

# Erratum Notice

West Dunbartonshire  
Health & Social Care Partnership

## West Dunbartonshire Health & Social Care Partnership Board

**Date:** Wednesday, 23 August 2017

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**Time:** 14:00

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

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**Contact:** Nuala Borthwick, Committee Officer  
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Dear Member

I refer to the papers for the above meeting which were issued on 10 August. Please find attached revised papers for the Appendix in respect of **Item 11 – West Dunbartonshire Community Planning Children’s Services Plan 2017-2020**, which replace pages 175 – 212 previously issued.

Please accept my apologies for any inconvenience caused.

Yours faithfully

**BETH CULSHAW**

Chief Officer of the  
Health & Social Care Partnership

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Senior Management Team – Health & Social Care Partnership

Date of issue: 14 August 2017



## Integrated Children's Services Plan 2017-2020

# West Dunbartonshire Community Planning Partnership



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

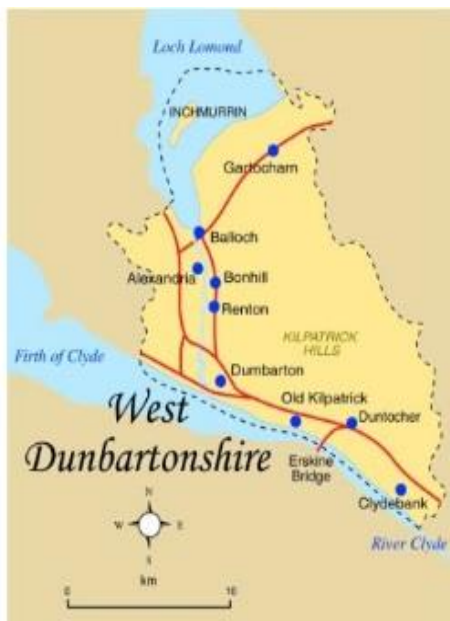
*Care Inspectorate Joint Services for Children and Young People, February 2017*

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

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

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



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

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

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

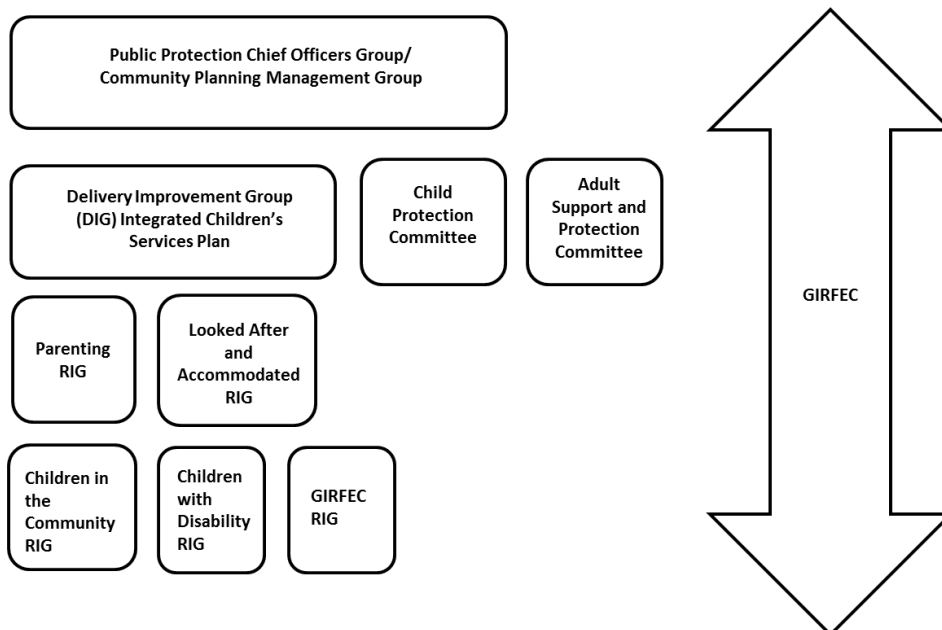
## Review, Consultation and Engagement

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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



## Key Drivers

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

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

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

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

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

### Children Living in West Dunbartonshire

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

#### Vulnerable Children in West Dunbartonshire at 31<sup>st</sup> July 2016:

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

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

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

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

## Resources and Spend

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Strategic Needs Assessment

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

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

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

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

	Performance Indicator	West Dunbartonshire			Direction of travel	Scotland	Comparison West Dunbartonshire and Scotland
		2013/14	2014/15	2015/16		2015/16	2015/16
<b>Healthy</b>	Exclusively breastfeeding at Health Visitor's first visit	21.7%	21.4%	25.2%	↑	35.6%	●
	Exclusively breastfeeding at the 6-8 week review	24.1%	23.2%	25.0%	↑	28.2%	●
	Exclusively breastfeeding at the 6-8 week review from the 15% most deprived areas	9.9%	10.3%	10.1%	↑		
	Smoking in pregnancy	19.6%	17.5%	20.7%	↑		
	Smoking in pregnancy - most deprived quintile	28.0%	24.5%	28.2%	↑		
	Measles, Mumps and Rubella (MMR) immunisations at 24 months	95.8%	96.1%	95.8%*	↔	95.4%	◇
	Measles, Mumps and Rubella (MMR) immunisations at 5 years	97.5%	97.1%	96.9%*	↓	97.1%	●
	Percentage of five year olds (P1) with no sign of dental disease	58.6%	61.9%	69.4%	↑	67.0%	◇
	Percentage of P7 children with no sign of dental disease	68.4%	67.4%	n/a	↓	75%†	●
	Percentage of 0-2 year olds registered with a dentist	38.4%	37.6%	40.9%	↑	49.1%	●
	Percentage of 3-5 year olds registered with a dentist	84.0%	85.1%	84.7%	↑	91.0%	●
	Percentage of P1 children at risk of obesity (upper limit)	11.3%	10.3%	8.6%	↓	9.9%	◇
	Teenage pregnancy 13-15 years rate per 1,000 (2011/13 and 2012/14)	5.6%	5.9%	n/a	↑	4.9%	●
	Teenage pregnancy 15-17 years rate per 1,000 (2011/13 and 2012/14)	32.0%	28.8%	n/a	↓	24.9%	●
	Percentage of women booked for antenatal care by the 12th week of gestation	79.45%	83.81%	91.39%	↑	88.79%	◇
	Rate of stillbirths per 1,000 births	5.1	2	3.2	↓	4	◇
	Rate of infant mortality per 1,000 births	2	5.1	1.1	↓	3.2	◇
	Number of births	983	979	924	↓		
Percentage of low birth weight babies (singleton births)	5.5%	6.1%	7.3%	↑	5.3%	●	

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

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

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



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

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

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

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

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

## Service Mapping

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

*Care Inspectorate in February 2017.*

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

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

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

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

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

Supporting and delivering effective joint working with for example Education Services and Police Scotland as well as the Third Sector Interface.

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

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

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

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

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

The Psychology of Parenting Project (PoPP) is a prevention-focused mental health initiative that is hosted within NHS Education for Scotland. The PoPP implementation scheme provides a framework supporting the improvement of outcomes for young

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

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

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

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

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

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

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

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

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

## Key Achievements and Good Practice

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

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

### **Integrated Joint Working – GPs and GIRFEC**

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

### **Effective change management – Seasons for Growth**

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

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

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



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

### **Leadership by young people for young people - Y Sort It**

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

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

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

### **Commitment to equality and inclusion - Highly Dependent Learners**

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

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

### **Digital Well Being – Information for Children and Young People**

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

### **Community Safety - Child Sexual Exploitation**

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

### **Police Scotland Peer Mentoring Programme 'Be-Smart'**

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

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

## Strategic Outcomes

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

<b>Strategic Outcome 1</b>	<b>Demonstrate the difference investments in early intervention and prevention are making for all children and young people through the measurement of robust data and progress across strategic plans.</b>
Local Improvement Priorities	Create robust measurement processes for data analysis
	Review current Strategic Plans across CPP partners
Actions	Continue development of the Strategic Needs Assessment (SNA)
	Review Community Planning Partnership Integrated Performance Report for children and young people
	Evaluate performance across Community Planning Partnership on annual basis alongside trend analysis data.
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports
	Education Services Service Plan and Annual Performance Reports
	Council and NHS GG&C Equality Mainstreaming Reports

<b>Strategic Outcome 2</b>		<b>Strengthen strategic plans in recognition of national policy directives on prevention of domestic abuse</b>	
Local Improvement Priorities	Continue to address issues relating to Domestic Abuse across Community Planning Partnership		
Actions	Establish West Dunbartonshire Violence Against Women Partnership (VAWP) with Argyll and Bute in line with Police Scotland Divisional boundaries		
	Share learning, training and development across new wider partnership		
	Explore opportunities for delivering Safer Together programme across the new wider partnership		
	Deliver integrated and appropriate housing approach to meet the needs of those affected by domestic abuse, including <i>No Home for Violence</i>		
	Reinforce Domestic Abuse as a key priority of the CPP through development of new Local Outcome Improvement Plan (LOIP)		
	Explore the use of preventative strategies locally; <ul style="list-style-type: none"> <li>• SACRO development to be explored;</li> <li>• Violence Reduction Unit Street Arrow Food Truck development;</li> <li>• Preventative Group work with young people from backgrounds of DA.</li> </ul>		
Supporting Structures and Plans	Community Justice Partnership Plan		
	HSCP Strategic Plan		
	Equality Mainstreaming Report		

	Local Outcome Improvement Plan and Safe Strong and Included Delivery and Improvement Group
<b>Strategic Priority 3</b>	<b>Strengthen strategic plans in recognition of national policy directives on prevention on young people looked after</b>
Local Improvement Priorities	Continue to address issues relating to Kinship Care
	Improve outcomes for children looked after at home
Actions	Addressing the rising impact of “sexting” and inappropriate use of social media by young people and the risks posed
	Improve liaison with local Kinship Care Network to ensure their involvement of strategic planning.
	Develop opportunities for alternative supports for kinship carers
	Revise Kinship Care Policy
	Engage in the National Root and Branch Review of Looked After Children Services
Supporting Structures and Plans	CPP Inspection Improvement Action Plan
	West Dunbartonshire Council Local Housing Strategy

<b>Strategic Priority 4</b>	<b>Achieve greater consistency in quality of assessments of risk and need and the formulation of plans to meet identified factors by ensuring that approaches to day-to-day quality assurance of operational practice are robust, systematic and deliver intended improvements.</b>
Local Improvement Priorities	Quality and quality assurance
	Improve outcomes for children and young people looked after at home
Actions	Agree process for integrated chronologies
	Introduce new comprehensive assessment
	Create clear and robust performance measures for assessment and care planning
	Develop and deliver training materials for robust assessment and care planning
	Further develop single and multi-agency case file audits to measure improvements and maintain quality.
	Deliver Raising Attainment programme focused on looked after at home children and young people
	Deliver raised aspirations for looked after at home children in terms of educational outcomes
	Develop clear joint working across Community Alliance, Youth Alliance, HSCP and Education quality clusters and Housing Services
Supporting Structures and Plans	Raising Attainment Strategy/Plan
	Corporate Parenting Strategy

<b>Strategic Priority 5</b>		<b>Continue to fully implement Getting it Right for Every Child</b>	
Local Improvement Priorities	Implementation and compliance with the Children and Young People (Scotland) Act 2014 and statutory guidance		
Actions	Build that confident workforce to fully embed the GIRFEC approach into our daily activities		
	Train and develop our staff to maximise the skills and potential within our Teams around the Child		
	Develop our systems, Emis, Seemis and Carefirst to make them more efficient and relevant to changing practice		
	Develop a more outcome focussed approach within our assessment and planning process.		
	Build on multi-agency approaches and extend this approach further into specialist, adult and 3 <sup>rd</sup> sector services		
	Respond to the changes in respect of the Information Sharing Bill and Data Protection Act.		
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports		
	Education Services Service Plan and Annual Performance Reports		
	CPP Inspection Improvement Action Plan		
	West Dunbartonshire Council Local Housing Strategy		
	Criminal Justice Partnership Plan		



<b>Strategic Priority 5</b>	<b>Improve the lives of children and young people (0-18yrs) by equipping parents through a comprehensive suite of parenting interventions</b>
Local Improvement Priorities	Improve the co-ordination, integration, delivery and evaluation of parenting programmes.
Actions	Refresh of Handling Teenage Behaviour training
	Review referral processes for Parenting opportunities
	Support preparation and sustainability for parents attending parenting programmes. Roll out Psychology of Parenting Programmes (PoPP) approach.
	Continued focus on universal and targeted programmes of parenting including mellow babies and incredible years
Supporting Structures and Plans	Community Planning Parenting Strategy
	Sexual Health and Blood Borne Virus Framework Update
	Pregnancy and Parenthood in Young People Strategy

<b>Strategic Priority 6</b>	<b>Improve the lives of all children and young people (8 – 25yrs) in our communities and looked after at home</b>
Local Improvement Priorities	Improve outcomes for children and young people across our communities
Actions	Address the attainment gap for looked after children at home as well as those looked after away from home
	Ensure compliance with the Carers Act by continuing to work with young carers and partners providing services and support to young carers
	Continued support to children and young people experiencing grief and loss
	Continued support for children and young people affected by disability and issues of mental health
	Prioritise the needs of children and young people looked after children in the community
Supporting Structures and Plans	Health and Social Care Partnership Strategic Plan and Annual Performance Reports
	Education Services Service Plan and Annual Performance Reports
	CPP Inspection Improvement Action Plan
	West Dunbartonshire Council Local Housing Strategy
	CPC Improvement Plan

## Commissioning

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

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

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

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

A Consortium approach provides a robust framework for all partners, across age groups and care groups; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

The purpose of the Consortium is to

- Create, develop, maintain and grow high quality service delivery in and around West Dunbartonshire in order to service the needs of local people and communities; especially those who are most disadvantaged
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity

The approach provides third and independent sector partners access to the same information and data used within statutory services; providing opportunities for service delivery where there is an agreed and identifiable need for services based on demographic and neighbourhood analysis. Partners across sectors are then working in an innovative and collaborative approach which as a result is responsive, flexible and accountable to local people within their own localities.

As such each of the consortium partners is responsible for the following:

- An accountability for quality assurance
- Financial management and fiscal responsibility of public monies
- Evidence of market intelligence
- Evidence of beneficiary impact across all sectors including commissioning third and independent sector services.

## Governance and Quality

The governance and quality is made up of a matrix of systems and processes to ensure our services are delivered to the highest quality and the range of professions involved with children and young people are supported by robust and appropriate governance frameworks.

### 1. National Care Standards

The National Care Standards were created under the Regulation of Care (Scotland) Act 2001. There has, however, been significant change in the policy and delivery landscape since the standards were published in 2002 and Scottish Ministers committed to a review to update and improve standards in line with current expectations of quality care. The new draft National Care Standards will focus on human rights; in other words those who use services are fully involved in the planning and delivery of services.

There are six main principles behind the Standards:

- Dignity
- Privacy
- Choice
- Safety
- Realising Potential
- Equality and Diversity.

### 2. Clinical and Care Governance

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed.

Effective clinical and care governance arrangements are in place to support the delivery of safe, effective and person-centred health and social care services within those services delegated to the local HSCP Board. Clinical and care governance requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

The HSCP system of clinical and care governance stimulates multidisciplinary teams to engage in reflective conversations – in a consistent, systematic and on-going manner – that are focused on the detailed composition of care for specific conditions/ pathways or patient/client groups .

### 3. Duty of candour

The existing approaches to candour are being considered and The Scottish Government intends to introduce a statutory requirement on organisations providing health and social care to have effective arrangements in place to demonstrate their commitment to disclose instances of physical or psychological harm.

The proposals have been intentionally focused on organisational duty, forming a further dimension of the arrangements already in place to support continuous improvements in quality and safety culture across Scotland's health and care services. Currently in a consultation process, when enacted, both West Dunbartonshire Council, the HSCP and NHS Greater Glasgow and Clyde services will support and deliver on the intended consistent approach to disclosure of events that have resulted in physical or psychological harm to users of services.

## Consultation on Children Services Plan

We want to encourage individuals and organisations to take part in the consultation of this Plan; it is available on-line, by requesting and completing a paper copy of the consultation documents and questionnaire, or through one of the focus groups and meetings where the plan was discussed.

We are asking you to answer several key questions:

1. Are the key priorities the right ones and if not, what should the priorities be?
2. Are the next steps we propose to take in respect of each of the priorities the right ones and if not, what steps should we be taking?
3. Are there any significant issues we have missed and if so, what are they?
4. Does the Strategic Needs Assessment reflect your experience and understanding of the health and social care needs in West Dunbartonshire?

Please contact for more information:

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