

# Agenda

## Community Planning West Dunbartonshire Management Board

**Date:** Wednesday, 22 June 2016

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**Time:** 10:00

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**Venue:** Council Chambers,  
Clydebank Town Hall, Dumbarton Road, Clydebank

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**Contact:** Craig Stewart, Committee Officer  
Tel: 01389 737251 [craig.stewart@west-dunbarton.gov.uk](mailto: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.

Yours faithfully

**JOYCE WHITE**

Chief Executive

Distribution:

Councillor Martin Rooney  
Councillor Jonathan McColl  
Councillor Gail Casey  
Councillor William Hendrie [substitute]  
Councillor David McBride [substitute]  
Councillor Patrick McGlinchey [substitute]  
Ms Joyce White, Chief Executive, West Dunbartonshire Council  
Ms Angela Wilson, Strategic Director – Transformation & Public Service Reform,  
West Dunbartonshire Council  
Mr Keith Redpath, 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 Catriona Morton, District Manager, Jobcentre Plus  
Mr Danny Logue, Operations Director, Skills Development Scotland  
Mr James Hymas, Group Commander - West Dunbartonshire, Scottish Fire &  
Rescue Service  
Mr John Binning, Principal Transport Policy Officer, Strathclyde Partnership for  
Transport  
Chief Superintendent Grant Manders, Divisional Commander, Police Scotland  
Ms Selina Ross, Manager, West Dunbartonshire Community Volunteering Service  
Mr Murdoch MacLeod, 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

Date of Issue: 9 June 2016

**COMMUNITY PLANNING WEST DUNBARTONSHIRE MANAGEMENT BOARD**

**WEDNESDAY, 22 JUNE 2016**

**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 1 – 4**

Submit for approval as a correct record, the Minutes of Meeting of the West Dunbartonshire Management Board held on 30 March 2016.

**4 MINUTES OF COMMUNITY ALLIANCE – 4 MAY 2016 5 – 8**

Submit for approval as a correct record, the Minutes of Meeting of the Community Alliance held on 4 May 2016.

**5 LOCAL POLICE & FIRE SCRUTINY 9 - 44**

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.

**6 DELIVERY & IMPROVEMENT GROUP (DIG) UPDATES 45 - 74**

Submit report by the Corporate & Community Planning Manager providing an update on progress with each Delivery & Improvement Group against agreed outcomes and refreshed action plans for 2016-17.

**7 INTEGRATED CHILDREN'S SERVICE PLAN – ANNUAL REVIEW 2016** **75 - 94**

Submit report by the Children and Families Delivery and Improvement Group presenting the West Dunbartonshire Integrated Children's Service Plan (ISCP) and associated Action Plan – Annual Review 2016.

**8 WEST DUNBARTONSHIRE VOLUNTEERING CHARTER** **95 – 98**

Submit report by the Chief Officer, West Dunbartonshire CVS requesting support for the development of a revised and inclusive Community Planning Partner Volunteering Policy and Charter for West Dunbartonshire.

**9 COMMUNITY PLANNING UPDATE** **99 - 106**

Submit report by the Strategic Director – Transformation & Public Service Reform providing an update on a range of issues, projects and initiatives currently underway within the partnership.

**10 CORPORATE PARENTING UPDATE** **107 - 118**

Presentation and report by the Chief Social Work Officer, West Dunbartonshire Council providing an update on the progress of the Corporate Parenting Delivery Plan and activities designed to embed the new Corporate Parenting Responsibilities amongst West Dunbartonshire Corporate Parents and Community Planning Partners.

**11 JOINT INSPECTION OF SERVICES FOR CHILDREN & YOUNG PEOPLE** **119 - 132**

Presentation and report by the Chair of Inspection Preparation Group providing details and expectations in respect of the forthcoming Joint Inspection of Services for Children and Young People in West Dunbartonshire.



**12 HEALTH & SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT** **133 - 192**

Submit report by the Chief Officer of the West Dunbartonshire Health & Social Care Partnership presenting the first Annual Performance Report for the Health & Social Care Partnership.

**13 PRESENTATION – SKILLS DEVELOPMENT SCOTLAND**

Presentation by Danny Logue, Skills Development Scotland (SDS) on the range of services provided by SDS to the community of West Dunbartonshire.

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## COMMUNITY PLANNING WEST DUNBARTONSHIRE MANAGEMENT BOARD

At a Meeting of the Community Planning West Dunbartonshire Management Board held in Committee Room 3, Council Offices, Garshake Road, Dumbarton on Wednesday, 30 March 2016 at 10.00 a.m.

- Present:** Councillor Martin Rooney; Angela Wilson, Executive Director of Corporate Services; Richard Cairns, Executive Director of Infrastructure & Regeneration; Keith Redpath, Chief Officer, West Dunbartonshire Health & Social Care Partnership; Jim Hymas, Local Senior Officer, Scottish Fire & Rescue Service (SFRS); Chief Superintendent Grant Manders, Divisional Commander, Police Scotland; Linda Murray, Scottish Enterprise; Selina Ross, Chief Officer, West Dunbartonshire Community Volunteering Service; Stuart Mearns, Head of Rural Development & Planning, Loch Lomond and the Trossachs National Park; John Anderson, West Dunbartonshire Leisure Trust; Danny Logue, Skills Development Scotland; Rhona Welch, DWP; and Tony McGale, Scottish Government Location Director Support.
- Attending:** Amanda Coulthard, Corporate & Community Planning Manager; Craig Stewart, Committee Officer, Legal, Democratic and Regulatory Services, West Dunbartonshire Council; and Jackie Irvine, Head of Children's Health, Care & Criminal Justice.
- Also Attending:** Graham Houston, Board Member and Andrew Morrell, Community Accountability Team, Scottish Police Authority; Ken Gibb, Co-director and Clare Bynner, Research Associate, What Works Scotland.
- Apologies:** Apologies were intimated on behalf of Councillors Jonathan McColl and Gail Casey; Joyce White, Chief Executive, West Dunbartonshire Council; Peter Barry, Head of Customer & Community Services; John Binning and Bruce Kiloh, Strathclyde Partnership for Transport; Catriona Morton, District Manager, Job Centre Plus; Gordon Watson, Loch Lomond & Trossachs National Park; Audrey Cumberland, Principal and Chief Executive, West College Scotland; Richard Millar, Scottish Canals; Nick Allan, Dunbartonshire Chamber of Commerce and Murdoch MacLeod, Scottish Government.

**Councillor Martin Rooney in the Chair**

## **CHAIR'S REMARKS**

Prior to commencing with the business of the meeting, Councillor Rooney, Chair, welcomed everyone to the March meeting of the Partnership. As there were a number of different faces around the table, owing to substitute representation, etc. introductions were then given by those in attendance.

## **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 previous meeting of the Community Planning West Dunbartonshire Management Board held on 9 December 2015 were submitted and approved as a correct record.

Having heard Danny Logue, Skills Development Scotland (SDS), the Board agreed to note that a presentation would take place at the next meeting of the Partnership on the range of services provided by SDS to the community of West Dunbartonshire.

## **LOCAL POLICE & FIRE SCRUTINY**

Reports were submitted by the Divisional Commander, Police Scotland and Local Senior Officer, Scottish Fire and Rescue Service (SFRS) providing a quarterly performance update on delivery of both the local fire and police plans.

After discussion and having heard Local Senior Officer, Jim Hymas, SFRS and Chief Superintendent Grant Manders, respectively, in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the comprehensive, full and detailed presentations on their respective 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 (DIG) UPDATES**

A report was submitted by the Corporate & Community Planning Manager providing an update on progress with each Delivery & Improvement Group against agreed outcomes.

After discussion and having heard the relevant Delivery and Improvement Group (DIG) Chairs (or representative) in further explanation and in answer to Members' questions, along with the Executive Director of Corporate Services, the Board agreed to note the progress achieved to date on each of the four DIGs.

### **COMMUNITY PLANNING UPDATE**

A report was submitted by the Executive Director of Corporate Services providing an update on a range of issues, projects and initiatives currently underway within the partnership.

After discussion and having heard the Corporate & Community Planning Manager in elaboration and in answer to Members' questions, the Board agreed to note the contents of the report and the terms of the discussion that had taken place on this matter.

### **AUDIT SCOTLAND REPORT – COMMUNITY PLANNING, AN UPDATE**

A report was submitted by the Executive Director of Corporate Services providing an update on a recent Audit Scotland report on Community Planning.

After discussion and having heard the Executive Director of Corporate Services and the Corporate & Community Planning Manager in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to endorse further mapping of progress against recommendations being developed for consideration currently and for the Partnership meeting in June 2016; and
- (2) otherwise to note the content of the report.

### **DEMENTIA FRIENDLY WEST DUNBARTONSHIRE**

A report was submitted by the Chief Officer, West Dunbartonshire Community Volunteering Service (WDCVS) providing an update on the progress of the Dementia Friendly West Dunbartonshire initiative.

After discussion and having heard the Chief Officer, WDCVS in further explanation and in answer to Members' questions, the Board agreed:-

- (1) to note the work undertaken to date and to formally endorse the Dementia Friendly West Dunbartonshire initiative; and
- (2) to support staff engagement in the programme of awareness raising and training activity.

## **'WHAT WORKS SCOTLAND' – UPDATE**

A presentation was given by Mr Ken Gibb, Co-director and Ms Clare Bynner, Research Associate, 'What Works Scotland' on the Community-led Action Planning project which was intended to deliver an effective process of dialogue and participation for community owned planning which would support the roll out of the Your Community action plans and resultant community empowerment and resilience.

In this regard, a report was submitted by the Corporate & Community Planning Manager on the 'What Works Scotland' initiative in West Dunbartonshire.

Following a question and answer session, Councillor Rooney, Chair, thanked Mr Gibb and Ms Bynner for their interesting and informative presentation.

The meeting closed at 12.11 p.m.

## COMMUNITY ALLIANCE

At a Meeting of the Community Alliance held in the Council Chambers, Clydebank Town Hall, Dumbarton Road, Clydebank on Wednesday, 4 May 2016 at 10.16 a.m.

**Present:** Councillors Jonathan McColl and Martin Rooney; Anne MacDougall, Vice Chair; Rhona Young, Clydebank Seniors Forum; Barbara Barnes, West Dunbartonshire Community Care Forum; Neil Etherington, HSCP Partnership Forum; Hope Robertson, Clydebank Asbestos Group; Drummond McNair, Community Councils' Forum (Substitute); and Gillian Kirkwood, Ysort-it.

**Attending:** Richard Cairns, Strategic Director – Regeneration, Environment & Growth; Jim McAloon, Strategic Lead – Regeneration; Peter Barry, Strategic Lead – Housing and Employability; Amanda Coulthard, Corporate & Community Planning Manager; Suzanne Greer, Community Planning Co-ordinator; Joanne McDowall, Estates Surveyor; Michelle Lynn, Client Business Partner, Asset Team; and Craig Stewart, Committee Officer, Legal, Democratic and Regulatory Services.

**Apologies:** Apologies were intimated on behalf of Councillor Gail Casey; Gilbert Howatson, Community Councils' Forum (Substitute); Haji Munir, West Dunbartonshire Minority Ethnic Association (Substitute); Mary McAleer, Clydebank Seniors Forum (Substitute); and Brenda Pasquire, West Dunbartonshire Citizens Advice Service.

### Councillor Rooney in the Chair

#### CHAIR'S REMARKS

Prior to commencing with the business of the meeting, Councillor Rooney, Chair, apologised for the late start to the meeting which was because of a technical failure of a lift which had meant one of the community representatives had regrettably not been able to attend.

Councillor Rooney advised the Alliance that, due to concerns about this, officers would look at changing the venue to avoid any future reoccurrence and that a letter apologising for this unfortunate incident, would be sent to the community representative in question.

## **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 Community Alliance held on 27 January 2016 were submitted and approved as a correct record. With regard to actions arising, it was noted that a letter had been drafted for the community conference.

## **COMMUNITY PLANNING WEST DUNBARTONSHIRE UPDATE**

A report was submitted by the Corporate and Community Planning Manager providing an update on a range of issues, projects and initiatives currently underway within the partnership and progress towards achieving the SOA outcomes via the Delivery & Improvement groups (DIGs).

After discussion and having heard the Corporate & Community Planning Manager, Strategic Director – Regeneration, Environment & Growth and the Strategic Lead-Regeneration in elaboration and in answer to Members' questions, the Alliance agreed:-

- (1) that it would be helpful for community representatives' to be sent the guidance that was distributed to Elected Members by Police Scotland, at the April Council Meeting, on the 'Right to Ask, Right to Know' legislation;
- (2) that it would be useful for a presentation to take place at a future meeting on the local housing strategy; and
- (3) otherwise to note the contents of the report.

## **YOUR COMMUNITY**

A report was submitted by the Corporate & Community Planning Manager providing a regular update to the Community Alliance on progress in the delivery of Your Community.

After discussion and having heard the Corporate & Community Planning Manager and Community Planning Co-ordinator in further explanation and in answer to Members' questions, the Alliance agreed:-

- (1) to note the terms of the discussion that had taken place on this matter, and in particular that work to cascade and implement Your Community across West Dunbartonshire was progressing and Operational Groups were in place overseeing the phased roll out across the authority, populated by key front line managers from all relevant services; and



- (2) otherwise to note the contents of the report.

### **COMMUNITY ASSET TRANSFER POLICY AND PROCEDURES**

A report was submitted by the Strategic Lead – Regeneration providing the Community Alliance with the opportunity to review the final draft of the Community Asset Transfer Policy and Procedures.

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

- (1) to note the terms of the discussion that had taken place on this matter in respect of reviewing the final draft Community Asset Transfer Policy and Procedures; and
- (2) otherwise to note the contents of the report.

### **COMMUNITY EMPOWERMENT (SCOTLAND) ACT**

A report was submitted by the Corporate & Community Planning Manager providing an update on the recently launched consultation on the guidance supporting the Community Empowerment (Scotland) Act.

After discussion, the Alliance agreed to note the contents of the report.

During the consideration of this item, Anne MacDougall, Vice Chair, raised a concern about community representatives of the two H&SCP public engagement networks not being invited to attend meetings, and it was noted that the Corporate & Community Planning Manager would raise the concerns of the Community Alliance with the relevant officer of the H&SCP, and that an invitation be extended to the relevant officer of the HSCP to attend a future meeting of the Alliance.

### **QUESTIONS FROM THE PUBLIC GALLERY**

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

### **DATE OF NEXT MEETING**

Having heard Councillor Rooney, Chair, it was agreed that in light of accessibility issues, referred to earlier on in the agenda of the meeting, that the venue for future meetings of the Community Alliance be left to the Corporate & Community Planning Manager to co-ordinate, as Lead officer of the Community Alliance.

Members noted that the next meeting of the Community Alliance would take place at 10am on Wednesday, 17 August 2016 in Committee Room 3, Council Offices, Garshake Road, Dumbarton.

The meeting closed at 12.08 p.m.



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

**Management Group 22 June 2016**

**Subject: Local Police & Fire Scrutiny**

**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 The CPWD Management Group 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.
- 3.2 Local scrutiny arrangements are based on fire and police plans being reported through the CPP, with regular performance reports brought to the management group.
- 3.3 West Dunbartonshire specific plans have been prepared from both a fire and police perspective in consultation with communities and partners, in line with national guidance from each organisation.

**4. Main Issues**

- 4.1 The report attached at appendix 1 is the most recent performance report on the local fire plan for 2015/16, covering quarter 4. In section three of the report details can be found of progress against local priorities such as deliberate fire raising, accidental fires and fire related casualties.

- 4.2** During 2015/16 SFRS responded to 1,363 incidents. This shows a slight increase on last year of 1,292 incidents, with the year-to-date period average for the previous six years of 1,777 showing a continual downward trend over a 7 year period. There was a 1% decrease in deliberate fires over the year 2015/16 when compared to 2014/15.
- 4.3** The report attached at appendix 2 is the most recent performance report on the local police plan for 2015/16, covering quarter 4. This report focuses on performance against police priorities such as violence, disorder and anti-social behaviour, public protection, and acquisitive crime.
- 4.4** Overall crime levels in West Dunbartonshire remain 20.3% lower than the 5 year average, with significant reductions noted against most crime categories. Disorder and antisocial behaviour (ASB) has continued in a downward trend - ASB incidents reported by member of the public reduced by a further 5.6% and disorder complaints by 6.1%.
- 5. People Implications**
- 5.1** There are no personnel issues.
- 6. Financial 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.

## Communication Bulletin

Local scrutiny arrangements are firmly in place in West Dunbartonshire for local fire and police plans, which have been prepared in consultation with communities and partners in line with national guidance from each organisation. Through Community Planning West Dunbartonshire, quarterly performance reports are brought to the management group for scrutiny.

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**Jim Hymas**  
**Local Senior Officer –**  
**West Dunbartonshire, SFRS**

**Grant Manders**  
**Divisional Commander,**  
**Police Scotland**

**Person to Contact:** Amanda Coulthard  
Corporate Services  
Council Buildings  
Garshake Road  
Dumbarton G82 3PU  
01389 737271  
[Amanda.coulthard@west-dunbarton.gov.uk](mailto:Amanda.coulthard@west-dunbarton.gov.uk)

**Appendices:** Appendix 1: Local Fire plan Q4 performance report  
Appendix 2: Local Police plan Q4 performance report

**Background Papers:** None

**Wards Affected:** All



**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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## **Introduction**

This report provides detail on the performance of the Scottish Fire and Rescue Service (SFRS) in West Dunbartonshire. In doing so it outlines our progress in the delivery of local priorities as set out within the Local Fire and Rescue Plan and the SFRS framework document. The Scottish Government provides an overarching vision for public services. This vision is supported by 16 National Outcomes, which demonstrate commitment to creating a more successful country, with opportunities for all of Scotland to flourish, through increased sustainable growth. The SFRS can make a significant contribution to improving these outcomes for West Dunbartonshire by contributing to the community Planning arrangements across the area. The national priorities for the SFRS are set out in the Fire and Rescue Framework for Scotland. The SFRS Strategic Plan 2013-16 outlines how the SFRS will deliver against these priorities and the outcomes against which this delivery can be measured. The SFRS Local Fire and Rescue Plan for the local authority area of West Dunbartonshire is the mechanism through which the aims of the SFRS Strategic Plan 2013-16 are delivered to meet the agreed needs of West Dunbartonshires communities. The plan sets out the priorities and objectives for the SFRS within West Dunbartonshire for 2014-17 and allows our local authority partners to scrutinise the performance outcomes of those priorities. The SFRS will continue to work closely with our partners to ensure we are all "Working Together for a Safer Scotland" through targeting risks to our communities at a local level. The SFRS aspires to deliver very high standards to our communities and our current performance is testament to the commitment, professionalism and dedication of our staff and the positive local partnerships embedded within West Dunbartonshires community safety working groups.

## Performance Summary

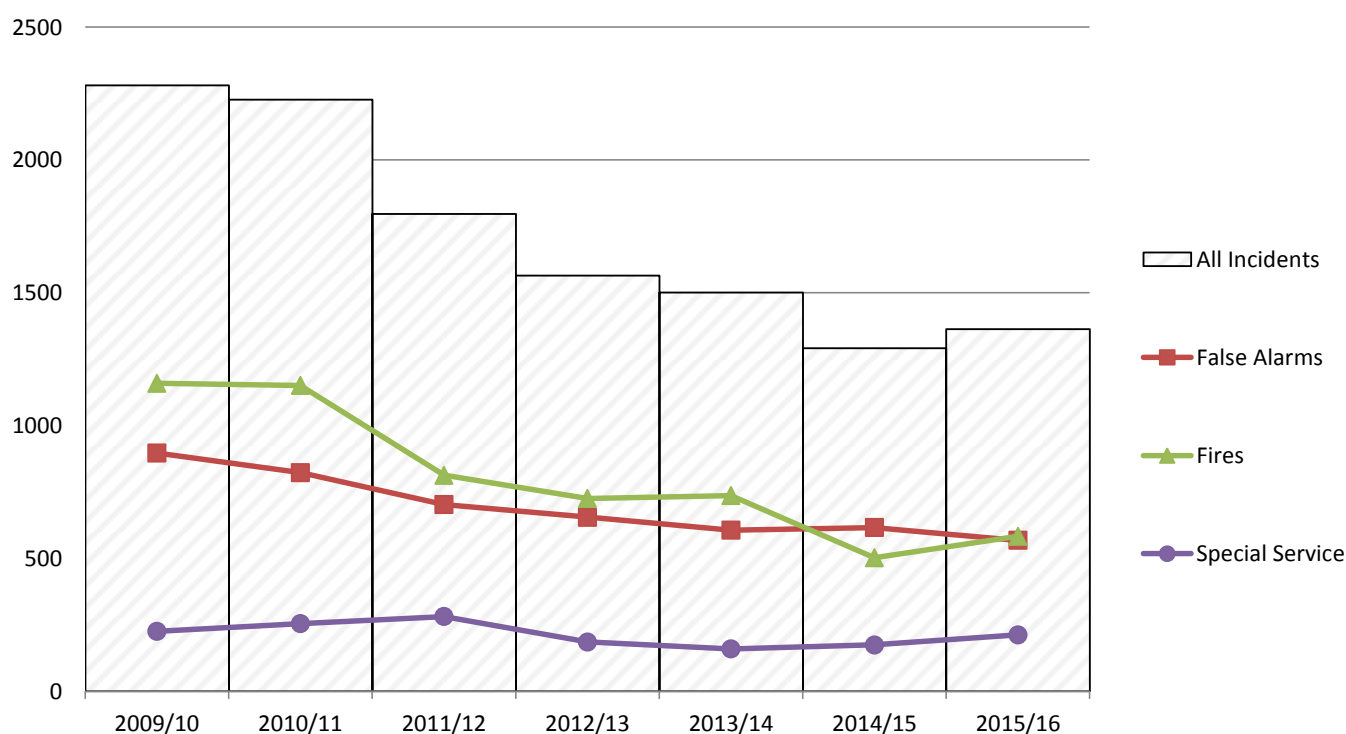
We measure how well we are meeting our priorities using 6 key indicators, depicted below

Key performance indicator	Apr to (& incl.) Mar					RAG rating
	2011/12	2012/13	2013/14	2014/15	2015/16	YTD
All deliberate fires	627	554	579	365	362	●
All accidental dwelling fires	105	96	105	83	144	◆
All accidental dwelling fire casualties (fatal & non-fatal)	16	16	12	5	24	◆
All accidental other building fires	29	26	21	21	44	◆
Special Service - RTCs	34	28	16	33	30	●
False Alarm - UFAs	383	380	336	380	352	●

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
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Incident Overview
During the Year to Date period 2015-16 (April to March) SFRS have responded to a total of one thousand, three hundred and sixty three (1363) incidents. This shows a slight increase on the same period last year of one thousand two hundred and ninety two (1292) incidents, with the Year to Date (YTD) period average for the previous six years of one thousand seven hundred and seventy seven (1777) showing a continual downward trend over a seven (7) year period.

The chart below illustrates incidents YTD attended within West Dunbartonshire council over the last 6 fiscal years



## Progress on local fire & rescue plan priorities

### Local Risk Management and Preparedness

The Local Fire Plan 2014-17 sets out the priorities for the next three years 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 an increase 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.

### Train our staff to deal with our local risks

As we carry out West Dunbartonshire's Non-Fatal Fire Casualty Reduction Plan 2015/2016, 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.

### Gather and analyse risk information

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.

### Work with partners to mitigate risks

We are continuing to work with West Dunbartonshire Alcohol and Drug Partnership (WDADP) to strengthen referral pathways. We have delivered presentations to all staff members of the West Dunbartonshire Community Addiction Team (WDCAT) highlighting the value of referring clients for our HFSV service. We are also, in conjunction with the WDADP taking this message out to housing providers within West Dunbartonshire. We also now have an officer present within the Concern Management Hub at Dumbarton Police office. 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 Agency meetings that may be called for specific incidents to identify and improve risks / training needs so that to eliminate it re-occurring.

### Deal with major events

No major events took place during the period under consideration.



## 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 85% of all fires under consideration.

### Results

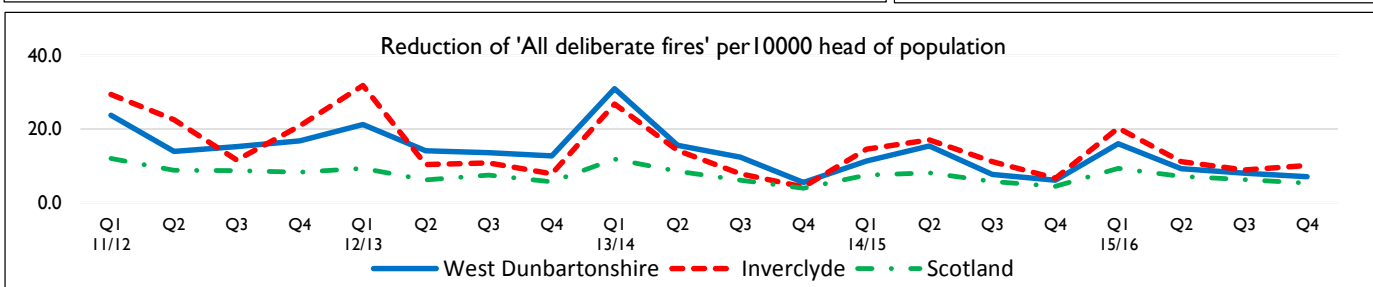
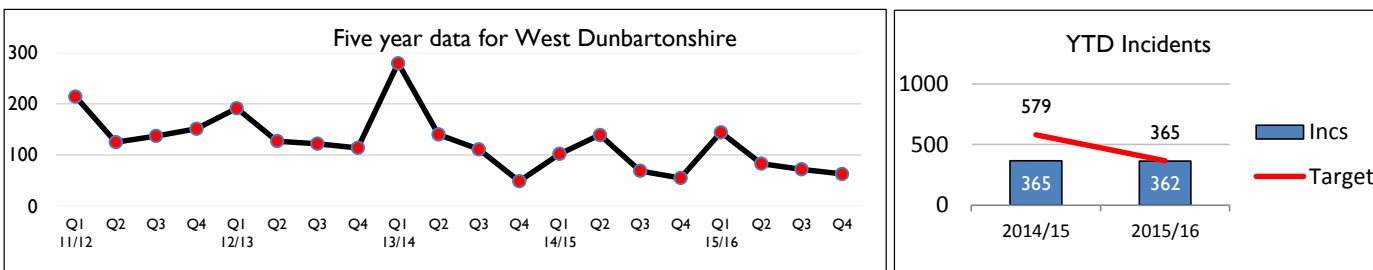
Deliberate Fires YTD 2015/16 have seen a 1% decrease on the figure for the same period in 2014/15. The figure for 2014/15 was 365 which was unusually low compared to the average number of incidents for the previous three years 586. When we compare the 2015/16 figure of 362 with the average for the previous four years 531 we see that it represents a 47% reduction in this type of incident.

### 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. Of the 362 deliberate fires that have been recorded, 350 occurred outdoors. These figures indicate that through working in collaboration with our partners has resulted in a reduction in deliberately set fires within buildings.

### 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 will deliver a series of school programs, Fire Reach courses and Young Firefighter schemes.



YTD ward ave. for West Dunbartonshire - 60	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	627	554	579	365	362	
Lomond	57	57	45	36	53	
Leven	145	91	102	49	70	
Dumbarton	93	103	136	129	89	
Kilpatrick	90	76	108	45	43	
Clydebank Central	96	137	114	63	54	
Clydebank Waterfront	146	90	74	43	53	



## 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

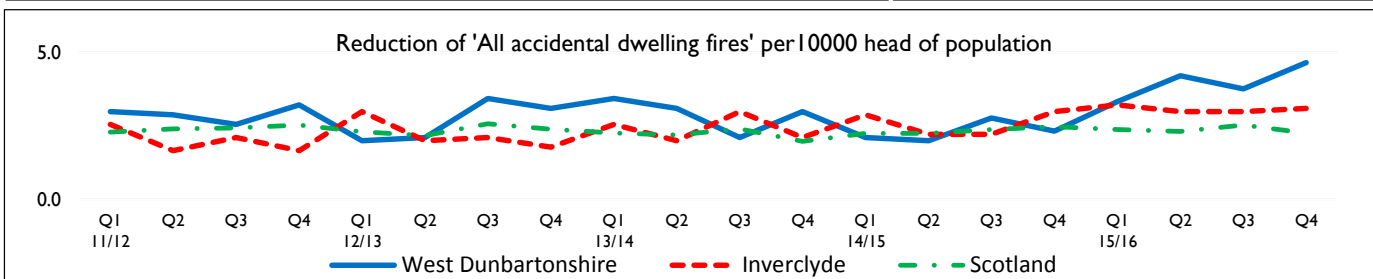
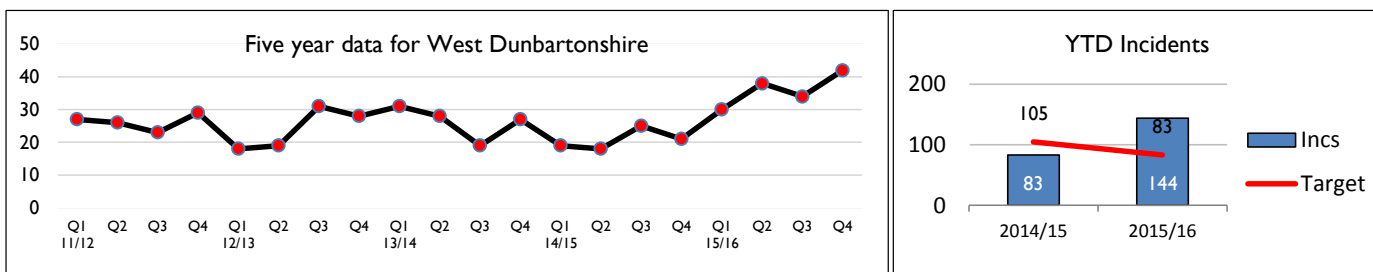
The number of accidental dwelling fires in 2015/16 have increased significantly on the figure witnessed in the previous year. Indeed the figure for 2015/16 is 42% higher than the average for the previous four years. However looking at the figures for previous years it is apparent that there is considerable variation on a year by year basis.

### Reasons

The reasons behind the rising figure are numerous and complex. The area's Risk Analysis Casualty Reduction Plan has allowed us to identify the root causes of these incidents and assist us in devising an action plan to deal with these issues. There was 116 fires in kitchens of which 31 were by lone persons over the pensionable age. A further 70 fires were of lone persons under pensionable age. Human Factors were distraction 54, falling asleep 21, medical 2.

### Actions

We will continue to deliver Home Fire Safety Visits targeted towards those individuals most at risk. We will work alongside partners to identify vulnerable individuals and convene case conferences to identify appropriate strategies for the protection of these persons. The area has launched a media campaign to provide safety information via different sources including social media. Cook safe programmes will be run within fire stations and during HFSVs cooking has been given greater focus.



YTD ward ave. for West Dunbartonshire - 24	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	105	96	105	83	144	
Lomond	9	7	9	14	16	
Leven	12	9	14	6	25	
Dumbarton	16	16	16	15	28	
Kilpatrick	12	11	11	9	19	
Clydebank Central	31	31	25	22	25	
Clydebank Waterfront	25	22	30	17	31	





## 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. Reduction of this figure is a key indicator of the success of our risk reduction and community engagement strategies.

### Results

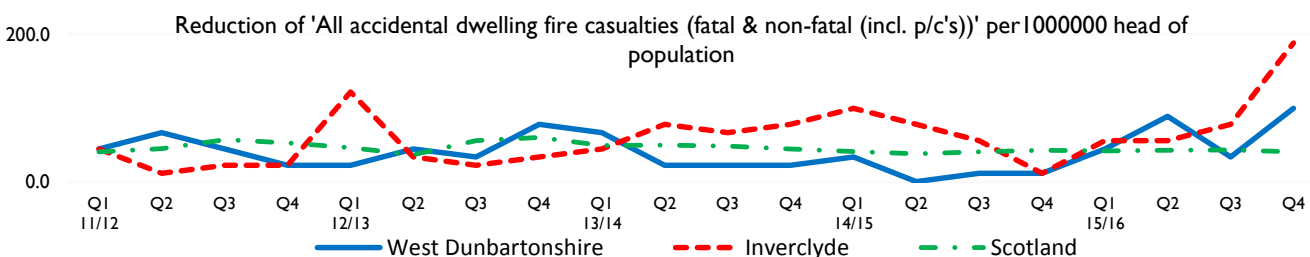
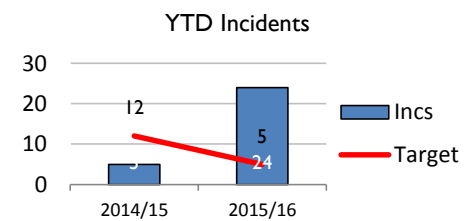
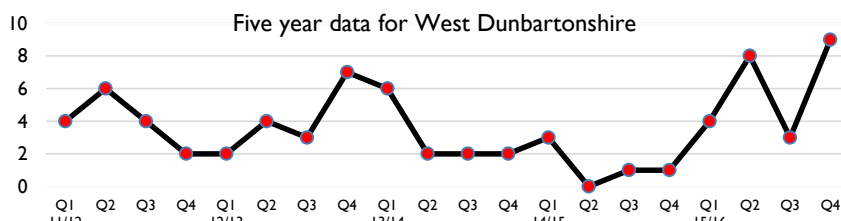
The figure for 2015/16 has shown an increase on the same period for the previous year. When we look at the average for the proceeding four years we see that the 2015/16 figure is a 50% increase on the four year average.

### Reasons

When looking at a category of incident that involves a low baseline figure a single incident can have a substantial impact on the performance indicator. Within the first quarter of 2015/16 Clydebank had two incidents which involved deliberate fire raising within a common close, both of these incidents resulted in multiple casualties. An individual was subsequently arrested and charged as a result of these incidents. In quarter 2 a similar incident within a common close resulted in casualties receiving treatment from paramedics.

### Actions

Following the incidents in Clydebank, the area in collaboration with West Dunbartonshire Council have produced a number of media releases to educate the public on the dangers of leaving cooking appliances unattended and encouraging residents to manage waste appropriately. Work was also undertaken by operational crews to identify waste/debris that posed a risk and uplifts of said materials were arranged via West Dunbartonshire Council. Engagement also took place with local housing providers to highlight dangers and develop strategy for future management of waste.



YTD ward ave. for West Dunbartonshire - 4	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	16	16	12	5	24	
Lomond	0	2	0	1	2	
Leven	2	3	1	1	4	
Dumbarton	2	3	4	1	2	
Kilpatrick	1	1	0	0	2	
Clydebank Central	7	3	5	1	11	
Clydebank Waterfront	4	4	2	1	3	



## Reduction of 'All accidental other building fires'

This category of incident looks at all accidental fires within buildings that are not dwellings. It includes all residential and non residential buildings in both the private and public sector.

### Results

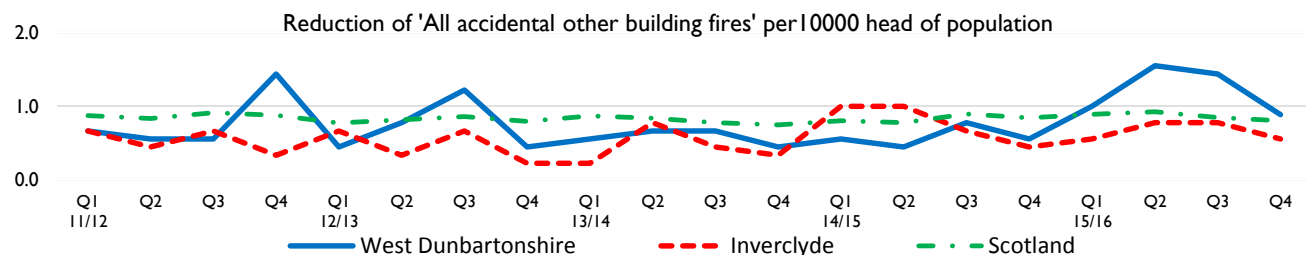
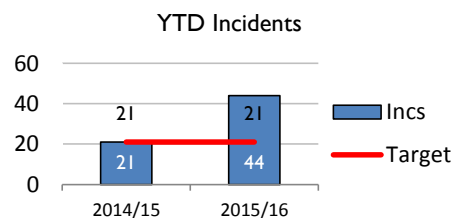
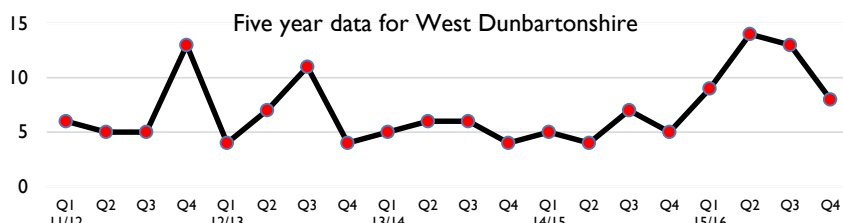
The figure for 2015/16 represents a rise of 52% on the figure for the same period in the previous year. It also represents an 45% rise on the average figure for the previous four years.

### Reasons

The main cause of fires within these buildings is due to people becoming distracted as they are cooking. Across the area of the 44 fires YTD, 26 were due to cooking and the others due to a wide variety of causes including overheating appliances, poor maintenance of equipment etc.

### Actions

Fire Safety Enforcement Officers are conducting themed audits of buildings and proactively engaging with duty holders to raise awareness. All premises that fall under the auspices of the Fire Scotland Act 2005 and have a fire, irrespective of the size of the fire, are subject to a post fire audit.



YTD ward ave. for West Dunbartonshire - 7	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	29	26	21	21	44	
Lomond	3	6	6	3	6	
Leven	4	3	2	3	8	
Dumbarton	7	7	1	5	7	
Kilpatrick	1	3	3	1	3	
Clydebank Central	3	0	3	3	2	
Clydebank Waterfront	11	7	6	6	18	



## Reduction of 'Special Service - RTCs'

Whilst much of this risk is outwith the control of SFRS, responding to Road Traffic Collisions (RTC) is a key element of our intervention strategy. We are committed to working with partners and other stakeholders to reduce the number of RTC's that occur within West Dunbartonshire.

### Results

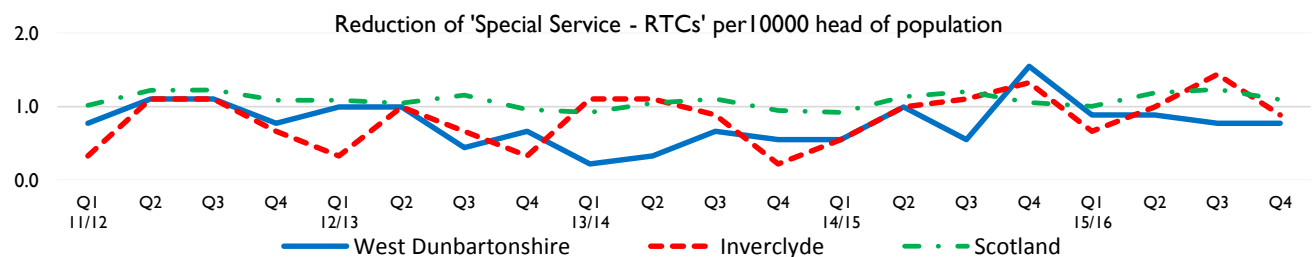
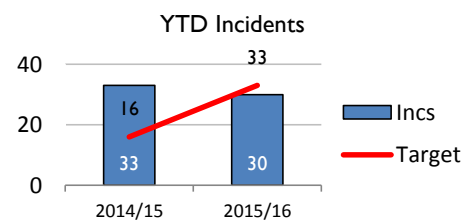
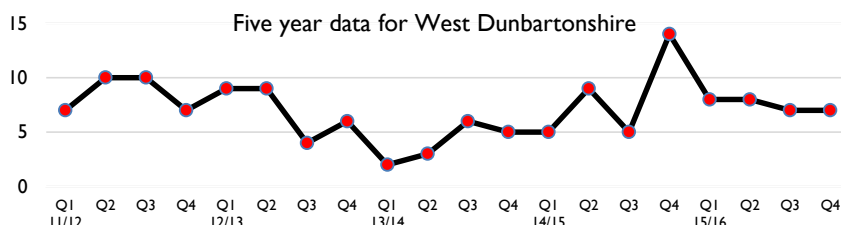
The figure for 2015/16 has shown a slight decrease on the same period for the previous year. When we look at the average for the proceeding four years we see that the 2015/16 figure is in line with the four year average.

### Reasons

In relation to RTC's we have carried out an extensive program of engagement with young drivers delivered in conjunction with local secondary schools, the aim of which has been to reduce the number and severity of this type of incident. There are a number of factors that present a challenge when trying to affect the number of RTC's within a local authority area, these include, the fact that drivers involved in collisions may not be resident within that local authority and thus an opportunity to engage with them prior to the event may not be possible.

### Actions

The Area realises how critical this work is and has found budgetary provision to create the role of road safety partner. This individual will work in conjunction with Police Scotland, ROSPA and partners within the local authority to identify and action effective measures of communicating road safety messages to all road users and pedestrians.



YTD ward ave. for West Dunbartonshire - 5	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	34	28	16	33	30	
Lomond	5	2	0	4	8	
Leven	4	0	2	5	6	
Dumbarton	15	13	4	12	4	
Kilpatrick	2	5	5	3	5	
Clydebank Central	2	2	2	5	1	
Clydebank Waterfront	6	6	3	4	6	



## 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, when the reason for that alarm turns out to be something other than a fire emergency. The SFRS is committed to working with partners and other stakeholders to reduce UFAS mobilisations.

### Results

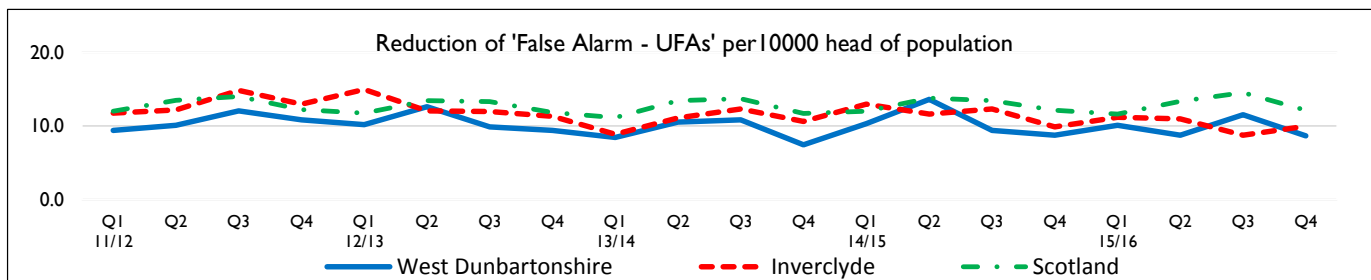
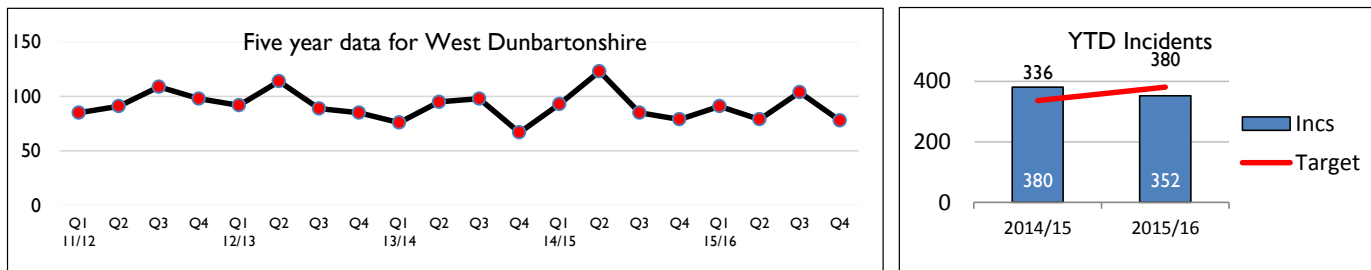
The figure for 2015/16 shows a small reduction on the figure for the same period in the previous year. When we look at the figures for the previous four years we can however see that the figures for this type of incident have remained largely static.

### Reasons

The increased prevalence of automatic fire detection systems throughout all classes of building has inevitably contributed to difficulties in terms of system faults and failures. The SFRS has long been aware of the importance of developing a robust process for managing UFAS activity and released a policy and procedure detailing the processes to be used to engage with persons responsible for managing automated alarm systems and the mechanisms available to support them in dealing with identified issues.

### Actions

Our area has developed a bespoke electronic system for recording UFAS activity within West Dunbartonshire and providing an audit trail for all engagement undertaken. Specific officers have been nominated to manage this system and provide periodic reports on progress achieved. Fire safety teams have been allocated buildings to work with similar to the excellent initiative that is being taken forward in partnership with West Dunbartonshire Council in introducing management regimes within education establishments.



YTD ward ave. for West Dunbartonshire - 59	2011/12	2012/13	2013/14	2014/15	2015/16	Sparklines
West Dunbartonshire	383	380	336	380	352	
Lomond	88	47	53	52	70	
Leven	48	69	70	52	38	
Dumbarton	82	53	43	56	64	
Kilpatrick	16	35	14	22	14	
Clydebank Central	34	33	30	42	25	
Clydebank Waterfront	115	143	126	156	141	







**POLICE**  
**SCOTLAND**  
Keeping people safe.

## West Dunbartonshire

Local Policing Plan 2014 – 2017

**Quarterly Report / Q4 – 2015/2016**

West   
**Dunbartonshire**  
COUNCIL

## **Local Police Commander, Chief Superintendent Grant Manders**

As Divisional Commander for Argyll and West Dunbartonshire division I am pleased to present the final quarterly report for the West Dunbartonshire Local Policing Plan for 2015/16. In addition to providing some context around crime trends year on year, the report will highlight crime issues identified in the previous 3 month period which will be used to set out priorities for the forthcoming period.

As outlined in the Local Policing Plan for West Dunbartonshire our focus - **Keeping People Safe** – and the policing principles which it encapsulates continues to be at the centre of all police activity carried out across West Dunbartonshire. Public consultation, partnership working and our own detailed crime analysis has determined that the priorities going forward in 2016/17 will remain unchanged:-

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

These priorities are aligned to the West Dunbartonshire Single Outcome Agreement 2014 – 2017. National performance frameworks have been developed in order 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. Policing plans implemented for all Multi Member Wards within West Dunbartonshire are in the process of being reviewed to ensure new and emerging issues occurring within local communities continue to be prioritised and 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.

## **Introduction**

At the end of the 2015/16 performance year West Dunbartonshire recorded a further 2.5% reduction on the total number Group 1 – 7 crimes when compared to 2014/15. Overall crime levels remain 20.3% lower than the 5 year average, with significant reductions noted against most crime categories. While Group 1 crimes of violence have increased year on year, it is pertinent to note that the total number of crimes recorded remains significantly below the 5 year average figure (16.9%). Disorder and antisocial behaviour (ASB) has continued in a downward trend - ASB incidents reported by members of the public reduced by a further 5.6% and disorder complaints by 6.1%.

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 all six Multi Member Wards (MMW) encompassed within West Dunbartonshire: Clydebank Central, Clydebank Waterfront, Dumbarton, Lomond, Leven and Kilpatrick. He is supported by Inspector David Quinn (Clydebank) and Insp 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 and violent behaviour. Quarter 4 saw Dumbarton Football Club (FC) host games to Rangers FC, Hibernian FC, Dundee and Falkirk FC with the only arrests occurring at the game against Rangers FC when a 26 year old male and a 28 year old male were arrested for sectarian singing. On Monday 21st March 2016, the body of 15 year old missing person, Paige Doherty, was recovered at the grassed area adjacent to A82 West of Kilbowie roundabout. A major murder enquiry was launched and a 31 year old male was quickly arrested in connection with the murder. The male subsequently appeared from custody at Dumbarton Sheriff Court on Saturday 26<sup>th</sup> March 2016 and is now remanded in custody awaiting trial.

## **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 however this information **MUST** only be used for guidance purpose.

## Violence, Disorder and Antisocial Behaviour

Year on year comparison shows a slight increase in Group 1 crimes of violence (8.7%) within West Dunbartonshire during 2015/16. Despite this increase, crime levels remain significantly below the 5 year average which indicates an overall reduction of 16.9%. Increased crime levels in 2015/16 are largely due to a rise in the number of Serious Assault crimes reported. Crimes involving robbery remained static year on year. Detection rates for Serious Assault were particularly high 89.8%, improving from 82.1% in 2014/15. High detection rates also continue to be achieved in relation to crimes of robbery which was 74.1% at the year end.

Levels of disorder and ASB occurring across West Dunbartonshire continue in a downward trend. Compared to 2014/15, the number of complaints relating to disorder reduced by 6.1% which equates to 305 fewer incidents being recorded. In addition, the number of antisocial behaviour incidents reported by members of the public reduced by 5.6% resulting in 376 fewer incidents. ASB related crimes also reduced further, in fact crime figures in relation to vandalism and wilful fire raising were at their lowest since 2010/11. Street drinking offences reduced by a further 29.1%, drunk and incapable offences by 31.3% and urinating by 25.8%, all followed a similar trend.

Crimes involving common assault and threatening and abusive behaviour increased by 5.5% and 5.3% respectively however it is pertinent to note that these are the most commonly recorded crimes resulting from domestic abuse. At the end of the 2015/16 performance year, the detection rates remained high at 72.5% for common assault and 83.7% for threatening and abusive behaviour.

The table provided below shows our performance for 2015/16 with a comparative figure for the previous year:-

<b>Violence &amp; ASB</b>	<b>Apr 2015 - Mar 2016</b>	<b>Apr 2014 - Mar 2015</b>	<b>Victims</b>	<b>% Change</b>
Total No Group1: Crimes of Violence	162	149	13 more	8.7%
Murder	1	2	1 fewer	-50.0%
Attempted Murder	10	4	6 more	150.0%
Culpable Homicide (common law)	0	0	None	-
Culpable Homicide (other)	0	1	1 fewer	100.0%
Serious Assault detection rate	89.8%	82.1%		7.7%
Serious Assault	88	56	32 more	57.1%
Robbery detection rate	74.1%	74.1%		0.0%
Robbery	27	27	same number	0.0%
Common assault detection rate	72.5%	73.8%		-1.3%
Common assault	938	889	49 more	5.5%
Number of complaints regarding disorder	4,680	4,985	305 fewer	-6.1%

### **Local Authority Comparison**

At the end of Quarter 3, figures recorded per 10,000 head of population indicate levels of violent crime occurring within West Dunbartonshire remain slightly lower than in Inverclyde with rates of 13.0 and 16.2 respectively. Figures recorded in relation to specific crime types such as Serious Assault and Robbery also remain lower compared to Inverclyde at 7.1 and 2.1 respectively, versus 9.6 and 2.8 in Inverclyde. In terms of public reported ASB related incidents, West Dunbartonshire recorded a higher number of crimes per 10,000 head of population at 536.5 compared to 493.9 in Inverclyde.

Police Scotland continues to work towards achieving the objectives set out in the West Dunbartonshire Local Policing Plan to reduce violence, disorder and antisocial behaviour:-

- ***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.***

Effective use of the Divisional Violence Prevention Strategy and Directed Policing Plans, which are informed by analytical products produced at a local level, continues to ensure local officers successfully manage the threat and risk posed by specific individuals and identified problematic locations.

### **FOCUSED POLICE ACTIVITY**

#### ***Directed Policing Plans***

Directed Policing Plans (DPP) remain a key feature in our continued campaign against violence and antisocial behaviour. Each area effectively utilises its own DPP and it is used to tackle high tariff offenders of violence and disorder offences with a number of individuals being subject to intrusive police scrutiny with regards to their activities in an effort to prevent any re offending.

#### ***Operation Odenika***

This operation resulted from a number of incidents reporting laser pens being shone into cockpits of aircraft while on approach to Glasgow Airport. Joint patrols were carried out by Clydebank Community Officers and Glasgow Airport Officers who had a dedicated and direct communication link to Air Traffic Control to ensure early notification of strikes. The Police Scotland Helicopter was also utilised to carry out preventative patrols. Joint presentations were given to all secondary school children within the Clydebank area. Trading Standards assisted with intelligence regarding retailers selling pens and these shops were visited by Community Officers to advise against the sale of laser pens to youths. Public Reassurance Officers from WDC also patrolled the area and Clydebank Taxis and First Bus asked their drivers to report any laser pen sightings immediately. One male was arrested in G Division for a laser pen offence.



## **Not Protectively Marked**

### **Operation Saar**

Operation Saar continues to run in the Dumbarton and Helensburgh areas in response to increased reports of youth disorder, vandalism and antisocial behaviour. High visibility patrols continue to be undertaken by local officers, supported by officers from the Divisional Alcohol and Violence Reduction Unit and Force Violence Reduction Task Force Officers. This approach has addressed emerging gang activity between youths from Dumbarton, Helensburgh and Clydebank and youths suspected of involvement in such activity are subject to proactive visits/warnings and officers are deployed in various 'hotspot' areas. These measures along with multi-agency diversionary activities and local media reporting have encouraged the public to continue reporting any issues of concern and provided community reassurance.

### **Refugee Resettlement**

First class partnership working has resulted in Syrian Refugees being successfully integrated into the Clydebank community. There are dedicated officers assigned to the refugee community and the feedback from the refugees and the community alike has been extremely positive. Of note there have been no incidents of hate crime in the Radnor Park area since the arrival of the refugees.

### **Test Purchase Operations (TPO)**

Police have worked closely with partners within West Dunbartonshire to recruit Test Purchasing Officers including Y-Sort-It and Education. The Divisional Licensing Department have led a number of TPO across the area in an effort to ensure that licensed premises are acting in accordance with legislation. To date, all establishments tested have passed. These operations will continue into the next performance year.

## **Road Safety & Road Crime**

Previous consultations with the local communities within West Dunbartonshire indicate that Road Safety and Road Crime should continue to be a high policing priority across the area. Furthermore, in four of the six Multi Member Ward (MMW) areas road traffic matters are within the top 2 most commonly reported types of incidents.

Regular road checks continue to be carried out across West Dunbartonshire by officers from the Divisional Road Policing Unit (DRPU) as part of their daily operational policing activity. These checks focus on such issues as vehicle road worthiness, speeding, documentation and drivers/occupants of vehicles involved in criminality. Speed checks are focused on prominent crash locations and areas that have been identified as potential risks through excessive speed. These areas are identified through complaints, traffic management surveys and proactive patrolling.

Compared to 2014/15, the total number of persons killed and seriously injured on the road network within West Dunbartonshire increased by 5, which included one more fatality. Children sustaining serious injuries also increased from 3 to 5, four of these incidents resulted from pedestrian error. Although there has been a considerable reduction in offences relating to mobile phones, seatbelts and driving without insurance, high levels of police pro-activity have led to a 40% increase in speeding offences whilst maintaining detections in respect of dangerous driving. Detections in relation to disqualified drivers have also increased.

## **Not Protectively Marked**

6

*Produced by Police Scotland Analysis & Performance Unit on 29/04/2016.  
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<sup>nd</sup> April 2016.*

## Not Protectively Marked

Road Traffic Casualty Statistics	Apr 2015 - Mar 2016	Apr 2014 - Mar 2015	Victims	% Change
People Killed	2	1	1 more	100.0%
People Seriously injured	19	15	4 more	26.7%
People Slightly Injured	128	134	6 fewer	-4.5%
Children (aged<16) Killed	0	0	None	-
Children (aged<16) Seriously Injured	5	3	2 more	66.7%

Road Safety & Road Crime	Apr 2015 - Mar 2016	Apr 2014 - Mar 2015	Victims	% Change
Dangerous driving	46	46		0.0%
Speeding	660	547		20.7%
Disqualified driving	14	10		40.0%
Driving Licence	165	166		-0.6%
Insurance	328	382		-14.1%
Seat Belts	174	252		-31.0%
Mobile Phone	226	496		-54.4%

### Local Authority Comparison

At the end of Quarter 3 the number of road casualties recorded in West Dunbartonshire per 10,000 head of population fell slightly below the figure recorded for Inverclyde at 100 compared to 104. Fatalities were also lower at 1 per 10,000 compared to 2 in Inverclyde. In terms of Road Traffic offences, there was a considerable difference between the two areas - West Dunbartonshire recorded 289.0 crimes per 10,000 population compared to 154.6 in Inverclyde.

In the forthcoming period, local officers will continue to work towards achieving the objectives set out in the local policing plan for West Dunbartonshire:-

- ***To reduce the number of people killed and seriously injured on the roads of West Dunbartonshire.***
- ***To improve road safety through enhanced partnership working and preventative initiatives within the community.***

Details of operational police activity carried out over recent months which has been targeted toward achieving these outcomes has been provided below:-

### FOCUSED POLICE ACTIVITY

#### ***Crimebreaker Road Checks (January – March)***

The DRPU, in partnership with L Division Response Policing and CID officers, have carried out several high profile road checks to detect and deter those who use motor vehicles as part of their criminal activity. These checks have detected stolen property, vehicles and controlled drugs destined for supply within the local area.

**Not Protectively Marked**

7

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## **Not Protectively Marked**

### **Operation Mermaid (15<sup>th</sup> – 21<sup>st</sup> February 2016)**

This operation took place between 15<sup>th</sup> and 21<sup>th</sup> February and focussed on those in the haulage industry who endanger others through the use of defective vehicles or whose drivers fail to observe driver hours governed by tachograph legislation. These drivers and operators make financial gain through dangerous practices.

### **Carriage of Dangerous Goods by Road (22<sup>nd</sup> – 26<sup>th</sup> February 2016)**

Checks were made on those operators whose business is in the transportation by road of dangerous goods such as petrochemicals, gas and other dangerous substances. These vehicles are very common within West Dunbartonshire and to prevent dangerous situations from developing or operators engaging in dangerous practices several operators and drivers were the subject of defect notices.

### **Speed campaign (7<sup>th</sup> – 13<sup>th</sup> March 2016)**

Speed related activity across West Dunbartonshire, in particular at or near prominent crash locations to detect and deter speeding offences. Several cases of high speeding detected with exceptionally high speed offenders being reported for Dangerous Driving.

### **Be Safe Be Seen**

Police Scotland is part of the West Dunbartonshire Transport Safety Group, which includes our partners at Education, Road Safety and Scottish Fire and Rescue which has launched the Be Safe Be Seen campaign this month. This is to encourage all pedestrians and cyclists to make sure they are visible in the darker nights to road users and to encourage drivers to look out for vulnerable road users such as pedestrians and cyclists. The campaign was promoted portraying messages on the sides and backs of local busses within the area

## **Protecting Vulnerable People**

Following the unusually high number of sexual crimes recorded in 2014/15, West Dunbartonshire experienced a significant reduction in crime levels during 2015/16. Year-end figures indicate an overall reduction of 38.2% which equates to at least 71 fewer victims. Furthermore, crimes of Rape reduced by 46.2% and crimes involving sexual assault, which account for the highest number in terms of volume, reduced by 40.8%. High detection rates continue to be achieved in respect of both Rape crime (71.4%) and sexual crime overall (73.9%).

Protecting vulnerable members of the community by monitoring domestic abuse incidents remains a high priority for Police Scotland. During 2015/16, the number of domestic abuse incidents reported increased by 11.3% which equates to an average of 12 more incidents reported each month. Given that 3.3% fewer incidents resulted in a crime being reported, increased incident levels can in part be assessed as being the result of increased awareness and reporting. Year on year there was a slight improvement in detection rates which increased to 82.2% compared to 81.1% at the end of the 2014/15 performance year.

As part of our prevention strategy Police Scotland continue to carry out visits to victims following the court appearance of perpetrators to inform them of any bail conditions imposed by the court. During the performance year 2015/16, 97.4% of these visits were carried out within 24 hours, since experience suggests any further incidents are most likely to happen within this critical time period.

## **Not Protectively Marked**

8

*Produced by Police Scotland Analysis & Performance Unit on 29/04/2016.  
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## Not Protectively Marked

Sexual Crime	Apr 2015 - Mar 2016	Apr 2014 - Mar 2015	Victims	% Change
Number of Sexual Crimes	115	186	71 fewer	-38.2%
Sexual Crime detection rate	73.9%	71.5%		2.4%
Rape detection rate	71.4%	79.5%		-8.1%
Total Crimes and offences in domestic abuse incidents	1,355	1,217		11.3%
Percentage of Domestic Incidents that result in a crime being recorded	49.0%	52.3%		-3.3%

### Local Authority Comparison

Figures recorded at the end of Quarter 3 indicate the number of sexual crimes recorded per 10,000 head of population remained slightly lower in West Dunbartonshire than in Inverclyde, with figures of 7.5 and 10.0 respectively. Similarly figures are recorded for rape and sexual assault crimes were also lower at 1.7 and 2.9 respectively, compared to 2.4 and 3.1 in Inverclyde.

As set out in the Local Policing Plan 2014 – 2017, our key objectives for the forthcoming period in terms 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.***

Details of police activity targeted towards achieving these objectives are provided in the following paragraphs.

### FOCUSED POLICE ACTIVITY

#### ***Risk and Concern Hub***

Police Scotland is currently operating a Proof of Concept (Pilot Project) regarding Risk and Concern, in E, G and N Divisions. This shall lead to a Corporate Approach across Scotland.

#### ***Named Person***

The division is currently preparing for the introduction of the Named Person Service in August. The Hub, who will be the primary point of contact for this have been in discussions with our partners in Health, Education and Social Work. It is anticipated there will be a smooth transition when this goes live.

**Not Protectively Marked**

9

*Produced by Police Scotland Analysis & Performance Unit on 29/04/2016.  
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## **Not Protectively Marked**

### ***Multi Agency Risk and Concern***

In preparation for the introduction of Multi Agency Risk and Concern (MARAC) for victims of domestic abuse within West Dunbartonshire, a successful candidate has been appointed to the position of Multi-Agency Domestic Abuse Coordinator (MADAC). This individual will have a key role in the provision of this service and the wider aspects and development of Domestic Abuse services and initiatives in the local area.

### ***Disclosure Scheme for Domestic Abuse Scotland (DSDAS)***

Since the launch of this scheme the division has received 25 applications (17 - Right to Ask and 8 - Power to Tell) and has made 10 Disclosures. Whilst these figures represent the numbers across the whole division, it is worth noting there has been a good spread of applications across both Local Authority areas. It is anticipated, that the recently appointed MADAC will be part of the Decision Making Forum for DSDAS. An information document on the scheme has been prepared for elected members.

### ***Violence Against Women partnership***

As a result of discussion at this forum it is proposed that a multi-agency training and development event be held for Domestic Abuse. A sub group involving Women's Aid, Criminal Justice Social Work and Police has been established to arrange this.

## **Major Crime and Counter Terrorism**

Keeping people safe by reducing the threat posed from organised crime groups and terrorism across West Dunbartonshire remains a high priority for all local police officers. In respect of terrorism, events in other countries over recent months highlight the necessity for vigilance at all times, and the Division continues to be involved in the implementation of the UK Government CONTEST strategy with local and national partners. Police Scotland 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 Groups, raise awareness and improve information sharing between agencies.***

The year-end intelligence assessment relating to Serious and Organised Crime (SOC) indicates that the overall threat/risk posed to the communities within West Dunbartonshire remains relatively unchanged. There continues to be 3 identified SOC Groups in operation within the area. Two are assessed as Medium Risk and one as Low Risk. In line with trends identified across Scotland, the primary function of these groups continues to be the supply and distribution of controlled drugs within the local area and beyond. As shown in the table on the following page drug supply crimes reduced year on year however a significant proportion have involved individuals linked to these groups.

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## Not Protectively Marked

Drugs	Apr 2015 - Mar 2016	Apr 2014 - Mar 2015		% Change
Number of detections for drugs supply, drugs productions, drugs cultivation	160	185		-13.5%

### FOCUSED POLICE ACTIVITY

#### ***Enforcement & Interventions***

Police Scotland continue to fully exploit all intelligence and evidence gathering opportunities in order to reduce the threat and harm posed by those involved in Serious and Organised crime within West Dunbartonshire. Police activity has been focussed on arresting individuals involved in this level of criminality, depriving them of cash and assets through full use of POCA legislation, as well as depriving them of legitimate enterprise to ensure the maximum impact. In addition to the 160 detections for drug supply highlighted previously, the following results were achieved during 2015/16:-

- **143** individuals linked to SOC were arrested.
- Through the use of POCA legislation SOC criminals were deprived of **£ 1,647,290**
- SOCG were denied legitimate enterprise estimated to be worth **£ 706,480**

#### ***Joint Days of Action with DVLA***

During Quarter 4, three separate days of action were undertaken in conjunction with DVLA which involved garage premises within Dumbarton and Alexandria being checked for compliance with regulations of the Vehicle Crime (Registration of Registration Plate Suppliers) Regulations 2008 and Section 25(3) of the Vehicle Crime Act 2001. This resulted in 16 premises being visited and five persons being reported to the PF, one with links to serious and organised crime being reported to the Procurator Fiscal and several other companies registering with DVLA due to increased awareness.

#### ***Choose Wisely (Choices for Life)***

Police Scotland in Argyll and West Dunbartonshire Division held a Choose Wisely event at Clydebank Town Hall on Friday 11th March 2016. Hermitage Academy, Vale of Leven Academy, Our Lady's and Saint Patrick's High, Dumbarton Academy, Clydebank High and St. Peter the Apostle High all took part in the event the purpose of which was to raise awareness of the dangers of drugs, new psychoactive substances and alcohol. The event comprised a Choices for Life film on new psychoactive substances, an input from the Scottish Drugs Forum, West Dunbartonshire's Alcohol and Drug Partnership and the youth group Y-Sort-it. In the afternoon the pupils took part in 5 workshops which involved the wearing of drug goggles, alcohol goggles, a drugs box, new psychoactive substances awareness and a lifestyle ladder.

#### ***Anti-fracking Demonstration – Loch Lomond Sunday 31<sup>st</sup> January 2016***

An anti-fracking demonstration took place on 31<sup>st</sup> January at Drumkinnon Bay, Loch Lomond. Fourteen peaceful protestors attended and there were no issues.

Not Protectively Marked

11

Produced by Police Scotland Analysis & Performance Unit on 29/04/2016.

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## Not Protectively Marked

### Acquisitive Crime

During 2015/16 levels of acquisitive crime occurring across West Dunbartonshire reduced by a further 1.7% compared to the previous year. Furthermore, most crimes of dishonesty have recorded a substantial reduction when compared against the five year average. Vehicle crime recorded the most significant reduction falling by 41.8%. Whilst housebreaking crime also follows this overall downward trend, during 2015/16 crime levels increased by 23.9% as shown in the table below. It is also pertinent however that 2014/15 saw the lowest figure recorded since 2010/11.

As shown below the number of doorstep/bogus crimes also increased albeit the figure recorded in 2014/15 was again particularly low. Increased activity can partly be attributed to one repeat offender active during September and October, few crimes were recorded during Quarter 4. Most crimes involved bogus workmen failing to carrying out or complete work.

Acquisitive Crime	Apr 2015 - Mar 2016	Apr 2014 - Mar 2015	Victims	% Change
Theft by housebreaking (including attempts) detection rate	22.4%	16.1%		6.3%
Theft by housebreaking (including attempts)	223	180	43 more	23.9%
Doorstep / Bogus Crimes	19	8	11 more	137.5%

### Local Authority Comparison

In terms of Group 3 crime overall, the number of crimes recorded at the end of Quarter 3 per 10,000 head of population was higher within West Dunbartonshire at 145.2 compared to 140.2 in Inverclyde. Occurrences of housebreaking and vehicle crime were slightly lower however at 16.2 and 10.3 per 10,000 population compared to 32.8 and 17.7 respectively, in Inverclyde.

Police Scotland remains committed to achieving the objective set out in the Local Policing Plan in relation to acquisitive crime. These are as follows:

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

Details of police activity targeted towards achieving these objectives is provided in the following paragraphs:

### FOCUSED POLICE ACTIVITY

#### Operation Linnet

Operation Linnet was created due to a high volume of Housebreakings and Vehicle crime. The operation utilised a multi-agency approach to identify and target the individuals responsible for committing these offences. This involved various departments within the Police and exploited partnership working between Education, Social Work and Housing. Consequently, the group was identified and many of the offences were detected and the perpetrators brought to justice.

## Not Protectively Marked

12

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***Acquisitive Crime Governance Group***

A Divisional Acquisitive Crime Governance Group has been established which will ensure the delivery of a consistent preventative message to highlight and reduce acquisitive crime. We will continue to work in partnership to tackle causal factors of acquisitive crime.

***Rural Crime Governance Group***

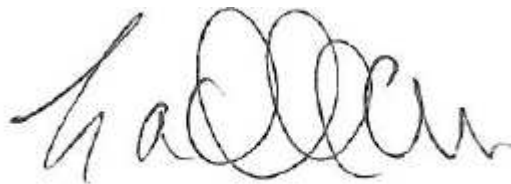
Through partnership working, a Rural Crime Day has been arranged for Friday 17 June 2016 at Duchlage Farm, Arden on Loch Lomond. The target audience will be farmers, land owners and managers and forestry owners and managers. The objectives are to raise awareness of rural crime, look at preventative measures and to highlight the work that Police Scotland and partners are already doing in relation to rural crime issues.

## **Conclusion**

As Local Police Commander, I am delighted to present this update on our Local Policing Plan for West Dunbartonshire 2014-17. We are continuing to meet the challenges we face and while our policing performance continues to be strong we will always strive to improve across all areas.

I am happy with our achievements so far and thank our partners from across West Dunbartonshire for their support and contribution.

Keeping People Safe is and will remain what we are all about as we continue to deliver the highest possible level of service to the communities of West Dunbartonshire.



Grant Manders  
Chief Superintendent  
Local Police Commander



## Report by the Corporate & Community Planning Manager

Management Group 22 June 2016

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**Subject: Delivery & Improvement Group (DIG) Updates**

### 1. Purpose

- 1.1 The purpose of this item is to provide a final progress report for the DIG 2015-16 Action Plan for each Delivery & Improvement Group against agreed outcomes and presents the 2016-17 DIG Action Plans.

### 2. Recommendations

- 2.1 It is recommended that the management group note the progress made during 2015-16 and approve the new 2016-17 DIG Action Plans.

### 3. Background

- 3.1 The 2015/16 DIG Action plans for the 4 priority areas were approved by CPWD management group in March 2015. Regular progress reports give an opportunity for members to scrutinise progress being made and discuss any further investment or activity required.

### 4. Main Issues

- 4.1 CPWD receives regular action plan progress reports from each DIG, highlighting progress made and any challenges or barriers faced. This information is held and updated on the Covalent performance management system and reports are extracted quarterly, or as required.
- 4.2 The reports presented by each DIG chair detail progress and challenges for each outcome area. Progress and cross cutting issues also discussed regularly at DIG Chairpersons meetings, with areas of overlap and joint working are identified.
- 4.7 From the content of these reports it is very clear that good progress was made during 2015-16 in supporting delivery of the priority outcomes agreed through the Single Outcome Agreement 2014-17. Any outstanding actions have been rolled over to the refreshed 2016-17 DIG Action Plans. These new Action



Plans outline the key actions each DIG will deliver to achieve the local outcomes within the SOA 2014-16 over the next year.

## **5. People Implications**

5.1 There are no personnel issues associated with this report.

## **6. Financial Implications**

6.1 There are no resource implications.

## **7. Risk Analysis**

7.1 There may be risks associated with not delivering on the priority areas identified in the action plans.

## **8. Equalities Impact Assessment (EIA)**

8.1 An equalities impact assessment is not required as this report is a summary of progress being made.

## **9. Consultation**

9.1 The action plan progress reports were extracted from information held on Covalent and regularly updated by members of each of the DIGs.

## **10. Strategic Assessment**

10.1 This report provides an update on progress on actions to be taken by each DIG in delivering on the local outcomes for each priority area as detailed in the SOA.

### **Communications Bulletin**

Community Planning West Dunbartonshire noted the good progress made over the last year by the Delivery & Improvement Groups across the 4 priority areas and approved the new DIG Action Plans for 2016-17.

### **Corporate & Community Planning Manager**

**Person to Contact:** Amanda Coulthard  
Corporate Services  
Council Buildings  
Garshake Road  
Dumbarton G82 3PU  
01389 737271  
[Amanda.coulthard@west-dunbarton.gov.uk](mailto:Amanda.coulthard@west-dunbarton.gov.uk)



**Appendices:** Appendix 1 – Employability & Economic Growth Update  
Appendix 2 – Employability & Economic Growth Action Plan 2016-17  
Appendix 3 – Safe, Strong & Involved Communities Update  
Appendix 4 – Safe, Strong & Involved Communities Action Plan 2016-17  
Appendix 5 – Supporting Children & Families Update  
Appendix 6 – Supporting Children & Families Action Plan 2016-17  
Appendix 7 – Older People Update  
Appendix 8 – Older People Action Plan 2016-17

**Background Papers:** none

**Wards Affected:** All









## **Deliver and Improvement Group Action Plan 2015-16: Year End Progress report**

### **Local Priority: Employability and Economic Growth**

#### Local Outcomes:

- Increased the number of new business starts and supported the growth of sustainable businesses
- Growth of the tourism economy
- Created attractive, competitive and safe town centres and enabled the development of our major regeneration sites
- Improved core employability skills and assisted people into work
- Improved and Sustained Income levels
- Improved the quality and availability of affordable housing

Action	Status	M'stone Note	Managed By
SOA 14-17 1a Provide co-ordinated/ joined up supply side services to support business growth and increase employability		<ul style="list-style-type: none"> <li>The Single Employer Offer was successfully launched on June 4 2015.</li> <li>The Single Employer Offer was successfully launched on June 4 2015.</li> <li>At the Working4 Business meeting held on 8th March all outstanding actions were confirmed as complete and partners agreed that the SEO had been effectively implemented.</li> </ul>	Michael Gill (W4U)
SOA 14-17 1d Collaborative working to maximise investment in infrastructure Regeneration related to housing and community benefit.		<ul style="list-style-type: none"> <li>Community Benefit opportunities will be part of Capital Investment Opportunities in partnership with procurement team.</li> <li>Continuing to work with partners and through procurement explore community Benefit opportunities.</li> <li>Community Benefit opportunities updated at appropriate CPP DIG meetings, most recently related to VOLIE workshops.</li> </ul>	Michael McGuinness (WDC)
SOA 14-17 1e Co-ordinate partnership activity on delivery of employability services, exploring new ways of working and reflecting current policy drivers and priorities		<ul style="list-style-type: none"> <li>Scotland's Employer Recruitment Incentive went live from 1 July; to date we have supported 55 young people to enter employment through this programme.</li> <li>The management group consisting of representatives from Working 4U, West College Scotland and DWP have diarised bi monthly meetings for the next year to ensure effective delivery of coordinated services.</li> <li>Review complete by due date, a range of elements from the YES framework have now been embedded within the measurement of soft skills.</li> </ul>	Michael Gill (W4U)
SOA 14-17 1f Strategic development of Housing opportunities across West Dunbartonshire with our Strategic Social Housing Partner, disposal of Council land for development and regeneration projects including Queens Quay and final Lomondgate housing plot		<ul style="list-style-type: none"> <li>Area 5 at Lomondgate sold to Taylor Wimpey subject to planning. Development commencing and market conditions are positive for private developments.</li> <li>Queens Quay Investment of £15.62m over three years has been approved by IRED and planning permission in principal is lodged with Planning as of end of October 2015. Site development progressing well.</li> <li>A number of Economically strategic important sites have been identified as part of the Council Disposal strategy. These sites are at various stages of development and some will be released to the market over the next few years.</li> </ul>	Michael McGuinness (WDC)

Action Status

 Completed

 In Progress

 Check Progress

 Overdue

## Deliver and Improvement Group Action Plan 2016-17

### Local Priority: Employability & Economic Growth

#### *Local Outcome: New Business Starts and Supported the Growth of Sustainable Businesses*

Key Action	Lead	Milestones	Due Date
Work in partnership with Scottish Enterprise/SDI to increase the number of local businesses who trade internationally	Gillian Scholes (WDC)	Provide details of the smart exporter programme to all WDC businesses	31-Jan-2016
		Develop links to National Park Tourism internationalisation project	31-Mar-2017
SDS link through Working4Business	Skills Development Scotland (SDS)	SDS Provide support to businesses through the Employer Engagement Team	31-Mar-2017
Explore continued partnership with Working4Business	Gillian Scholes (WDC)	Continue to promote working4Business initiative	31-Mar-2016
		Deliver Business Awards in partnership with working4Business	30-Nov-2016
		Carry out evaluation of the W4B initiative	31-Dec-2016
Continue to develop and promote the Regional Skills Assessment work	SDS	Update Regional Skills Assessment to provide data that will identify areas market failure and allow partners to align resources accordingly.	31-Mar-2017
Work in partnership with other Scottish local authorities to establish a Business Loans Scotland fund	Gillian Scholes (WDC)	Transfer funds from WSLF to new Business Loans Scotland Fund	31-Jul-2016
		Promote new fund to local businesses to raise awareness	30-Sep-2016

#### *Local Outcome: Growth of the Tourism Economy*

Key Action	Lead	Milestones	Due Date
Development of Tourism local action plans as part of National Skills Investment Plan (SIP)	SDS	Produce and disseminate Tourism National skills Investment Plan to all key CPP partners.	31-Mar-2017

#### *Local Outcome: Improved Core Employability Skills and Assisted People into Work*

Key Action	Lead	Milestones	Due Date
Progress delivery of Exxon/City Deal project	Michael McGuinness (WDC)	Exxon Negotiations relating to Site Ownership commence	31-Oct-2016
		Neighbouring Land Consultation commences	14-Nov-2016
		Complete and seek approval for the Outline Business case by City Deal Cabinet	31-Mar-2017
	Employability (WDC)/ National Park/SDS	Progress Working Matters initiative as part of City Deal	31-Mar-2017
		Progress In-Work Progression as part of City Deal	31-Mar-2017
Increase the number of employers engaged with schools and/or the College by 50%	Bob Davidson/ Liz Connolly (West College Scotland)	Engage stakeholders	31-May-2016
		Establish baseline	31-May-2016
		Ongoing local engagement	31-Mar-2019
Develop local volunteers training project in lead up to swimming and related European Championships 2018	National Park/CVS	Promote and determine suitable opportunities for volunteering	31-Mar-2017

Key Action	Lead	Milestones	Due Date
Increase partnerships opportunities to deliver 'skills for work' for 3-18 year olds through the Developing Young Workforce initiative (DYW)	Andrew Brown (WDC Education)	Develop school timetabling approach to increase courses offered in the Senior Phase of secondary schools	31-Mar-2017
		Delivery of first phase of Foundation Apprenticeships	31-Mar-2017
		Development of second phase of Foundation Apprenticeships in partnership with WCS	31-Mar-2017
		Review of delivery of skills for work across all establishments 3-18 year olds	31-Mar-2017
		Design and implement new courses offered in the Senior Phase of secondary schools with partners to better cater for choice and progression	31-Mar-2017
		Increase the number and quality of partnerships between business and education establishments through partnership working with DYW West Regional Group	31-Mar-2017
Increase the number of employers employing a Modern Apprentice by 30%	Bob Davidson/Liz Connolly (WCS)	Establish baseline	30-Apr-2016
		Develop campaign to further engage with employers	31-Mar-2019
Increase the number of employers that are IYP accredited	Bob Davidson/Liz Connolly (WCS)	Establish baseline	30-Apr-2016
		Develop campaign to further engage with employers	31-Mar-2019
Support WD residents to access and sustain Modern Apprenticeships	SDS	Manage apprenticeships.scot and direct West Dunbartonshire residents to opportunities	31-Mar-2017
Support WD residents to develop their Career Management Skills	SDS	Provide Careers Information Advice and Guidance engagements to West Dunbartonshire residents	31-Mar-2017
Support WD young people aged 16-19 into positive destinations	SDS	Work with opportunities for All co-ordinator and other partners to maximise outcomes for West Dunbartonshire young people aged 16-19	31-Mar-2017
Support WD residents into Employability Fund Training. Co-commission with WDC and DWP.	SDS	Work with partners to refer West Dunbartonshire residents into appropriate provision	31-Mar-2017

**Local Outcome: Created Attractive, Competitive and Safe Town Centres and Enabled the Development of our Major Regeneration Sites**

Key Action	Lead	Milestones	Due Date
Deliver projects from the Clydebank Town Centre Charrette Action Plan	Marnie Ritchie (WDC)	To develop designs and identify funding sources for the A814 road corridor improvement project	31-Oct-2016
		Ensure opportunities for community benefit with College and Developing Young Workforce are progressed	31-Mar-2017
		To develop designs and identify funding sources for the Clydebank Interchange project in partnership with Strathclyde Partnership for Transport and Abellio	31-Mar-2017
		Ensure linkages with College and DYW through suitable initiatives	31-Mar-2017
Balloch Charrette action plan approved and progress developments with key stakeholders	Marnie Ritchie (WDC)	Obtain Council approval of Balloch Charrette action plan	30-Jun-2016
		Establish Charrette implementation Group to take forward actions	31-Aug-2016
		Progress actions with stakeholders and partners as per action plan	31-Mar-2017
Deliver projects from the Dumbarton Rock and Castle Charrette Action Plan	Marnie Ritchie (WDC)	Develop the Dumbarton Waterfront Pathway plan from Town Centre to Rock/Castle to implementation stage	31-Mar-2017
		Design and develop the proposed Rock and Castle lighting project	31-Mar-2017
		Continue to work with site owners on the development of Dumbarton waterfront	31-Mar-2017
Promote investment opportunities	Michael McGuinness (WDC)	Continue to work with Scottish Development International to explore inward investment opportunities, in particular related to the Exxon site	31-Mar-2016
		Opportunity to link with NPA Invest In the Park: Work with SE/SDI and partners to explore and maximise opportunities to market and promote appropriate sites in WD as attractive investment locations	31-Mar-2017
		Hold an annual West Dunbartonshire business event to promote investment opportunities within the area.	31-Mar-2017
Clyde Valley City Deal partnership	Michael McGuinness (WDC)	Continue to support governance of Clyde Valley City Deal at committees and sub-groups.	31-Mar-2016
		Work in Partnership with City Deal Authorities to explore opportunities for further partnership working.	31-Mar-2017

**Local Outcome: Improved the Quality and Availability of Affordable Housing**

Action	Lead	Milestones	Due Date
Improve the Quality and Availability of Affordable Housing	John Kerr (WDC Housing)	Deliver new Local Housing Strategy to cover the period 2017/2022	30-Nov-2016
		Maximise the delivery of new affordable housing in West Dunbartonshire	31-Mar-2017
		Deliver refreshed Housing asset Management Strategy	28-Feb-2017

**Joint Partnership Working**

Action	Lead	Milestones	Due Date
Community Planning Partnership Delivery and Improvement Group (DIG) delivery.	Michael McGuinness (WDC)	Employability and Economic Growth CPP DIG delivery-facilitate quarterly meetings	31-Mar-2017
		Support Director in CPP update reports as part of Employability and Economic Growth CPP	31-Mar-2017
	CPP/DIG	Set Forward Agenda for: <ul style="list-style-type: none"> <li>• Young Adults</li> <li>• Investment</li> </ul>	31-Mar-2017



## Deliver and Improvement Group Action Plan 2015-16: Progress report

### Local Priority: Safe, Strong and Involved Communities

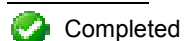
#### Local Outcome: 2.1 Reduced violent crime

Action	Status	M'stone Note	Managed By
SOA 14-17 2.1a Coordinated multi agency response to identifying and managing repeat offenders		Robustly monitor all incidents across West Dunbartonshire and highlighting repeat offenders and incidents of ASB and thereafter sharing these observations on a daily basis with partners. For example, information being shared between the ASB Liaison Officer and ASIST.	Police Scotland
SOA 14-17 2.1b Through Antisocial Behaviour and Violence Tasking Group (ASBVTG) coordinate a response to all identified problematic locations related to violent crimes		<ul style="list-style-type: none"> <li>Neighbourhood Management (Your Community) conduct surveys, walkabouts, public reassurance, consultations and public meetings. The 3 chairs from the Neighbourhood Management operational groups will attend the ASB Tasking meetings.</li> <li>Locations highlighted through ASB Tasking meetings and are robustly Policed. This action continues with any new location highlighted.</li> <li>This group is now set up and in place. Progress is being made by the AVRU Inspector and the ASB Liaison Officer.</li> <li>As a result of the daily communication with our partners, joint visits are carried out as and when requested.</li> </ul>	Police Scotland

#### Local Outcome: 2.2 Improved collaborative working in relation to counter terrorism and serious organised crime through strong partnerships




Action	Status	M'stone Note	Managed By
SOA 14-17 2.2a Consolidate Multi Agency activity responding to Counter Terrorism (CT) and Serious & Organised Crime (SOC) to reduce the impact caused		<ul style="list-style-type: none"> <li>Structures in place</li> <li>Membership agreed</li> </ul>	Peter Barry (WDC)
SOA 14-17 2.2b Ensure delivery of the National Implementation Plans		Delivery of the National Implementation Plan within West Dunbartonshire is overseen by the Multi-Agency Serious & Organised Crime/ Contest Strategic Group. A number of Multi-Agency Sub Groups have been established and they are responsible for driving forward the actions detailed in the plan. This will be a continuous and ongoing process and any issues will be remitted to the Strategic Group who will ensure resolution.	Peter Barry (WDC)

#### Action Status






*Local Outcome: 2.3 Enhanced safety of women and children*

Action	Status	M'stone Note	Managed By
SOA 14-17 2.3a Review the membership and structure of Violence Against Women Partnership (VAWP), delivering a localised strategy on domestic abuse		<ul style="list-style-type: none"> <li>• Terms of Reference has been updated and circulated to members which has been agreed.</li> <li>• Launched and discussed at VAWP in October and will be taken forward in the coming year.</li> <li>• Membership has been reviewed and group now up and running with the relevant partners attending.</li> </ul>	Police Scotland
SOA 14-17 2.3b Consolidate Multi Agency Approach through the Risk and Concern Hub, Early & Effective Intervention (EEI) and the Multi Agency Risk Assessment Conference (MARAC) process.		<ul style="list-style-type: none"> <li>• This has been achieved and all partners have taken part in the review and redesign of this process.</li> <li>• We have now successfully taken the MADAC post (Multi agency child protection coordinator) through job evaluation and are in the process of recruiting to the grade 8 post internally. The post holder will liaise across the services to build on the positive working relationships currently in place, and develop practice in respect of the EEI DA process, MARAC and MATAAC interface. The post holder will manage, with line management support and guidance, the throughput from the Police concern management hub in respect of domestic abuse incidents involving/affecting children and young people, and will assist adult services in developing processes to manage concerns in respect of women with no children. In addition, an audit of EEI DA activity from 2014 is now complete and we are now auditing 2015 activity. There is some catch up involved in this however it is anticipated that by May 2016 we will be on track in respect of contemporaneous audit of EEI DA through 2016.</li> </ul>	Annie Ritchie (WD H&SCP)
SOA 14-17 3.3c Deal with high risk perpetrators effectively utilising the MATAAC processes		<ul style="list-style-type: none"> <li>• MATAAC held monthly with relevant partners in attendance.</li> <li>• All relevant agencies contribute to process and work continues to encourage others to report.</li> </ul>	Police Scotland

Action Status




 Completed

 In Progress

 Check Progress

 Overdue

*Local Outcome: 2.4 Enhance safety of vulnerable groups*

Action	Status	M'stone Note	Managed By
<p>H/2013/HOM/1.1.5 We will enhance and further develop protocols to reduce the risk of homelessness for those leaving:</p> <ul style="list-style-type: none"> <li>• Armed force</li> <li>• Hospital</li> <li>• Care</li> <li>• Prison</li> <li>• Mental Health</li> <li>• Addictions</li> </ul>		<ul style="list-style-type: none"> <li>• Completed, the issue of housing priority and armed forces personnel will be reviewed as part of the development of the new WDC allocation policy. The 2014 Housing Act adds additional powers to housing providers in terms of reasonable preference categories.</li> <li>• New leaving care protocol agreed, will be reviewed in terms of new responsibilities under the Council's corporate parenting responsibilities in 2016</li> <li>• WDC part of a local authority group responsible for ensuring the successful implementation of the protocol and is a member of the Housing sub group which will oversee the delivery.</li> <li>• Protocol reviewed and will be discussed at the April meeting of the Homelessness and Housing Access Forum</li> </ul>	John Kerr (WDC Housing)
<p>SOA 14-17 2.4a To carry out a mapping exercise of referral pathways for multi-agency response and support to vulnerable groups</p>		<ul style="list-style-type: none"> <li>• Consultation was carried out with Police Scotland, Scottish Fire and Rescue, and other partners.</li> <li>• Following consultation it was felt that a further group was not required as these issues were already being considered by other partnerships and agencies</li> </ul>	Helen Turley (WDC Housing)
<p>SOA 14-17 2.4b To enhance and further improve tenancy sustainment through co-ordinated estate management initiatives</p>			Andy Cameron (WDC)

Action Status




 Completed

 In Progress

 Check Progress

 Overdue

*Local Outcome: 2.5 Reduced antisocial behaviour and disorder*

Action	Status	M'stone Note	Managed By
SOA 14-17 2.5a Consolidate Information sharing processes to ensure appropriate action can be taken in relation to problematic individuals who are involved antisocial behaviour and disorder		<ul style="list-style-type: none"> <li>• Problematic individuals are highlighted through the Directed Policing Plan with individuals on ASBOs, Bail curfews also highlighted.</li> <li>• There is an ASB Tasking meeting held monthly (every 2nd Thurs of each month) and an ASB Governance meeting held monthly.</li> <li>• There has been an ASB Tasking ISP agreed, however it is now under review due to new members.</li> </ul>	Police Scotland
SOA 14-17 2.5b Through the Antisocial Behaviour and Violence Tasking Group (ABVTG) ensure a co-ordinated response to all identified problematic locations		<ul style="list-style-type: none"> <li>• Additional 9th Local Outcome has been agreed to be added to the SSI DIG for Neighbourhood Management (Your Community). The ASB Tasking group will also fall under this 9th Local Outcome. The 3 Chairs from the Neighbourhood Management's operational groups will attend the ASM Tasking meetings.</li> <li>• There have been sub-groups set up for problematic areas such as Rosshead and Brucehill/Castlehill. These sub-groups will continue to be set up if new problematic areas arise in the future</li> </ul>	Police Scotland
SOA 14-17 3.5c Through partnership working, ensure issues caused by youth alcohol consumption are addressed		<ul style="list-style-type: none"> <li>• West Dunbartonshire Council ran a campaign in December 2014 which was supported by Police Scotland. This involved visits to license premises highlighting 'red flag sales' and introducing the 'Bottle Marking Scheme'.</li> <li>• School inputs have been completed covering subjects such as Cyber safety, gang fighting, fireworks and Experiential Learning covering serious and organised crime.</li> <li>• This sub-group has been set up by the Licensing Standards Officer.</li> </ul>	Police Scotland

Action Status




 Completed

 In Progress

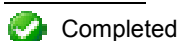
 Check Progress

 Overdue




*Local Outcome: 2.6 Home, Transport and Fire Safety*

Action	Status	M'stone Note	Managed By
SOA 14-17 2.6a Deliver road safety advice, publicity, education and enforcement to key groups within the community through the Transport Safety Group		<ul style="list-style-type: none"> <li>• Due to staffing issues, the evaluation has been delayed but will take place during 2016-17</li> <li>• Target groups have been identified and actions plans are now in place. (Transport safety plays and Be Safe Be Seen Campaign.)</li> <li>• Hotspot area identified as elderly pedestrians, particularly in Clydebank area, and use of road crossings, action plans reflect this key group.</li> </ul>	Catherine Tonner (WDC)
SOA 14-17 2.6b Deliver home fire safety advice to high risk individuals within the community through the Home Safety Group		<ul style="list-style-type: none"> <li>• Significant increase in the number of High Risk HFSV's carried out by operational crews through partnership working to identify those individuals most at risk and improve outcomes through partnership working. This is ongoing.</li> <li>• Winter Safety Festive Campaign with partner agencies including: Police Scotland, WDC Housing, Community Wardens, WDC Environmental Health, Victim Support, Trading Standards</li> <li>• We are working closely with partners to ensure appropriate referral pathways are in place and effective interventions are made at the right time</li> <li>• SFRS worked with partners in the Home Safety Group to produce a local Safe and Secure Home Safety Booklet. This has now been finalised and will be launched on 15th June 2016, with partners, elected members, media coverage and a press release. The booklet will then be distributed throughout the West Dunbartonshire community.</li> <li>• The SFRS have set a challenging target of increasing the number and quality of Home Fire Safety Visits within the West Dunbartonshire area in this reporting year. These visits are carried out by our operational crews as well as our Community action teams. SFRS continually set challenging targets in this area and will continue to do so therefore this is an ongoing process.</li> </ul>	Fire Scotland
SOA 14-17 2.6c Develop a multi-agency model for promoting home safety		<ul style="list-style-type: none"> <li>• The Home Safety Group undertook a review as part of the development of their action plan (see below)</li> <li>• Programme of safety advice and actions has been identified; group is now working through this.</li> <li>• This has been progressed with Lomond Care and Repair and Scottish Fire and Rescue, it now forms part of the action plan of the multi-agency Home Safety Group as above</li> <li>• This item has been progressed through inclusion on the monthly ASB Task Group analysis and discussion at the group. The multi-agency group led by Trading Standards has been reconvened and meetings are underway to develop an action plan for 2016/17. This will include the review of existing No Cold Calling Zones and further multi-agency action</li> </ul>	Janice Winder (WDC)

Action Status



*Local Outcome: 2.7 Reduced impact of alcohol and drug misuse on communities*

Action	Status	M'stone Note	Managed By
SOA 14-17 2.7a Raise awareness and reduce the acceptability of hazardous drinking and drug misuse		<ul style="list-style-type: none"> <li>• 22 diversionary activities for young people delivered by 31st December 2015.</li> <li>• 10 alcohol and drug awareness sessions were delivered to the wider population by 31st December 2015.</li> </ul>	John Russell (WD H&SCP)
SOA 14-17 2.7b Support people affected by alcohol/drug misuse to make positive life choices that sustain their long term recovery		<ul style="list-style-type: none"> <li>• 12 events have been held as at 31st December 2015.</li> <li>• 44 events have been held as at 31st December 2015.</li> <li>• 2 events have been held as at 31st December 2015.</li> </ul>	John Russell (WD H&SCP)
SOA 14-17 2.7c Deliver interventions to reduce the harmful impact of alcohol/drug misuse on the population of West Dunbartonshire		<ul style="list-style-type: none"> <li>• 662 ABIs within NHS settings have been delivered as at 31st March 2016, 96% of target. WD HSCP contribution to overall NHSGGC target/ trajectory was reduced down to 688 for 2015/16 subsequent to the setup of this milestone, therefore performance will be measured against the new 688 target. Full year figures not yet available.</li> <li>• 237 ABIs within non NHS settings have been delivered as at 31st December 2015.</li> <li>• 10 family members/carers trained as at 31st December 2015.</li> <li>• 44% of service users trained as at 31st December 2015.</li> </ul>	John Russell (WD H&SCP)

Action Status




 Completed

 In Progress


 Check Progress

 Overdue

*Local Outcome: 2.8 Stronger, confident and more involved communities*

Action	Status	M'stone	Managed By
SOA 14-17 2.8a Co-ordinate responses to reduce vulnerability and create more resilient natural communities across West Dunbartonshire		<ul style="list-style-type: none"> <li>• Deliver multi-agency plan to address gaps identified</li> <li>• Gap analysis to identify weaknesses/ opportunities</li> <li>• Implement/Monitor Plan</li> <li>• Mapping community activity/assets</li> </ul>	WD Council for Voluntary Service (WDCVS)
SOA 14-17 2.8b Establish a multi-agency sub-group to investigate and develop effective linkages and partnership approaches across the activities of the SS&I DIG and local communities		<ul style="list-style-type: none"> <li>• Explore and develop relationships and structures</li> <li>• Liaise with relevant groups/partnerships – including West Dunbartonshire Youth Alliance, West Dunbartonshire Community Alliance and the Neighbourhood Management Steering Group to clarify function and remits in relation to DIG activities</li> </ul>	WD Council for Voluntary Service (WDCVS)
SOA 14-17 2.8c Explore value and content of community resilience plans in West Dunbartonshire		<ul style="list-style-type: none"> <li>• Pilot one local community resilience plan, with a view to extending the model if successful</li> <li>• Scope potential model of development</li> </ul>	WD Council for Voluntary Service (WDCVS)

Action Status

 Completed

 In Progress

 Check Progress

 Overdue



## Deliver and Improvement Group Action Plan 2016-17

### Local Priority: Safe, Strong and Involved Communities

#### Local Outcome: Reduced violent crime

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.1c Focus on prevention of violent crime through a multi-agency approach	Chief Inspector Donald Leitch (Police Scotland)	Develop a multiagency protocol to manage known high risk violent offenders building on the extension of Multi Agency Public Protection Arrangements (MAPPA)	31-Oct-2016
		Develop and implement an Information Sharing Protocol (ISP) that includes additional partners	30-Apr-2016
		Review and refresh membership of the ASB/Violence Task Group with emphasis on Your Community	30-Jun-2016
SOA 14-17 2.1d Develop a multi-agency indoor violence strategy	Chief Inspector Donald Leitch (Police Scotland)	Carry out multi agency visits to implement Anti-Social Behaviour legislation	30-Sep-2016
		Identify key events / dates and carry out a multi-agency approach targeting licenced premises	30-Apr-2016
		Identify, prioritise and address repeat noisy party/noise call locations	31-Jul-2016

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

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.2c Ensure continuation and development of 'prevent' duty through multi agency approach	Peter Barry (WDC)	Deliver a programme of prevent initiatives through schools and community settings	31-Mar-2017
		Maintain delivery of National Implementation Plan	31-Mar-2017

#### Local Outcome: Enhanced safety of women and children

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.3d Maintain membership and attendance of partners of the Violence against Women Partnership (VAWP) ensuring a localised strategy on Scottish Government Equally Safe	Detective Superintendent Yvonne Scott (Police Scotland)	Ensure annual review of the terms of reference is carried out for the VAWP	31-Mar-2017
		Establish lead for each working group for Equality and Diversity, Early Effective Intervention/Domestic Abuse, strategy group, EEI/Vulnerable Adult women. Primary and Secondary prevention	30-Jun-2016
		Explore possibility of publishing local version of Equally Safe	30-Apr-2016
SOA 14-17 2.3e Continue to review our multi agency approach through Risk and concern Hub, EEI and MARAC process and the Domestic Abuse Disclosure scheme	Detective Superintendent Yvonne Scott (Police Scotland)	Continue to review processes to ensure they are fit for purpose	31-Aug-2016
		Continue to review the membership of Domestic Abuse Disclosure Scheme ensuring all relevant partners continue to participate	30-Jun-2016
		Develop a role for a Multi-Agency Domestic Abuse Co-ordinator (MADAC) to ensure MARAC is re-established	30-Jun-2016
		Establish local Child Sexual Exploitation (CSE) strategy	31-Aug-2016
SOA 14-17 2.3f Explore opportunities to deal with perpetrators of domestic abuse	Detective Superintendent Yvonne Scott (Police Scotland)	Review membership of MATAAC ensuring that all relevant partners attend/are invited	31-Mar-2017
		Through the relevant work group, establish if any work can be developed in relation to dealing with perpetrators of domestic abuse	31-Mar-2017

*Local Outcome: Enhance safety of vulnerable groups*

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.4d Ensure a consistent referral approach to support those most at risk of homelessness	Peter Barry (WDC)	Ensure links to existing multi agency structures for support of vulnerable individuals	30-Sep-2016
		Review specific protocols for each risk group	30-Sep-2016
SOA 14-17 2.4e Ensure a robust plan is in place to deliver a comprehensive community justice response locally	Peter Barry (WDC)	Build local capacity for delivery of a community justice response	31-Dec-2016
		Deliver multi agency planning sessions to develop local community justice plan	30-Nov-2016
		Ensure sign off of local justice plan	31-Mar-2017
SOA 14-17 2.4f Ensure a robust multi agency response to support people with mental ill health	Peter Barry (WDC)	To ensure appropriate levels of access to a range of mental health interventions including crisis support, primary care mental health services and Community Mental Health Services.	30-Jun-2016
SOA 14-17 2.4g Raise awareness of inappropriate use of all electronic communications for all age groups	Peter Barry (WDC)	Deliver awareness raising campaign about appropriate use of social media	
		Work with Youth Alliance to develop a targeted campaign for young people	31-Mar-2017

*Local Outcome: Reduced antisocial behaviour and disorder*

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.5c Formalise a new information sharing protocol to facilitate effective enforcement of Anti-Social Behaviour legislation	Chief Inspector Donald Leitch (Police Scotland)	Conduct joint visits to problematic locations and/or individuals'	31-Jul-2016
		Expand Police Scotland's persistent offenders policing plan to include relevant partners	31-May-2016
		Review and refresh information sharing protocol	30-Jun-2016
SOA 14-17 2.5d Develop a multi-agency approach to reduce alcohol availability to young people	Chief Inspector Donald Leitch (Police Scotland)	Create a multi-agency approach to recruiting Test Purchasing Officers to allow ongoing TPO operations	31-Aug-2016
		Create a multi-agency approach for agent purchase enforcement	30-Jun-2016
		To ensure additional preventative talks and education inputs to young people in regards to alcohol	31-Dec-2016
SOA 14-17 2.5e Embed ' Your Community ' into existing Antisocial Behaviour structures	Chief Inspector Donald Leitch (Police Scotland)	Communities co-ordinators to attend Anti-Social Behaviour/Violence Task Group meetings	30-Apr-2016
		Discuss and formalise the links between Your Community and the Public Reassurance Process	30-Jun-2016
		Formalise strategic, tactical and operational structures	31-May-2016

*Local Outcome: 2.6 Home, Transport and Fire Safety*

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.6d Implement a multi-agency approach for promoting Home Security and Home Safety	Stuart Mclean (FireScotland)	Carry out evaluations post programmes	31-Aug-2016
		Deliver 10 awareness plays/programmes for vulnerable groups	30-Jun-2016
		Develop a local multi-agency action plan to tackle home safety accidents and security crime within the home, including bogus callers/cold calling	31-Mar-2017
		Identification of target groups multi-agency Local Deliver Home Safety (and Security ?) booklet to vulnerable groups within the community (needs to be finalised)	31-Mar-2017
SOA 14-17 2.6e Contribute to the prevention of road traffic collisions through delivery of publicity, education and enforcement to key groups within the community.	Stuart Mclean (FireScotland)	Carry out evaluations post programmes	31-Mar-2017
		The transport safety group identifies and targets vulnerable groups using a multi-agency approach	31-Mar-2017
		The Transport Safety group works towards reducing road traffic collisions through education programmes	31-Mar-2017



Key Action	Lead	Milestones	Due Date
SOA 14-17 2.6f Deliver home fire safety advice to high risk individuals	Stuart Mclean (FireScotland)	Continue to set challenging targets for increasing the number and quality of home fire safety visits	31-Mar-2017
		Develop preventative education programme for young fire-setters	31-Mar-2017
		Identify high priority groups within the community and deliver a community awareness campaign delivering key fire safety messages throughout the year	31-Mar-2017

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

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.7d Undertake a robust needs assessment across all services and the wider population of West Dunbartonshire to ensure that services remain focused on the needs of the individual, and how that relates to the wider Recovery-Oriented System of Care (ROSC) agenda	John Russell (WD C&SCP)	Commission and complete a Focussed Needs Assessment (FNA) of the local population as it relates to individual and wider community problems associated to alcohol and/or drug use/misuse	30-Sep-2016
		Reinforce links through and across key partnerships ensuring that appropriate representation is obvious within strategic and operational groups and that key priorities are reflected within appropriate partner action/implementation plans and strategies	31-Mar-2017
		Use the findings of the FNA to identify gaps in provision, potential areas for improvement and areas of good practice	31-Dec-2016
SOA 14-17 2.7e Increase the skills & knowledge of all key partners (including young people & the wider community) to enable identification & assist in the prevention of the hazardous impacts of drugs & alcohol on individuals & communities	John Russell (WD C&SCP)	Develop and deliver, via a Test for Change process, tailored training which addresses the identification, impact and interventions required to reduce the potential impact of New Psychoactive Substances (NPS) across West Dunbartonshire	30-Sep-2016
		Establish a short-life test of change steering group with key local stakeholders - complete intelligence-gathering and Learning Needs Analysis survey with front line staff; develop training programme based on identified need	30-Jun-2016
		Introductory training for relevant senior management staff; training for front line staff and pre and post training evaluations	31-Aug-2016
		Pilot, review and dissemination of information materials; Focus groups with trainees to investigate change over time against planned outcomes; Production of report evaluating test of change & identifying key recommendations for the ADP/wider partners	31-Oct-2016

*Local Outcome: Stronger, confident and more involved communities*

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.8d Establish community resilience plans across West Dunbartonshire	WD Council for Voluntary Service (WDCVS)	Develop resilience plan toolkit	31-May-2016
		Hold awareness meetings with interested and 3rd sector organisations	30-Sep-2016
		Support creation of six resilience plan areas	31-Mar-2017
SOA 14-17 2.8e Coordinate community activity around asset mapping exploring opportunities arising from policy developments such as the Community Empowerment Act	WD Council for Voluntary Service (WDCVS)	Compile a refreshed sector-wide community assets register	30-Jun-2016
		Develop a community assets toolkit	30-Nov-2016
		Hold awareness sessions in conjunction with other partners to support community asset development	31-Mar-2017

*Local Outcome: Your Community*

Key Action	Lead	Milestones	Due Date
SOA 14-17 2.9a Ensure effective implementation of Your Community across West Dunbartonshire	Amanda Coulthard (WDC)	Develop community profiles	30-Jun-2016
		Maintain progress through operational groups	31-Mar-2017
SOA 14-17 2.9b Develop procedures to ensure identified issues through Your Community model are progressed and tracked	Amanda Coulthard (WDC)	Develop escalation process for flagging issues to the strategic steering group	31-May-2016
		Put in place Standard Operating Procedures (SOPs) for operational groups	31-May-2016









## **Deliver and Improvement Group Action Plan 2015-16: Progress report**

### **Local Priority: Supporting Children & Families**

#### Local Outcomes:

- Improved attainment and achievement for early years, primary schools and secondary schools
- Increased positive destinations for 16-19 year olds
- Families are confident and equipped to support their children throughout childhood
- Improved attainment and achievement through Life Long Learning

Action	Status	M'stone Note	Managed By
Fully Implement Getting it Right for Every Child		<ul style="list-style-type: none"> <li>In progress and being developed from testing and to be further informed by revised guidance from Scottish Government.</li> <li>This work is in testing phase. Testing completed November 2015. New process to be established and in place for March 2016</li> <li>In progress.</li> <li>Underway - further testing required. Legislative requirement does not come into force until the end August 2016 due to Scottish Government delay.</li> <li>In place from December 2014. Further training on risk assessment was completed November 2015.</li> <li>Reorganisation of staffing to create a senior phase team and recruitment underway.</li> <li>Some areas of training have already been delivered but more is required.</li> <li>Underway - further testing required.</li> </ul>	Jackie Irvine (WD H&SCP)
Ensure that Child Protection processes and partnership working ensure that children are safe and appropriate and timely action is taken to reduce risk		<ul style="list-style-type: none"> <li>Training identified and delivery to take place prior to March 2016. Awareness raising sessions to be delivered to variety of staff groups across the Community Planning Partnership.</li> <li>Actions largely in place and CPC Improvement Action Plan updated January 2015. New actions and areas for further improvement have been agreed for 2015-16 and on website.</li> <li>Reporting process in place.</li> </ul>	Jackie Irvine (WD H&SCP)
Provision of Parenting Opportunities To Improve Outcomes		<ul style="list-style-type: none"> <li>All Early Years establishments have been offered Solihull training. Partnership nurseries will be offered the opportunity through the PDP website.</li> <li>A number of quality assurance processes are now in place</li> <li>A number of activities were piloted to engage vulnerable families. Levels of engagement remained low but for those families who did engage gains were noted.</li> <li>Training now planned</li> <li>A number of parents have been followed up. This will continue.</li> </ul>	Jackie Irvine (WD H&SCP)
SOA 14-17 3d Ensure that Children Have the Best Possible Start in Life by implementing Early Years Collaborative (EYC)		<ul style="list-style-type: none"> <li>EYC Executive team agreed on the Developmental milestones for workstream 1 and 2. At EYC Executive meeting on 11th August 2015 it was agreed that multiagency discussions were needed to agree on developmental milestones for workstream 3 &amp; 4. It was also understood that this approach will delay the completion of this milestone beyond November 2015. Milestones for 3 &amp; 4 remain unresolved and no clear direction from Scottish Government on this.</li> <li>All new projects starting have a project charter.</li> <li>Workstream driver diagrams have been updated.</li> <li>This takes place regularly at each meeting and will continue to March 2016.</li> </ul>	Amanda Coulthard (WDC)

#### Action Status



Completed






In Progress



Check Progress



Overdue

Action	Status	M'stone Note	Managed By
Ensure that all Legislative Requirements are met		<ul style="list-style-type: none"> <li>In place from April 2015.</li> <li>In place for 0-16 year olds. 16-18 year Named Person service planned and recruitment underway.</li> <li>In place from April 2015.</li> <li>In place for 600 hours free early learning and childcare is in place for all eligible 2, 3 &amp; 4 year olds in WDC. Planning for a further increase in hours is well underway.</li> <li>Implementation delayed by Scottish Government until 2016. Awaiting guidance from the Scottish Government.</li> </ul>	Jackie Irvine (WD CH&CP)
Ensure that there is regular and meaningful engagement of children and young people in the Children's services planning arena		<ul style="list-style-type: none"> <li>Committee Reports detailing the content and updating on the progress of the draft 3 Plan have been submitted twice to the Children and Families DIG.</li> <li>The Youth Alliance has provided a written/verbal update on progress to every Children and Families DIG meeting.</li> <li>The Youth Alliance published its 3 Year Youth Services Plan which meets the Statutory Regulations requirements on 01/09/15.</li> </ul>	Lorna Campbell (W4U)
Improve outcomes for Children Affected by Disabilities & Emotional and Mental Health		<ul style="list-style-type: none"> <li>Comparison now made with our local process and how this is undertaken elsewhere. Conclusion that local LAAT process is good practice example.</li> <li>In place and progressing with NHS Greater Glasgow and Clyde workstream.</li> <li>In place.</li> <li>Completed and to be signed off at next meeting October 2015.</li> <li>In place and subject to regular review.</li> <li>Feedback from Youth Alliance achieved for digital wellbeing. 78% of parents completing satisfaction questionnaires indicated that they felt the LAAP process was either very good or excellent. 100% felt they were given enough information about the process and 100% felt that the feedback meeting to develop the child's plan was helpful.</li> </ul>	Jackie Irvine (WD H&SCP)

Action Status



Completed



In Progress



Check Progress



Overdue



## **Deliver and Improvement Group Action Plan 2016-17**

### Local Priority: Supporting Children & Families

#### *Local Outcome(s):*

- Improved attainment and achievement for early years, primary schools and secondary schools
- Increased positive destinations for 16-19 year olds
- Families are confident and equipped to support their children throughout childhood
- Improved attainment and achievement through Life Long Learning

Key Action	Milestones	Due Date	Managed By	Assigned To
SOA 14-17 3a+ Fully Implement Getting it Right for Every Child	Deliver a local GIRFEC public information campaign	31-Aug-2016	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Draft local Guidance for all staff through further development of the 'frequently asked questions' (FAQ's) document	30-Jul-2016 (and ongoing post implementation)		
	Ensure Named Person Service in place within Education and Health (HSCP) from 31 August 2015	31-Aug-2016		
	Establish and test single child's plan planning and review process	31-Aug-2016		
	Fully Implement GIRFEC across all services within the CPP	31-Aug-2016		
	Further develop role of Lead Professional in respect of other professionals out with Social work e.g. EECC	30-Jun-2016		
	Initial plan in place for the provision of Named Persons for children 16-18 no longer attending school	30-Jun-2016		
	Provide staff development opportunities and GIRFEC training for each aspect as required.	31-Mar-2017		
	Roll out approach to sharing information as developed through GPs pilot in Clydebank.	31-Mar-2017		
SOA 14-17 3b+ Ensure that Child Protection processes and partnership working ensure that children are safe and appropriate and timely action is taken to reduce risk	Address risks posed by 'sexting' and inappropriate use of social media by young people	31-Mar-2017	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Deliver CPC development sessions on Domestic Abuse for CP Partners and staff	24-Aug-2016		
	Further develop the Child Sexual Exploitation (CSE) strategy including the process for 'People Who Go Missing in Scotland' Report	31-Mar-2017		
	Further refine the process for Initial Referral Discussions (IRDs)	30-Sep-2016 (and ongoing in respect of data review)		
	Provide better and more consistent feedback to those referring into and across services; supporting those who make referrals to understand outcomes for children and young people.	31-Mar-2017		
	Review and refresh Improvement Action Plan for 2016/17 through CPC meetings	31-Mar-2017		
	Work in partnership to support services to raise awareness of the dangers/reduce the impact of young peoples' use of legal highs	31-Mar-2017		
SOA 14-17 3c+ Provision of Parenting Opportunities To Improve Outcomes	Plan staff training on parenting support approaches based on audit of needs	31-Jul-2016	Jackie Irvine (WD H&SCP)	Shona Crawford (WDC Education)
	Seek follow-up evaluations from parents attending parenting groups 6-12 after completion	31-Jul-2016		
SOA 14-17 3d+ Ensure that Children Have the Best Possible Start in Life	Implement a local approach to improving attainment through the new Scottish Attainment Challenge	31-Mar-2017	Laura Mason (WDC Education)	Julie McGrogan (WDC Education)
	Use EYC improvement approach to address: i) attendance at nurseries ii) transition from home to nursery iii) evaluation of Triple P intervention	31-Mar-2017	EYC Executive Group	EYC Executive Group
SOA 14-17 3e+ Ensure that all Legislative Requirements are met	Fully Implement Named person across all services within the CPP	31-Aug-2016	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Further develop the Corporate Parenting strategy, including implementation of the Champion Board to prioritise the needs of children who are Looked After and Accommodated, and those leaving care to improve outcomes.	31-Mar-2017		

Key Action	Milestones	Due Date	Managed By	Assigned To
	Improve access to housing support for young people	31-Mar-2017		
SOA 14-17 3f+ Ensure that there is regular and meaningful engagement of families, children and young people in the Children's services planning arena	Develop social media opportunities to involve young people in service planning	31-Mar-2017	Lorna Campbell (W4U)	Lorna Campbell (W4U)
	Disseminate public information to parents/carers about the GIRFEC approach and access to named person	31-Mar-2017	Jackie Irvine (WD H&SCP)	Robert Auld (WD H&SCP)
	WD Health and Social Care Partnership (HSCP) & WD Youth Alliance co-ordinate youth involvement in an event to engage with Young People to consult on aspects of childrens' services	31-Dec-2016	WD Youth Alliance	George Murphy (WD H&SCP)
SOA 14-17 3g+ Improve positive destination outcomes for all young people (cross refers to E&EG DIG)	Organise a Providers Forum to better coordinate opportunities to meet the needs of all young people (e.g. recruitment)	31-Oct-2016	Chris Smith (WDC Education)	Susie Byrne (WDC Education)
	Roll out Opportunities for All: support (at risk) young people for 6 months prior to leaving school	31-Mar-2017		
	Work in partnership to increase opportunities for young people to sign up to Activity Agreements	31-Mar-2017		
	Work with colleges to support and sustain winter leavers	31-Mar-2017		







## **Delivery & Improvement Group Action Plan 2015-16: Year End Progress**

### **Local Priority: Supporting Older People**

#### Local Outcome:

Improved care for and promote independence with older people

Action	Status	M'stone Note	Managed By
H/2012/HCS/20 In Partnership with CHCP we will develop and implement an Older Persons Housing Strategy		<ul style="list-style-type: none"> <li>Milestone completed - CHCP integral members of Housing Providers Forum</li> <li>CHCP are involved in the development of the Strategic Housing Investment Plan - there are two current projects identified to meet the housing needs of the elderly population</li> <li>The Older Persons Housing Strategy will be incorporated into the Health and Social Care Partnership Strategic Plan and West Dunbartonshire's Local Housing Strategy</li> </ul>	John Kerr (WDC)
SOA 14-17 4a Reshaping Care for Older People; Change Fund		<ul style="list-style-type: none"> <li>Delivered through the 3 year Change Fund programme which ended 31st March 2015 and continued to be delivered through the Integrated Care Fund from 1st April 2015.</li> </ul>	Christine McNeil (WD H&SCP)

Action Status



Completed



In Progress



Check Progress



Overdue



COMMUNITY PLANNING  
WEST DUNBARTONSHIRE

## Deliver and Improvement Group Action Plan 2016-17

Local Priority: Supporting Older People

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

Key Action	Milestones	Due Date	Managed By
Develop the quality of care across multi-disciplinary community health and social care services	Progress the planning and delivery of the new care home facilities in Dumbarton and Clydebank	31/03/2017	Chris McNeill (WD H&SCP)
	Create opportunities, with partners, for volunteering within various workstreams	31/03/2017	
	Improve community capacity and opportunities for co-production	31/03/2017	
	Develop and pilot behavioural changes within communities via health improvement approach	31/03/2017	
	Create opportunities for self-management and social prescribing in partnership with third and independent sectors	31/03/2017	
Develop the quality of care and clinical practice across primary care services	Create a new delivery model within primary care services to improve quality and clinical practice across the two localities within Clydebank and Dumbarton/Alexandria	31/03/2017	Chris McNeill (WD H&SCP)
	Provide support to GPs to implement the new GMS contracting arrangements to achieve changes in new models of practice in line with clinical practice	31/03/2017	
	Create new out of hours service for GPs in line with EKIS to achieve changes in new models of practice in line with clinical practice	31/03/2017	
	Increase the support to young adults with complex health conditions to achieve self-management and management of their complex conditions	31/03/2017	
Develop the quality of care within care at home services across statutory and independent sector	Create quality standards for services across statutory sector and independent sector within care at home services	31/03/2017	Chris McNeill (WD H&SCP)
	Target care at home reablement services towards those with high level needs to maintain and improve individual's levels of independence	31/03/2017	
Develop workforce planning and joint training across statutory and independent sectors	Deliver a robust approach to joint training and workforce planning across all sectors of community health and care services	31/03/2017	Chris McNeill (WD H&SCP)
	Deliver annual Protected Learning Event for all primary health and community care services	31/03/2017	
	Deliver enhance training on dementia care to care home and care at home staff in all sectors	31/03/2017	
	Deliver training to all sectors on Falls Collaborative to case and care managers within community health and care services	31/03/2017	





**Report by the Children and Families Delivery and Improvement Group**

**Community Planning Partnership Management Group 22 June 2016**

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**Subject: Integrated Children's Service Plan - Annual Review 2016**

**1. Purpose**

- 1.1** To present the Community Planning Partnership Management Group with the West Dunbartonshire Integrated Children's Service Plan (ICSP) and associated Action Plan - Annual Review 2016 as attached.

**2. Recommendations**

- 2.1** The CPP Management Group is asked to:

- i) Endorse the Integrated Children's Service Plan and the Action Plan which sets out how we will achieve the stated priorities;
- ii) Reaffirm its commitment to the priorities within the ICSP across West Dunbartonshire Community Planning Partners.

**3. Background and Progress**

- 3.1** West Dunbartonshire has a strong history of positive integration and partnership working in relation to the development of children's services. This has been increasingly embedded through such developments as the commitment by the Council and NHSGGC Health Board to an integrated approach to the management and development of children's health and social care services as part of the establishment of the Partnership Board; and the establishment of a Community Planning Partnership (CPP) Youth Alliance as a vehicle for public agencies and voluntary sector organisations to better work together to engage directly with children and young people in local communities.
- 3.2** The attached Annual ICSP for 2016 sets out the priorities as they relate to the CPP Integrated Children's Services Plan (ICSP) 2014 – 17 which was previously endorsed by the CPP Management Group.

- 3.3** Significant progress has been made in the 2014 - 2017 Action Plan as reported within the Delivery and Improvement Group Updates earlier in the agenda. As such the Action Plan as attached has been updated and a number of new areas for development added as part of the review this year.
- 3.4** A key success factor in respect of Children's services planning in West Dunbartonshire is the role played by the various Review and Improvement Groups (RIGs). These have been in place for a number of years before the development of the ICSP for 2014 -2017 and were developed from an operational base. They form the glue between operational and strategic planning and service delivery. There are six RIGs as follows:
- Parenting
  - Looked After and Accommodated Children
  - Children Affected by Disability
  - Mental Health and Emotional Well Being
  - Getting it Right For Every Child (GIRFEC)
  - Youth Services – to become the Children in the Community RIG
- 3.5** The ICSP 2016 sets out our continued priorities as well as those that require more robust focus and some new priorities that emerged from a Planning and Development Session in November 2015.
- 3.6** Once the ICSP and associated Action plan for 2016 is signed off by the CPP Management Group, each of the RIGs will review their work plans and commitments for the year ahead. These will be presented to the Children and Families DIG for approval.

#### **4. Main Issues**

- 4.1** The CPP ISCP is the vehicle for co-ordinating action to deliver the local Single Outcome Agreement (SOA) commitments for children, young people and their families. The priorities of the attached ICSP reflects the requirements and expectations of the Scottish Government, the Partnership Board, the Council, the NHSGGC Health Board and other local community planning partners, i.e.:
- Early intervention and prevention.
  - Embedding 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.
  - Self-evaluation within and across services and providers.
- 4.2** The CPP ISCP also builds on the significant work led by West Dunbartonshire Council Educational Services to embrace the principles of Curriculum for Excellence and have effective mechanisms in place to improve attainment and achievement as well as positive post school destinations.

- 4.3** The successful development session held in November 2015, with wide ranging attendance from key stakeholders, partners and Corporate parents, identified and agreed the following key priorities:
- Further focus on looked after children at home - development of a Children in the Communities RIG.
  - Raising Attainment
  - Addressing the rising impact and risks associated with; “sexting” and inappropriate use of social media by young people.

**4.4** Below represents the progress for 2015-2016 against the seven priorities as identified by partners and described in the Integrated Children’s Service Plan for 2014-2017.

**4.4.1** Fully Implement Getting It Right For Every Child (GIRFEC):

- Local GIRFEC guidance in the form of a Frequently Asked Questions (FAQs) document and a series of briefings has been created for staff working with children;
- A Planning and review process has been established to support the Single Child’s Plan;
- A transitions process has been established for children moving from Health Visiting Named Person Service (NPS) to Education Named Person Service (NPS) when children start school;
- Sufficient progress has been made to meet the deadline for Named Person implementation;
- A Request For Assistance process has been established which facilitates the Named Person Services asking for additional interventions for children who require additional supports or have unmet needs;
- Testing of Named Person and Lead Professional roles has been established with some minor processes still to be covered;
- Training for single and multi-agency groups of staff who will be directly affected;
- Awareness raising sessions for key Corporate Parents, for example Housing, Community Health services, adult mental health and addiction services and home care and hospital discharge staff. In addition to this sessions have been held with the Third Sector and Early years Centres.
- Further training is underway and planned on a multi-agency basis;
- The National Practice Model for Health Visiting and School Nursing has been in place since November 2014 following a robust training programme.

**4.4.2** Ensure that Child Protection processes and partnership working safeguards children and appropriate and timely action is taken to reduce risk:

- Multi-agency Child Protection Training adhering to the need to raise awareness about Child Sexual Exploitation (CSE) has been provided for identified staff as well as larger groups of managers across the Council;

- A multi-agency CSE Strategy Group has been established to ensure all partners are aware of the indicators of CSE and to agree actions for further improvement;
- The Child Protection Committee (CPC Improvement Action Plan has been reviewed and updated;
- Systems are in place between the CPC and Children and Families DIG to align the public protection requirements of community planning partners.

**4.4.3** Provision of Parenting Opportunities to improve outcomes:

- All Early Years centres have had the opportunity to undertake the Solihull training programme along with some health visitors and social work staff;
- Quality Assurance processes across community planning partners have been agreed, developed and implemented;
- Pilot activities have taken place to engage vulnerable families;
- Staff training on parental needs has been made available;
- Parents are regularly provided with opportunities to provide feedback and this feedback is used to improve uptake.

**4.4.4** Ensure that all children have the best possible start in life by implementing the Early Years Collaborative (EYC):

- Developmental milestones have been agreed with the EYC Executive group;
- Small tests of change have been completed successfully in relation to; smoking cessation and increased attendance at Clydebank nursery;
- Three new projects have been approved: transition from home to Early Years centres, Triple P Parenting interventions and Special Needs in Pregnancy.

**4.4.5** Ensure all legislative requirements are met:

- The West Dunbartonshire Corporate Parenting Strategy and associated action plan has been further developed and there are plans in place to establishment a Corporate Parenting Board with the involvement of local young people;
- All aftercare requirements for previously looked after young people are in place;
- Named Person Services (Education and Health Visiting) are in place and ready for full implementation in August 2016;
- A Kinship Care Policy has been agreed and established and we await further guidance in respect of the 2014 Act;
- Continuing Care provision has been in place since 2015.

**4.4.6** Ensure there is regular and meaningful engagement of children and young people within service planning:

- The agreed Youth Alliance Three Year Plan describes and monitors engagement and participation processes;



- The Youth Alliance regularly reviews the representation from young people, their third sector representatives and community partners in order to ensure full participation.

**4.4.7** Improve outcomes for children affected by disability and emotional health and well being:

- Our young people through the Youth Alliance have actively engaged in the development of the Digital Wellbeing Programme in line with the NHS Board wide approach;
- New equipment and a training programme has been provided in respect of Assistive and Augmentative Communication (AAC);
- A review of mental health and wellbeing pathways has been completed and a Guiding Through the Maze support directory developed for Tier 2 services in the community such as school counselling;
- The Autistic Spectrum Disorder (ASD) strategy and assessment process has been reviewed and is being actively monitored.

**5. People Implications**

**5.1** Staff training, development and engagement are important features of the implementation of the ICSP priorities.

**6. Financial Implications**

**6.1** The delivery of the ISCP is underpinned by its existing allocation of resources, augmented by non-recurrent contributions secured from other budgets/sources.

**7. Risk Analysis**

**7.1** West Dunbartonshire Council and the Community Planning Partnership have received formal notification of the forthcoming Care Inspectorate joint inspection of services for children and young people which will begin on the 29<sup>th</sup> of August 2016. This will also involve participation by Healthcare Improvement Scotland, Education Scotland and HMICS; and be part of the Care Inspectorate's wider planned programme of national scrutiny work.

**7.2** Visible commitment by the Community Planning Partnership through the CPP Management Group to the focused and streamlined approach to the provision and development of children's services is essential. This incorporates child protection within the wider context of public protection and a partnership approach to self-evaluation as expressed within the ISCP and the importance of providing both local and external assurance of quality.

**8. Equalities Impact Assessment (EIA)**

**8.1** An Equality Impact Assessment completed on the ICSP 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** In addition to the development session held with stakeholders and the third sector in November 2015 the ISCP has benefited from comments and contributions from across local community planning partners, particularly those within the HSCP and Educational Services.

## **10. Strategic Assessment**

**10.1** The preparation, endorsement and implementation of the ICSP are critical to the delivery of the Single Outcome Agreement.

### Communication Bulletin

**It was recognised that significant progress has been made in achieving key priorities for children's services planning in West Dunbartonshire CPP, in order to improve outcomes and meet the needs of children and their families. The Integrated Children's Service Plan for 2016 sets out the key commitments of the partnership going forward.**

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<b>Person to Contact:</b>	Jackie Irvine Head of Children's Health, Care and Criminal Justice Services and Chief Social Work Officer West Dunbartonshire Community Health and Care Partnership
<b>Appendices:</b>	Integrated Children's Services Plan for 2016 Children and Families DIG Action Plan for 2016
<b>Background Papers:</b>	None
<b>Wards Affected:</b>	All



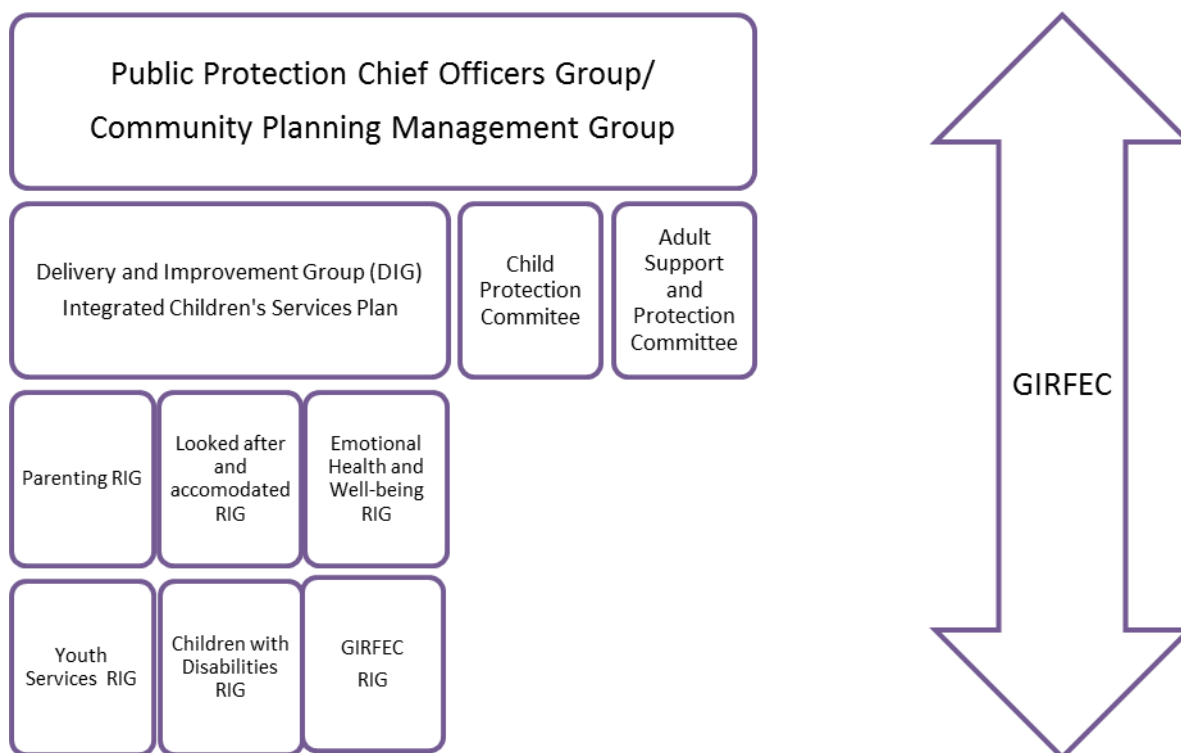
## **Integrated Children's Service Plan**

### **Annual Review May 2016**

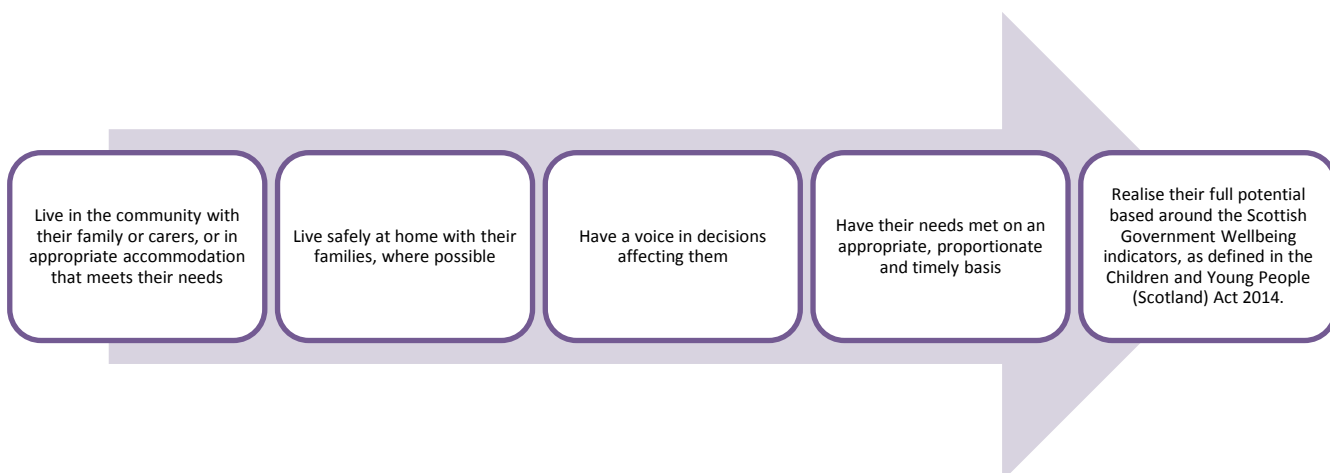
## 1. Introduction

West Dunbartonshire has well-established multi-agency partnerships which underpin our integrated approach to children's services. The Integrated Children's Services Plan (ICSP) continues to provide Community Planning West Dunbartonshire with a plan for delivering our Single Outcome Agreement (SOA) commitments for children, young people and families.

The Community Planning Partnership Children and Families DIG (Delivery and Improvement Group) is the delivery mechanism for the SOA and as such partners are responsible for a range of services that are provided to children, young people and their families or carers. Workstreams are allocated to the Children and Families RIGs (Review and Improvement Groups) to deliver and report progress on behalf of the Children and Families DIG; with each RIG having multi-disciplinary representation from across the partnership including statutory services and third sector partners.



Community Planning partners' commitments within the ICSP are to enable children and young people to:



West Dunbartonshire's current Integrated Children's Services Plan (ICSP) for 2015 – 2018 continues to be the key delivery vehicle for all children's services planning, review and improvement; it continues to reflect the agreed priorities. This paper provides an update on community planning partners' achievements throughout the year whilst continuing to build on our commitments for future years.

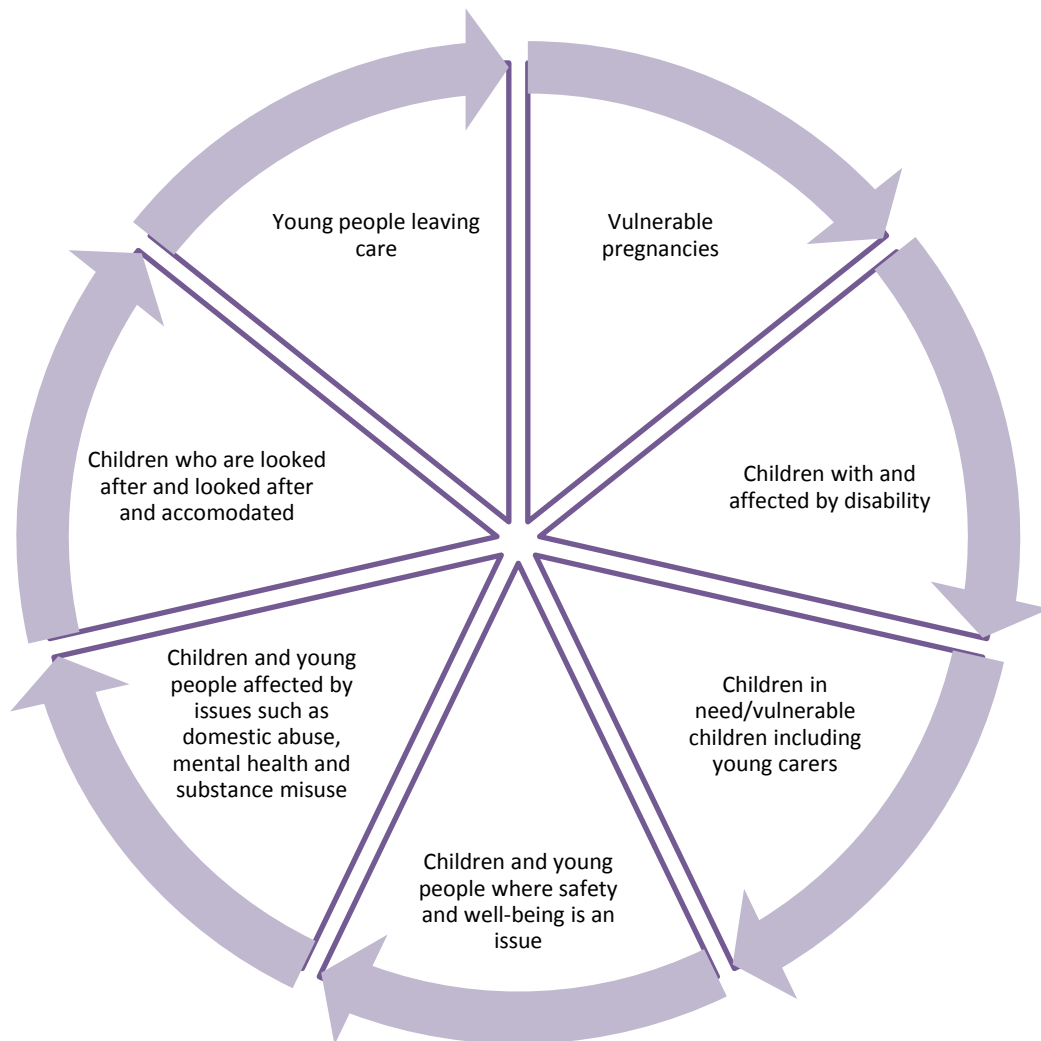
Our vision of a prosperous West Dunbartonshire recognised as a dynamic area within a successful Scotland remains the key focus and priority of all of our workstreams for the children, young people and families of West Dunbartonshire.

There is a clear reporting and accountability structure for the CPP Integrated Children's Services Plan (ICSP) through the Children and Families DIG and the CPP Management Board; linking closely to the Public Protection Chief Officer's Group, Child Protection Committee; HSCP Integrated Joint Board and the Council's Education Services Committee.

The ICSP incorporates key strategic priorities and outcomes for children and young people as set out in West Dunbartonshire's Single Outcome Agreement and a suite of agreed strategic priorities across all services where children and young people are affected. At its heart is a shared commitment of partners to 'Getting It Right for Every Child' (GIRFEC) in West Dunbartonshire and the delivery of partners' corporate parenting responsibilities and their commitment to improving outcomes for looked after children and young people.

The ICSP takes account of the statutory requirements of the Children and Young Persons Act (Scotland) (2014) in relation to the preparation of plans for children's services. It also reflects the advice, issued jointly in March 2008 by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), which provided guidance around the related Concordat, and also linked the GIRFEC priorities to this planning.

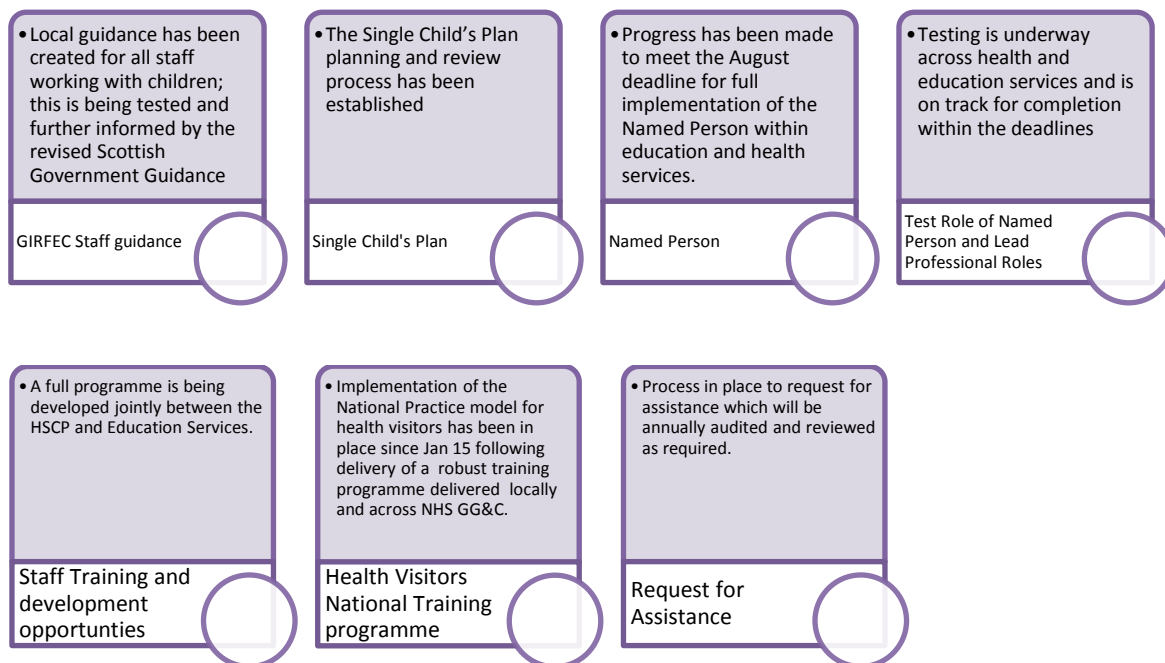
The current Integrated Children Services Plan (ICSP) in West Dunbartonshire partners agreed that the following groups will benefit from additional support:



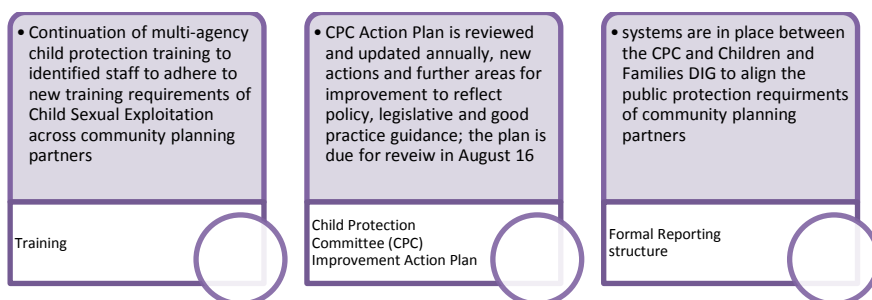
## 2. Performance review for 2015 – 2016

Below represents the progress for 2015 – 2016 against the seven priorities as identified by partners and described within the Integrated Children’s Services Plan for 2015 - 2016:

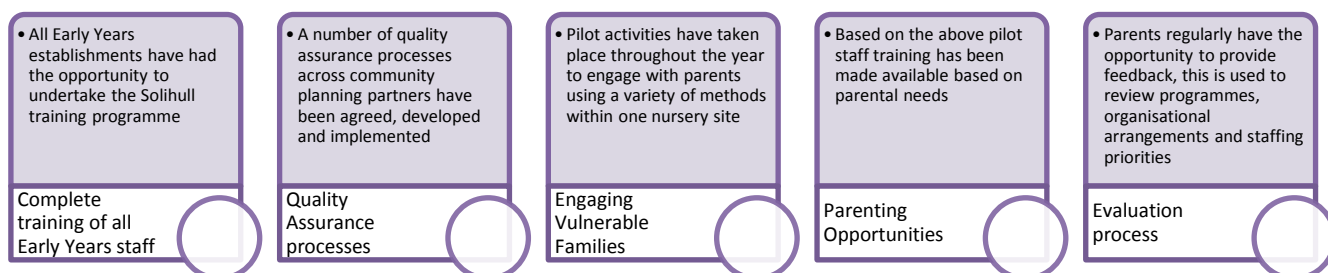
### 2.1 Fully Implement Getting it Right for Every Child



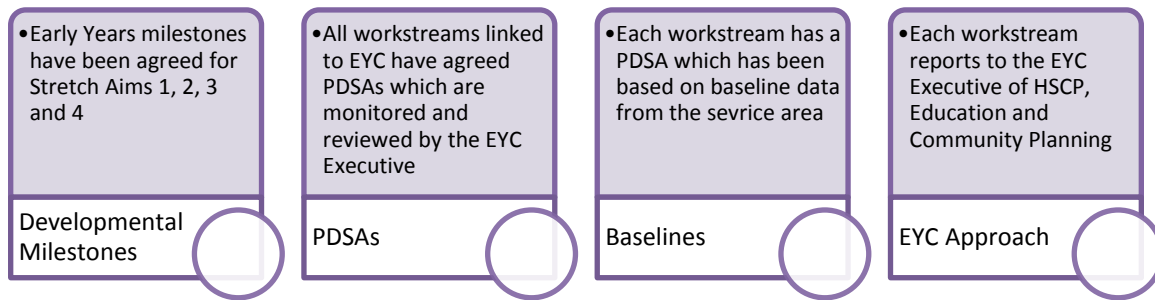
### 2.2 Ensure that Child Protection processes and partnership working safeguard children and appropriate and timely action is taken to reduce risk



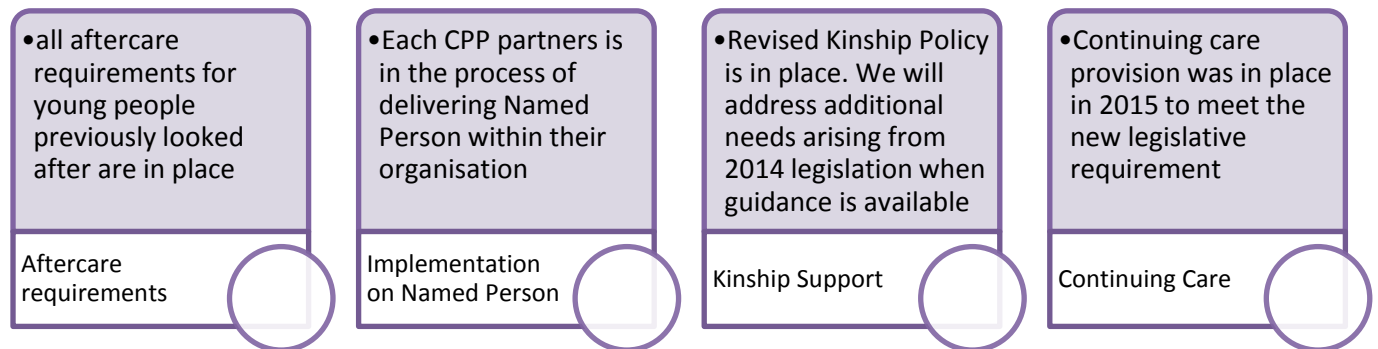
### 2.3 Provision of Parenting Opportunities to improve outcomes



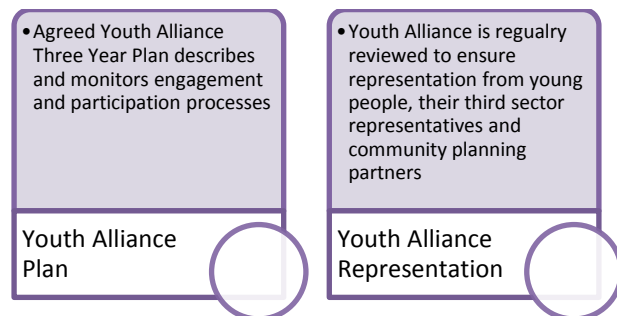
## 2.4 Ensure that all children have the best possible start in life by Implementing the Early Years Collaborative



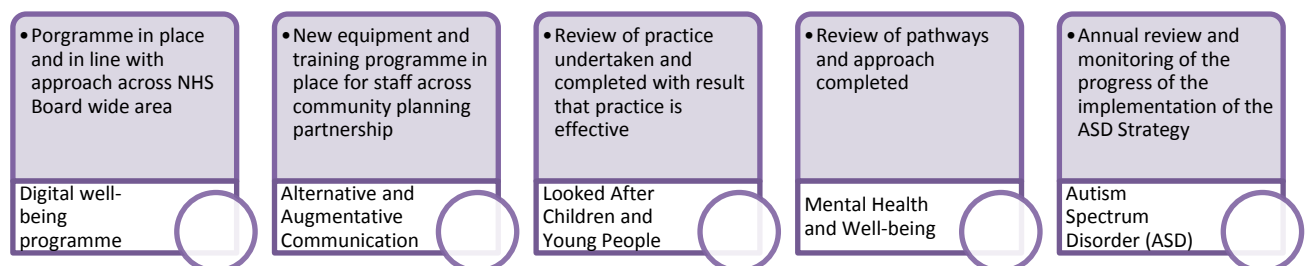
## 2.5 Ensure all legislative requirements are met



## 2.6 Ensure there is regular and meaningful engagement of children and young people within service planning



## 2.7 Improve outcomes for children affected by disabilities and emotional health and well-being





### **3. Reviewing our Integrated Children's Services Plan (ISCP)**

The process of review for the Integrated Children's Services Plan involves a wide range of stakeholders from across West Dunbartonshire.

An event was hosted in November 2015 with invited stakeholders from across a range of disciplines and statutory and third sector, education, health and social care agencies to review current priorities and identify areas of continued focus and achievements.

Terry Lanagan, Executive Director of Education Services, welcomed partners and Jackie Irvine Head of Children's Health Care and Criminal Justice and the Chief Social Work Officer reminded partners of the current structure of reporting accountability for the ICSP and took participants through the current priorities of the ICSP. Each of the Children and Families RIG Chairs presented on their current workstreams and priorities, successes and good practice examples.

Participants participated in table-top discussion groups; reflecting on current ICSP priorities and identifying the Integrated Children Services Plan priorities for 2016 – 2017.

Additionally participants were asked more specifically about the detail of the Children and Families RIG priorities:

- Can you identify any cross cutting issues?
- How do we manage any cross cutting issues?
- Are there any other groups and structures we need to consider?
- Are the reporting structures clear for all groups?

As part of broader learning there were some practical issues that, participants sought including commonality of planning and reporting templates to ensure consistency and easy "read across" between RIG Action Plans and priorities. This ensures all partners are clear which workstreams are being led by which RIG and who is responsible for delivery; additionally this supports improved communication between the RIG's.

Participants took part to consider opportunities for engaging better with the most vulnerable in our communities; by continuing to deliver smart and specific outcomes based planning and prioritisation that links to locally identified need. In line with this, participants asked that there was continued priority given to ensuring effective management of current resources to focus on priority areas of more need, using local data and opportunities for joined up working. This is in line with the approach to continue to review and deliver defined targets within joint reporting frameworks across the partnership.

The feedback from the session has informed this refresh of the ICSP as the priority workstreams of the Children and Families DIG for the coming year; taking account of key new policy drivers including Raising Attainment, our continued delivery of GIRFEC and the implementation of the Children and Young Persons (Scotland) Act (2014).

During the session three areas were identified that required either new priority or further emphasis and focus within the wider community planning partnership:

- Looked after children at home
- Scottish Attainment Challenge (SAC)
- Addressing the rising impact of 'sexting' and inappropriate use of social media by young people and the risks posed.

#### **4. Governance and Service Improvement**

The delivery of the above outcomes includes the need for continued use of proportionate support; and the challenge to bring about establishment and service improvement across all community planning partners' services working with families and children.

In light of the continuing agenda of integration of health and social care services there is a need to align GIRFEC within an effective system of clinical and care governance which 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.

The HSCP Clinical and Care Governance Group is working in accordance with the National Framework for Clinical and Care Governance, with its remit providing direction, monitoring and scrutiny for integrated services in relation to:

- Quality Assessment – encompassing performance review; Information Governance and inspection;
- Risk Management – encompassing clinical incident, critical incident and significant case reviews and learning;
- Service User Feedback – encompassing complaints monitoring and learning;
- Continuous Improvement encompassing all critical self-evaluation activities and learning, plus application of guidance;
- Staff Governance encompassing staff governance framework, registration, revalidation and staff development.

Within Education Services governance and improvement structures are in place to review and monitor

- Quality improvement
- Service planning
- Data management
- Performance management and information management
- Research.

The School Improvement Partnership Validation Visits provide a practical approach as to the process of review and form an essential part of the Improvement Framework.

#### **5. Key themes emerged for focus for the Integrated Children’s Services Plan over the next two years.**

Key priorities were identified by partners as part of the formal review event as well as through the Review and Delivery groups and wider community planning approach to the safeguarding of children and young people including Child Protection Committee, Adult Support and Protection Committee and Public Protection Chief Officers’ Group.

These priorities will serve to provide a framework for action over the next year for the Community Planning West Dunbartonshire Delivery and Improvement Group; with progress being reported through the established public protection and planning structures within partnership organisations.

## ICSP Refresh Priorities for 16 - 17

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Delivery of the new Scottish Attainment challenge across all schools and with wider partners support

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Involve children and young people more in service planning; supporting them to influence CPP priorities by using the tools and media they use to communicate

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Delivery of the priorities within the Corporate Parenting Strategy including the development of Champions Board

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Prioritising the needs of Looked after at home children and young people

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Addressing the rising impact of 'sexting' and inappropriate use of social media by young people and the risks posed

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Further implement and roll out West Dunbartonshire's Child Sexual Exploitation Strategy including implementation of the the People Who Go Missing In Scotland Report

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Delivery of the responsibilities of the new Children and Young Persons (Scotland) Act

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Development and delivery of a multi-agency Training Plan; including all aspects of current training being delivered across the CPP and identifying the learning needs in each service and develop a model of sliding scale of training provision to meet the identified need

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Providing better and more consistent feedback to those referring into and across services; supporting those who make referrals to understand outcomes for children and young people

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All statutory services are constantly changing to meet the needs of young people and their issues; as such priorities are changeable; we must work with parents to educate them on how services are changing

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More effective prioritisation of children and young people who are seeking housing support; those not ready for their own tenancy or who cannot access supported lodgings

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Allowing young people to be the "experts" in their own situation/development e.g. LGBT groups in schools

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Better partnership working as young people increase their usage of legal highs; this often leads to anti-social behaviour or problematic behaviour as well as personal risk

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Continued commitment to Postive Destinations agenda

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Continued commitment to Sexual Health Strategy agenda

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## **Deliver and Improvement Group Action Plan 2016-17**

### Local Priority: Supporting Children & Families

#### *Local Outcome(s):*

- Improved attainment and achievement for early years, primary schools and secondary schools
- Increased positive destinations for 16-19 year olds
- Families are confident and equipped to support their children throughout childhood
- Improved attainment and achievement through Life Long Learning

Key Action	Milestones	Due Date	Managed By	Assigned To
SOA 14-17 3a+ Fully Implement Getting it Right for Every Child	Deliver a local GIRFEC public information campaign	31-Aug-2016	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Draft local Guidance for all staff through further development of the 'frequently asked questions' (FAQ's) document	30-Jul-2016 (and ongoing post implementation)		
	Ensure Named Person Service in place within Education and Health (HSCP) from 31 August 2015	31-Aug-2016		
	Establish and test single child's plan planning and review process	31-Aug-2016		
	Fully Implement GIRFEC across all services within the CPP	31-Aug-2016		
	Further develop role of Lead Professional in respect of other professionals out with Social work e.g. EECC	30-Jun-2016		
	Initial plan in place for the provision of Named Persons for children 16-18 no longer attending school	30-Jun-2016		
	Provide staff development opportunities and GIRFEC training for each aspect as required.	31-Mar-2017		
	Roll out approach to sharing information as developed through GPs pilot in Clydebank.	31-Mar-2017		
SOA 14-17 3b+ Ensure that Child Protection processes and partnership working ensure that children are safe and appropriate and timely action is taken to reduce risk	Address risks posed by 'sexting' and inappropriate use of social media by young people	31-Mar-2017	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Deliver CPC development sessions on Domestic Abuse for CP Partners and staff	24-Aug-2016		
	Further develop the Child Sexual Exploitation (CSE) strategy including the process for 'People Who Go Missing in Scotland' Report	31-Mar-2017		
	Further refine the process for Initial Referral Discussions (IRDs)	30-Sep-2016 (and ongoing in respect of data review)		
	Provide better and more consistent feedback to those referring into and across services; supporting those who make referrals to understand outcomes for children and young people.	31-Mar-2017		
	Review and refresh Improvement Action Plan for 2016/17 through CPC meetings	31-Mar-2017		
	Work in partnership to support services to raise awareness of the dangers/reduce the impact of young peoples' use of legal highs	31-Mar-2017		
SOA 14-17 3c+ Provision of Parenting Opportunities To Improve Outcomes	Plan staff training on parenting support approaches based on audit of needs	31-Jul-2016	Jackie Irvine (WD H&SCP)	Shona Crawford (WDC Education)
	Seek follow-up evaluations from parents attending parenting groups 6-12 after completion	31-Jul-2016		
SOA 14-17 3d+ Ensure that Children Have the Best Possible Start in Life	Implement a local approach to improving attainment through the new Scottish Attainment Challenge	31-Mar-2017	Laura Mason (WDC Education)	Julie McGrogan (WDC Education)
	Use EYC improvement approach to address: i) attendance at nurseries ii) transition from home to nursery iii) evaluation of Triple P intervention	31-Mar-2017	EYC Executive Group	EYC Executive Group
SOA 14-17 3e+ Ensure that all Legislative Requirements are met	Fully Implement Named person across all services within the CPP	31-Aug-2016	Jackie Irvine (WD H&SCP)	Jackie Irvine (WD H&SCP)
	Further develop the Corporate Parenting strategy, including implementation of the Champion Board to prioritise the needs of children who are Looked After and Accommodated, and those leaving care to improve outcomes.	31-Mar-2017		

Key Action	Milestones	Due Date	Managed By	Assigned To
	Improve access to housing support for young people	31-Mar-2017		
SOA 14-17 3f+ Ensure that there is regular and meaningful engagement of families, children and young people in the Children's services planning arena	Develop social media opportunities to involve young people in service planning	31-Mar-2017	Lorna Campbell (W4U)	Lorna Campbell (W4U)
	Disseminate public information to parents/carers about the GIRFEC approach and access to named person	31-Mar-2017	Jackie Irvine (WD H&SCP)	Robert Auld (WD H&SCP)
	WD Health and Social Care Partnership (HSCP) & WD Youth Alliance co-ordinate youth involvement in an event to engage with Young People to consult on aspects of childrens' services	31-Dec-2016	WD Youth Alliance	George Murphy (WD H&SCP)
SOA 14-17 3g+ Improve positive destination outcomes for all young people (cross refers to E&EG DIG)	Organise a Providers Forum to better coordinate opportunities to meet the needs of all young people (e.g. recruitment)	31-Oct-2016	Chris Smith (WDC Education)	Susie Byrne (WDC Education)
	Roll out Opportunities for All: support (at risk) young people for 6 months prior to leaving school	31-Mar-2017		
	Work in partnership to increase opportunities for young people to sign up to Activity Agreements	31-Mar-2017		
	Work with colleges to support and sustain winter leavers	31-Mar-2017		







**Report by the Chief Officer West Dunbartonshire CVS**

**Management Group Meeting 22 June 2016**

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**Subject: West Dunbartonshire Volunteering Charter**

**1. Purpose**

- 1.1** The purpose of this report is to request Community Planning West Dunbartonshire member support for the development of a revised and inclusive Community Planning Partner Volunteering Policy and Charter for West Dunbartonshire.

**2. Recommendations**

- 2.1** CPWD is asked to:
- Support the structured review of the 2007 'Forward Together' Volunteering policy document across the Community Planning partnership, led by WDCVS
  - Ensure partner engagement in the process through membership of a short-life working group
  - Support the development and launch of a Volunteering Charter for West Dunbartonshire

**3. Background**

- 3.1** In 2007, a piece of joint work was undertaken by West Dunbartonshire CVS and West Dunbartonshire Council policy staff to develop a volunteering policy for the Community Planning Partnership. The development of this document involved a number of partner agencies and took place over a six month period.
- 3.2** The final document and additional guidance acknowledged the key role volunteers play in the social and economic life of West Dunbartonshire and laid out a series of rights and responsibilities. The documents were presented to the Community Planning Partnership board of the time and were signed off by the Council Leader and Community Planning Chair.

#### **4. Main Issues**

- 4.1** Volunteering is a powerful, practical and sustainable way to help address inequality and build strong inclusive communities. The profile of volunteering has grown substantially within the last decade and the range of opportunities has changed to reflect the changing nature of society, embracing both formal and informal opportunities.
- 4.2** Volunteering is acknowledged as a supporting factor in employability, general wellbeing and community engagement. In the last third sector census conducted by WDCVS in 2015, 38% of the adult population of West Dunbartonshire had undertaken some form of volunteering activity in the last year.
- 4.3** A structured review of the Forward Together policy and supporting documents will ensure that they reflect the current nature of volunteering understanding and practice within CPWD and allow a greater degree of planning around volunteer engagement to take place in the future.
- 4.4** The review will see the development of a revised Charter for Volunteering including shared definitions of volunteering, volunteering principles, rights and responsibilities, endorsed by partners.

#### **5. People Implications**

- 5.1** Partnership agencies are requested to support staff involvement in the review process. Such engagements will be for a short period not exceeding three months.

#### **6. Financial Implications**

- 6.1** There are no financial implications to the development of the Volunteering Charter. Any financial implications arising from recommendations resulting from the review will be identified.

#### **7. Risk Analysis**

- 7.1** The existing policy documents were agreed in 2007 and should be revised to ensure that they are fit for purpose.

#### **8. Equalities Impact Assessment (EIA)**

- 8.1** An Equalities Impact Assessment will be carried out on key action areas as required.

**9. Consultation**

**9.1** The review process will involve consultation across all partner agencies and across a wide range of volunteer involving organisations. A small working group will be established to oversee the process

**10. Strategic Assessment**

**10.1** The development of the volunteer charter will impact on the strategic outcomes of CPWD

Communication Bulletin

**Community Planning Partners in West Dunbartonshire have pledged their support to developing a partnership wide Volunteering Charter.**

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**Person to Contact:** Selina Ross  
Chief Officer - WDCVS  
Arcadia Business Centre  
Miller Lane, Clydebank  
G81 1UJ  
0141 941 0886  
selina@wdcvs.com

**Appendices:** None

**Background Papers:** Forward Together – Volunteer Policy

**Wards Affected:** All





Report by the Strategic Director of Transformation & Public Service Reform

Management Group

Wednesday 22<sup>nd</sup> June 2016

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**Subject: Community Planning Update**

**1. Purpose**

- 1.1** The purpose of the report is to update members on a range of issues, projects and initiatives currently underway within the partnership.

**2. Recommendations**

- 2.1** Members are asked to note the content of the report

**3. Background**

- 3.1** The community planning landscape in Scotland continues to change and evolve. Draft guidance and regulations on the Community Empowerment Act have now been published with enactment planned in stages over the remainder of 2016. The guidance on the Community Justice Act is expected in the autumn of this year. These new pieces of legislation change the context for partnership working and place increased responsibilities on CPPs.

- 3.2** During these processes Community Planning Partnerships continue to work alongside the Scottish Government and other national organisations on projects and initiatives to support delivery of the legislation.

**4. Main Issues**

Community Empowerment

- 4.1** The Community Empowerment (Scotland) Act is on its way to being fully enacted over the coming months. Further information on the key provisions of the act will be disseminated to staff, partners and to the community and information will be available on the CPP website also as soon as final versions are published.

- 4.2 CPWD has prepared a joint response on the current documents out for consultation, developed from a partnership session and by discussions with key stakeholders, including the Community Alliance. This was submitted ahead of the 13 June deadline.
- 4.3 Work continues across a range of services to understand the implications of the new Act. The Council's Asset Transfer Strategy and supporting paperwork has been developed in consultation with the Community Alliance. The intention of the policy is to make the asset transfer process streamlined and accessible for community organisations.
- 4.4 In line with the requirements of Part 2 of the Act, CPWD will soon begin community consultation for the new Local Outcomes Improvement Plan for 2017 onwards, replacing the current Single Outcome Agreement 2014-17. This will be linked in with existing consultation activity around developing community led action plans/ locality plans under the act.

#### Community Justice (Scotland) Act

- 4.5 Following the submission of the Argyll, Bute and Dunbartonshires' Community Justice Transition Plan in January 2016, further consultation has continued with statutory partners to inform the development of a Community Justice Outcomes Improvement Plan, to be published by the end of March 2017.

#### Your Community

- 4.6 As has previously been reported to CPWD, work to cascade and implement Your Community across West Dunbartonshire is progressing well and has picked up in pace in recent months. Operational Groups continue to oversee the phased roll out across West Dunbartonshire, populated by key front line managers/staff from all relevant services.
- 4.7 As previously noted there is now funding available for Your Community through a £1m capital investment fund agreed in the Council 2016/17 Strategic Budget in February 2016. A process for participatory budgeting is currently being developed and will soon be promoted as part of Your Community. There will be £25,000 available for each community council area and community budgeting events will take place later in the year following an application process. This be developed alongside existing Your Community activities and will be available to all community council areas to further empower communities and assist them to deliver on community-led activity and improvement. This will also link into other funding sources available for local communities.
- 4.8 **Phase one areas:** Open day events have now been held in Dumbarton West and Parkhall, North Kilbowie and Central, with higher numbers attending the one in Clydebank due to the more central location and some other factors in the area. This will be followed up by a conversation café event on 21<sup>st</sup> June in the Hub in a similar format to the one held in Alexandria on 23<sup>rd</sup> May.

- 4.9 Pilot area:** A conversation café in Alexandria was held on the afternoon of 23 May with 20 people attending, to further develop the community led action plan. This will be followed up with an evening meeting and a steering group of local residents will be set up to take this forward with support from the Communities team.
- 4.10 Phase two areas:** information has been gathered via surveys and walkabouts in Clydebank East and Dumbarton North, mapping of the area has been carried out and links with the key agencies and groups. The survey analysis has been completed and in Clydebank East and a conversation café event will be held on 20<sup>th</sup> June in the evening, an event in Dumbarton North will be organised following the Bellsmyre gala day. In Bonhill & Dalmonach the survey is still live and will be analysed and a similar process followed there.
- 4.11** An interim evaluation is being carried out of the pilot and phase one areas, information is being gathered from staff, operational and strategic group members and a report on the findings will be made available to CPWD members. The findings will then inform how Your Community is taken forward in Phases 3-5 and how this links in with the community budgeting process also and wider awareness raising around the Community Empowerment Act 2015. A model was developed for this with input from What Works Scotland (WWS).
- 4.12** The neighbourhood profiles have now been produced and launched on the CPP website. These profiles will provide invaluable data for local residents and for partners. They were developed with support from the wider What Works Scotland team, including officers from Glasgow Centre for Population Health & NHS Information Services Division. The profiles will be further developed to include a wider range of indicators/ information and their use will be evaluated.

#### Audit Scotland – Community Planning, An Update

- 4.13** At its meeting in March 2016 CPWD considered the recently published report by Audit Scotland. This was the third report published by Audit Scotland, reporting on the progress being made by Community Planning in Scotland. At that time it was agreed that a mapping of progress against recommendations would be carried out and reported back to the next meeting of CPWD.
- 4.14** A number of recommendations have been made by Audit Scotland in relation to community planning and the progress being made across Scotland. These recommendations relate to Scottish Government, National Community Planning Group, CoSLA, Local Government and Community Planning Partnerships.
- 4.15** In relation to the recommendations made to community planning a mapping exercise has been carried out to identify further actions to be taken locally. In general CPWD is making good progress against the specific CPP recommendations. Much of the work required is a continuation of existing

strong progress around scrutiny and our approach to identifying local need. The full exercise can be found as appendix 1 to this report.

## **5. People Implications**

5.1 None

## **6. Financial Implications**

6.1 None

## **7. Risk Analysis**

7.1 As outlined above there is an increasing drive nationally for community planning partners to work at an increased pace to deliver outcomes for communities. This is evidenced through the range of work currently underway.

7.2 Failure to engage in this work and to respond to the new challenges being set for community planning in Scotland would not reflect well on CPWD and would risk performance against the national policy priorities set by the Scottish Government.

## **8. Equalities Impact Assessment (EIA)**

8.1 An EIA is not required.

## **9 Consultation**

9.1 This is an update on areas of work. Consultation has been carried out relevant to each project and initiative, involving all appropriate partners.

## **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.

### **Communication Bulletin**

Community Planning West Dunbartonshire were pleased to note the progress being made across a range of initiative underway in the partnership, focused on bringing decision making to local communities.

Angela Wilson  
Executive Director of Corporate Services  
26 May 2016

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**Person to Contact:** Amanda Coulthard, Corporate & Community Planning  
Manager, 01389 73(7271),  
[Amanda.coulthard@west-dunbarton.gov.uk](mailto:Amanda.coulthard@west-dunbarton.gov.uk)

**Appendices:** CPWD mapping – Community Planning, An Update

**Background Papers:** None

**Wards Affected:** All



## Community Planning West Dunbartonshire – Progress Mapping against Audit Scotland – ‘Community Planning, An Update’

<b>Key CPP Recommendations</b>	<b>National Progress</b>	<b>Local Position</b>	<b>Further actions required</b>
Strengthen the effectiveness of the leadership, challenge and scrutiny role at a CPP board level	Some progress made Improvements are being made but it's too early to assess the impact of this on effectiveness of CPP boards	Scrutiny is key to the CPWD agenda, with progress reports on key priorities at each meeting along with scrutiny of the local police and fire plans. Recently CPWD was commended on its model of scrutiny by the Scottish Police Authority representative for West Dunbartonshire.	Ongoing review to ensure continued focus on scrutiny
Streamline local partnership working arrangements and ensure they are aligned with local improvement priorities	Good progress made CPPs have highlighted priorities for improvement and are working towards them	CPWD restructured and refreshed membership to align closely with the 4 key priority areas. New Delivery and Improvement Groups are responsible for making progress in partnership.	Review in line with agreement of new Local Outcome Improvement Plan and priorities for 2017 onwards
Ensure that local community planning arrangements are clear on responsibilities	Some progress made CPPs are taking steps to clarify roles and responsibilities	Refresh mentioned above also clarified remits and terms of reference for each layer in the new arrangement.	Review in line with agreement of new Local Outcome Improvement Plan and priorities for 2017 onwards
Work with new health and social care integration joint boards to develop services that meet the needs of local people and support SOA priorities	Some progress made It is too early to assess effectiveness of new arrangements	CPWD has a strong relationship with the partnership locally, with the HSCP leading on a key priority on behalf of CPWD.	Alignment of local priority areas in line with the new Local Outcome Improvement plan and requirement to plan for smaller localities in most need

<p>Set clearer improvement priorities focused on how they will add most value as a partnership.</p> <p>Use local data on differing needs of communities to set relevant targeted priorities for improvement</p>	<p>Good progress made</p> <p>CPPs are improving how they use data to set clear and targeted priorities for improvement</p>	<p>Local data used to inform decision making – such as the local Social Economic Profile. CPWD also participating in national work to develop the Community Planning Outcomes Profile – a core suite of data to support targeted action planning</p>	<p>Work underway on local profile development at a local level which with further support local prioritisation through the next round of planning</p>
<p>Start to align and shift partners' resources towards agreed prevention and improvement priorities</p>	<p>Some progress made</p> <p>CPPs are finding it difficult to target their resources on a larger scale towards their priorities and shifting them towards preventative activity</p>	<p>Good progress has been made on identifying current activity delivered in partnership to evidence a general approach to joint resourcing</p>	<p>National support needed – national and regional partners reporting difficulties in aligning and allocating resources in this way</p>



## Report by the Chief Social Work Officer

**Community Planning Partnership Management Group: 22 June 2016**

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### **Subject: Corporate Parenting Update**

#### **1. Purpose**

- 1.1** The purpose of this report is to update the CPP Management Group on the progress of the Corporate Parenting Delivery Plan and activities designed to embed the new Corporate Parenting Responsibilities amongst West Dunbartonshire Corporate Parents and Community Planning Partners.

#### **2. Recommendations**

**2.1** CPP Management Group is asked to:

- Note the progress of the Corporate Parenting Delivery Plan.
- Reaffirm with all Corporate Parents their commitment and responsibilities to our looked after children and young people.
- Agree that Partners will take forward the key milestones of the Corporate Parenting Delivery Plan in conjunction with their own service or agency planning process.

#### **3. Background**

- 3.1** Corporate Parenting has recently been introduced into legislation through the Children Young People (Scotland) Act 2014. A list of 24 Corporate Parents are included in the new Act, which constitutes around 60% of the Scottish working population, many of whom are within Scotland's public bodies.

- 3.2** Corporate Parenting is defined in Part 9 of the Children and Young People (Scotland) Act 2014, and reflects:

*"...a public bodies' performance of actions are required to promote and support the physical, emotional, spiritual, social and cognitive development of a looked after child or care leaver, from infancy through to adulthood. "*

- 3.3 Since 2010, a positive Corporate Parenting ethos has been embedded across all of West Dunbartonshire Community Planning Partners. The delivery of this approach has been due, primarily to the commitment of all partners and by utilising the expertise of organisations such as CELCIS, and 'Who Cares Scotland'.
- 3.4 In June 2015 West Dunbartonshire Community Planning Partnership hosted a Corporate Parenting Event, called, "*Creating Unconditional Care*", and was attended by representatives from all organisations with a corporate parenting responsibility. The event was followed by an interactive workshop that challenged participants to refresh West Dunbartonshire's CPP Corporate Parenting Strategy. Delegates were asked to identify creative and robust actions to deliver our future corporate parenting responsibilities and aspirations.

#### 4. Main Issues

- 4.1 Our commitment to improving outcomes for our looked after children is at the heart of everything we do, this is borne out in key priorities identified within our Corporate Parenting Delivery Plan (Appendix1). As good corporate parents we want the same outcomes for our looked after children as any good parent would want for their own children.

- 4.2 Progress toward our key priorities (April 2015 to April 2016)

##### Priority 2: **Staying-put and leaving care in West Dunbartonshire**

We have strengthened our through care and aftercare service, and firmly embedded the principles and objectives of the Staying Put Agenda.

- 4.3 This child-centred approach refocused and reasserted the positive value for some young people remaining longer in foster and residential care, and boosted professional confidence amongst workers and carers alike. Staff have worked tirelessly to promote the understanding that leaving care is a major life event for every looked after young person, and not just a bureaucratic exercise. Our multi-agency approach to throughcare and aftercare work aims for sustainable improvement in care leaver outcomes. We have supported and encouraged the development of services and systems which are designed and implemented to fully reflect the milestone that is leaving care.

- 4.4 **Priority 6: Our looked after children and young people are supported to achieve their educational, training and employment potential**

The educational statistics for looked after children makes for unhappy reading. Our looked after children tend to achieve less with many leaving school as soon as they can. One of our key ambitions is to narrow that educational attainment gap, indeed our ultimate goal in West Dunbartonshire is to close the gap completely.

**4.5** To support us to achieve this ambition we have been working hard to build on the capacities, skills and aspirations of our looked after children from early years onwards. In our work with all corporate parents, we encourage the development of systems which support children to enjoy the benefits and advantages a high quality education can bring.

**4.6** We are working hard to improve access to post-school education for young people from a looked after background. This aspiration extends to further and higher education, with the introduction of the Children and Young People (Scotland) Act 2014, colleges and universities now have statutory responsibilities as corporate parents.

**4.7** Priority 4: **Building successful futures through good health and well-being**

Children coming into our care will have experienced trauma; trauma which often has a profound impact on their health and wellbeing. In West Dunbartonshire we understand that positive experiences and successful long-term outcomes for our looked after young people depend on each child's physical, mental and emotional health. The Scottish Government's Getting it Right For Every Child approach emphasises the importance of wellbeing, with health as a key component.

**4.8** We recognise the scale of this task. But by working to support collective efforts from carers, practitioners and professionals, we are making sustained, long-term improvements in the health and wellbeing of our looked after children.

**5. Next Steps**

**5.1** Despite the positive, proactive approach to Corporate Parenting in West Dunbartonshire, national statistics continue to highlight that looked-after children and young people are more likely to experience difficulties with their mental health, are over represented in the justice and prison services and are at greater risk of both homelessness and unemployment.

The challenge to us all is to change these statistics. We have to work in partnership to improve both supports and services and eventual outcomes. It is a key role for all Corporate Parents to assist our young people to achieve their aspirations. This is not only a statutory responsibility but an opportunity to improve the future of our most vulnerable young people in West Dunbartonshire.

**6. People Implications**

**6.1** There are no specific personnel issues associated with this report.

**7. Financial Implications**

**7.1** There are no specific financial issues associated with this report.

## **8. Risk Analysis**

- 8.1** If the Council is unable to demonstrate a clear direction and approach to delivering on its Corporate Parenting responsibilities for all looked-after children, there is a risk we will fail in our statutory duty for some of most vulnerable young people in our communities. There is also the reputational risk to the council if it fails in this regard. The CPP Management Group would provide assurance, as well as mitigate these risks by endorsing this paper.

## **9. Equalities Impact Assessment (EIA)**

- 9.1** An EIA was undertaken as part of West Dunbartonshire's overall three-year corporate parenting strategy. The EIA will be developed further to reflect any future guidance from the Scottish Government.

## **10. Strategic Assessment**

- 10.1** West Dunbartonshire's approach to Corporate Parenting supports the Council's strategic priorities as set out in the Single Outcome Agreement:

- To improve the life chances for children and young people.
- To improve the well-being of communities and protect the welfare of vulnerable young people.

### Communication Bulletin

The Community Planning Partnership Management Group fully supported the report and reinforced the need for all Corporate Parents to understand and act on their responsibilities to looked after young people as detailed in the Draft Action Plan. Final Action Plan to be brought back for full approval.

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### **Keith Redpath**

Chief Officer

Health & Social Care Partnership

### **Person to Contact:**

Jackie Irvine

Head of Children's Health, Care and Criminal Justice Services and Chief Social



Work Officer  
West Dunbartonshire Community Health and Social Care Partnership

**Appendices:** Appendix 1 - Corporate Parenting Action Plan

**Background Papers:** None

**Wards Affected:** All





Appendix 1

**Community Planning Partnership  
Corporate Parenting Delivery Plan  
April 2016 - April 2017**

<b>Strategic Priority Area 1</b>	<b>Outcome/s</b>	<b>Key Milestones</b>	<b>Lead Agency/ Lead Officer</b>	<b>Due date</b>
Creating unconditional care at home and In care settings	Our looked after children and young people have appropriate, quality and stable placements when required	Regular review and analysis of key life stage transition plans as part of GIRFEC child planning	HSCP	April 2016 Annual Review
		Deliver programmes of 'high support, high challenge' parenting that nurture and promote positive healthy, well-being and behaviour amongst our looked after children and young people.	Parenting Review and Improvement Group	April 2016 - 2017 Annual Review
		Deliver and monitor on-going support arrangements for all young people who have left care, up the age of 25.	HSCP	April 2016 ongoing with Annual Review
		Create robust pathways across all corporate parents that easily identify our through care young people, thus ensuring support is appropriate and timely.	CPP Corporate Parents	April 2016-17 Annual Review
		Key partners group to prepare and support young people through their 16+ transition, including those young people attending alternative provisions. Alternative Provisions Transition Arrangement Group (APTAG); to be established and undertake monitoring of destinations for young people.	CPP Corporate Parents	April 2016 – April 2017 Annual Review
		Maintain a programme of peer mentoring and support to build capacity and positive networks for our vulnerable young people.	HSCP	April 2016 – ongoing Annual Review
		Implement “continuing care” element of Children and Young Persons (Scotland) Act 2014 and “Staying Put” Policy.	HSCP Education	April 2016 and Annual Review

Strategic Priority Area 2	Outcome/s	Key Milestones	Lead Agency / Lead Officer	By When
Achieving Stability Through Accommodation, 'staying-put and leaving care' for all Looked After young people (including those looked after at home)	Ensure that young people where possible have continuity in their care journey through secure and stable placement.	Establish a Link Worker in Throughcare to liaise with children's houses, foster carers, supported carers and housing services to ensure that we are building trusting relationships with young people and services.	HSCP Housing Services	March 2016
	Our looked after young people have appropriate accommodation when they are in care and ready and choose to leave care.	Ensure that the development of the Local Housing Strategy for looked after young people appropriately reflects our young peoples need for available, affordable housing that is of a quality that is appropriate to their individual needs.	HSCP & Housing Services	November 2016
	Our young people will never be treated as homeless	Housing strategy to reflect the legislation in respect to looked after young people and their need to have access to our available local housing.	HSCP & Housing Services	On-Going
	Our looked after children and young people are supported to maximise their interdependent living opportunities	Increase the availability of transitional options through a robust recruitment campaign that targets foster carers and supported carers who are able to provide care to older young people	HSCP	December 2016 Annual Review
		Develop a robust training and development plan for staff, including a provision for out of hours support for carers at times of crisis.	HSCP	December 2016
		Implement the National 'Staying Put' guidance with regard to local circumstance. Training, Ethos/Age/Stage and Resources	HSCP & Education	August 2016
		Making young people aware at an earlier age re: managing and maintaining own tenancy. SQA in tenancy and citizenship.	HSCP Housing Services	August 2016 Annual Review

<b>Strategic Priority Area 3</b>	<b>Outcome/s</b>	<b>Key Milestones</b>	<b>Lead Agency/ Lead Officer</b>	<b>Due date</b>
<b>Participation, 'listening and acting'</b>	Our looked after children and young people are supported to engage effectively with Elected Members Senior Staff and community planning partners.	Establish a West Dunbartonshire Champions Board to ensure our looked after children and young people have regular opportunities to meet with the CPP members, senior staff across all agencies and elected members in order for them to share their experiences and influence service design and improvement.	<b>HSCP CPP Who Cares Y-Sort-It Youth Forum</b>	<b>April 17 Annual Review</b>
	Ensure our children and young people are effective partners in planning for their future.	Monitor and report methods of engagement to listen and respond to the views of all our looked after children, their families and carers.	<b>HSCP &amp; Education Youth Alliance</b>	<b>April 16 Annual Review thereafter</b>
<b>Strategic Priority Area 4</b>				
<b>Building successful futures through good health and well-being</b>		Ensure that the training and support offered to foster cares, residential and all front line staff incorporates the health and well-being needs of all of our looked after children.	<b>HSCP Foster Carers</b>	<b>August 16 Annual Review</b>
		Ensure our looked after children and young people have access to services to support good health outcomes and recovery from trauma.	<b>CPP Corporate Parents</b>	<b>August 16 Annual Review</b>

<b>Strategic Priority Area 5</b>	<b>Outcome/s</b>	<b>Key Milestones</b>	<b>Lead Agency / Lead Officer</b>	<b>Due date</b>
<b>Relationships Matter</b> <ul style="list-style-type: none"> <li>• <b>Birth Family</b></li> <li>• <b>Care Family</b></li> <li>• <b>Community.</b></li> </ul>	Our Looked After Children and young people are supported to develop or maintain positive relationships with their family, friends, professionals and other trusted adults in their community.	Monitor and report training and support offered to foster carers and residential staff considers the importance of nurturing relationships to the emotional well-being of the children and young people in their care.	<b>HSCP</b>	<b>April 16 Annual Review</b>
		Ensure all partners monitor and report where our children and young people have been supported to engage in their local community to form positive relationships and friendships with peers and trusted adults.	<b>CPP Corporate Parents</b>	<b>December 16</b>
		Robust pathways are in place between services to ensure our children and young people are offered supports in relation to health and well-being to develop their relationships.	<b>HSCP</b>	<b>April 16 Annual Review</b>
		Scope opportunities to develop a wider range of accommodation and support options, including treatment and recovery support for young people with substance misuse problems	<b>HSCP</b>	<b>April 16</b>
<b>Strategic Priority Area 6</b>				
<b>Education, Training and Employment</b>	Our looked after children and young people are supported to achieve their educational, training and employment potential	Maintain and review our programmes to support our looked after children and young people's continuing engagement in education to demonstrate improved attainment and achievement.	<b>Education</b>	<b>April 2016</b>

		Monitor and report on the achievement of a positive destination for all our looked after children and young people on leaving school.	<b>Education</b>	<b>April 2016</b>
		Scope opportunities to work with our further and higher education partners to ensure that the specific needs of our looked after young people are identified and addressed	<b>Education &amp; HSCP</b>	<b>April 2016</b>
		Monitor and report on the availability and uptake of “bespoke” enhanced work experience and employment opportunities for all our looked after young people. This includes the previous commitment to allocate 10% of modern apprenticeships for looked after children.	<b>CPP Corporate Parents</b>	<b>April 2016</b>
		Monitor and report on the development of Literacy and Numeracy skills for looked after children aged 0-3 years	<b>Education</b>	<b>April 2016</b>





**Report by Jackie Irvine, Chair of Inspection Preparation Group**

**Community Planning Partnership Management Group 22 June 2016**

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**Subject: Joint Inspection of Services for Children and Young People**

**1. Purpose**

- 1.1** To provide the CPP Management Group with the details and expectations in respect of the forthcoming Joint Inspection of Services for Children and Young People in West Dunbartonshire.
- 1.2** Now that we have received formal notification that the inspection will take place from the 29<sup>th</sup> of August 2016, CPMG members will require to know the key dates for engagement both prior to the 29<sup>th</sup> of August and during the course of the inspection, which will conclude with formal feedback on the 31<sup>st</sup> of October 2016 followed by publication of the final report in February 2017.

**2. Recommendations**

- 2.1** CPP Management Group is asked to:
- i) Note the content of this report in preparation for West Dunbartonshire's Joint Inspection of Services for Children and Young People;
  - ii) Note that a variety of dates have been suggested for members to have a further opportunity for preparation and briefing in respect of the inspection process, as outlined at 4.8 below

**3. Background**

- 3.1** The new model for inspecting Children's Services began in April 2013, and to date 21 Community Planning Partnerships (CPP) across Scotland have now been subject to a Joint Inspection of Services for Children and Young People. Key themes have developed that identify areas of strength and weakness. The results of these inspections across the country can be found at Appendix 1 which provides the range of Quality Indicators that are measured and the results.

- 3.2** The colour coding indicates the correlation of the predominantly poorer outcomes and grades (blue) for the following indicators:
- QI 5.2 – Assessing and responding to risks and needs
  - QI 5.3 – Planning for Individual Children
  - QI 5.4 - Planning and improving services
- 3.3** In respect of more positive quality Indicators (pink) overall QI 2.1 *Impact on children and young people* –comes out nationally much better. The most positive inspection to date is in respect of East Renfrewshire who were awarded; 3 grades of Excellent, 4 Very Goods and 2 Goods.
- 3.4** The overall outcomes from across the 21 inspections undertaken to date has been an influencing factor in the Scottish Governments decision to establish a Child Protection Improvement Framework as announced by Angela Constance in February of this year.
- 4. Main Issues**
- 4.1** The key issue in respect of the methodology and approach of this inspection is that the scrutiny is directed to the Community Planning Partnership in terms of leadership, wider children’s services planning and improvement. As such when the inspection team comes into West Dunbartonshire their first meeting, referred to as a ‘Professional Discussion’ (PD 1) will be with the CPP Management Group (CPMG).
- 4.2** The previous large scale ‘Joint Inspection of Services to Protect Children and Young People in West Dunbartonshire’ in November 2011 (reported in March 2012) was aimed at the Public Protection and Chief Officers Group (PPCOG) and the Child Protection Committee (CPC) in terms of leadership.
- 4.3** Whilst both the CPC and the PPCOG will still be significant in terms of the examination of leadership, there will now be an added focus on the role and function and effectiveness of the CPP Management Group and wider children’s services partnership arrangements as managed through the Children and Families Delivery and Improvement Group (DIG).
- 4.4** On the **30<sup>th</sup> of August** the Care Inspectorate ask the Community Planning Partnership to lead the first Professional Discussion (**PD 1**) of the joint inspection to discuss our improvement journey, including key achievements and challenges. This will be in the form of a presentation to the inspection team which will be followed by questions from the inspectors to the CPMG and officers in attendance.
- 4.5** It will be important for members of the CPP Management Group to;
- i) Have a clear view of the impact of children’s services planning and improvements, as detailed within the Integrated Children’s Service Plan

(ICSP) and progress reporting via the associated Action Plan and performance information.

- ii) Be conversant with regards to the children's services planning arrangements as outlined in the ICSP for 2016, how this relates to the ICSP for 2014 – 2017 and the Single Outcome Agreement (SOA) and the priorities within both as they relate to children's services.
- iii) Provide a clear account of the CPP Management Groups collective role as 'Corporate Parents' for vulnerable children and young people in West Dunbartonshire. This is important in terms of our ability to illustrate the partnerships' ownership and commitment to Corporate Parenting with a real sense of shared ownership.
- iv) Illustrate the cross cutting contributions made towards children's services in respect of the other planning and assurance groups; Public Protection Chief Officers Group (PPCOG), Safe Strong and Included DIG (SSI DIG), The Child Protection committee (CPC) and the Alcohol and Drugs Partnership (ADP).
- v) Show clear leadership and direction in respect of services for children and young people.

**4.6** Quality Indicator 9.4 is the Leadership of Improvement and change. The descriptor for this quality indicator is:

*How good is the leadership and direction of services for children and young people?*

*This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.*

**4.7** Attached at Appendix 2 is an example of narrative from the final inspection report for an area awarded a grade of 'Very Good' for this quality indicator. This should provide some insight into the breadth and scope of leadership as viewed and assessed by the care inspectorate.

**4.8** As suggested by the PPCOG, members of the CPP Management Group will be given the opportunity to attend any one of the following preparation sessions in advance of the 30<sup>th</sup> of August:

- Monday 15<sup>th</sup> August between 11 am and 12 noon
- Wednesday 17<sup>th</sup> August between 12 and 1:00 pm
- Monday 22<sup>nd</sup> August between 12 and 1:00 pm
- Thursday 25<sup>th</sup> August between 11 am and 12 noon

If members of the CPP Management Group could contact [kate.mclachlan@wdc.gcsx.gov.uk](mailto:kate.mclachlan@wdc.gcsx.gov.uk) to confirm which date they are able to

attend that would be much appreciated. We will then be in touch to confirm the venue dependent on overall numbers per session.

## **5. West Dunbartonshire Inspection Details**

**5.1** We received formal notification of the forthcoming inspection on the 11<sup>th</sup> of May 2016 to advise that the inspection will begin in the week beginning the 29<sup>th</sup> of August.

**5.2** There is a significant amount of preparation required prior to the inspectors coming on site as well as activity once they are on site following the Professional Discussion 1 (PD 1) on the 30<sup>th</sup> August 2016. Please find the full detail attached at Appendix 3. There are some key dates to note for CPP Management Group members and these are highlighted on the Appendix. They are:

- 10<sup>th</sup> June – for CPP chair and chief officers
- 30<sup>th</sup> August – PD1 for all CPP Management Group members and key managers
- 31<sup>st</sup> October – PD4 for CPP Management Group and key managers

## **6. People Implications**

**6.1** There are no people implications in respect of this report.

## **7. Financial Implications**

**7.1** There are no financial implications in respect of this report.

## **8. Risk Analysis**

**8.1** Clearly with any scrutiny activity there is always the potential risk to reputation of the Community Planning Partnership. At this stage key preparation activities including the self-evaluation and the option for members of the CPP Management Group to attend a further preparation and briefing session as outlined at 4.8 above, should mitigate against risk.

## **9. Equalities Impact Assessment (EIA)**

**9.1** There is no requirement to complete an equalities impact assessment in relation to this subject matter.

## **10. Consultation**

**10.1** Key staff groups have been consulted in the preparation of the CPP self-evaluation and have been given the opportunity over a number of years to submit relevant evidence to the process.

## **11. Strategic Assessment**

- 11.1** The successful outcome of this inspection is critical in terms of the overall risk rating applied to west Dunbartonshire through the Local Area Network.

### Communication Bulletin

**The Joint Inspection of Services for the children and young people of west Dunbartonshire has been formally announced and preparation is well under way. A multi-agency self-evaluation of key aspects of children's service provision has been developed over the past three years and this will inform the inspection of areas of significant improvement as well as areas that require continued focus and further development.**

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**Person to Contact:** Jackie Irvine

**Appendices:** **Appendix 1** – National Inspection Findings  
**Appendix 2** – Exemplar leadership section from another partnership area  
**Appendix 3** – Inspection Timeline

**Background Papers:** None

**Wards Affected:** All



## Appendix 1

### Results of published Joint Strategic Inspection of Services for Children and Young People reports, as of March 2016

Indicator/ Report on services for children and young people	Date of Inspection Report	Providing help and support at an early stage	Impact on children and young people	Impact on families	Assessing & responding to risks and needs	Planning for individual children	Planning and improving services	Participation of children, young people, families and other stakeholders	Leadership of improvement and change	Improving the well-being of children and young people
Positive Negative										
City of Edinburgh	29/04/13	Good	Good	n/a	Good	Good	Good	Very good	Good	Good
Orkney	20/05/13	Good	Very good	n/a	Adequate	Adequate	Weak	Adequate	Adequate	Good
Argyll and Bute	18/09/13	Very good	Good	n/a	Adequate	Adequate	Adequate	Good	Good	Good
North Ayrshire	28/10/13	Good	Very good	n/a	Adequate	Good	Very good	Very good	Good	Very good
East Dunbartonshire	13/01/14	Good	Very good	Very good	Good	Good	Adequate	Good	Good	Good
Midlothian	13/01/14	Good	Good	Good	Adequate	Adequate	Adequate	Very good	Adequate	Adequate
Highland	04/04/14	Very good	Very good	Good	Good	Very good	Very good	Very good	Very good	Very good
East Lothian	10/04/14	Very good	Very good	Very good	Good	Good	Weak	Adequate	Adequate	Adequate
Dumfries and Galloway	16/04/14	Adequate	Adequate	Adequate	Unsatisfactory	Adequate	Weak	Adequate	Weak	Weak
Clackmannanshire	30/05/14	Good	Good	Adequate	Weak	Adequate	Adequate	Good	Adequate	Adequate
Stirling	30/05/14	Good	Good	Adequate	Weak	Adequate	Adequate	Good	Adequate	Good
East Renfrewshire	01/09/14	Very good	Very good	Excellent	Good	Good	Excellent	Very good	Excellent	Very good
South Lanarkshire	23/2/15	Adequate	Good	Good	Adequate	Adequate	Adequate	Very good	Good	Good
Aberdeen City	4/03/15	Good	Good	Good	Good	Good	Adequate	Good	Adequate	Adequate
North Lanarkshire	01/06/15	Very good	Very good	Very good	Good	Good	Good	Very Good	Very Good	Very Good
Shetland	31/7/15	Adequate	Good	Good	Weak	Good	Adequate	Good	Good	Good

<b>Aberdeenshire</b>	8/10/15	Good	Very good	Good	Good	Good	Weak	Adequate	Adequate	Good
<b>Renfrewshire</b>	11/12/15	Very good	Very good	Very good	Adequate	Good	Good	Very Good	Very Good	Very Good
<b>Outer Hebrides</b>	19/1/16	Adequate	Good	Good	Good	Good	Weak	Adequate	Weak	Adequate
<b>Dundee</b>	8/3/16	Adequate	Good	Adequate	Good	Adequate	Weak	Good	Adequate	Adequate
<b>Fife</b>	22/3/16	Good	Good	Very Good	Good	Good	Adequate	Good	Very Good	Very Good



### **How good is the leadership and direction of services for children and young people?**

*This section is about the extent to which collaborative leadership is improving outcomes for children, young people and families. It comments on the effectiveness of the shared vision, values and aims, leadership and direction and leadership of people. It also examines how well leaders are driving forward improvement and change.*

Leadership of improvement and change was very good. The Children's Services Planning group (equivalent of the Children and Families DIG in WD) was providing very positive leadership to children's services. It was successfully overseeing the implementation of a *Getting it right for every child* approach, which had been well received by staff at all levels across the partnership and which was clearly enhancing joint working.

The group's work was supported by a strong emphasis on performance management. The Early Years Collaborative had achieved some improvement in experiences and outcomes for very young children, reflecting strong performance in prevention and early intervention generally.

A number of effective responses to issues such as child neglect and child sexual exploitation had been developed as a direct result of self-evaluation activity. The historical and current volume of children and young people placed out with the CPP had been an ongoing issue and the pace of change to address this had been slow. However, over the past year, leaders had prioritised this area and mechanisms were now in place to support real improvement.

The partnership in\_\_ had developed a clear vision that was well understood and received by the workforce. The overwhelming majority (97%) of respondents to our staff survey agreed they were clear about their service's vision for children, young people and families. The Children's Service Plan 2014-17 set out an ambitious and admirable intention to address poverty and reduce disadvantage. The partnership's response to welfare reform combined strong strategic direction with an effective locality delivery model. Staff were confident in their response to the staff survey that services were successfully tackling child poverty and closing outcome gaps and reducing inequality in communities.

Organisational change across partners had been led well and was viewed positively by staff, bringing added impetus and value to partnership working. They were confident about their leaders' abilities and thought change was managed well across services.

A helpful framework for performance management was in place, under the oversight of the Children's Services Strategic Planning Group

(equivalent of the Children and Families DIG). This group was effectively monitoring outcomes, revisiting stretch targets and identifying what was working well and what still needed to be achieved. The use of Covalent provided a range of performance indicators, mainly looking at child protection processes, as well as children service's plan inputs, outputs and a small number of outcomes. The local area committees were linked in well to all strategic and leadership groups. They had in place a variety of programmes tailored to local need that used performance information aligned to strategic plans to inform action, often on a multi-agency basis.

In the period since the inspection of services to protect children in \_\_\_0 in the year \_\_\_\_, chief officers had provided a clear vision and strategic direction that built on the improvements made in the previous months. The governance arrangements for the child protection committee were helpfully updated in January 2015 and demonstrated greater links to the Children's Strategy group. The effectiveness of services to protect children had been subject to regular audit and self-evaluation. The child protection committee case file audit reporting in June 2014 identified further areas for improvement in relation to the impact on children, young people and families; the provision of help and support at an early stage and in the assessment of, and response by staff, to risks and needs. Key areas for improvement were drawn from these and recommendations taken forward in a multi-agency action plan to address any aspects where there was not already ongoing activity.

Self evaluation had also helped managers to identify the need for targeted action to reduce delays in securing permanence where children could not return home. However, stronger quality assurance was needed to ensure managers could quickly pick up performance falling below the standard expected, such as the weaknesses in planning for individual children mentioned in section 5 of this report.

Most staff (88%) agreed they received effective support and challenge from their line manager with regular feedback on their work, however only a third of records we read had evidence that staff had the opportunity to discuss their work with a supervisor or similar. Senior managers told us staff supervision records held separately reflected this activity. Only four records evidenced that they had been regularly reviewed by a manager or staff in a quality assurance role. Many staff did not think their workload was manageable within their working hours and reported that they had not received an appraisal or performance review.

Although multi-agency self-evaluation had mainly focused on child protection, the approach used for this had been broadened out in the previous 12 months and applied more widely across children's services, reflecting the partnership's strategic priorities. Self-evaluation activity (both joint and single agency) was overseen by the self-evaluation and audit working group which used performance data and self evaluation

activity to determine future activity. Helpful though self-evaluation had been to delivering improvements, it was not evident from the self-evaluation and the audit group's action plan how partners were prioritising areas for action nor how they were planning to ensure service user participation in self-evaluation.

For some time, the high volume of children and young people looked after away from home, and often out with \_\_\_\_, had not been addressed by partners as effectively as it could have been and the pace of change had been slow. Inadequate staffing within social work teams had contributed to the historical and current volume of children looked after away from home. Over the past year senior managers and leaders had taken affirmative action to address this. Financial investment was now in place to help progress this more quickly. Introduction of the Peer Mentoring Service and the Coming Back to \_\_\_\_ Group were the operational and strategic mechanisms put in place to oversee this work. More recently education and social work services were in the process of conducting three service reviews on how they deliver intensive support for the over 12s, under 12s and children with disabilities in an attempt to change this profile. A strong and strategic collaborative approach to achieve lasting success was not yet evident but it was a key priority for leaders which they were progressing and targeted action was starting to show a positive impact. Although some elements of commissioning were in place, attempts to introduce a strategic approach to commissioning had not yet developed as intended partners recognised this required more focused attention.

## Inspection Timeline

Date	Activity/Requirement	Detail
<b>10/6/16</b>	Inspectors will provide a formal briefing to the chair of the CPMG, Chief Officers and other key contacts at the discretion of WD.	To begin at 10.00 am Vale Health Centre. Provides an overview and detail of the process.
<b>13/6/16</b>	Staff survey issued to all staff who are Named Persons or Lead Professionals.	Issued via WD but returned to CI.
<b>24/6/16</b>	Pre Inspection Return (PIR) to be submitted to Care Inspectorate (CI)	Contains; demographic information, organisation structure charts, membership of key planning groups and list of all open cases to social work services (HSCP)
<b>11/7/16</b>	Staff survey closes	Themes and issues arising from the overall return will then feature as part of the inspection findings and may well be raised by CI at a number of activities/focus groups.
<b>4/8/16</b>	Self evaluation (SE), position statements and Good Practice examples to be submitted to the CI	The SE will cover all of the quality indicators but will focus on those where a grade is awarded. This will be accompanied by supporting evidence. Position statements will be provided in respect of; Corporate parenting, Implementation of GIRFEC and Child Sexual Exploitation (CSE) – where we will illustrate our development and approach to these areas. A number of good practice examples will also be submitted
<b>30/8/16</b>	First Professional Discussion 1 (PD1)	CPP Management Group and key officers will present to the CI our account of the journey so far; improvements, impact and areas of challenge – followed by questions from the CI.
<b>Week of 30/8/16</b>	CI will observe a variety of key strategic multi-agency meetings and meet established groups of	Will include; thematic focus groups on position statements and good practice examples.

	children and young people, parents and carers.	
<b>9/9/16</b>	PD2 – file reader training for local file readers (x 4)	
<b>12/9/16 All week</b>	CI will read around 100 case files of children and young people, 25 of which will include all multi-agency files.	There will be 15 file readers which will include 4 local file readers (2 from Social work, 1 from health and 1 from education). 1
<b>5/10/16</b>	PD3	CI will feedback initial findings from case file reading and discuss which themes/areas they require to explore further in the proportionate week of in site activities.
<b>10/10/16 all week</b>	Proportionate on site follow up	Which can include: individual interviews with key members of staff, single or multi-agency groups of staff, visits to services, observations of groups or key processes, review of additional documentation.
<b>31/10/16</b>	PD4 – Initial high level messages and initial grades	Attended by CPP Management Group members, Chief officers and key managers.
<b>24/11/16</b>	PD5	Potential for further discussion on findings
<b>16/1/17</b>	Comments returned by WD to CI	
<b>12/2/17</b>	Advance publication of final report	
<b>20/2/16</b>	Publication of inspection report	





## Report by Chief Officer - Health and Social Care Partnership

Management Board: 22<sup>nd</sup> June 2016

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### Subject: Health & Social Care Partnership Annual Performance Report 2015/16

#### 1. Purpose

- 1.1 To present the Management Group with the first Annual Performance Report for the Health & Social Care Partnership.

#### 2. Recommendations

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

#### 3. Background

- 3.1 The Health & Social Care Partnerships first Strategic Plan was approved by the Partnership Board at its July 2015 meeting. It was subsequently presented to this Management Group at its meeting of the 2<sup>nd</sup> September 2015.
- 3.2 As required by legislation, the appended Annual 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 25<sup>th</sup> May 2016.

#### 4. Main Issues

- 4.1 The preparation and presentation of the Annual Performance Report has been informed by the recently published Guidance for Health and Social Care Integration Partnership Performance Reports. It has also been informed by local experience of integrated performance reporting.
- 4.2 As the Management Group will recall, the Strategic Plan was predominantly and logically built on the local Integrated Care Fund Plan and local Integrated Children's Services Plan which are both key contributors to the local SOA.

- 4.3** It has also been structured to demonstrate 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 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 support the continuing development of the local Health & Social Care Partnership; and recognise the considerable achievements that it has delivered within the challenging financial climate.

### **Keith Redpath**

Chief Officer - Health & Social Care Partnership  
June 2016



**Person to Contact:** Soumen Sengupta  
Head of Strategy, Planning & Health Improvement  
West Dunbartonshire Health & Social Care Partnership, West  
Dunbartonshire HSCP HQ, West Dunbartonshire Council,  
Garshake Road, Dumbarton, G82 3PU.  
E-mail: [soumen.sengupta@ggc.scot.nhs.uk](mailto:soumen.sengupta@ggc.scot.nhs.uk)

**Appendices:** Health & Social Care Partnership Annual Performance Report  
2015/16

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

**Wards Affected:** All





# Annual Performance Report 2015/2016

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West Dunbartonshire Health & Social Care Partnership Board is responsible for the strategic planning and reporting of a range of health and social care services delegated to it by NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council (described in full within its approved Integration Scheme). West Dunbartonshire Council and Greater Glasgow & 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 & Social Care Partnership (WDHSCP). The Health & Social Care Partnership Board is responsible for the operational oversight of WDHSCP.

The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness;
- collaboration; respect; and compassion.

Electronic copies of this Annual Performance Report are available at [www.wdhscp.org.uk](http://www.wdhscp.org.uk)

## 1. INTRODUCTION

“My mother’s very strong wish to remain in her own home was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of ‘care’. What a wonderful team.”

*Letter to HSCP from family member*

### **Welcome to the first Annual Performance Report of the West Dunbartonshire Health and Social Care Partnership Board.**

The Health & Social Care Partnership Board (as the Integration Authority for West Dunbartonshire) approved its first [Strategic Plan](#) at its first meeting on the 1<sup>st</sup> July 2015. That Strategic Plan confirmed that the integration start date for the new arrangements – as per the [Public Bodies \(Joint Working\) Act 2014](#) – was the 1<sup>st</sup> July 2015. This first Annual Performance Report has then been prepared as required by the Act and concerns the period 1<sup>st</sup> July 2015 to 31<sup>st</sup> March 2016.

The Health & Social Care Partnership Board’s first Strategic Plan recognised that “integration” was not new to West Dunbartonshire. It was informed by the strategic commissioning process advocated by Audit Scotland; and benefitted from ongoing engagement with a full range of local stakeholders (including the third sectors and community groups). Its commitments logically built upon medium-term programmes of work that had already been co-produced with local community planning partners, most notably those articulated within the associated local [Integrated Care Fund Plan](#) and local [Integrated Children’s Services Plan](#).

In a similar vein then, this first Annual Performance Report has also been shaped by the local experience of integrated performance reporting; and incorporates the progress made with respect to those key programmes of work. The preparation and presentation of this Annual Performance Report reflects the recently published [Guidance for Health and Social Care Integration Partnership Performance Reports](#).

It has also been structured to demonstrate the commitment of the Partnership Board to demonstrating “community planning in practice”; and the three [Community Planning Single Outcome Agreement](#) priorities that WDHSCP has a lead role in delivering, namely:

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

The fourth Community Planning Single Outcome Agreement priority is Supporting Employability & Economic Growth – which directly links to the broader leadership role that the Health & Social Care Partnership Board has adopted with respect to the “wicked” issue that is health inequalities. The primary determinants of health are well recognised as being economic, social and environmental. One common definition of health inequalities is that they are those systematic and avoidable differences in health between population groups which result from the unequal distribution of resources within populations; and the associated accumulation and interaction of multiple risk factors. Health inequalities then are an example of a wicked issue: i.e. one that by definition involves complex, messy and often intractable challenges; where the causes are complicated, ambiguous and often interconnected; and where there are no clear solutions. Within West Dunbartonshire we are formally committed to a determinants-based approach to health inequalities, with our local-term goal being to have tackled population-level health inequalities as a result of our having collectively addressed its root causes through the local Community Planning Partnership – by stimulating sustainable economic growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence. WDHSCP has and will continue to provide clear leadership in championing this progressive and evidence-based approach to addressing health inequalities in a streamlined and integrated manner.

The first Strategic Plan identified two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. Having established the necessary arrangements in 2015/16, the Health & Social Care Partnership is committed to working with and through its locality arrangements to foster improvements to the interface and relationships between community and acute hospital services. This will be enhanced by and contribute to the strengthening of locality professional engagement, particularly with the seventeen local GP practices and other NHS external contractors.

This will include scoping opportunities for the primary care quality cluster model of service delivery in accordance with the 2016/17 General Medical Services Contract; and implementing appropriate elements of both the [NHS GGC Clinical Services Strategy](#) and the [National Clinical Strategy](#). Moreover, following the completion of a comprehensive Community Engagement Review in 2015, the Health & Social Care Partnership also continues to work with West Dunbartonshire Community and Voluntary Service (WDCVS) to develop Local Engagement Networks (LENs) for each locality area - with a particular emphasis on increasing the representation and diversity of those involved.

The model is the result of extensive consultation with existing and potential stakeholders and has been designed to evolve in tandem with the broader locality planning engagement arrangements; as well as the requirements of the [Carers Act 2016](#), [Community Empowerment Act 2015](#) and the [Equalities Act 2010](#). With respect to the latter, the Health & Social Care Partnership Board has a number of specific duties, the approach to compliance being detailed within the [Equalities Mainstreaming Report](#) prepared over the course of 2015/16 and published in April 2016.

The activity and outcomes delivered within this Annual Performance Report also underscore the Health & Social Care Partnership Board's commitment to clinical and care governance. The [National Framework for Clinical & Care Governance](#) – as affirmed within the Integration Scheme for West Dunbartonshire - states that all aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. This Annual Performance Report then reflects two key principles articulated within that quality framework, namely:

- Values of openness and accountability are promoted and demonstrated through actions.
- All actions are focused on the provision of high quality, safe, effective and person-centred services.

The Chief Officer and the Senior Management Team would like to thank everyone who contributed to the development of this Annual Performance Report; and all those staff and colleagues who continue to work so hard to deliver high quality services to the communities of West Dunbartonshire.

Mr Soumen Sengupta  
Head of Strategy, Planning & Health Improvement  
West Dunbartonshire Health and Social Care Partnership



## 2. SUPPORTING CHILDREN AND YOUNG PEOPLE

The key strategic aims for the Health & Social Care Partnership Board with respect to this 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.

WDHSCP leads on the strategic priority of Supporting Children and Young People across Community Planning Partners, primarily through the vehicle of the local Integrated Children's Services Plan (ICSP). The ICSP describes the key strategic priorities and outcomes for children and young people in West Dunbartonshire. At the heart of this joined up approach is the shared commitment of partners to [Getting It Right for Every Child \(GIRFEC\)](#); to the delivery of corporate parenting responsibilities; and to improving outcomes for looked after children and young people. This includes young people who have had to take on a caring role, with WDHSCP and our partners recognising them as children and young people first; and as such assessing and supporting their needs within their caring context.

Within an environment of integrated health and social care services, the WDHSCP health visiting team has taken a lead role in the delivery of the Early Years Collaborative approach alongside colleagues from Council Educational Services, by supporting pre-natal care and by



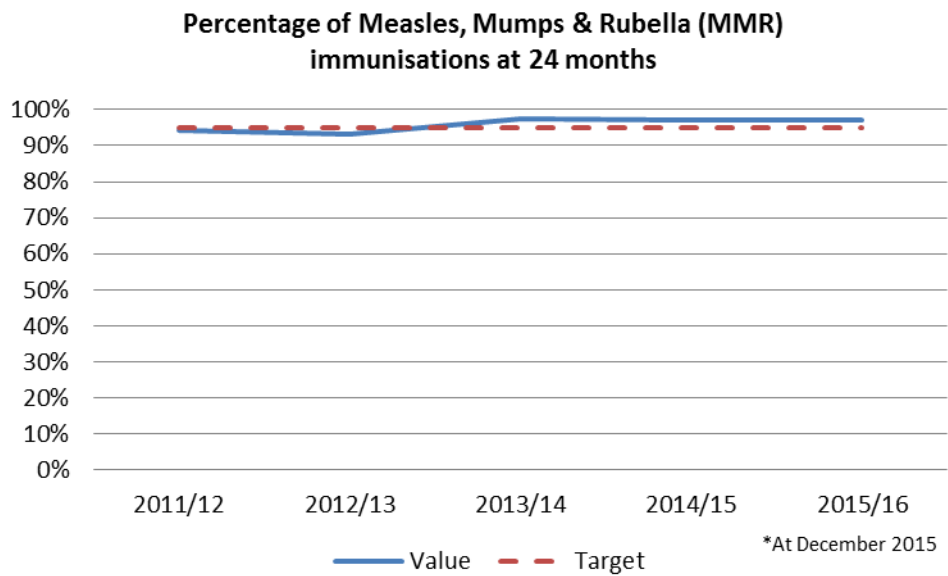
providing intensive support to children and parents within the home and nursery settings. A key milestone was to ensure that 85% of all children have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review by end of 2016.

Our results demonstrate progress towards this target with 76.3% of children in 2013/14 and 77.4% of children in 2014/15 reaching all of the expected developmental milestones at this review point.

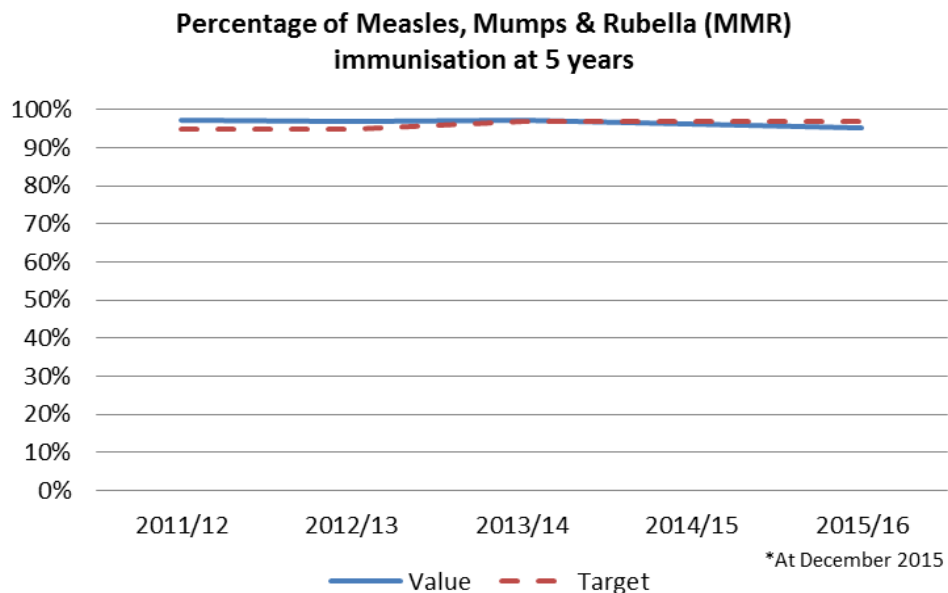
The health visiting team also continues to work with local general practices to promote and deliver childhood vaccinations.



The graph below shows a favourable (above target) result for uptake of the first MMR vaccination by 24 months; with 692 first vaccinations between April and December 2015.



The results below demonstrate that West Dunbartonshire uptake rates of the second MMR by the age of 5 years is slightly below target, although this still equated to 715 vaccinations being delivered between April and December 2015. Whilst uptake rates for the second MMR “jab” are less than the Scottish average, by the age of six years completion of this immunisation is above the Scottish average.



For children and young people to do well now and in the future they have to be safe, healthy, active, nurtured, achieving, responsible, respected and included – which are expressed in the SHANARRI wellbeing indicators. These wellbeing indicators are central to the GIRFEC approach that is currently threaded through all existing legislation, policy, practice and systems for children and young people in Scotland. The [Children & Young People \(Scotland\) Act 2014](#) was passed in the Scottish Parliament in early 2014; and a number of duties and provisions within this Act will commence in August 2016. Part 4 of the Act requires that relevant authorities, Health Boards for pre-school children and usually Local Authorities for school age children, provide a Named Person service that will integrate the Named Person functions described in the Act into existing roles of practitioners (e.g. health visitors and promoted teachers). The Act will introduce a legal duty to share information about a child's wellbeing that meets specific criteria with their Named Person when there is a concern for the child's wellbeing. The Act also introduces a single planning framework for many children receiving targeted support. This approach relies on strong working relationships within individual agencies and across agencies. In 2015 a number of practices within Clydebank Health Centre nominated



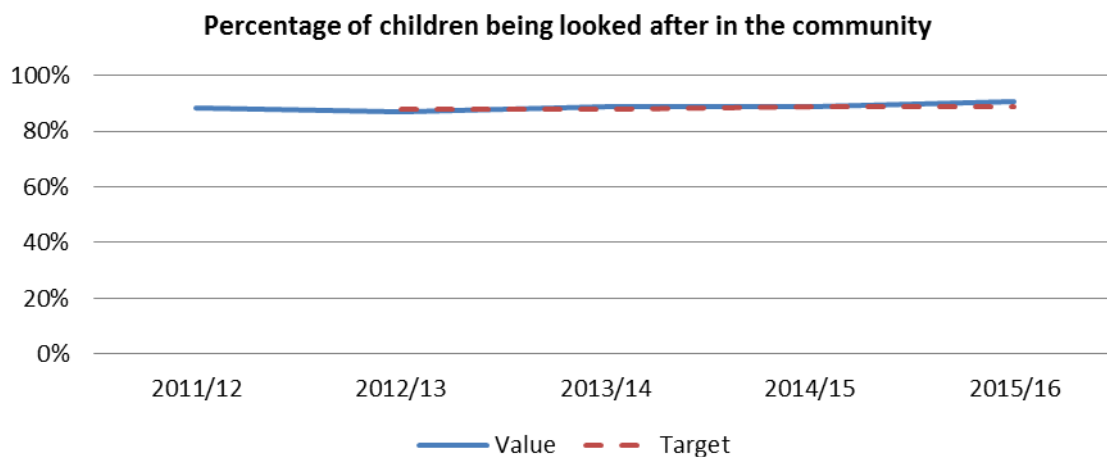
themselves to take part in a national Information Sharing between GPs and the Education Named Person Service pilot. This was led by a GP Child Protection Specialist in conjunction with WDHSCP and Council Educational Services.

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 information sharing - which has in turn positively impacted on the lives of children, young people and their families. The findings from this pilot have been shared locally; and also reported at a recent and well-received two day Masterclass held by the Scottish Government GIRFEC team and attended by all 32 Local Authorities.

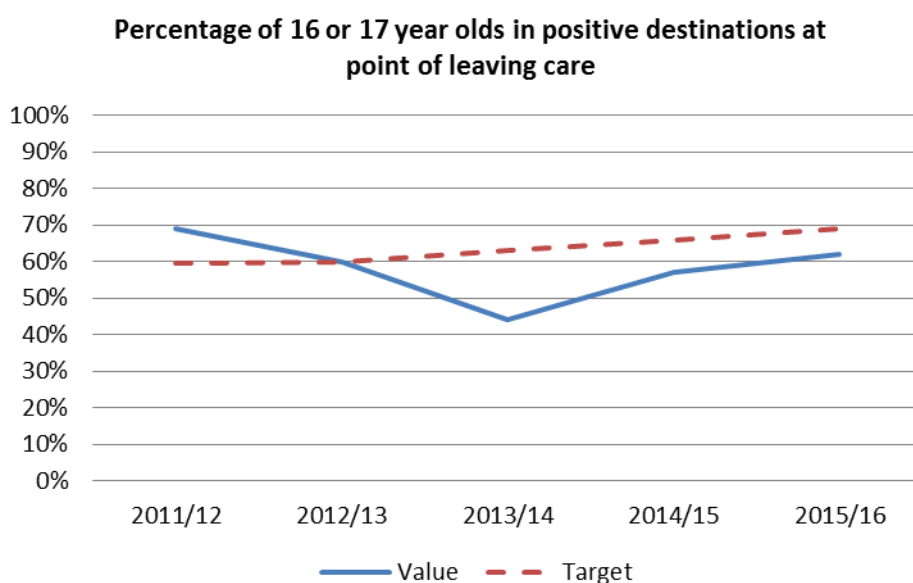
Our shared community planning objective to focus on early intervention in the lives of children, young people and their parents and/or carers continues our shift to preventing crisis, and reducing risk, through assessment and appropriate intervention. We recognise that some of our children may need to 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.

As the graph below shows, this has increased from 88.4% in 2011/12 to 90.6% in 2015/16.

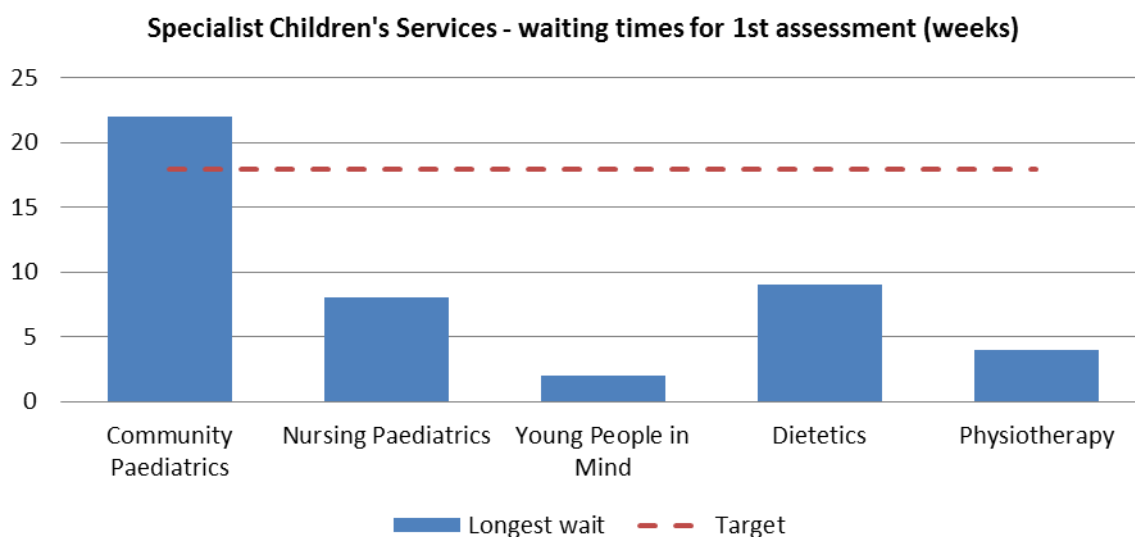


As part of our continued corporate commitments to looked after young people, WDHSCP led a dynamic re-design programme within our provision of children’s homes. Throughout this we have engaged constructively with the Care Inspectorate. Throughout 2015 all our residential homes for children and young people achieved either a grading of 4 (good) or 5 (very good).

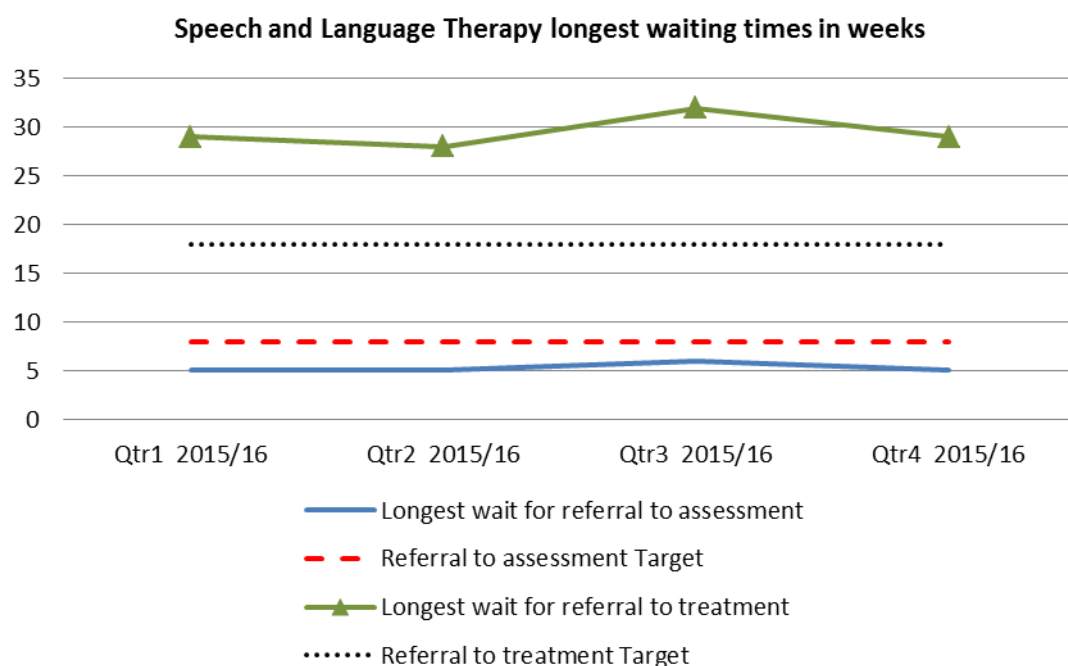
Thirteen young people left care during 2015/16; and of these 62% entered further/higher education, training or employment at the point of leaving care. This is an improvement on the 2013/14 position but less than that in 2011/12 – however, the relatively small numbers of young people involved mean that the percentage performance can easily fluctuate from one year to the next.



Across specialist children’s health services and social care services – and in conjunction with Council Educational Services and NHSGGC Acute Division Children’s Services - it is vital that care and clinical assessments are managed jointly and effectively for the best outcomes of the child.

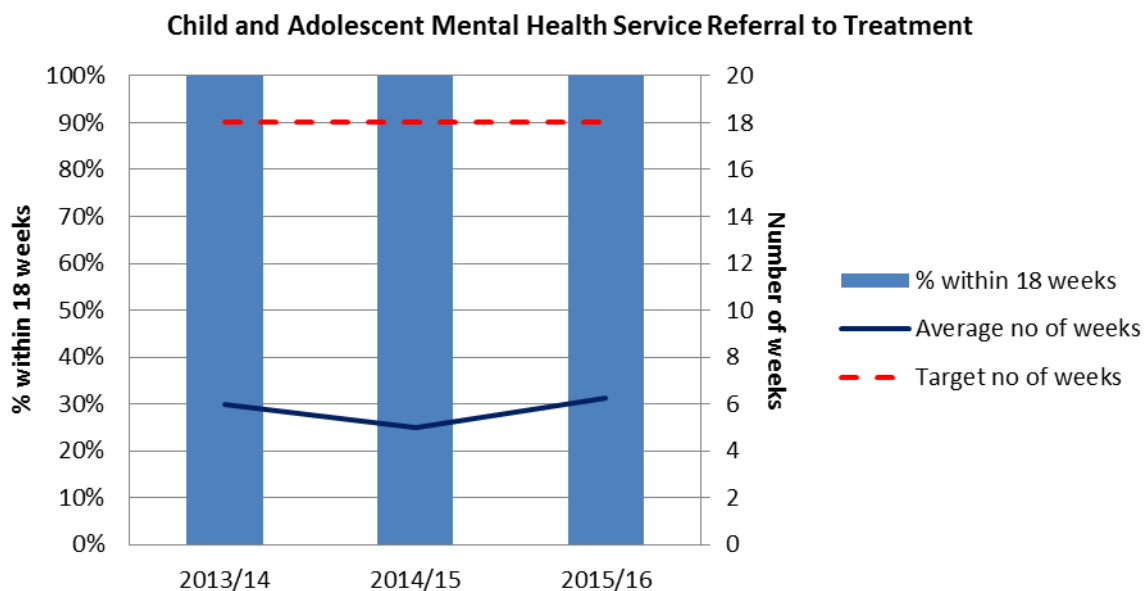


The WDHSCP Speech and Language Therapy Service for children and young people continues to successfully complete triage processes within target timescales. As the chart below shows, the Speech and Language Therapy Team is ensuring that children and young people are having their needs assessed timeously; and within the target waiting time, with 63% waiting no longer than 18 weeks for treatment.



All of our most vulnerable and at risk young people have the opportunity to receive the right support when they need it. The need for strong co-ordination and co-operation is particularly true with respect to services for children with disabilities. Robust and early planning systems have been agreed to support transitions from children’s services to specialist adult services. In January 2016 a standardised Integrated Pathway for Autistic Spectrum Disorder (ASD) Services was introduced, which applies the principles of GIRFEC and delivers in line with Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

WDHSCP continues to develop a strong multi-agency approach to supporting children with mental health and emotional wellbeing issues. The graph below shows that timescales from referral to treatment for Child and Adolescent Mental Health Services (CAMHS) have consistently been well below the target time of 18 weeks.



Our early identification of children and young people with mental health issues and the timeous provision of community based support has helped to maintain positive mental health for these affected young people. WDHSCP’s Young People in Mind Team achieved success at the 2015 NHSGGC Celebrating Success Awards when they were recognised and congratulated for their contribution to children and young people affected by mental health.

We continue to provide a range of interventions to support vulnerable young people who may be experiencing difficulties. This includes offering and delivering mainstream parenting opportunities to all parents within our communities; and offering support from the multi-award winning Youth Mentoring Scheme which has provided individual, long term mentoring for many young people in West Dunbartonshire. In 2015 the Youth Mentoring Team were winners at the Scottish Mentoring Network Awards, receiving the Justice Project of the Year Award as well as the Exceptional Contribution Award for Ronnie Reardon, one of our local mentors. In addition, Ronnie Reardon was recognised as the West Dunbartonshire Council Employee of the Year Award for 2016.

### ***Case Study: The Youth Mentoring Scheme***

*Chris\* was heavily immersed in gang fighting within his local community and struggling to change his behaviour. He agreed to work with a volunteer youth mentor and this helped him to start thinking about how he could make different choices and decisions. With long term consistent support from his mentor over a number of years, he has turned his life around and now attends college on an electrical engineering course with a view to joining the Navy. He applied for the Navy this year, although he failed to get first time of applying he took this disappointment in his stride, and with the support of his mentor has accepted the advice given and working hard to prepare to apply again. This is a testament to his improved maturity and ability to rationalise and talk this over with his mentor, and find ways of working together towards long term ambitions. Chris compares his change of direction in life to many of his friends who have not had such positive outcomes, and now speaks regularly about the positive impact that the mentoring scheme has had on his life.*

*(\*not real name)*

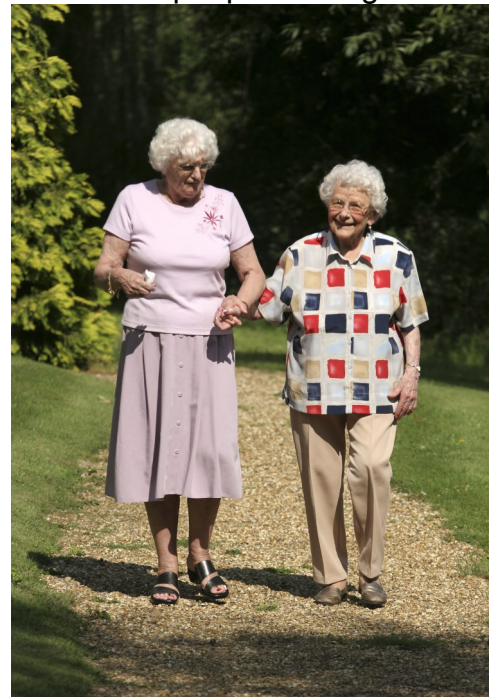
### 3. SUPPORTING OLDER PEOPLE

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

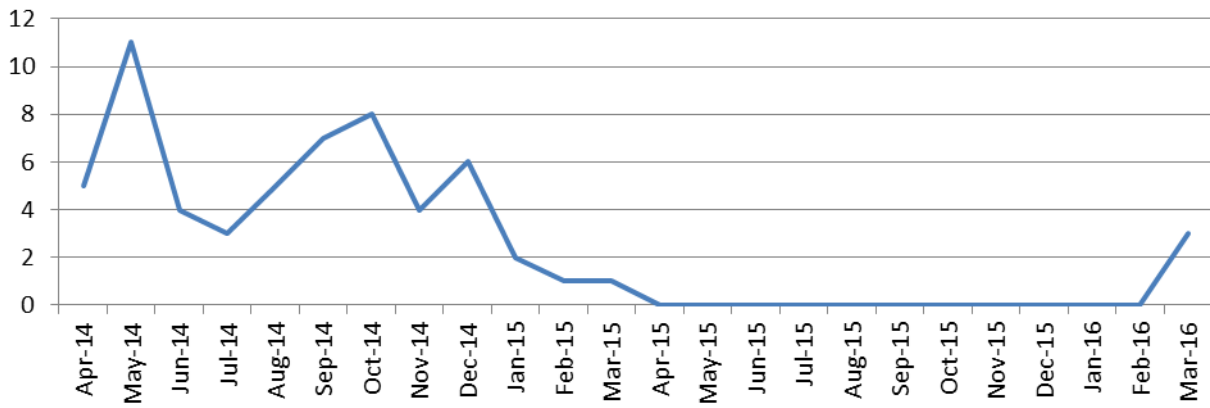
- Avoid unnecessary delays in hospital discharge.
- Reduce emergency admissions to hospital across the population.
- Reduce unnecessary admission to hospital in people over 65 years.
- Support more people at the end of life to die where they choose.

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). The ICF describes the key strategic priorities and outcomes to support all adults to live as independently as possible and safely within a homely setting for as long as possible. In addition, WDHSCP produced and delivered upon an operational unscheduled care plan with a particular focus on the winter period as per the [National Preparing for Winter Guidance](#).

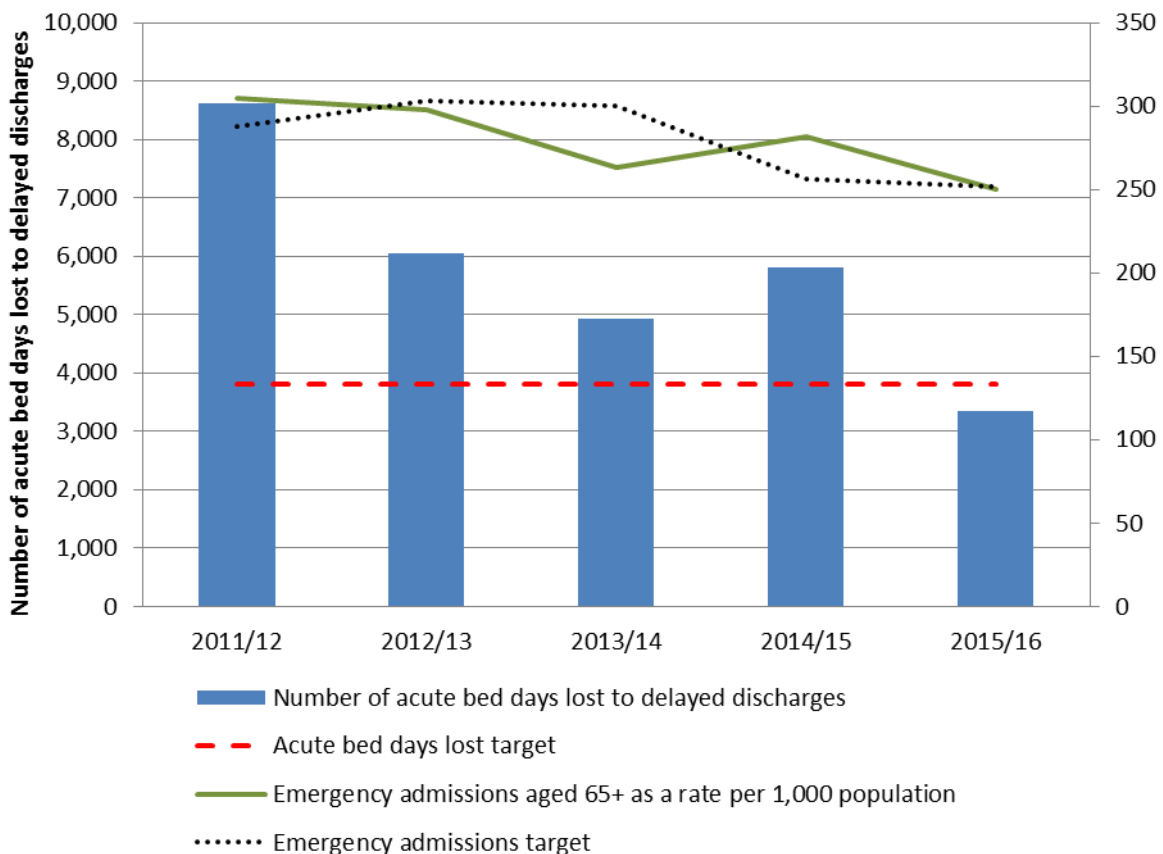
WDHSCP community health and social care services for adults and older people are organised around multi-disciplinary health and social care teams that use shared systems for recording and reporting on an individual's outcomes. There are a range of overlapping and interconnected workstreams which impact on and support those with long term conditions, including anticipatory care, preventative support/care and the promotion of self-management. Services are available via a single point of access; and provide direct referral (e.g. for occupational therapy; home care and care at home; and step up/down beds). By organising our integrated services effectively, we have been able to deliver a significant improvement in avoiding delays within the hospital discharge planning process; and an overall reduction in unnecessary emergency admissions to hospital. By focusing on timely and appropriate hospital discharge WDHSCP achieved the Scottish Government's target of 0 patients delayed for more than 14 days in all but one (the last) month during 2015/16.



**Number of delayed discharges more than 14 days (Non-complex cases)**

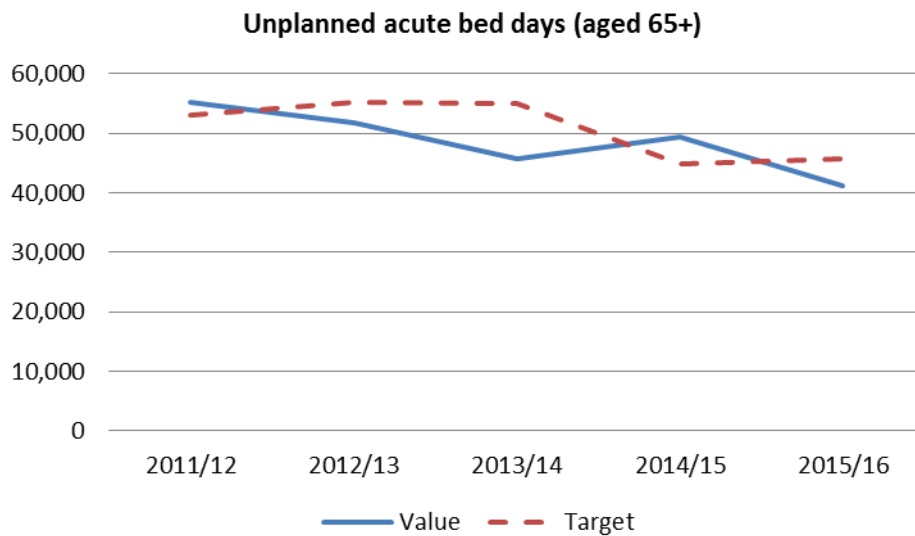


We continue to see a significant decline in the number of bed days lost as a result of the redesign of services and the focus on community support. The bed days lost to delayed discharge significantly declined by 61% since 2011/12. There has also been a 12% reduction in emergency admissions for people aged 65 and over during the same period.



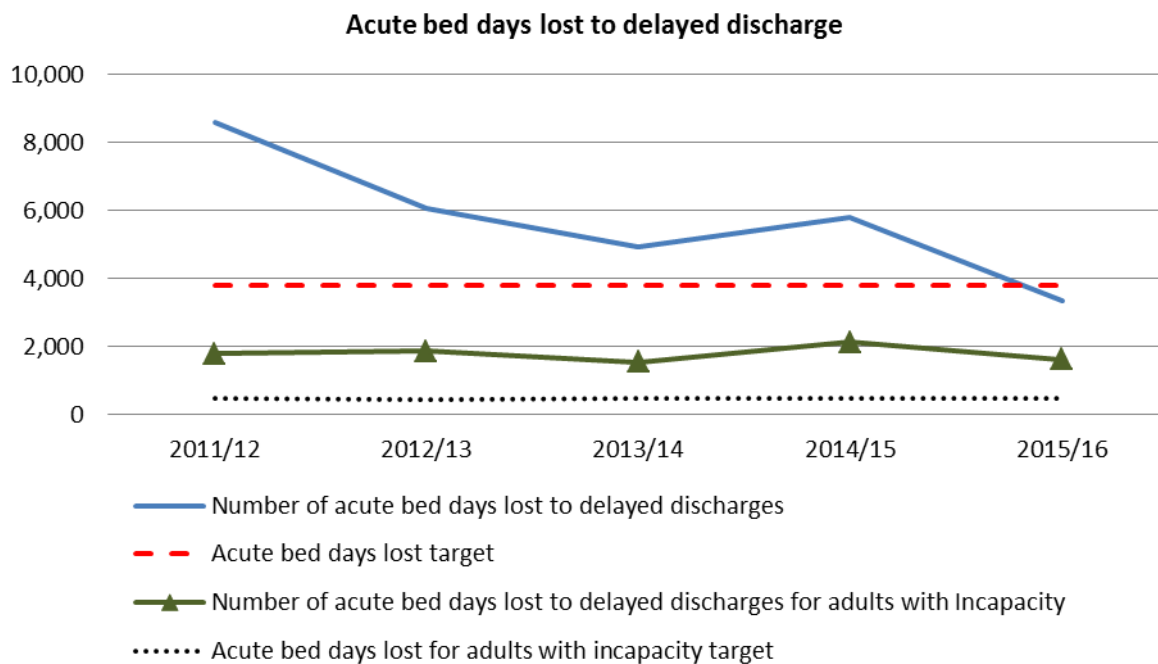


As the graph below illustrates, the number of unplanned acute bed days for people aged 65+ has reduced by 26% between 2011/12 and 2015/16.



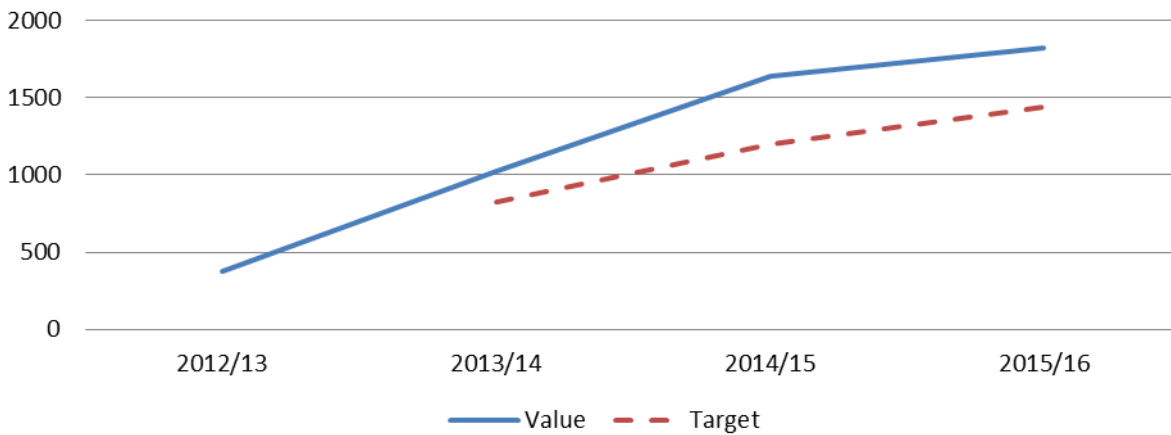
Preparation within hospital setting is crucial in planning successful discharge. This was enhanced in 2015 with the development of Hospital Discharge Liaison Workers to provide early assessment and practical support in the ward setting. They promote early referrals and discharge planning; promote awareness with Consultants and ward staff; work in parallel with medical treatment; assess need at the earliest opportunity, with referral/information shared from the point of admission; and identify people who cannot return home/lacking capacity. The wider Hospital Discharge Team can then involve patients and carers sooner; develop and deliver integrated care and support packages; ensure the most appropriate care and opportunities at the point of discharge; and monitor and review care package for four weeks. Home care services are managed alongside district nursing services and home based pharmacy support to ensure such continuity of care post-discharge.

The chart below demonstrates that while the number of acute bed days lost to delayed discharge has reduced significantly, almost half of the bed days lost in 2015/16 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.



Good care planning and communication across teams and with carers improves co-ordination of care, enables early intervention and better access to safe and effective alternatives to avoidable hospital care. Some of these shared decisions will be based on thinking ahead about preferences for future care. A key element of the Integrated Care Fund programme of work has been the ongoing development of anticipatory care planning with GPs and primary care services. Anticipatory care encourages people to make positive choices for what they should do themselves, and from whom they should seek support, in the event of a flare up or deterioration in their condition, or in the event of a carer crisis. The Anticipatory Care Plan (ACP) is a dynamic record that should be developed over time through an evolving conversation, collaborative interactions and shared decision making. The ACP will also include information about the person’s concerns and goals; their understanding about their illness and prognosis; and their wishes for end of life care, including preferred place of care, as well as their views about the degree of interventions, treatments and cardiopulmonary resuscitation welcomed. Key information should be recorded in the key information summary on the Electronic Key Information System (e-KIS). The ACP is a summary of “thinking ahead” discussions between the person, those close to them and the practitioner. We have developed and reviewed anticipatory care plans for over 1,800 patients in West Dunbartonshire; by introducing additional community based nursing to support General Practice we have been able to support the avoidance of unnecessary hospital admissions. As shown below, there has been a 78% increase in the numbers of patients with anticipatory care plans between 2013/14 and 2015/16.

**Number of patients with anticipatory care plans**



WDHSCP has put systems in place to predict or identify vulnerable patients at risk of admission so that the necessary support can be given to avoid unnecessary admissions and help people remain in their own homes. The WDHSCP Community Nursing team has introduced Patient Status at a Glance Boards that are updated following the team’s daily meetings to identify vulnerable patients and those at risk of admission. The Team also links with GPs to identify patients who may potentially be vulnerable over the bank holiday period. Our Integrated Rehabilitation and Older Adults teams maintain a list of patients at risk of admission to assist in daily scheduling of visits during adverse weather periods.

We have increased our out of hours provision to help prevent inappropriate hospital admissions and used anticipatory care plans to provide people with their preferred supports where appropriate. The chart below illustrates Out of Hours District Nursing Service activity during 2015/16. In total there were 5,089 visits and 43% of these were unscheduled, highlighting the responsive nature of the service.

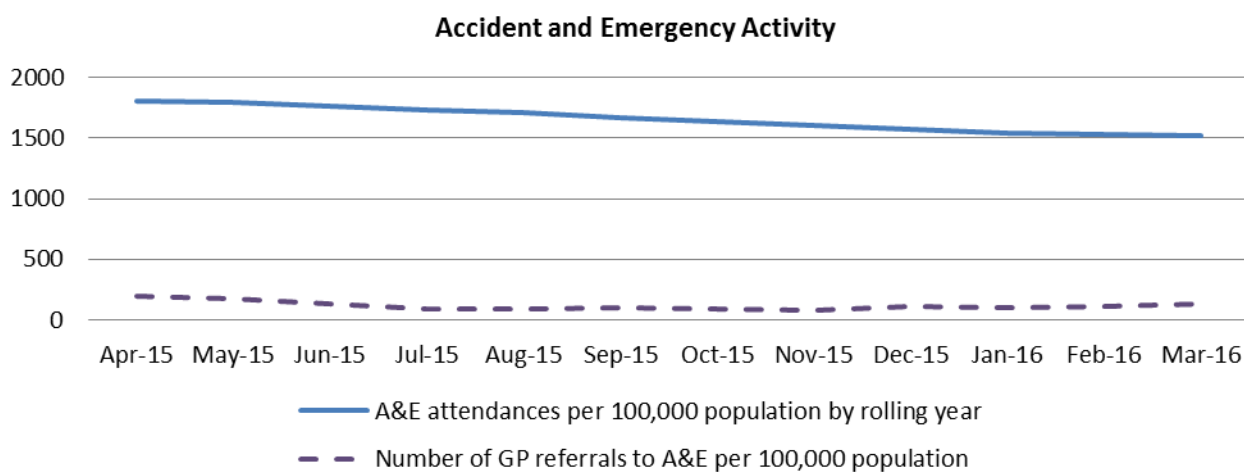
**Out of Hours District Nursing Service Visits**



WDHSCP has successfully created an integrated out of hours provision of District Nursing and Care at Home services, so as to be able to more timeously and effectively identify and respond to risk and avoid unnecessary admissions to hospital. This community service links directly to out of hours GP services and all our local authority and private sector care homes.

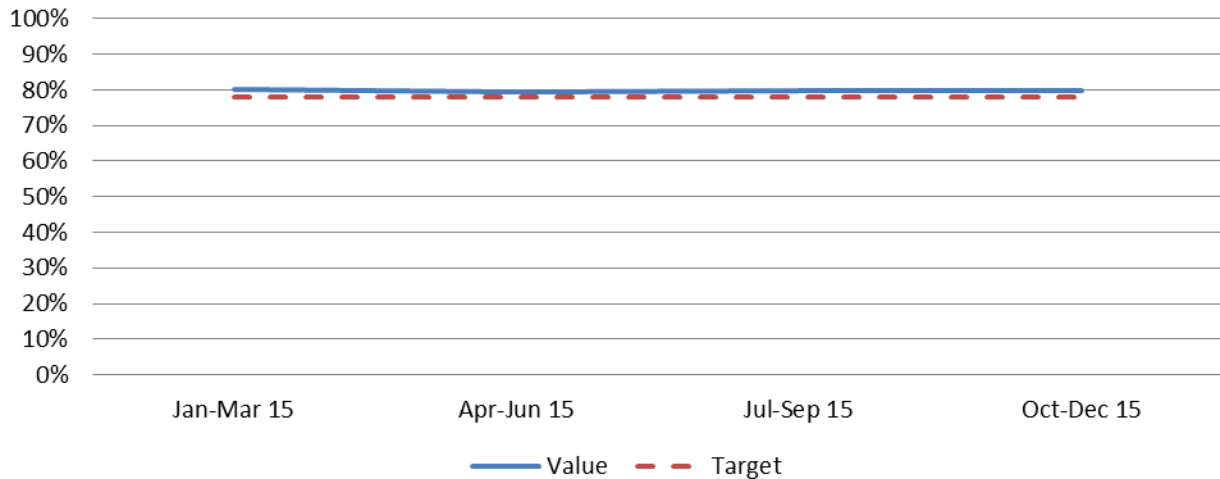
Of those aged 65 years and over who had been admitted to hospital as an emergency twice or more in the year, 64.2% had been assessed for services and support by WDHSCP. Work is underway to identify the underlying reasons for why 35.8% had not received a formal assessment of their needs - to establish, for example, whether this was due to patients declining assessment; the (in)appropriateness of an assessment given individual circumstances; or a gap in recording.

As illustrated by the chart below, the number of attendances at Accident and Emergency Departments has seen a steady fall during 2015/16, reducing by 16% between April 2015 and March 2016. During the same period referrals by GPs to Accident and Emergency Departments have reduced by 24%.



Delivering a truly integrated community health and care service we have been able to demonstrate success working with all of West Dunbartonshire’s GP practices within our two locality areas of Alexandria and Dumbarton; and Clydebank. Within West Dunbartonshire, 85% of people have a positive experience of the care provided by their GP practice; and 93% of adults feel able to look after their health very well or quite well. 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 79.8% compliance as at December 2015 (as shown in the chart below).

### Formulary Preferred List Compliance



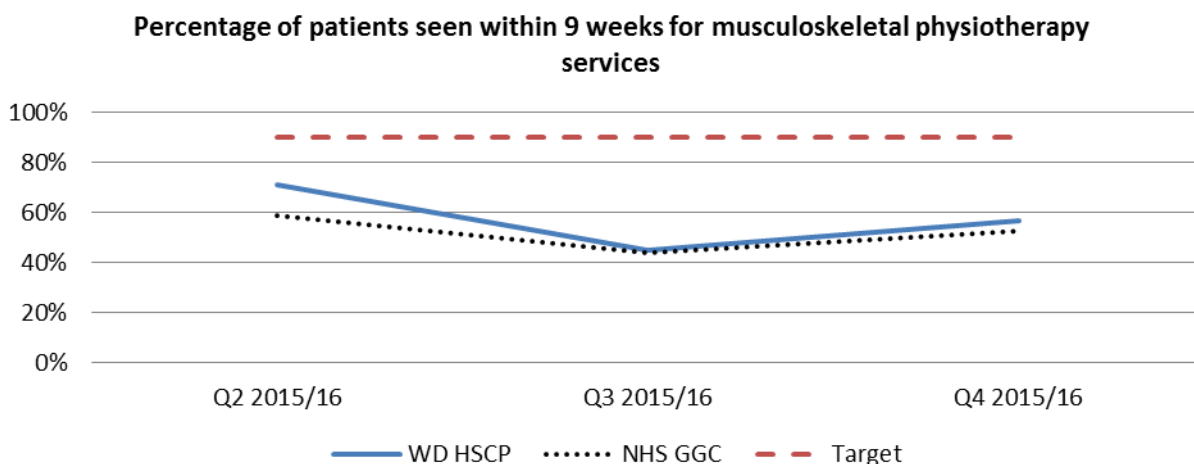
There has been a drive to improve the quality of the prescribing - which is in part demonstrated by the continued excellent formulary compliance. West Dunbartonshire's average improved over last year (as it has for the last 3 years), with most GP practices achieving on or around the target of 78%.

Reflective of our preventative approach to maintaining positive health, we have sought to improve uptake of annual asthma reviews for hard to reach patients in the community, recognising that for those more vulnerable adults who struggle to engage with their GP practice, offering the community pharmacy as a setting can be more effective. The community pharmacy approach to proactive clinical review of people with asthma provides people with flexible access to review, increasing the numbers now attending their crucial annual reviews. A Locally Enhanced Service (LES) was developed that included community pharmacies undertaking asthma reviews for patients who had not attended their GP practice. Crucially, WDHSCP worked in partnership with local GPs and local community pharmacies to identify and support attendance at review - and thus support individuals to better self-manage their conditions. There has been significant success in promoting review through this approach: with 900 "hard to reach" patients receiving a review; and with a significant proportion (33%) of patients with clinically significant care issues re-engaged with traditional primary care services after advice from their Community Pharmacist. This approach has now been adopted by neighbouring partnerships and been extended to community pharmacies across the NHSGGC area.

More broadly, WDHSCP’s Prescribing Team has been identified as sector leading in its work with the local Care at Home services to support “medicines prompting” and improved medicines management. Our Pharmacy Lead, Pamela McIntyre, received the prestigious Scottish Health Leadership Award in 2015 for her drive and commitment. The Care at Home Pharmacy Initiative also won the overall Improving Health category at the 2015 NHSGGC Celebrating Success Awards.

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.

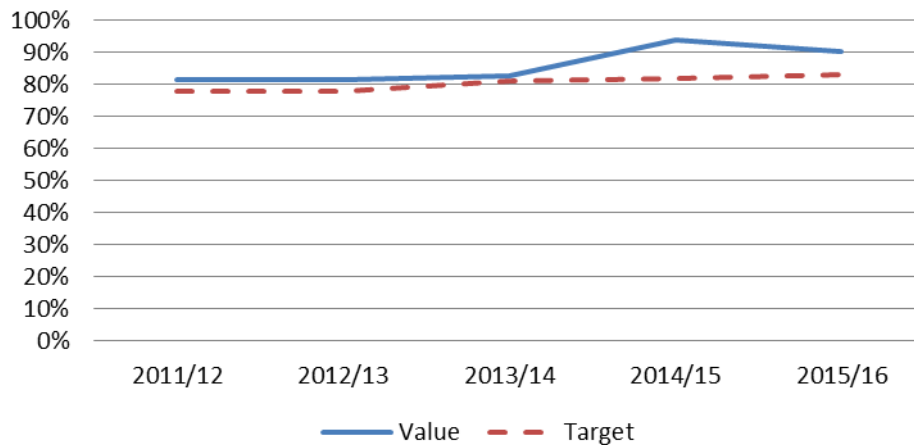
In 2015/16 there were 7,717 referrals to the MSK Physiotherapy services provided within West Dunbartonshire service, with 5225 new patient appointments; and 13,881 return appointments.



WDHSCP has the third highest level of satisfaction with social care services in Scotland; and our levels of satisfaction have increased year on year, from 67% in 2012/13 to 74% for 2014.15. Conversely, the Scottish national figure has followed the reverse trend decreasing from 57% in 2012/13 to 51% in 2014/15.

WDHSCP provided care at home services to 36.1% of people aged 65 and over with intensive needs, allowing them to live at home within their community. In 2015/16, 97.8% of people aged 65 years and over who had been assessed with complex care needs were supported to live in a homely setting. During 2015/16, 8,637 hours of home care (548.7 hours as a rate per 1,000 population) were provided per week to people aged 65 and over; with 90.3% receiving personal care as part of their service.

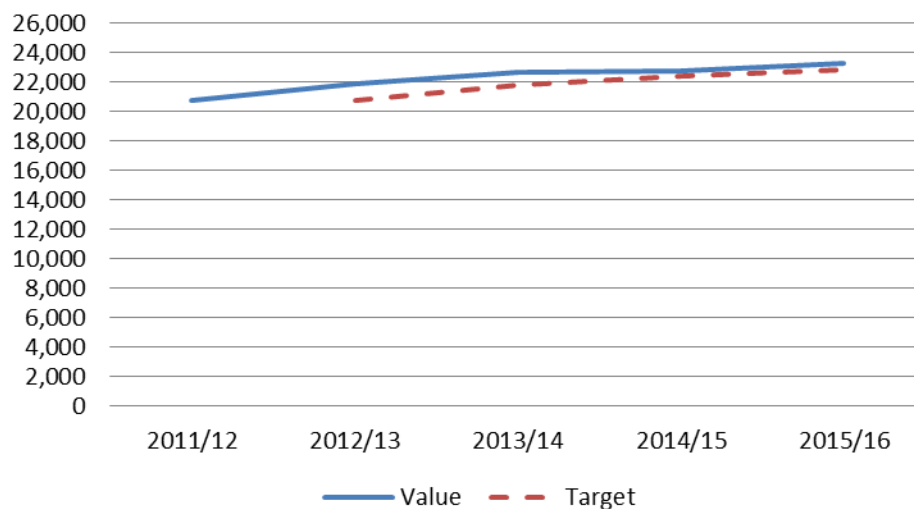
**Percentage of home care clients aged 65+ receiving personal care**



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 where two or more carers provide support; and during 2015/16 WDHSCP provided 8,924 of carer hours to people aged 65 and over (566.9 hours as a rate per 1,000 population). Importantly, 80% of all adults living in a homely setting and receiving ongoing support or care from WDHSCP had their care plans reviewed annually to ensure their needs were being met.

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 number of people receiving a Telecare service has increased by 8% since 2012 to 2,058.

**Number of people aged 75+ receiving Telecare as a rate per 100,000 population**





WDHSCP's Home Care Re-ablement Service has supported better outcomes for clients by maximising clients' long term independence and quality of life; and appropriately minimising structured supports. During 2015/16:

- 61.5% 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.
- 98% of clients agreed or strongly agreed that the Care at Home service made them feel safer in their home.
- 99% of clients stated that their contact with Home Carers has improved their quality of life.

We recognise and are committed to supporting those who wish to take advantage of the opportunities that [Self-Directed Support \(SDS\)](#) provides. Whilst the numbers of clients that have opted to take a Direct Payment option are small, the expenditure on SDS has increased by 30%



since 2013/14 and has also increased as a proportion of overall adult social care spend from 1.39% to 1.77%. Importantly, high satisfaction with social care services may mean that clients are less motivated to actually request SDS direct payments with which they could purchase their own care from external providers.

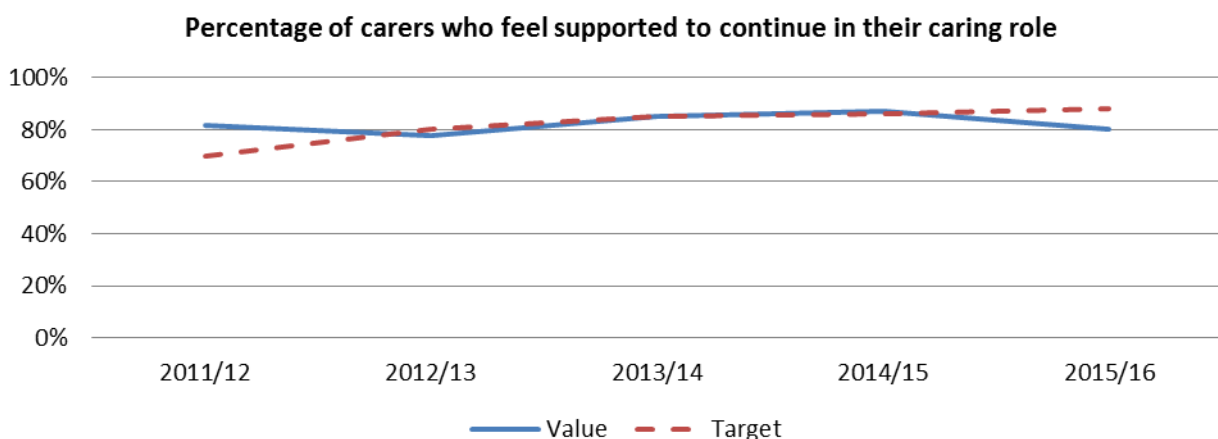
As part of our commitment to communication and public awareness, a dedicated [SDS website](#) was created in 2015, and is constantly updated and monitored. An Integrated Resource Framework has been developed to provide an indicative personal budget to meet the

individual's eligible needs. This framework will be applied to all four SDS options, ensuring fairness and equality across all individuals eligible for local authority funded support.

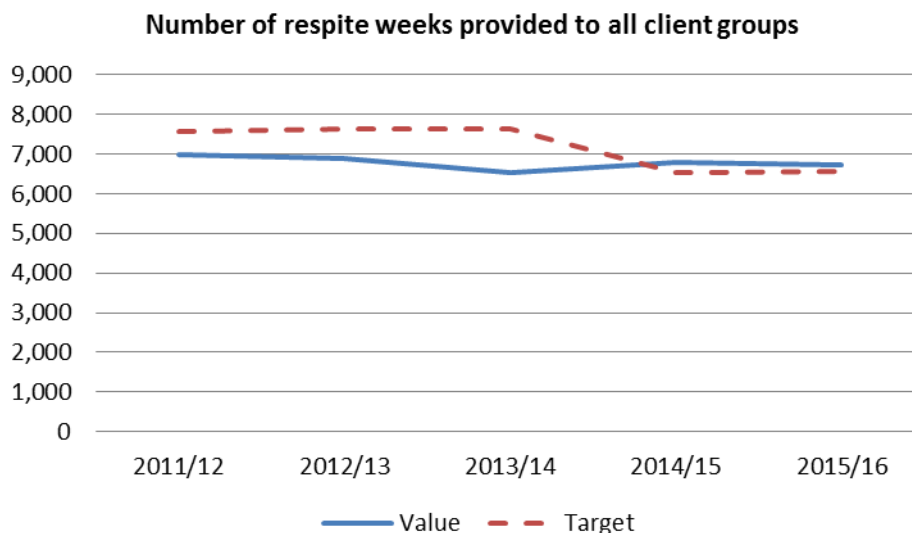


Where people live has an enormous impact on their health and wellbeing - and their ability to manage their condition(s); and feel safe and confident within a homely setting. We have been working closely with colleagues within the Care Inspectorate to deliver high quality standards within all of our older people's residential care homes, achieving mainly 4 and 5s within inspections throughout 2015/16. The establishment of a robust integrated Providers Forum in 2015 – developed in partnership with Scottish Care - has supported the delivery of a quality assurance approach across public sector and private sector care homes; with managers from all sectors completing the My Home Life programme together. 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 to co-produce a local Housing Contribution Statement. This sets out the role and contribution of the local housing sector to supporting the health and social care integration agenda. The [Housing Contribution Statement](#) acts as the 'bridge' between the Council's [Local Housing Strategy](#) and the WDHSCP Strategic Plan.

As with all community based services, the third sector continues to be a key delivery partner across the communities of West Dunbartonshire. The award winning West Dunbartonshire LinkUp Service, developed and delivered with West Dunbartonshire CVS, continues to enable older people to both volunteer and access a range of community health, social work and third sector services through a single point of access. WDHSCP works in partnership with Carers of West Dunbartonshire to identify carers and focus resources to ensure carers feel like equal partners in the planning and delivery of care and support. In 2015/16 the number of carers of people aged over 65 years known to WDHSCP increased from 1,348 to 1366 at December 2015. As shown below, 80.2% of all carers felt supported in 2015/16 against a deliberately challenging, locally set target of 88%.



WDHSCP created a Respite Booking Bureau to provide choice and to help co-ordinate respite for carers to find suitable and appropriate respite provision. In addition, the successful delivery of the Out of the Blue Project continues to provide replacement care opportunities for carers. Between April and December 2015, 196 replacement care hours were provided through the services of Carers of West Dunbartonshire on behalf of WDHSCP.



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.

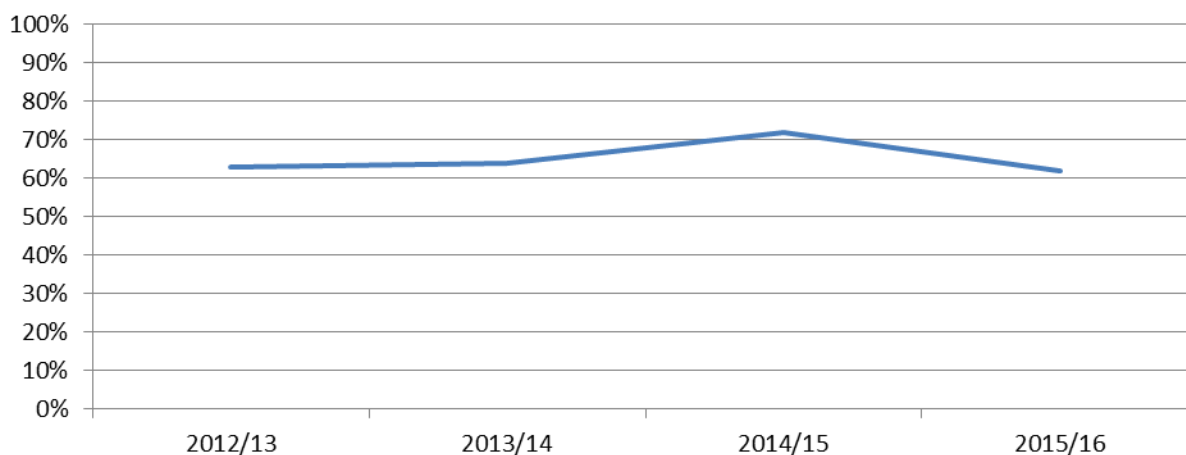
WDHSCP's integrated palliative care services have been able to care for the increasing number of people with complex long term conditions and those at the end of their life, giving individual's



extra choice to be supported in the place most appropriate to them when it comes to the end of their life. During 2015/16, 35% of cancer deaths and 42% of non-cancer deaths occurred in hospital; and 62% of people on the Palliative Care Register were supported to die at home. All patients with palliative and end of life care needs have an anticipatory care plan and electronic palliative care summary

completed within EMIS, which is then shared with relevant NHS GGC Acute services and the Scottish Ambulance Service to ensure a joined up approach within and outwith the WDHSCP.

**Percentage of patients on the Palliative Care Register who died at home or in a homely setting**



This integrated end-of-life service was recognised at both the Scottish Health Awards 2015 and the Herald Society Awards 2015; and received a special award for Integration at the NHS Scotland National awards 2015. In awarding the latter, the judges commented that:

*“This initiative demonstrates everything that (health and social care) integration is about – person centred, compassionate care for people. It brings together all sectors and agencies, and through training ensures that staff can confidently provide the best quality of care to people at the end of their lives.”*

#### **Case Study: Palliative Care**

*“My mother had, for a considerable time, the benefit of support from the Community Care team and the Community Alert team. My mother's very strong wish to remain in her own house was only achieved due to the magnificent service and support my mother received. Your carers are cheery, efficient, and respectful and certainly know the meaning of 'care'. What a wonderful team. My mother viewed them as friends. My mother died in her own home as she wished at the age of 93 years. The co-ordination between your care team and the district nurses during my mother's last days was excellent. All too often we take for granted the services provided. I wish, as do my brothers and wider family, to express my grateful appreciation, praise and thanks to your carers for the assistance given to my late mother. The council should be justifiably proud of this service. Please convey our profound thanks to all concerned”.*

**Extract from a letter sent to WDHSCP**

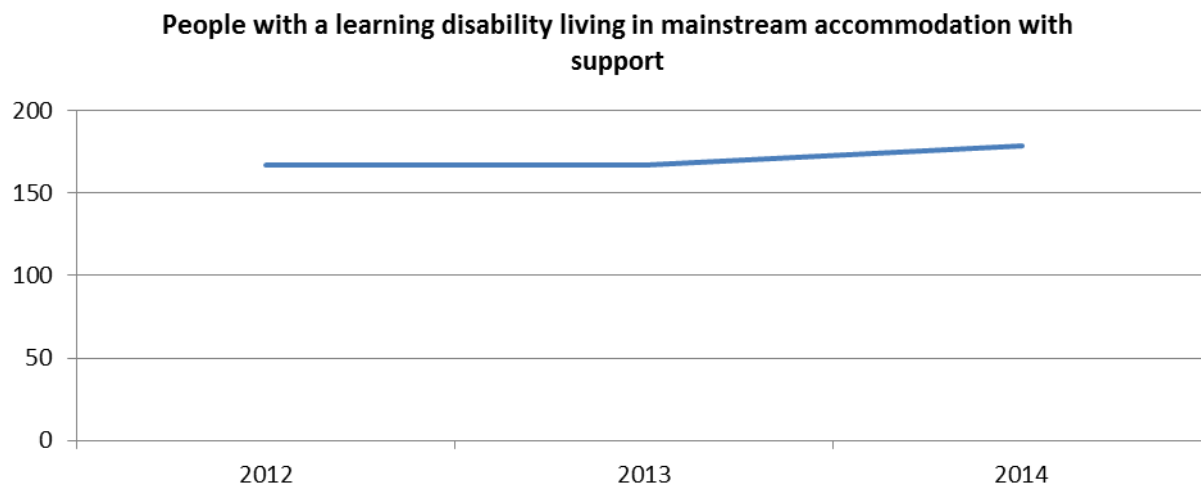
#### 4. SUPPORTING SAFE, STRONG AND INVOLVED COMMUNITIES

The key strategic aims for the Health & Social Care Partnership Board with respect to this 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.

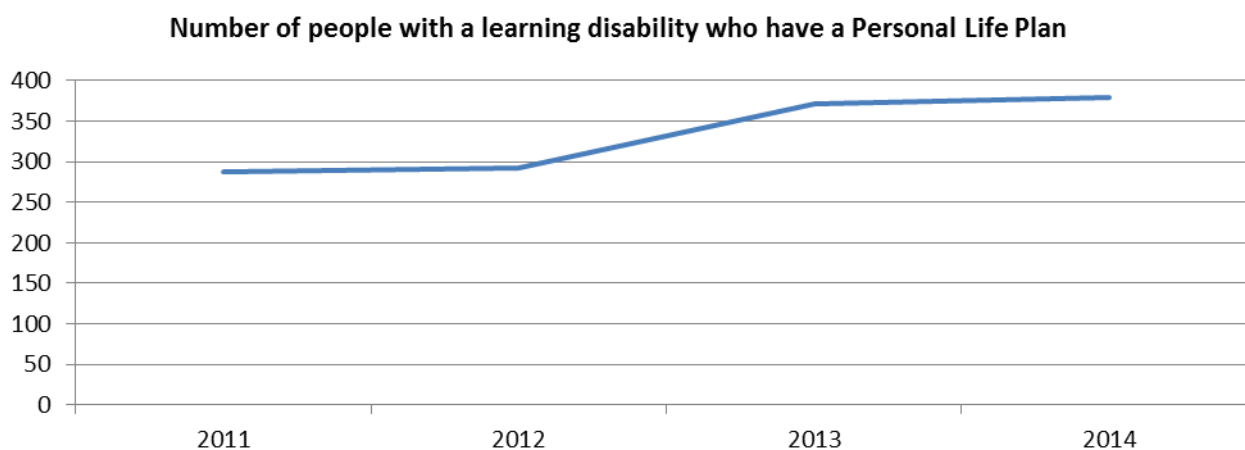
WDHSCP's commitment to continuously improving the quality of life for people with learning disabilities reflects the national [Keys to Life Strategy](#). Our integrated approach to service delivery across community health and care - as well as third sector providers - supports the delivery of effective and targeted specialist services.

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 12% between 2012 and 2014.



Baxter View is a purpose built home for ten people with learning disability that takes into account a range of requirements, e.g. style and decoration linked to visual impairment; and delivering on the RNIB's environmental assessment with reference to access and mobility supports throughout the property. It is operated by the charity Cornerstone as a Centre of Excellence – with the team there sharing learning and best practice with other care providers. This facility has enabled clients to be closer to their families; be better supported to be part of their local community; and build up formal and informal networks of support.

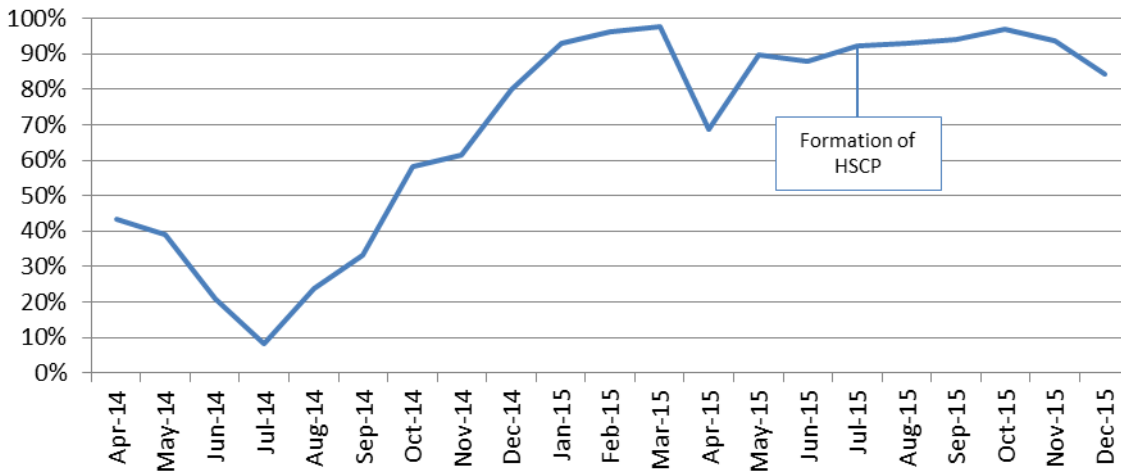
As illustrated below, WDHSCP Learning Disability services have increased the number of clients with personal life plans (an increase of 32% between 2011 and 2014), and continue to support as many such clients to live as independently as possible.



People with a learning disability and their carers have throughout 2015 consistently provided feedback of high levels of satisfaction with our integrated learning disability service delivery; and this is further reinforced in the positive Care Inspectorate gradings achieved.

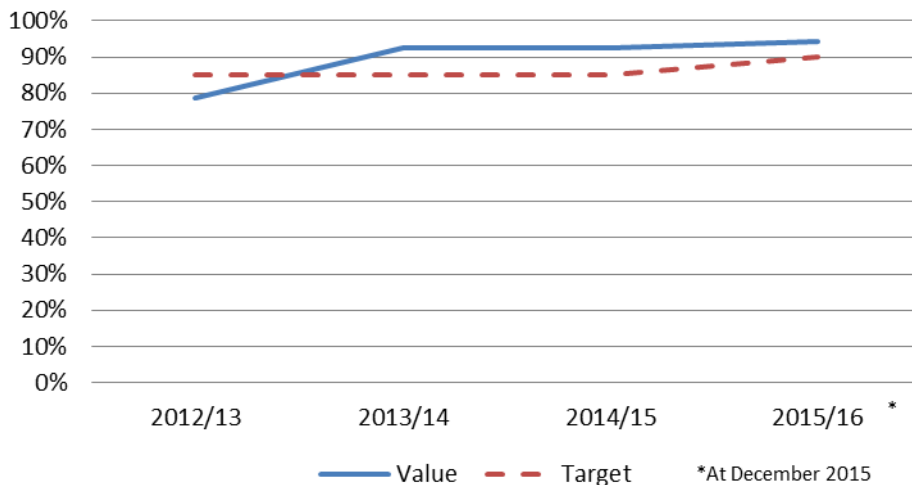
WDHSCP Mental Health Services have made a positive impact on outcomes and waiting times for individuals. The graph below demonstrates that we have been able to offer the majority of first appointments to our Primary Care Mental Health Team (PCMHT) within four weeks; and have been able to maintain this trend over a number of months.

**Percentage of PCMHT referrals to 1st appointment offered within 4 weeks**



Almost 500 people within West Dunbartonshire were referred for psychological therapies in 2015/16. As depicted in the chart below, WDHSCP has exceeded the national target for waiting times for treatment since 2013/14.

**Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral**



Enhanced access to Psychological Therapy programmes across WDHSCP 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. An annual integrated groupwork programme was developed and implemented, with programmes provided including Cognitive Behavioural Therapy in Action; Mindfulness; Emotional Skills; and STEPPS (Systems Training for Emotional Predictability and Problem Solving). Service user access to evidence based interventions has tripled, with 180 people receiving groupwork between July 2015 and February 2016.



The [Road to Recovery Drugs Strategy](#), [Changing Scotland's Relationship with Alcohol: A Framework for Action on Alcohol](#), the [National Delivery Framework for Alcohol and Drug Delivery](#) and the [Quality Alcohol Treatment and Support \(QATS\) report](#) continue to provide the national framework for delivering alcohol and drug prevention, treatment and support in Scotland. The recently refreshed [Getting Our Priorities Right \(GOPR\) guidance](#) (updated within the context of the national Getting It Right for Every Child (GIRFEC)) provides an updated good practice framework for

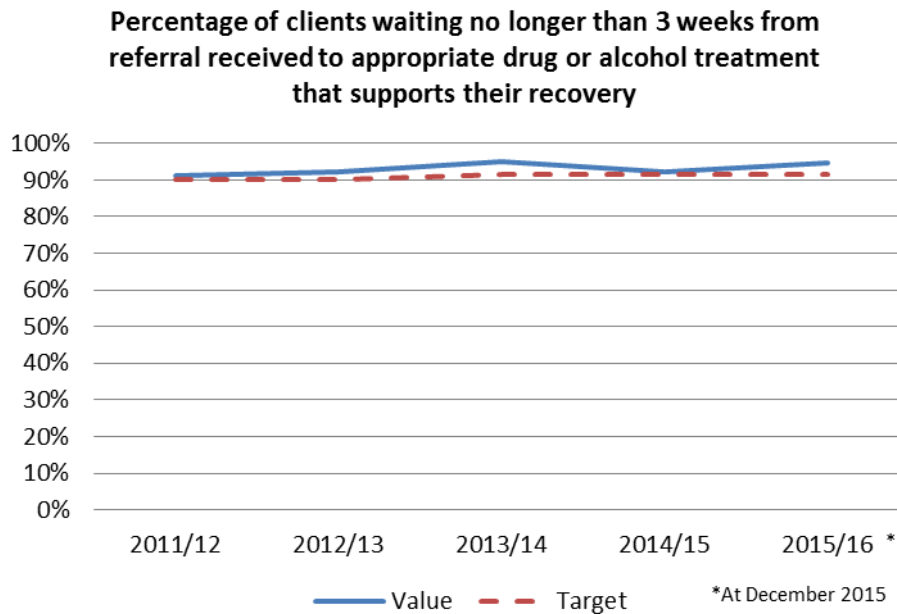
all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use. WDHSCP leads on the Community Planning Partnership's Alcohol and Drug Partnership (ADP)



which is responsible for developing and leading local strategies to deliver improved outcomes for people affected by issues of alcohol and drug abuse. As required by Scottish Government, WDHSCP led an ADP self-assessment of its local performance, reviewing 75 separate areas of activity. That detailed and lengthy assessment – which has been presented to the West Dunbartonshire Community Planning Partnership Management Group and then submitted to the Scottish Government - indicated that there were no areas of activity where no action had commenced. It identified 15 areas where work had commenced and was ongoing – noting that many of these were areas where continuous improvement activity would be expected. Within that self-evaluation, a key area for ongoing development was to promote greater consistency in monitoring and reporting across programmes and partners. A total of 60 (80%) areas were deemed to be above standard – noting that they will be subject to continual review and self-evaluation.

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 & Alcohol Services](#) underpin the development of WDHSCP Addiction Services .

The chart below shows that WDHSCP has consistently reached the target for waiting times to appropriate drug or alcohol treatment.



Shared care for substance misuse refers to the joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem. Almost all GP practices within the area provide some form of Shared Care Clinic which is aimed at more stable patients, without significant psychiatric/social co-morbidities. This arrangement is seen as part of the recovery process, with each clinic receiving support from either an Addiction Worker or an Addiction Nurse. At our Future of Addiction Services (FAST) recovery café we support service users who would like to move on in their recovery to training, education or mutual aid. 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.

The national [Sexual Health & 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. 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. During 2015-16, it was providing six weekly nurse-led clinics across West Dunbartonshire, with an attendance rate of over 70%; and offered 700 return patient appointments. Over 100 previously hard to reach/non-attending patients have been supported to complete treatment, leading to healthier outcomes.

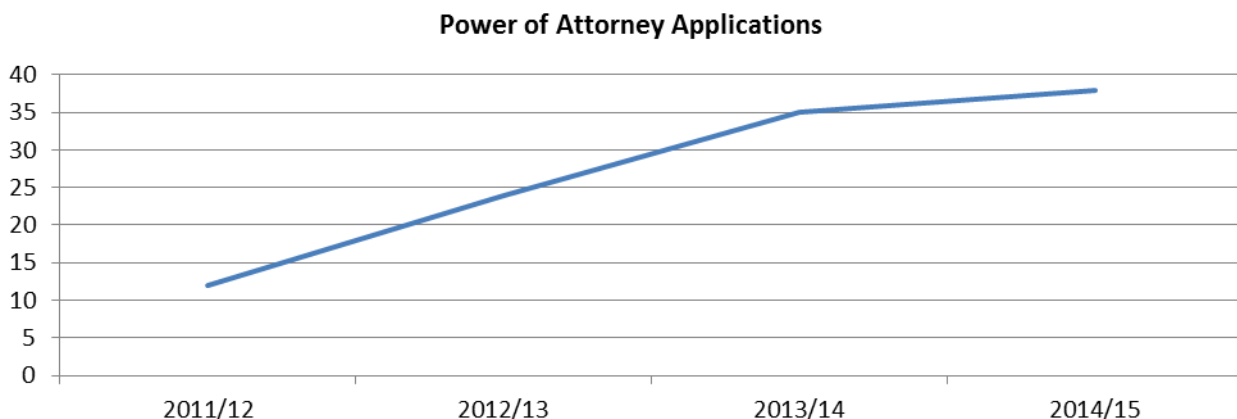


WDHSCP and our partners understand that people living with dementia and their carers are experts in experiencing dementia and are often the best people to talk about it. Dementia Friendly West Dunbartonshire (DFWD) is a community-led and multi-agency (statutory, independent and third sector) initiative 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. DFWD is increasing community knowledge, identifying signs, challenging stigma and enhancing communication. DFWD aims to Engage, Educate, Enthuse and Enable the community – so as to:

- Build dementia awareness in the community.
- Develop Dementia Friendly shopping areas involving local retailers.
- Establish a Dementia Awareness trainers network throughout statutory, private and third sector partners.
- Support individuals/organisations to pledge enhancements, improving the quality of life for those living in the area.
- Promote community support to people living with dementia for everyday activities (e.g. hobbies, shopping and banking).

Evaluation through the ISM model (individual, societal, material) saw 143 pledges by stakeholders, identifying three key outcome areas: greater understanding; increased personal confidence of dealing with dementia; and a thirst for knowledge.

As part of our promotion of effective communication and approach to self-management and early intervention to support people within our communities, we delivered two successful public awareness campaigns to raise awareness of the benefits of Power of Attorney. The chart below illustrates the 217% increase in Power of Attorney applications between 2011/12 and 2014/15.



## **Case Study: Dementia Care**

*Stewart\* and his partner knew that something was not quite right, but when he was diagnosed with dementia it was a bolt from the blue.*

*“We cannot praise West Dunbartonshire enough - we are so lucky, there is nothing they won’t do to help. They try to think about what people with dementia need in their life, not just about being sick. They want the community to understand about dementia, and to support those of us with it.”*

*The couple are supported by WDHSCP Community Mental Health Team and the Carers’ Centre.*

*“Our Dementia Link Worker also helped us to make amazing contacts and supports in the community that we still use today”.*

*They receive practical help, e.g. getting their grass cut; adaptations to the house; care and repair; and welfare rights support. Their Dementia Link Worker has helped them access support from other services, including Alzheimer Scotland and the “invaluable” support from the Vision Support Service of the Royal National Institute for Blind People (RNIB).*

*The couple feel strongly that “it’s the simple little things that make the difference, making things easier and giving me the confidence to go out of the house and to maintain my independence. We are determined that we keep as independent as possible.”*

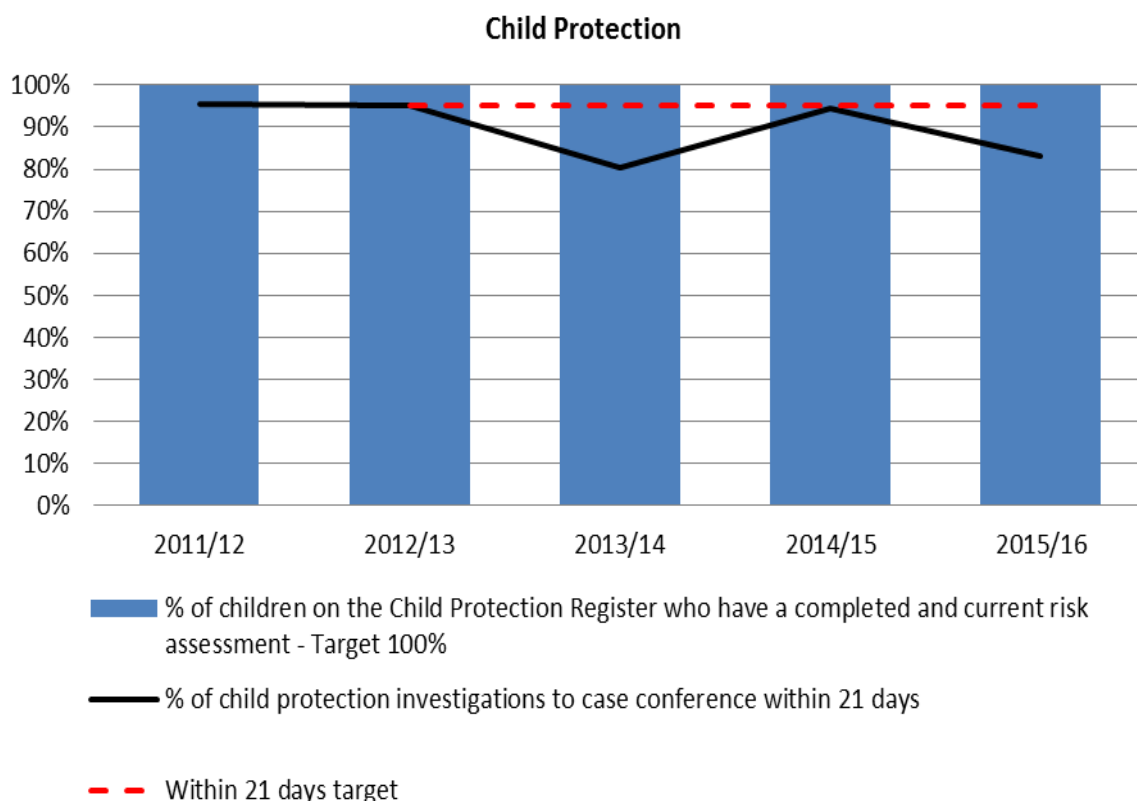
*(\*not real name)*

## 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) and serious violent offenders. 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 for public protection matters affecting West Dunbartonshire. 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 31<sup>st</sup> of March 2016 there were 28 children on the Child Protection Register (CPR) in West Dunbartonshire, compared with 34 children the year before. This represents a reduction of 17% from 2014/5. As the chart below illustrates, all children on the CPR have a completed and current risk assessment. Performance against the target for case conferences being held within 21 days has fluctuated, although the length of delay beyond the timescale was no more than seven days from October 2015.



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 regularly reviews the prevalence and variation in order to ensure that practice is robust; and to then inform the PPCOG of the likely reasons for the variance.

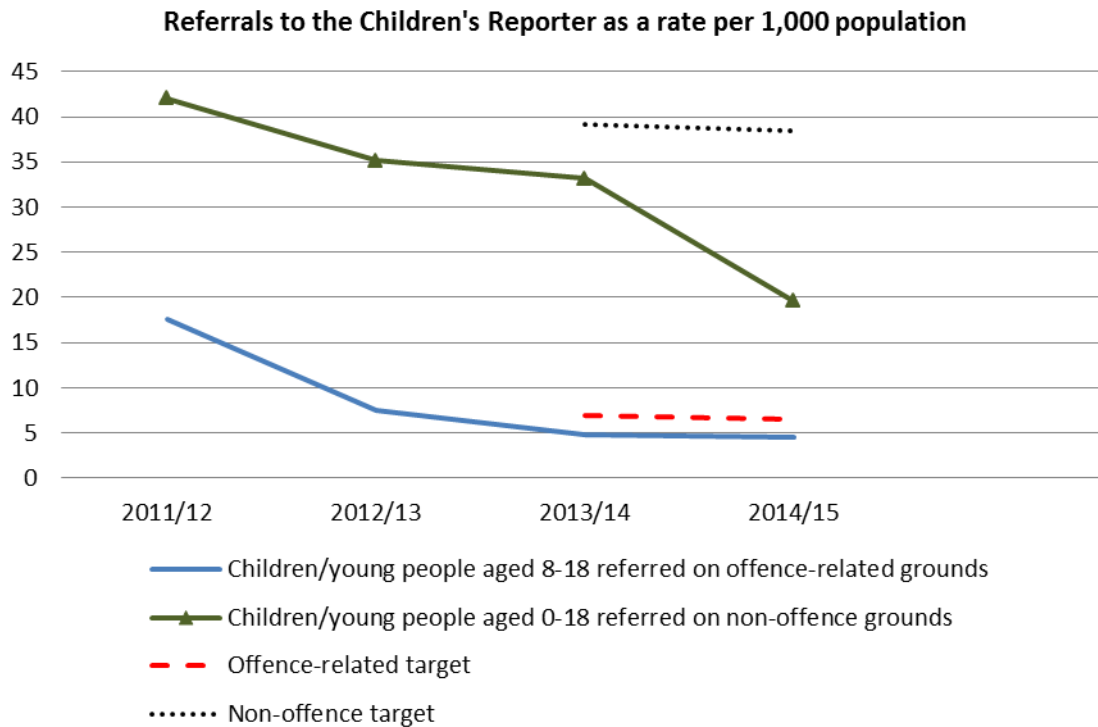
A workshop was held in February 2016 with Clydebank Locality Group which looked at child wellbeing and child protection. It included examining levels of vulnerability as associated with the Scottish Index of Multiple Deprivation (SIMD); and the prevalence of domestic abuse and child protection referrals across all practices. In addition there was an analysis of the contributing factors that led to children in West Dunbartonshire being placed on the Child Protection Register (CPR). The overwhelming contributory factor was 'neglect'. It is welcomed therefore that 'neglect' features as one of the main work streams within the recent announcement of the national Child Protection Improvement Framework.

The WDHSCP worked with the Oakview GP practice - based in the Vale Centre for Health and Care – to extend their multi-agency vulnerable children's management and overview process to include school aged children; and a representative from Council Educational Services. This is currently being evaluated alongside an information sharing pilot connecting the new EMIS child health record with the GP-held EMIS record. This development work continues to be supported by the existing multi-agency screening and support for vulnerable families.

WDHSCP has successfully delivered an Early and Effective Intervention procedure (linked to a Whole Systems Approach) to provide robust alternatives to young people who offend becoming involved in statutory and criminal justice processes. Our data shows that in 2015 there was an 11% increase in the number of under 18 year olds who had committed an offence who were subsequently referred to Early and Effective Interventions, with 207 in total dealt with through this process. Therefore, we can demonstrate that young people accessed supports faster – who, by avoiding entry to youth and criminal justice processes, are less likely to repeat offend. Our data shows a success rate of 76% (out of 37 Procurator Fiscal Diversion referrals received by the HSCP) where young people were provided with community support and therefore avoided prosecution.

An Early and Effective Intervention approach to domestic abuse has also been introduced, which involves WDHSCP, Police Scotland and our statutory and third sector partners working together in response to incidents of domestic abuse where children and young people are affected, providing streamlined and timely support to those involved.

This multi-agency focus on early intervention to tackle domestic abuse and violence against women, along with our Whole Systems Approach to tackling youth offending, has contributed to a significant fall in referrals to the Scottish Children's Reporter on both offence and non-offence grounds (as shown in the chart below). In 2011/12, 942 children in total were referred - and this has fallen by 58% to 392 in 2014/15. The number of children referred on offence grounds over the same period has reduced by 75% from 196 to 49.



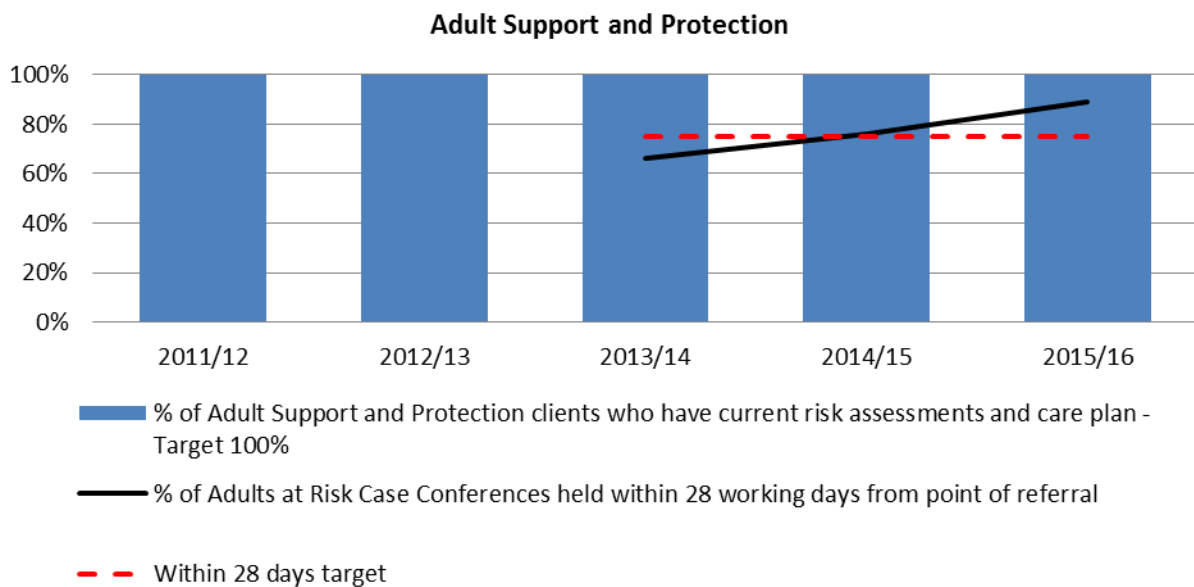
Another area of particular importance - both nationally and locally - is the management of Child Sexual Exploitation (CSE). A recent national awareness-raising campaign has highlighted the concerns and the risks posed to children and young people. In West Dunbartonshire a multi-agency CSE Strategy Group has been established. Initially its main focus has been on providing training for staff and sustaining this training through the development of local trainers. Importantly, work has been undertaken to engage with young people directly to involve them in the development of local approaches.

Within our communities there are adults who are at more risk of harm than others - because of illness, disability or some other factor. Adult support and protection arrangements apply on the basis of what has come to be known as the 3-point test, i.e. the person is an adult (aged 16 or over) and:

- 1) unable to safeguard their own well-being, property, rights or other interests, and
- 2) is at risk of harm, and
- 3) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

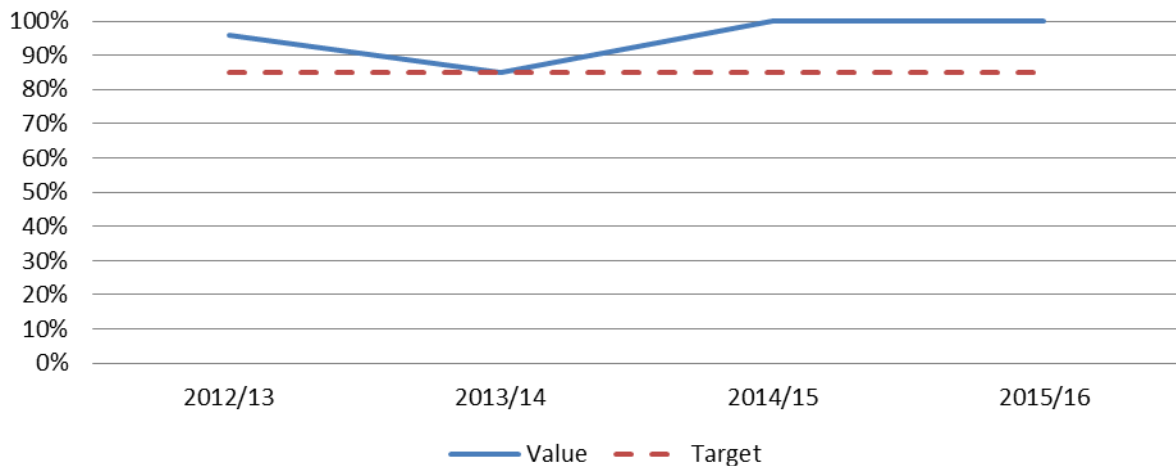
The Adult Protection Committee (APC) continues to meet on a quarterly basis and attendees include a representative from WDHSCP, Police Scotland, Council Trading Standards, the Care Inspectorate, the Office of Public Guardian, the Mental Welfare Commission, Scottish Care and advocacy services. We have also recently extended membership to include the Scottish Fire and Rescue Service.

As can be seen in the chart below, all Adult Support and Protection clients have a current risk assessment and care plan; and we have significantly improved on meeting timescales for case conferences - from 66% in 2013/14 to 89% in 2015/16.



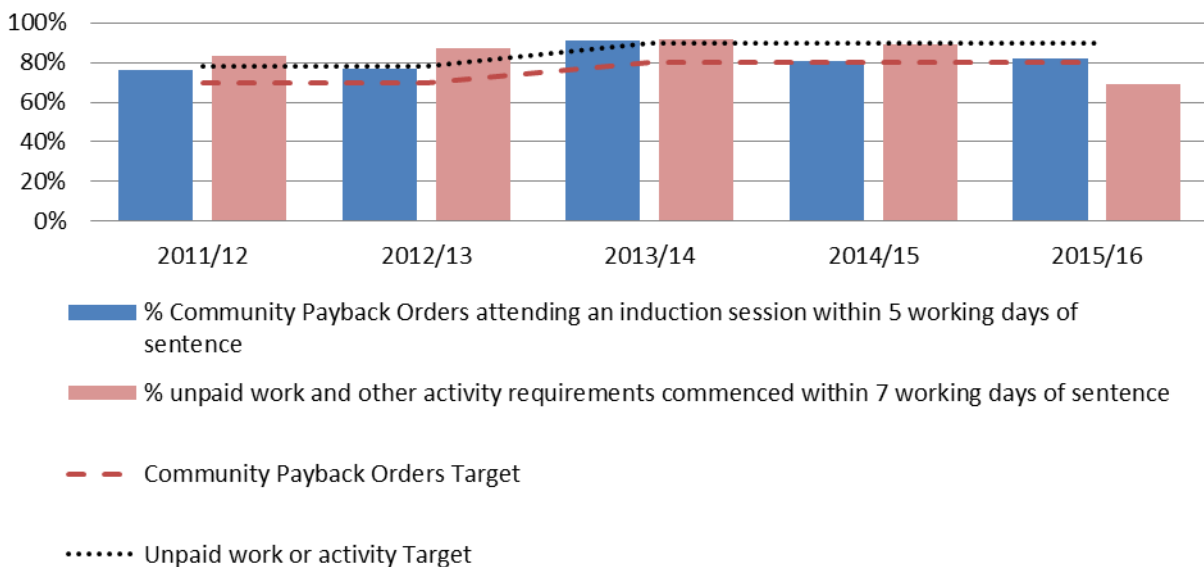
Multi Agency Public Protection Arrangements (MAPPA) bring together Police Scotland, local authorities, the Scottish Prison Service and territorial NHS health boards (as the Responsible Authorities) to jointly establish arrangements to assess and manage the risk posed by sex offenders and mentally disordered restricted patients. A joint thematic review of MAPPA in West Dunbartonshire 2015/16 found MAPPA to be well established and working effectively on a day-to-day basis to protect communities from harm through shared responsibility and good information exchange. As evidenced by the chart below, WDHSCP has consistently achieved the target of 85% of Level 2 MAPPA cases being reviewed at least once every 12 weeks.

**Percentage of Level 2 MAPPA cases reviewed no less than once every 12 weeks**



With effect from April 2016 Multi Agency Public Protection Arrangements (MAPPA) will apply to offenders subject to statutory supervision in the community who are assessed by Criminal Justice Social Workers as meeting certain Risk of Serious Harm (RoSH) criteria. The critical issue will be to determine through a RoSH assessment, the factors which indicate imminence of further offending and hence of serious harm. This is a new category of high risk offender and will be in addition to the management of Registered Sex Offenders in the community.

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 2015/16. The graph below shows sustained performance against target within the context of increasing demand.



As of April 2016, the [Community Justice \(Scotland\) Act 2016](#) has transferred the responsibility for the local strategic planning and delivery of community justice will transfer from Community Justice Authorities to Community Planning Partnerships. Community Planning Partnerships assumed responsibility under the new model from 1st April 2016; 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. Within this context, Criminal Justice Social Work remains accountable to and subject to the governance arrangements within the Health & 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.

#### *Case Study: Child Protection*

*Peter\* is a 5 year old boy who lives with his mum in West Dunbartonshire. A risk to Peter was first identified after mum presented at her GP with domestic abuse related injuries that led the GP to contact WDHSCP for support. Peter had been doing well in school, but a Child Protection investigation and ongoing assessment identified issues of physical and emotional risk related to his mother's mental health issues; the risk of violence to him and others in the home; and a history of moves in times of crisis. Intensive multi-agency and multi-disciplinary work – including WDHSCP, Police Scotland, Peter's school and the family's GP - has now reduced both the physical and emotional risk for Peter. This been based on a shared commitment and agreed goals to keeping Peter safe; to supporting his mother to ensure he is not at risk; and to supporting his mother to build on their strong attachment so as to enable her to safely and positively parent her son. The latter has included engaging Peter's wider family who have become crucial to keeping him safe. Peter continues to be strictly monitored on the Child Protection register by WDHSCP whilst being supported to live at home by the wider team.*

*(\*not real name)*



## 6. BEST VALUE

Health & Social Care Partnership Board has made arrangements for the proper administration of its financial affairs and appointed an officer with the responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is Chief Financial Officer.

WDHSCP has achieved the required level of in-year savings and deliver a balanced position against budget for 2015/16 as per the table overleaf. WDHSCP is reporting a planned underspend £492,000 from the 1 July 2015 to the 31 March 2016 that is being managed in line with the approved [Reserves Policy](#). It should be noted that at the time of writing this Annual Performance Report the year-end position is subject to final audit approval. The Health & Social Care Partnership Board Annual Accounts are being prepared in accordance with legislation ([The Local Authority Accounts \(Scotland\) Regulations 2014](#)) and so far as is compatible with legislation, in accordance with proper accounting practices (Section 12 of the [Local Government in Scotland Act 2003](#)). The Health & Social Care Partnership Board Audit Committee will be presented with the both unaudited (June) and audited accounts (September) for approval.

In line with best value duties the Health & Social Care Partnership Board's financial arrangements have secured continuous improvement in performance, while maintaining an appropriate balance between quality and cost. In achieving a balanced budget in financial year 2015/16, WDHSCP has managed its affairs to secure economic, efficient and effective use of resources; equal opportunities requirements; and contributed to the achievement of sustainable development.

Nonetheless, the health and social care budget remains under pressure, mainly due to the increased level of demands for and expectations on services within an increasingly challenging financial environment.

West Dunbartonshire Health & Social Care Partnership						
Financial Year 2015/16 period covering 1 April to 31 March 2016						
	Annual Budget	Actual	Variance	Variance	Apr - Jun Variance	July - Mar Variance
	£000's	£000's	£000's	%	£000's	£000's
<b>Health Care Expenditure</b>						
Addictions	1,980.1	1,924.3	55.8	2.8%	26.2	29.6
Mental Health - Adult Community	4,641.7	4,520.1	121.6	2.6%	27.8	93.8
Mental Health - Elderly Inpatients	3,314.8	3,314.7	0.1	0.0%	4.3	(4.2)
Community Learning Disabilities	425.2	413.9	11.3	2.7%	34.0	(22.7)
Adult Community Services	11,300.6	11,191.3	109.3	1.0%	1.9	107.4
Children Services - community	2,684.8	2,588.0	96.8	3.6%	-11.9	108.7
Children Services - specialist	1,898.7	1,874.4	24.3	1.3%	-5.3	29.6
Planning & Health Improvements	1,125.0	910.9	214.1	19.0%	6.4	207.7
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0	0.0
Other Services	3,679.2	4,406.9	(727.7)	-19.8%	-85	(642.7)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0	0.0
<b>Expenditure</b>	<b>£83,677.7</b>	<b>£83,673.8</b>	<b>3.9</b>	<b>0.0%</b>	<b>3.9</b>	<b>0.0</b>
<b>Income</b>	<b>(5,364.3)</b>	<b>(5,364.3)</b>	<b>0.0</b>	<b>0.0%</b>	<b>0.0</b>	<b>0.0</b>
<b>Net Expenditure</b>	<b>£78,313.4</b>	<b>£78,309.5</b>	<b>£3.9</b>	<b>£0.0</b>	<b>£3.9</b>	<b>0.0</b>
	Annual Budget	Actual	Variance	%	Apr - Jun Variance	July - Mar Variance
	£000's	£000's	£000's	%	£000's	£000's
<b>Social Care Expenditure</b>						
Strategy Planning and Health Improvement	1,231.0	1,139.0	92.0	7.5%	37	55.4
Residential Accommodation for Young People	3,439.0	3,463.0	(24.0)	-0.7%	(16.6)	(7.4)
Children's Community Placements	2,856.0	3,229.0	(373.0)	-13.1%	(76.0)	(297.0)
Children's Residential Schools	846.0	1,038.0	(192.0)	-22.7%	(42.0)	(150.0)
Childcare Operations	3,854.0	3,880.0	(26.0)	-0.7%	(0.1)	(25.9)
Other Services - Young People	4,124.0	3,976.0	148.0	3.6%	(7.4)	155.4
Residential Accommodation for Older People	7,882.0	8,174.0	(292.0)	-3.7%	(138.9)	(153.1)
External Residential Accommodation for Elderly	11,030.0	11,055.0	(25.0)	-0.2%	137	(162.4)
Sheltered Housing	1,896.0	1,882.0	14.0	0.7%	15	(0.7)
Day Centres Older People	1,145.0	1,220.0	(75.0)	-6.6%	(30.5)	(44.5)
Meals on Wheels	81.0	74.0	7.0	8.6%	(0.0)	7.0
Community Alarms	330.0	347.0	(17.0)	-5.2%	(4.0)	(13.0)
Community Health Operations	2,927.0	2,978.0	(51.0)	-1.7%	(13.0)	(38.0)
Residential - Learning Disability	13,479.0	13,321.0	158.0	1.2%	51	106.8
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Day Centres - Learning Disability	1,629.0	1,607.0	22.0	1.4%	13	8.9
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0	(23.0)
Mental Health	3,344.0	3,391.0	(47.0)	-1.4%	58	(105.0)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Addictions Services	1,831.0	1,822.0	9.0	0.5%	36	(26.7)
HSCP - Corporate	1,864.0	1,308.0	556.0	29.8%	17	539.0
<b>Net Expenditure</b>	<b>£79,006.0</b>	<b>£79,871.0</b>	<b>(865.0)</b>	<b>-1.1%</b>	<b>(135.6)</b>	<b>(729.4)</b>
<b>Income</b>	<b>(18,568.0)</b>	<b>(19,656.0)</b>	<b>1,088.0</b>	<b>0.0%</b>	<b>(132.7)</b>	<b>1,220.7</b>
<b>Net Expenditure</b>	<b>£60,438.0</b>	<b>£60,215.0</b>	<b>£223.0</b>	<b>0.4%</b>	<b>£(268.2)</b>	<b>£491.2</b>
	Annual Budget	Actual	Variance	Variance	Apr - Jun Variance	July - Mar Variance
	£000's	£000's	£000's	%	£000's	£000's
<b>Consolidated Expenditure</b>						
Older People Residential, Health and Community Care	36,591.6	36,921.3	(329.7)	-0.9%	(32.4)	(297.3)
Homecare	12,793.0	13,400.0	(607.0)	-4.7%	(163.7)	(443.3)
Physical Disability	2,401.0	2,520.0	(119.0)	-5.0%	(7.0)	(112.0)
Children's Residential Care and Community Services (incl specialist)	19,702.5	20,048.4	(345.9)	-1.8%	(159.3)	(186.6)
Strategy Planning and Health Improvement	2,356.0	2,049.9	306.1	13.0%	43.0	263.1
Mental Health Services - Adult & Elderly Community and Inpatients	11,300.5	11,225.8	74.7	0.7%	90.1	(15.4)
Addictions	3,811.1	3,746.3	64.8	1.7%	61.9	2.9
Services	15,533.2	15,341.9	191.3	1.2%	98.2	93.1
Family Health Services (FHS)	23,848.7	23,848.7	0.0	0.0%	0.0	0.0
GP Prescribing	18,541.2	18,541.2	0.0	0.0%	0.0	0.0
Hosted Services	878.6	780.3	98.3	11.2%	5.5	92.8
Integrated Care Fund	1,584.3	1,584.3	0.0	0.0%	0.0	0.0
Criminal Justice	24.0	47.0	(23.0)	-95.8%	0.0	(23.0)
Resource Transfer	7,774.8	7,774.8	0.0	0.0%	0.0	0.0
HSCP Corporate and Other Services	5,543.2	5,714.9	(171.7)	-3.1%	(68.0)	(103.7)
Gross Expenditure	162,684	163,545	(861.1)	-0.5%	(131.7)	(729.4)
Income	(23,932)	(25,020)	1,088.0	-4.5%	(132.7)	1,220.7
<b>Total Net Expenditure</b>	<b>£138,751.4</b>	<b>£138,524.5</b>	<b>£226.9</b>	<b>0.2%</b>	<b>£(264.3)</b>	<b>£491.2</b>

The set aside, or notional budget, for large hospital services is included in the Health & Social Care Partnership Board total resources for 2015/16. The latest (March 2016) notional budget calculation reflects an average of £17.3m per annum based on current service consumption costs.

The main financial variances during 2015/16 were in relation to:

- Children's Residential Schools - reported a year to date overspend of £192,000 due to residential placements of two clients placed in July and October 2015; with a further four additional clients placed in December 2015 and January 2016.
- Residential Accommodation for the Elderly - reported a year to date overspend of £442,000 related to staff absence and cost pressures.
- External Residential Accommodation for Elderly – reported an underspend of £267,000 primarily due to lower placement cost; new improvement money; and income from house sales.
- Residential Learning Disability – reported an underspend of £219,000 due to reduced package costs as a result of a number of clients moving from residential to new housing support accommodation; and a reduction in the number of packages.
- Homecare – reported a year to date overspend of £724,000 related to staff absence; and the increased number of homecare hours being delivered based on current client assessed needs, with an increase in clients being provided with short term focussed reablement homecare rather than longer term chargeable hours.

The reported GP Prescribing result is based on the actual result for the month to 31 November 2015 extrapolated to 31 January 2016. To November 2015, Greater Glasgow & Clyde GP Prescribing was £2.7m (1.4%) over-spent on an annual budget of £199.1m. The £2.7m over-spend extrapolated to 31 March 2016 results in a forecast year to date over-spend of £3.3m. However, as there was no extra funding for the additional prescribing day in 2015/16 (29 February), it was hoped that additional savings could be generated to help offset the potential impact of this. Having now received the February volumes, the out-turn is likely to be circa. £4 million. The Health Board has identified prescribing related non-recurring funding to cover this and, as part of the risk sharing arrangement, will absorb the over-spend in this financial year. In light of the Health Board's anticipated financial position beyond 2015/16, the risk sharing arrangement may require to be reviewed to agree how risk should be apportioned between the Health Board and the six Integrated Joint Boards within its area (of which the Health & Social Care Partnership Board is one).

We have, therefore, reported a break-even position for 15/16 and a cost neutral position has been reported in each HSCP in March. HSCP variances to January are currently being investigated by the relevant HSCP Prescribing Advisors. WDHSCP is reporting a £0.485m (3.3%) over spend as at 31 January 2015 based on November dispensing costs. However, under the risk sharing arrangement, the overspend has been adjusted to report a cost neutral position at year end. Variances specific to WDHSCP are currently being investigated by Prescribing Advisors.

The Housing Aids and Adaptations and Care of Gardens for social care needs is also included in the Health & Social Care Partnership Board total resource for 2015/16. The budgets are currently held within West Dunbartonshire Council's Housing Section and will be managed by them on behalf of the Health & Social Care Partnership Board. The 2015/16 budget based on existing resources for Care of Gardens is £0.500m; and for Aids and Adaptations is £0.256m - providing a total resource of £756.3m. The summary position for the year ended 31 March 2016 is reported in the following table and reports overall a small minor underspend. The demands within the care of garden scheme are reporting an overspend of £37,990 and underspend of £38,280 aids and adaptations service plan slippage. The position is under review in the new financial year 2016/17.

	<b>Budget (£)</b>	<b>Actual (£)</b>	<b>Variance (£)</b>
<b>Care of Gardens</b>	500,000	537,991	(37,991)
<b>Aids and Adaption</b>	256,250	217,967	38,283
<b>Total</b>	<b>756,250</b>	<b>755,958</b>	<b>292</b>

Looking forward, a key area for development will be the production of locality budget information with the proportion of spend of WDHSCP funds across care group services for Alexandria and Dumbarton; and for Clydebank.

## 7. GOOD GOVERNANCE

The timeline below shows the key milestones successfully met up to the end of March 2016 in establishing the governance requirements for the West Dunbartonshire Health & Care Partnership Board and WDHSCP.

<u>Timeline</u>	
<b>2010 – 2014</b>	Community Health & Care Partnership in place.
<b>2014/2015</b>	Shadow Health and Social Care Partnership established by West Dunbartonshire Council and NHSGGC Health Board (transition year). West Dunbartonshire Integration Scheme 2015 agreed by West Dunbartonshire Council and NHSGGC Health Board.
<b>April 2015</b>	Public Bodies (Joint Working) (Scotland) Act enacted.
<b>May 2015</b>	West Dunbartonshire Integration Scheme agreed by Scottish Ministers – including all community adult and children’s health and care services plus criminal justice social work.
<b>July 2015</b>	West Dunbartonshire Health & Social Care Partnership Board established as Integrated Joint Board (Body Corporate – Integration Authority) for West Dunbartonshire. West Dunbartonshire Health & Social Care Partnership Board approves Standing Orders, including Code of Conduct. West Dunbartonshire Health & Social Care Partnership Board appoints Chief Officer and Chief Financial Officer. West Dunbartonshire Health & Social Care Partnership Board approves first Strategic Plan. Strategic Plan 2015/16 confirms integration commencement (start) date of 1 <sup>st</sup> July 2015. Strategic Plan 2015/16 identifies locality areas of Alexandria and Dumbarton; and Clydebank.

<u>Timeline</u>	
<b>August 2015</b>	<p>West Dunbartonshire Health &amp; Social Care Partnership Board agrees Financial Regulations.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board agrees audit arrangements, including creation of Audit (Sub) Committee.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board agrees Risk Management Policy and Strategy.</p> <p>WDHSCP integrated clinical and care governance arrangements confirmed.</p>
<b>September 2015</b>	<p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee established.</p> <p>Internal Audit Operational Agreement confirmed; and Audit Scotland confirmed by the Accounts Commission as the external auditors of the West Dunbartonshire Health &amp; Social Care Partnership Board.</p>
<b>November 2015</b>	<p>West Dunbartonshire Health &amp; Social Care Partnership Board endorses WDHSCP Workforce and Organisational Development Strategy.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board approves first Strategic Risk Register.</p>
<b>January 2016</b>	<p>West Dunbartonshire Health and Social Care Partnership Board agrees Financial Reserves Policy.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee approves the Scheme of Delegation arising from the Financial Regulations.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee agrees Financial Reserves Policy.</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee agrees to the Partnership Board joining the Clinical Negligence &amp; Other Risks Indemnity Scheme (CNORIS).</p> <p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee endorses the integrated approach to business continuity developed by WDHSCP, the Health Board and Council.</p> <p>WDHSCP Joint Staff Forum Constitution confirmed.</p>
<b>March 2016</b>	<p>West Dunbartonshire Health &amp; Social Care Partnership Board Audit Committee endorses WDHSCP Equalities Mainstreaming Report for public publication.</p>

## **APPENDIX 1: OUTCOMES**

### National Health and Wellbeing Outcomes (for adults)

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

### National Outcomes for Children

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

### National Outcomes for Criminal Justice

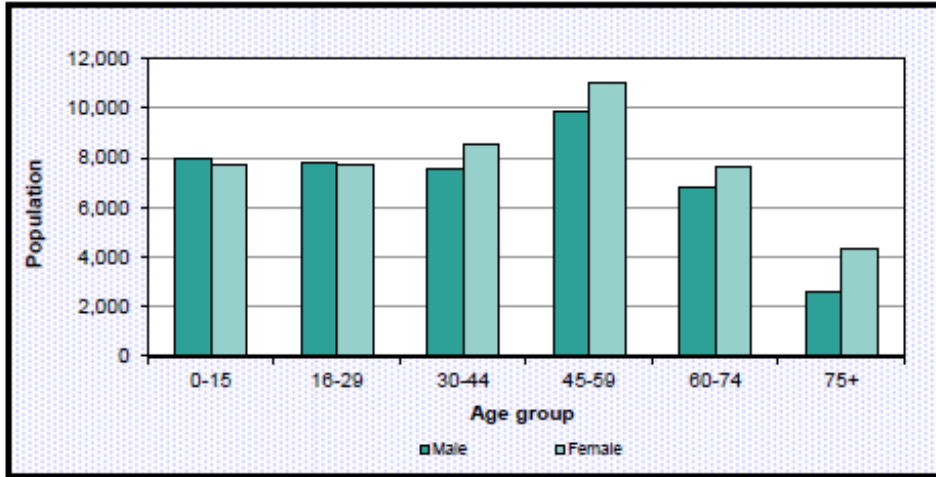
- Community safety and public protection.
- The reduction of re-offending through implementation of the Whole Systems Approach to youth offending.
- Social inclusion and interventions to support desistance from offending.



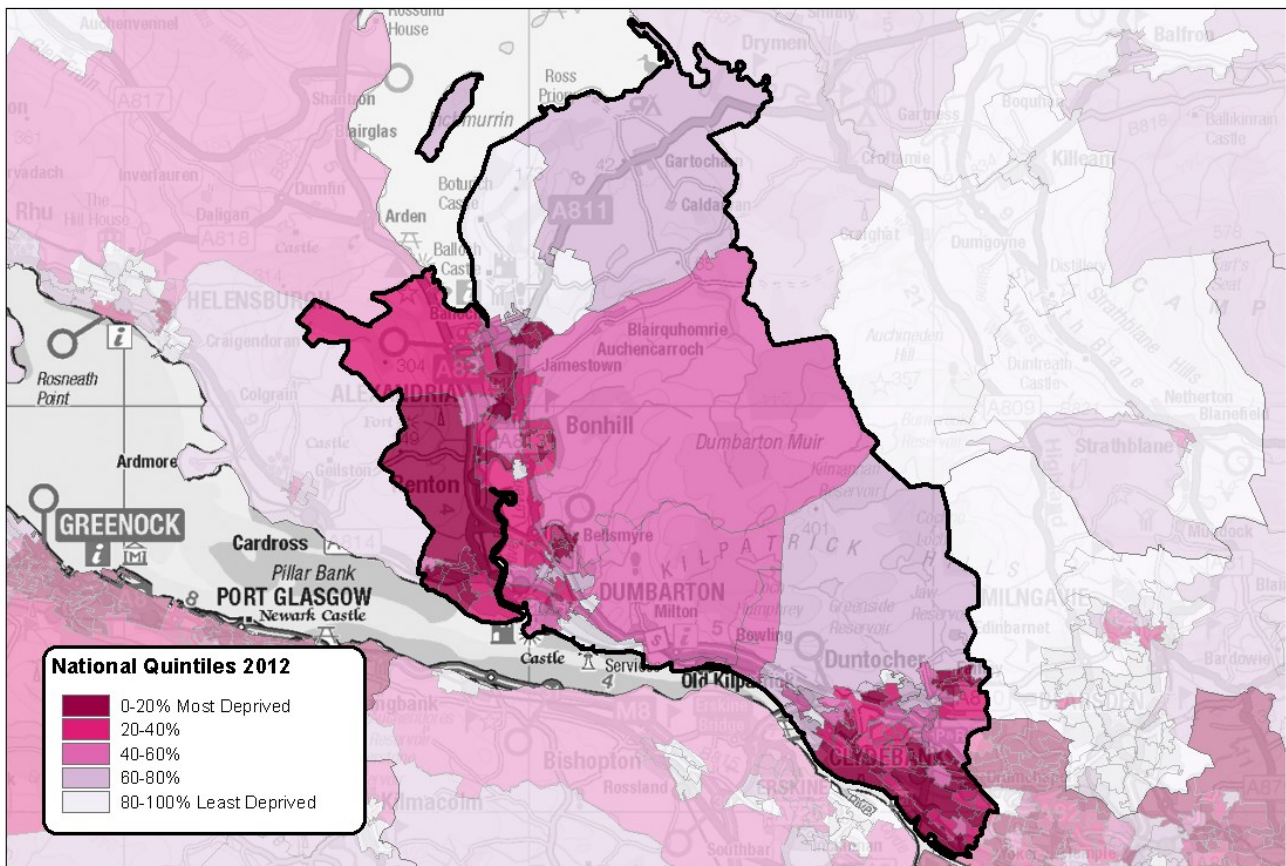
## APPENDIX 2: STRATEGIC NEEDS ASSESSMENT - SNAPSHOT

West Dunbartonshire lies north of the River Clyde encompassing urban and rural communities. According to the National Records for Scotland, the 2015 population for West Dunbartonshire is 89,590; a decrease of 0.1 per cent from 89,710 in 2014.

Estimated population of West Dunbartonshire by age and sex, 30 June 2015



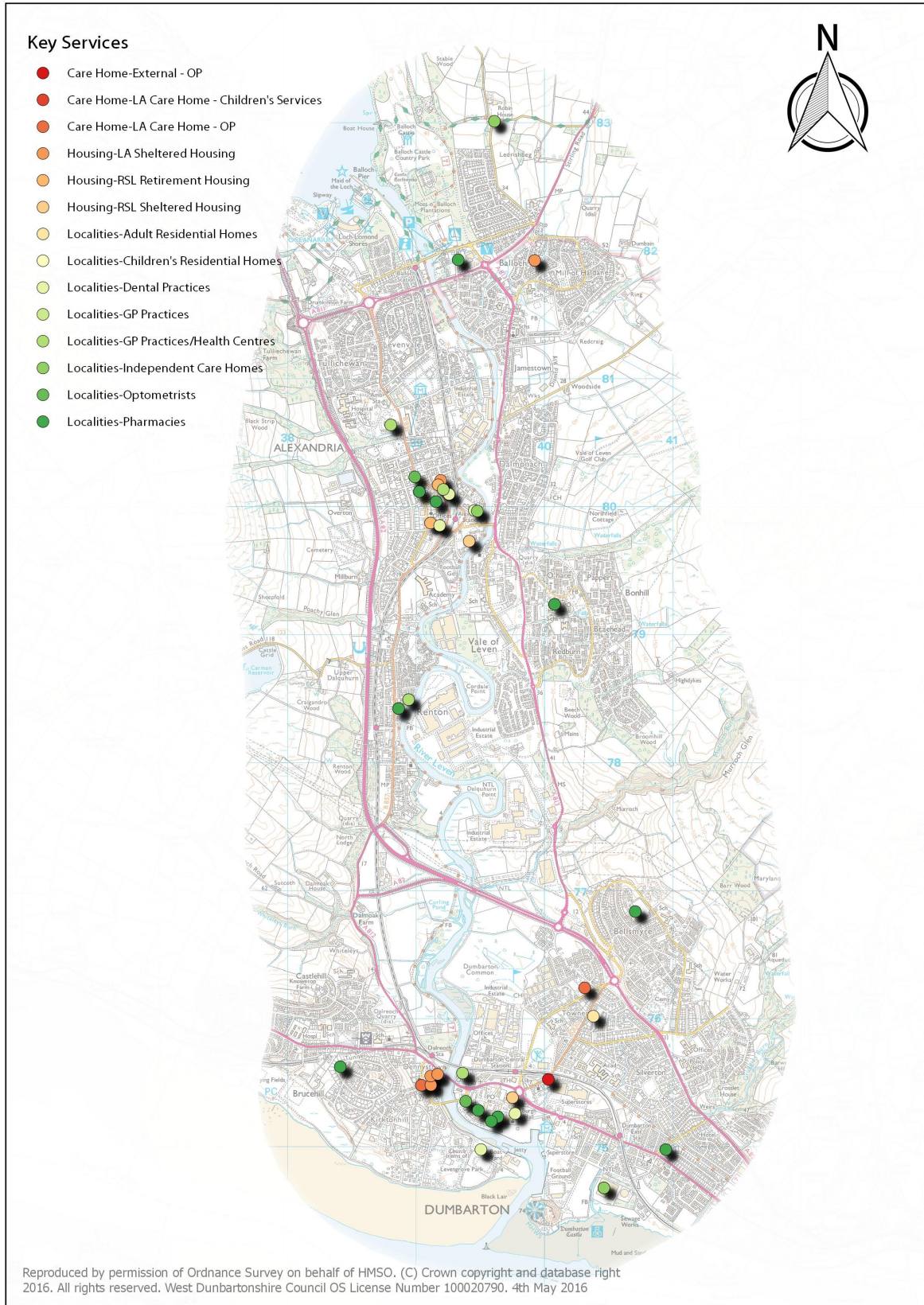
The map below shows the levels of deprivation in West Dunbartonshire based on the most recent Scottish Index of Multiple Deprivation (SIMD 2012).



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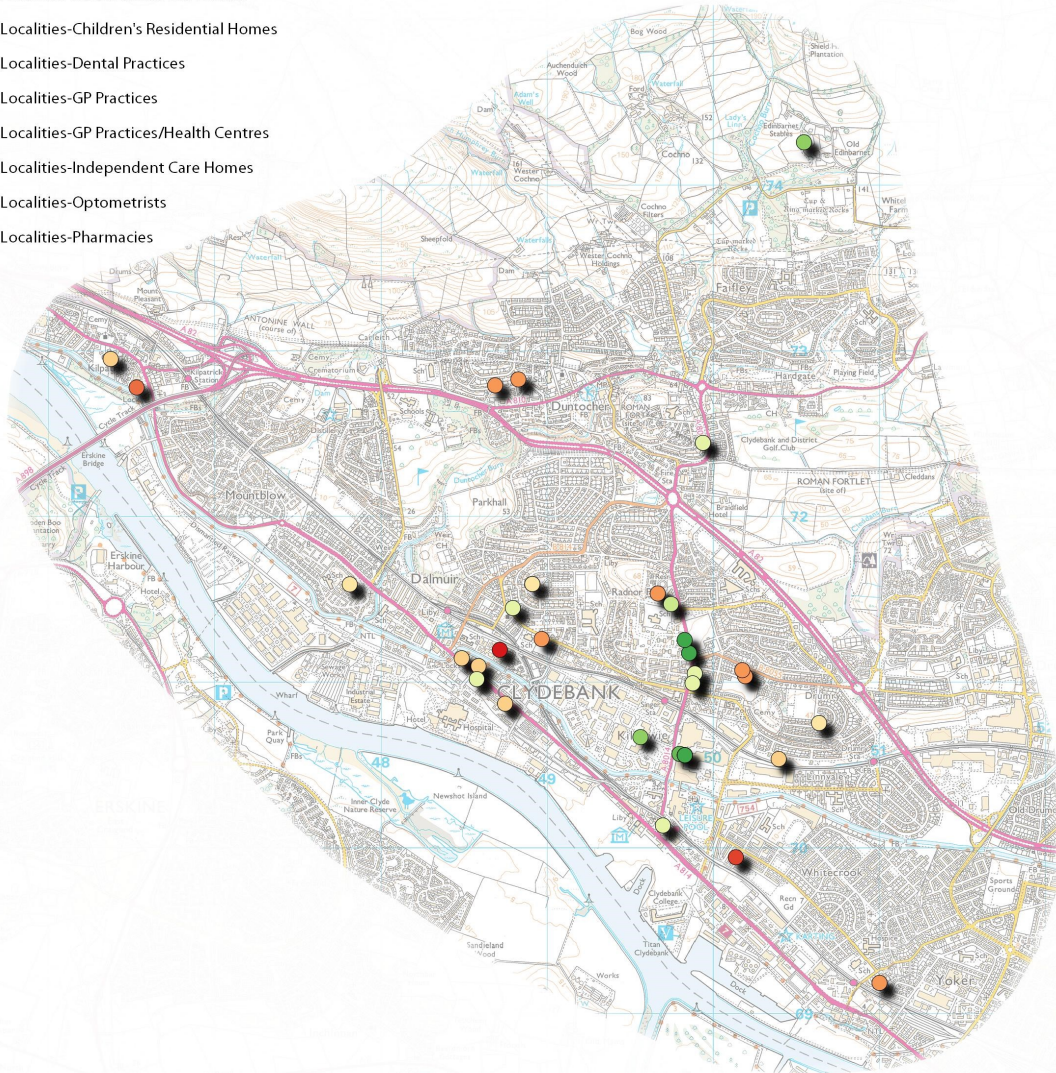
In 2015, the Health and Social Care Partnership Board identified its two localities for West Dunbartonshire: Alexandria and Dumbarton; and Clydebank. The following two maps show each of those areas, and key community health and social care facilities located within each.





## 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



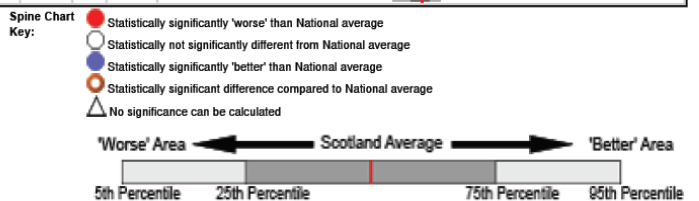
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The 2014 ScotPHO Health & Wellbeing Profile for West Dunbartonshire is as follows below.

Domain	Indicator	Period	Number	Measure	Type	National Average	'Worst'	Scotland Comparator	'Best'
Life Expectancy & Mortality	1 Male life expectancy <sup>18</sup>	2011	n/a	74.1	yrs	76.6			
	2 Female life expectancy <sup>18</sup>	2011	n/a	78.7	yrs	80.8			
	3 Deaths all ages <sup>12</sup>	2013	1,061	1,380.7	sr4	1,169.8			
	4 All-cause mortality among the 15-44 year olds. <sup>12</sup>	2013	44	139.1	sr4	100.5			
	5 Early deaths from CHD (<75) <sup>12</sup>	2012	62	81.9	sr4	60.7			
	6 Early deaths from cancer (<75) <sup>12</sup>	2013	162	210.2	sr4	170.0			
Behaviours	7 Estimated smoking attributable deaths <sup>3,13,16</sup>	2014	201	441.7	sr4	366.8			
	8 Smoking prevalence (adults 16+) <sup>3,14</sup>	2014	61	21.9	%	20.2			
	9 Alcohol-related hospital stays <sup>15</sup>	2014	805	946.2	sr4	671.7			
	10 Deaths from alcohol conditions <sup>17</sup>	2012	29	33.3	sr4	23.1			
	11 Drug-related hospital stays <sup>12,15</sup>	2013	112	130.1	sr4	122.0			
	12 Active travel to work <sup>3,14</sup>	2013	23	11.0	%	16.0			
Ill Health & Injury	13 Patients registered with cancer <sup>12</sup>	2012	575	714.7	sr4	634.1			
	14 Patients hospitalised with chronic obstructive pulmonary disease (COPD) <sup>12,15</sup>	2012	572	705.8	sr4	659.9			
	15 Patients hospitalised with coronary heart disease <sup>12</sup>	2012	445	553.8	sr4	440.3			
	16 Patients hospitalised with asthma <sup>12</sup>	2013	107	115.8	sr4	89.3			
	17 Patients with emergency hospitalisations <sup>12</sup>	2012	7,438	8,653.4	sr4	7,500.2			
	18 Patients (65+) with multiple emergency hospitalisations <sup>12</sup>	2012	904	6,142.6	sr4	5,159.5			
	19 Road traffic accident casualties <sup>12</sup>	2012	47	53.3	sr4	63.2			
Mental Health	20 Population prescribed drugs for anxiety/depression/psychosis	2014	18,291	20.4	%	17.4			
	21 Patients with a psychiatric hospitalisation <sup>12</sup>	2012	278	322.0	sr4	291.6			
	22 Deaths from suicide <sup>17</sup>	2011	15	16.4	sr4	14.5			
Social Care & Housing	23 Adults claiming incapacity benefit/severe disability allowance/employment and support allowance	2014	6,365	7.1	%	5.1			
	24 People aged 65 and over with high levels of care needs who are cared for at home <sup>9</sup>	2014	359	39.3	%	35.6			
	25 Children looked after by local authority <sup>9</sup>	2014	385	20.5	cr2	14.0			
Education	26 Single adult dwellings	2014	17,632	39.4	%	37.5			
	27 Average tariff score of all pupils on the S4 roll <sup>19</sup>	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 <sup>9</sup>	2013	10,500	18.6	%	12.6			
	31 Population income deprived	2014	17,310	19.3	%	13.1			
	32 Working age population employment deprived	2014	10,165	17.4	%	12.2			
	33 Working age population claiming Out of Work benefits	2014	10,135	17.4	%	12.0			
	34 Young people not in employment, education or training (NEET). <sup>3</sup>	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+)	2014	2,270	10.7	%	6.9			
	37 Crime rate	2014	5,208	58.0	cr2	40.4			
	38 Prisoner population <sup>9</sup>	2014	204	292.3	sr4	161.9			
	39 Referrals to Children's Reporter for violence-related offences <sup>9</sup>	2013	16	2.1	cr2	2.1			
	40 Domestic Abuse <sup>9</sup>	2014	1,220	136.0	cr9	112.0			
	41 Violent crimes recorded <sup>9</sup>	2014	143	15.9	cr9	11.9			
	42 Drug crimes recorded <sup>9</sup>	2014	1,203	134.1	cr9	68.9			
Environment	43 Population within 500 metres of a derelict site	2013	54,800	60.7	%	29.7			
	44 People living in 15% most 'access deprived' areas	2014	5,042	5.6	%	15.0			
	45 Adults rating neighbourhood as 'a very good place to live' <sup>9,14</sup>	2014	n/a	46.4	%	55.8			
Women's & Children's Health	46 Teenage pregnancies <sup>12</sup>	2012	125	46.6	cr2	41.1			
	47 Mothers smoking during pregnancy <sup>12</sup>	2013	208	22.7	%	18.5			
	48 Low birth weight <sup>12</sup>	2013	18	2.1	%	2.0			
	49 Babies exclusively breastfed at 6-8 weeks <sup>12</sup>	2013	133	14.8	%	26.8			
	50 Child dental health in primary 1	2013	597	61.1	%	66.7			
	51 Child dental health in primary 7	2013	269	32.9	%	47.7			
Immunisations and Screening	52 Child obesity in primary 1	2014	98	10.3	%	9.8			
	53 Breast screening uptake <sup>12</sup>	2011	2,799	69.3	%	72.5			
	54 Bowel screening uptake <sup>12</sup>	2012	7,833	52.5	%	56.0			
	55 Immunisation uptake at 24 months - 5 in 1 <sup>12</sup>	2014	1,012	98.0	%	98.1			
	56 Immunisation uptake at 24 months - MMR <sup>12</sup>	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

Spine Chart Key:  
 % =percent  
 cr2 =crude rate per 1,000 population  
 cr9 =crude rate per 10,000 population  
 mean=average



**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 July 2015 and the end of March 2016.

Gradings:

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

Service	Date published	Grade	Quality Theme
Craigellachie Children's House	21 September 2015	5 5 5 5	Care and Support Environment Staffing Management and Leadership
Blairvadach Residential Home	11 January 2016	4 3 4 4	Care and Support Environment Staffing Management and Leadership
Burnside Children's House	22 December 2015	5 5 5 4	Care and Support Environment Staffing Management and Leadership
Dumbarton Centre	30 October 2015	5 5 4 4	Care and Support Environment Staffing Management and Leadership
Learning Disability Service	18 November 2015	4 4 4	Care and Support Staffing Management and Leadership
Boquhanran House	13 January 2016	4 4 4 5	Care and Support Environment Staffing Management and Leadership
Dalreoch House	9 July 2015	4 4 5 5	Care and Support Environment Staffing Management and Leadership

Service	Date Published	Grade	Quality Theme
Frank Downie House	01 July 2015	4 4 5 5	Care and Support Environment Staffing Management and Leadership
Langcraigs	23 September 2015	5 5 5 5	Care and Support Environment Staffing Management and Leadership
Langcraigs Day Care	25 January 2016	4 4 4 3	Care and Support Environment Staffing Management and Leadership
Mount Pleasant House	14 January 2016	4 4 4 4	Care and Support Environment Staffing Management and Leadership
Willox Park	13 August 2015	4 4 4 4	Care and Support Environment Staffing Management and Leadership

One of the Scottish Government's new suite of core integration indicators is the proportion of care services graded 'good' (4) or better in Care Inspectorate inspections. This relates to all registered adult and children's social care services within West Dunbartonshire including those delivered by the third and independent sector: which comprises 53 services. At March 2016, 89% of these services were graded good or better.

## APPENDIX 4: WDHSCP KEY PERFORMANCE INDICATOR – SUMMARY



Target achieved or exceeded



Target narrowly missed






















Target missed by 15% or more

\*Provisional figure pending full year data

Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	97%	97.1% *	95%	
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	96.4%	95.3% *	97%	
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	77.4%	77.4% *	80%	
Child and Adolescent Mental Health Service (CAMHS) 18 weeks referral to treatment	100%	100%	100%	
Balance of Care for looked after children: % of children being looked after in the Community	89%	90.6%	89%	
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	56.5%	62%	69%	
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	1	3	0	
Number of acute bed days lost to delayed discharges (including AWI)	5,802	3,345	3,819	
Number of acute bed days lost to delayed discharges for Adults with Incapacity	2,127	1,617	466	
Unplanned acute bed days (aged 65+)	49,327	41,082	45,640	
Number of emergency admissions aged 65+	4,372	3,930	3,973	
Emergency admissions aged 65+ as a rate per 1,000 population	282	250	252	
Percentage of people aged 65+ admitted twice or more as an emergency who have not had an assessment	39.2%	35.8%	40%	
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	55%	61.5%	60%	
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	97.9%	97.8% *	97%	
Percentage of Care Plans reviewed within agreed timescale	78%	80%	74%	
Total number of homecare hours provided as a rate per 1,000 population aged 65+	578.3	548.7	600	



Performance Indicator	2014/15	2015/16		
	Value	Value	Target	Status
Percentage of homecare clients aged 65+ receiving personal care	93.8%	90.3%	83%	
Percentage of people aged 65 or over with intensive needs receiving care at home	39.32%	36.1% *	40%	
Number of people aged 75+ in receipt of Telecare - Crude rate per 100,000 population	22,745	23,304	22,816	
Number of patients in anticipatory care programmes	1,645	1,821	1,442	
Percentage of identified patients dying in hospital for cancer deaths (Palliative Care Register)	29%	35%	30%	
Percentage of identified patients dying in hospital for non-cancer deaths (Palliative Care Register)	38%	42%	35%	
Percentage of patients seen within 9 weeks for musculoskeletal physiotherapy services - WD	N/A	57%	90%	
Percentage of patients who started Psychological Therapies treatments within 18 weeks of referral	92.4%	94.2% *	90%	
Percentage of clients waiting no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	92.1%	94.7% *	91.5%	
Percentage of carers who feel supported to continue in their caring role	87%	80.2%	88%	
Total number of respite weeks provided to all client groups	6,777	6,729	6,558	
Percentage of child protection investigations to case conference within 21 days	94.5%	83%	95%	
Percentage of children on the Child Protection Register who have a completed and current risk assessment	100%	100%	100%	
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds	4.6	4.6	6.4	
Rate per 1,000 of children/young people aged 0-18 who are referred to the Reporter on non-offence grounds	19.6	19.6	28	
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	97%	97%	98%	
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	81%	82%	80%	
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	89%	69%	90%	

The Scottish Government have developed a core suite of integration indicators, which include measures that look at people's experience of integrated health and social care and its impact on their wellbeing. WDHSCP has collected data relating to these national indicators locally through West Dunbartonshire's Community Planning Partnership Citizens' Panel Survey (December 2015). The data has been mapped against the relevant national indicators, with a summary of the survey findings itself provided below.

Performance Indicator	2015/16
Percentage of adults able to look after their health very well or quite well	93%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	96%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	68%
Percentage of adults supported at home who agree that their health and care services seem to be well co-ordinated	58%
Percentage of adults receiving any care or support who rate it as excellent or good	86%
Percentage of people with positive experience of the care provided by their GP practice	85%
Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	93%
Percentage of adults supported at home who agree that they felt safe	91%

Excluding 'Don't know'/Not sure'

#### Summary of Key Findings from Citizens' Panel:

- More than half of all respondents (58%) had previously heard of the West Dunbartonshire Health and Social Care Partnership (WDHSCP), while just over a third (34%) use, or know someone who uses, services provided by WDHSCP. Of this latter group, the majority said the service used related to WDHSCP's older people's health and social care services, while 27% quoted adult health and social care services and 10% health and social care services for children, young people and families.
- A very high proportion of service users (85%) rated their experience as either 'very good' or 'quite good'. Only 11% rated it as 'quite poor' or 'very poor'.
- More than half of regular service users (59%) said they had noticed an improvement in the way services are delivered, while 39% said they had not noticed any change.
- Virtually all respondents (99%) agreed that developing the West Dunbartonshire Health and Social Care Partnership is a better use of resources.



## **Appendix 5: Scottish Health & Care Experience Survey 2015/16 West Dunbartonshire Findings (Published 19/05/2016)**

This report gives a summary of the results of the Health and Care Experience Survey 2015/16 for West Dunbartonshire Health and Social Care Partnership.

The survey was sent to 13,014 people registered with GP practices in the area.

The survey asks about people's experiences of accessing and using primary care services and was widened in 2013/14 to include aspects of care, support and caring to support the principles underpinning the integration of health and care in Scotland outlined in the Public Bodies (Joint Working) (Scotland) Act 2014.

A copy of the survey is available at:

[www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16](http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16)

1,877 patients of West Dunbartonshire Health and Social Care Partnership sent in feedback on their experiences at the practice. Of the patients that answered questions about themselves:

- 41% were male and 59% were female;
- 10% were aged 17-34, 15% were aged 35-49, 34% were aged 50-64 and 42% were 65 and over;
- 61% did not have any limiting illness or disability.

The survey was commissioned by the Scottish Government as part of the Scottish Care Experience Survey Programme, which aims to use the public's experiences of health and care services to improve those services. The survey was managed by the Scottish Government in partnership with Information Services Division (ISD) of NHS National Services Scotland. The survey was carried out by a patient survey contractor, Quality Health Ltd.

The results of the survey will be used by GP practices, Health Boards, Health and Social Care Partnerships and the Scottish Government to improve the quality of health and care services in Scotland.

National results for this survey and further details on the methods used to generate this report are available at:

[www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16](http://www.gov.scot/Topics/Statistics/Browse/Health/GPPatientExperienceSurvey/HACE2015-16)

## Summary of Results

This section provides the results for those questions which align to the Health and Social Care Indicators.

The difference between the percent positive score for the H&SCP and the Scottish average is shown in the final column. Differences which are statistically significant are marked with an S. Where a comparison has not been tested due to small numbers, this is marked with an NT.

I am able to look after my own health	93%	-1 *
Service users are supported to live as independently as possible	89%	+5
Service users have a say in how their help, care or support is provided	82%	+3
Service users' health and care services seem to be well coordinated	85%	+10 <sup>s</sup>
Rating of overall help, care or support services	88%	+7 <sup>s</sup>
Rating of overall care provided by GP practice	89%	+2 <sup>s</sup>
The help, care or support improves service users' quality of life	86%	+2
Carers feels supported to continue caring	42%	+1
Service users feel safe	87%	+3

\*Please note that measure "I am able to look after my own health" has not been subject to significance testing.