progress across strategic plans.

Our Local Improvement priorities are:

To create robust measurement processes for data analysis, and review current Strategic Plans across CPP partners

What we will do:

- Continue development of the Strategic Needs Assessment (SNA)
- Review Community Planning Partnership Integrated Performance Report for children and young people
- Evaluate performance across the Community Planning Partnership on an annual basis alongside trend analysis data.

What are the plans and structures that support us to succeed?

- Health and Social Care Partnership Strategic Plan and Annual Performance Reports
- Education Services Service Plan and Annual Performance Reports
- Council and NHS GG&C Equality Mainstreaming Reports

Strategic Outcome 2

Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse.

Our Local Improvement priorities are:

To continue to address issues relating to Domestic Abuse across the Community Planning Partnership

What we will do:

- Establish West Dunbartonshire Violence Against Women (VAW) Strategy Group with Argyll and Bute in line with Police Scotland Divisional boundaries
- Share learning, training and development across new wider partnership
- Explore opportunities for delivering Safer Together programme across the new wider partnership
- Deliver integrated and appropriate housing approach to meet the needs of those affected by domestic abuse, including *No Home for Violence*
- Reinforce Domestic Abuse as a key priority of the CPP through development of new Local Outcome Improvement Plan (LOIP)
- Explore the use of preventative strategies locally;
 - SACRO development to be explored;
 - Violence Reduction Unit Street Arrow Food Truck development;
 - Preventative Group work with young people from backgrounds of domestic abuse.

What are the plans and structures that support us to succeed?

- Community Justice Partnership Plan
- HSCP Strategic Plan
- Equality Mainstreaming Report
- Local Outcome Improvement Plan and Safe Strong and Included Delivery and Improvement Group

Strategic Priority 3

Strengthen strategic plans in recognition of national policy directives on prevention on young people who are looked after.

Our Local Improvement priorities are:

To continue to address issues relating to Kinship Care and Improve outcomes for children looked after at home

What we will do:

- Improve liaison with local Kinship Care Network to ensure their involvement in strategic planning.
- Develop opportunities for alternative supports for kinship carers
- Revise Kinship Care Policy
- Engage in the National Root and Branch Review of Looked After Children Services.

What are the plans and structures that support us to succeed?

- CPP Inspection Improvement Action Plan
- West Dunbartonshire Council Local Housing Strategy

Strategic Priority 4

Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.

Our Local Improvement priorities are:

To improve outcomes for children and young people looked after at home, and
Quality assurance – Ensure more consistent quality across: assessments, plans and reviews

What we will do:

- Agree process for integrated chronologies
- Introduce new comprehensive assessment
- Create clear and robust performance measures for assessment and care planning
- Develop and deliver training materials for robust assessment and care planning
- Further develop single and multi-agency case file audits to measure improvements and maintain quality.
- Deliver Raising Attainment programme focused on looked after at home children and young people
- Develop clear joint working across Community Alliance, Youth Alliance, HSCP and Education quality clusters and Housing Services.

What are the plans and structures that support us to succeed?

- Raising Attainment Strategy/Plan
- Corporate Parenting Strategy

Strategic Priority 5

Continue to fully implement Getting it Right for Every Child

Our Local Improvement priorities are:

The Implementation and compliance with the Children and Young People (Scotland) Act 2014 and statutory guidance

What we will do:

- Continue to build a confident workforce to fully embed the GIRFEC approach into our daily activities
- Train and develop our staff to maximise the skills and potential within our 'Teams around the Child'
- Develop our systems, Emis, Seemis and Carefirst to make them more efficient and relevant to changing practice and performance monitoring
- Develop a more outcome focussed approach within our assessment and planning process.
- Build on multi-agency approaches and extend further into specialist, adult and third sector services
- Respond to the changes in respect of the Information Sharing Bill and Data Protection Act.

What are the plans and structures that support us to succeed?

- Health and Social Care Partnership Strategic Plan and Annual Performance Reports
- Education Services Service Plan and Annual Performance Reports
- CPP Inspection Improvement Action Plan
- West Dunbartonshire Council Local Housing Strategy
- Criminal Justice Partnership Plan

Strategic Priority 6

Improve the lives of children and young people (0-18yrs) by equipping parents through a comprehensive suite of parenting interventions

Our Local Improvement priorities are:

To improve the co-ordination, integration, delivery and evaluation of parenting programmes

What we will do:

- Refresh of 'Handling Teenage Behaviour' training
- Review referral processes for Parenting opportunities
- Support preparation and sustainability for parents attending parenting programmes. Roll out Psychology of Parenting Programmes (PoPP) approach.
- Continued focus on universal and targeted programmes of parenting including Mellow Babies and Incredible Years.

What are the plans and structures that support us to succeed?

- Community Planning Parenting Strategy
- Sexual Health and Blood Borne Virus Framework Update
- Pregnancy and Parenthood in Young People Strategy

Strategic Priority 7

Improve the lives of all children and young people (8 – 25yrs) in our communities and looked after at home.

Our Local Improvement priorities are to:

Improve outcomes for children and young people across our communities

What we will do:

- Address the attainment gap for looked after children at home as well as those looked after away from home
- Ensure compliance with the Carers Act by continuing to work with young carers and partners providing services and support to young carers
- Continued support to children and young people experiencing grief and loss
- Continued support for children and young people affected by disability and issues of mental health
- Prioritise the needs of children and young people looked after in the community.

What are the plans and structures that support us to succeed?

- Health and Social Care Partnership Strategic Plan and Annual Performance Reports
- Education Services Service Plan and Annual Performance Reports
- CPP Inspection Improvement Action Plan
- West Dunbartonshire Council Local Housing Strategy
- Child Protection Committee Improvement Plan

Commissioning

“Partners evidenced a clear commitment to integration and collaborative working”.
Care Inspectorate in February 2017

The Community Planning Partnerships’ strategic governance structures support and encourage collaborative working for partners and staff at all levels; this approach to commissioning across services supports local decision making based on autonomous decision making in communities and partnership with others. The third sector plays an important role in securing and directing external resources to best meet need and were keen to become even more involved in strategic planning and commissioning.

The Health and Social Care Partnership (HSCP) cements together both NHS and local authority responsibilities for community-based health and social care services within a single, integrated structure; this partnership has been expanded to establish a Market Facilitation Consortium model of market analysis across all of our health and social care services from across the statutory, independent and third sector to make the best use of the significant resources invested across our communities.

The Market Facilitation Consortium is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs.

A Consortium approach provides a robust framework for all partners, across age groups and care groups; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

The purpose of the Consortium is to:

- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity

The approach provides third and independent sector partners access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are then working in an innovative and collaborative approach which as a result is responsive, flexible and accountable to local people within their own localities.

As such each of the consortium partners is responsible for the following:

- An accountability for quality assurance
- Financial management and fiscal responsibility of public monies
- Evidence of market intelligence
- Evidence of beneficiary impact across all sectors including commissioning third and independent sector services.

Governance and Quality

The governance and quality is made up of a matrix of systems and processes to ensure our services are delivered to the highest quality and the range of professions involved with children and young people are supported by robust and appropriate governance frameworks.

1. National Care Standards

The National Care Standards were created under the Regulation of Care (Scotland) Act 2001. There has, however, been significant change in the policy and delivery landscape since the standards were published in 2002 and Scottish Ministers committed to a review to update and improve standards in line with current expectations of quality care. The new draft National Care Standards will focus on human rights; in other words those who use services are fully involved in the planning and delivery of services.

There are six main principles behind the Standards:

- Dignity
- Privacy
- Choice
- Safety
- Realising Potential
- Equality and Diversity.

2. Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within those services delegated to the local HSCP Board. Clinical and care governance requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

The HSCP system of clinical and care governance stimulates multidisciplinary teams to engage in reflective conversations – in a consistent, systematic and on-going manner – that are focused on the detailed composition of care for specific conditions/ pathways or patient/client groups .

3. Duty of candour

The existing approaches to candour are being considered and The Scottish Government intends to introduce a statutory requirement on organisations providing health and social care to have effective arrangements in place to demonstrate their commitment to disclose instances of physical or psychological harm.

The proposals have been intentionally focused on organisational duty, forming a further dimension of the arrangements already in place to support continuous improvements in quality and safety culture across Scotland's health and care services. Currently in a consultation process, when enacted, West Dunbartonshire Council, the HSCP and NHS Greater Glasgow and Clyde services will support and deliver on the intended consistent approach to disclosure of events that have resulted in physical or psychological harm to users of services.

Consultation on Children Services Plan

We want to encourage individuals and organisations to take part in the consultation of this Plan; it is available on-line, by requesting and completing a paper copy of the consultation documents and questionnaire, or through one of the focus groups and meetings where the plan was discussed.

It is our intention to engage our Corporate Parenting Champions Board in the development of a specific version of this plan for Children and young people.