
















West Dunbartonshire CHCP End of Year Performance Overview 2011/12































Key Performance Indicators: Summary of Progress

Indicator	2010/11		2011/12					Note
	Value	Target	Value	Target	Status	Long Trend	Short Trend	
Rates of attendance at A&E between 2009/10 and 2013/14 (per 100,000)	33,383	38,904	1,764	2,994				This is a rolling month figure and is not comparable to previous year's cumulative figure. Target at NHSGGC level only. No specific WDCHCP target.
Mean number of weeks for referral to treatment for Psychological Therapies	N/A	N/A	11	18				Data quality remains a significant issue, and we are as yet not able to ensure that the data extracted and reported on accurately represents the total activity for the teams counted. This issue is being addressed by way of ongoing information, guidance and support being provided by NHSGGC HIT and by the Programme Support Manager to teams across the organisation to ensure that staff record the required information, at the required time, within the available information systems.
Reduce suicide rate by 20% by 2013 through ensuring 50% of key frontline staff are educated in suicide assessment and prevention. <i>Note: this relates to a specific indicator within the local SOA.</i>	66%	50%	100%	100%				The training target continues to be maintained with frontline workers still attending all suicide intervention courses. Any new targets for 2012/13 should be within our ability to maintain/exceed.
Reduce suicide rate between 2002 and 2013 by 20%	20	20	N/A	19				Data unavailable at this point. Suicide figures are reported annually in August meaning the suicide figures for 2011 will be released in August 2012.
By March 2013 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	N/A	N/A	92%	90%				This is a provisional figure. Waiting times information has been extracted by ISD (Information Services Division, NHS Scotland). The turnaround time for receipt of confirmed statistics is approximately 3 months after the quarter end. This would mean that confirmed statistics would not be available until late June 2012 at the earliest. HEAT target was 90% of clients treated within 35 days (5wks) of referral. The completed

								waits (those receiving treatment) show that West Dunbartonshire services surpassed the HEAT target for 2011/2012 of 90% of all clients to be treated within 35 days. The figure also shows that West Dunbartonshire services are also meeting or surpassing the HEAT target which will come into being in April 2013.
Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (in line with SIGN 74 guidelines) during 2011/12	1,125	502	1,068	838				Numbers of Alcohol Brief Interventions delivered have exceeded targets at all 4 time points.
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS)	N/A	N/A	5	26				NHSGGC have prepared for the introduction of a RTT (Referral to treatment) target in CAMHS of 26 weeks by introducing a consistent performance reporting system across NHSGGC for CAMHS. Implementation of the use of CAPA (LEAN technology to improve utilisation in CAMHS. CAPA (Choice and Partnership Approach) is designed to help CAMHS teams to make the best use of capacity.
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care <i>Note: this relates to a specific indicator within the local SOA.</i>	58%	59%	69%	59.5%				This is a provisional figure and will be confirmed after the Scottish Government publishes its annual information later in the year.
Percentage of children and young people who are supported at home under statutory supervision	46.2%	43%	42.5%	44%				The annual figure for this indicator falls just short of the target set and should continue to be monitored closely.
Rate per 1,000 of children/young people aged 8-18 who are referred to the Reporter on offence-related grounds <i>Note: this relates to a specific indicator within the local SOA.</i>	18.19	33.58	27.03	28.99				This annual figure is a draft figure and will be confirmed when SCRA figures are published later this year. However, the draft figure suggests a decrease in the rate per 1,000 of children referred to the Children's Reporter on offence related grounds.
Percentage of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year	N/A	N/A	N/A	80%				This information is not currently reported on Sharepoint in the format required for this measure. Work is underway to gain access to the source figures.
Completion rates for child healthy weight intervention programme over the three years ended march 2014 <i>Note: this relates to a specific indicator within the local SOA.</i>	100	75	144	105				Indicative targets have been exceeded.

Number of patients waiting more than 6 weeks for discharge to appropriate care setting	0	0	0	0				Provisional - Data recorded subject to review and change.
Number of patients waiting in short-stay settings for more than 6 weeks for discharge to appropriate setting	0	0	0	0				Provisional - Data recorded subject to review and change.
Number of patients not in short-stay setting waiting more than 6 weeks for discharge to appropriate care setting	0	0	0	0				Provisional - Data recorded subject to review and change.
Unplanned acute bed days (aged 75+)	40,943	N/A	41,615	N/A				No indicative targets set and these are currently under review..
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	5,974	N/A	6,107	5,040				Indicative targets have not been achieved and performance is being reviewed.
Percentage of people 65+ with intensive needs receiving care at home (Existing definition)	42.9%	44%	42.8%	46%				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator.
Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	45%	50%	37.52%	45%				Provisional figure subject to further review and validation and also based on a statistical sample of the total number of records available.
Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Critical need	98%	90%	90%	90%				Provisional - Data reported subject to review and change.
Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Substantial need	84%	85%	81%	85%				Provisional - Data reported subject to review and change.
Percentage of people aged 65+ receiving a service following an assessment in line with Council and National Eligibility Criteria - Moderate need	91%	80%	93%	80%				Provisional - Data reported subject to review and change.
Number of inequalities targeted cardiovascular Health Checks during 2011/12	2,786	7,038	1,812	564				All five participating GP Practices continue to deliver Health Checks and our annual target has been reached and exceeded.

Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment	100%	100%	100%	100%				Child protection audits continue to show 100% compliance with this PI ie all children on the CP Register having an up to date risk assessment
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	96.3%	80%	100%	85%				In 100% of cases where an adult protection investigation concluded that an adult was at risk of harm a risk assessment and a protection plan were completed.
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	N/A	N/A	93%	98%				The team continues to pursue improvement in this area. It should be noted that there are factors outwith the control of the team which affect performance. In particular there have been a number of failures to attend resulting in letters to court near or after the target deadline.
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	N/A	N/A	76%	70%				Again performance levels may be influenced by factors outwith the team's control, the most common of which is late notification of sentence from courts outwith the area and failure of offenders to attend induction.
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	N/A	N/A	83%	78%				Given the range of factors influencing performance in this area this level of performance is welcome and indicates that changes in working practice have been successful. It should be noted that as with target above performance is affected by matters outwith our control.
Total number of homecare hours provided as a rate per 1,000 population aged 65+	655	687	680	680				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator. In line with the focus on rehabilitation and enablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence.
Percentage of homecare clients aged 65+ receiving personal care	79.3%	77%	79.6%	78%				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator. In line with the focus on rehabilitation and enablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence.
Percentage of homecare clients aged 65+ receiving a service during evening/overnight	41.5%	37%	40.7%	38%				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator.
Percentage of homecare clients aged 65+ receiving a service at weekends	64.7%	60%	65.9%	60%				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator.

Percentage of people aged 65 and over who receive 20 or more interventions per week	46.96%	44%	46.14%	44%				Provisional - Figure may be subject to change as part of the data check processes for the Home Care Census and Statutory Performance Indicator. In line with the focus on rehabilitation and enablement, service is being targeted towards those with high level needs to maximise any potential for improvement in levels of independence.
Percentage of Care Plans reviewed within agreed timescale	63%	50%	72%	55%				Provisional - Data reported subject to review and change.
Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service <i>Note: this relates to a specific indicator within the local SOA.</i>	139	N/A	162	158				Provisional - Additional data for Quarter 4 still to be included.
Total number of successful quits (at one month post quit) delivered by community-based universal smoking within specified SIMD areas of high socio-economic deprivation	N/A	N/A	64	95				Incomplete – full data for year (Quarter 4) still to be included. As of 15th May 2012 WDCHCP component part of 40% SIMD is progressing towards target, with a backlog of quit data still to be entered and processed within the NHSGGC system. Anticipated that this target <u>will be achieved</u> once full year data processed.
Percentage of carers who feel supported and capable to continue in their role as a carer	84.9%	65%	81.5%	70%				We have exceeded our quarterly target of 70% reflecting our increased efforts to support carers. We are continuing to assess carer satisfaction levels as part of the current assessment process as well as through satisfaction questionnaires.
Total number of respite weeks provided to all client groups	7,609.84	7,585	7,342	7,585				This is a provisional figure and will be subject to change as part of the data check processes for the Respite Survey return to the Scottish Government in July.
Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	5%	4%	5%	4%				Provisional - Data for month of March 2012 unavailable and rolling year March 2011 - Feb 2012 <u>reported as interim</u> .
Average number of working days lost per WD CHCP Council Employees through sickness absence	N/A	N/A	14.89	14				The department continues to look at ways in which absence levels can be reduced.
Percentage of employees with KSF completed and recorded on e-KSF	83%	80%	66.23%	80%				Indicative targets have not been achieved and performance is being reviewed.
Percentage of WD CHCP Council staff who have an annual PDP in place	N/A	N/A	20%	75%				Corporate roll out is only now beginning to take effect and a considerable increase is anticipated for 2012-13.

WD CHCP Strategic Plan: Key Actions – Summary of Progress within Quarters 3 & 4 of 2011/12.¹

2011/12 Planned Activity	Progress to Date
<p>Local implementation of direct referral from community optometrists to Hospital Eye Care Service (via SCI-Gateway), including PGD for community optometrists.</p>	<p>The Lead Optometry Network is now in place and direct referral to ophthalmology now implemented. Integrated learning sessions were successfully provided in the year (with a commitment to repeat in September 2012). Notably optometry prescribing pilot now initiated Inverclyde and West Dunbartonshire.</p> <p>In relation to the Diabetic Retinal Screening Service: targets for seeing all patients yearly achieved.</p>
<p>Develop local strategy for the provision of psychological therapies within the community in tandem with appropriate medication prescription and use.</p>	<p>Completed – local approach explicitly reflects the evidence-base and recommended approach as outlined in The Matrix, with the CHCP now delivering all core elements of psychological therapy outlined in the Primary Care Mental Health Team (PCMHT) service review. The local PCMHT has been delivering a matched care model of psychological therapy, including groups, classes, 1:1 therapy and brief interventions to clients in all West Dunbartonshire localities for the past 24 months. The planned service development session will also address plans to introduce a Call Back service to support community-based Advice Clinic access to the service. Over the past 12 months the CHCP has worked with the Richmond Fellowship to collaboratively deliver the open-access, community-based Stress Classes that are run in both the Clydebank and Lomond localities. This development is in line with the outcomes the PCMHT service review.</p>

¹ This up-date does not include the completed actions previously reported to the CHCP Committee within the Mid-Year Performance Report 2011/12.

<p>Conclude redesign of Older People's Mental Health Services.</p>	<p>Process extended to accommodate pre-engagement activity (commenced early 2012) and then local consultation activity during 2012 (details of which being confirmed with Scottish Health Council) in relation to integrating the Ardmore Day Hospital staff into the Older Adults' Community Mental Health Team (Cairmhor Resource Centre). The co-located day service would provide access to a range of health and social services: individual assessments, treatments, therapeutic activities, and if required after Single Shared Assessment, individuals could continue to attend day care which would provide social care to people who are considered to have social care needs. The new arrangements would see additional support, joint training and partnership working between NHS and Local Authority employed CHCP staff in the ongoing care of patients/clients.</p>
<p>Progress in implementing the recommendations of 'No Health Without Mental Health' – strategic framework for MH improvement in NHSGCC.</p>	<p>The CHCP is on schedule for actioning all of the recommendations in the strategic framework through appropriate planning structures. Specific examples include development of a children and young people's mental health improvement plan as part of the work of the Joint Children's Services Plan; work to ensure mental health improvement is considered as part of the co production elements of the Change Fund for Older People; and training in Scottish Mental Health First Aid for financial inclusion staff.</p>
<p>Lead implementation of the ADP (CPP) Alcohol and Drugs Strategy.</p>	<p>The CPP Alcohol and Drug Strategy was ratified by the ADP and submitted to Scottish Government within their required timeline. Following a recent review it was confirmed that 68 (100%) of all actions with an implementation date of 2011/12 had been successfully achieved.</p>

<p>Conclude Health Impact Assessment of local licensing policy.</p>	<p>Completed. Recommendations have been presented to, and accepted by the local Licensing Forum and Licensing Board. Work on progressing those recommendations has been commenced.</p>
<p>Assess training requirements for staff working with children and young people affected by Parental Substance Misuse, in line with Getting Our Priorities Right (GOPR) and outcome of Significant Case Review.</p>	<p>Completed, with training introduced to respond to findings, e.g. two day course in March 2012 focused on working with substance misusing parents.</p>
<p>Introduce the Supportive and Palliative Action Register (SPAR).</p>	<p>Completed as part of Year 1 Older People Change Fund Plan (as register introduced for all relevant care groups).</p>
<p>Review and revise community smoking cessation arrangements to reflect the new HEAT target, incorporating learning from the Equally Well test-site (including work targeted specifically at pregnant smokers).</p>	<p>Completed, with combination of identified activities implemented during 2011/12 and others scheduled for 2012/13. Learning from the Equally Well test-site has been reviewed in relation to the development of an inequalities sensitive smoking cessation service, with the aim of implementing the test site model as appropriate in West Dunbartonshire. Specific learning has included social marketing interventions and outreach activities that relate to behaviour change and engagement. These are being incorporated into interventions that target hard to reach groups/pregnant women who smoke, including:</p> <ul style="list-style-type: none"> • Two Smoking in Pregnancy hubs have been established at Clydebank Health Centre and Vale of Leven Hospital. There are ongoing plans to establish an additional hub at a community facility within Dumbarton Town Centre. Plans are ongoing to support the development and promotion of these services.

	<ul style="list-style-type: none"> • CHCP Health Improvement Team staff are also working with frontline CHCP staff plus WDC Early Education and Childcare Centres to raise the profile and improve referrals into smoking cessation services. • Action plan developed for delivery of Second Hand Smoke awareness training. Targeted approach to frontline staff that are in contact with pregnant women ongoing. <p>Presentations on learning from the Equally Well test site have also been provided and well-received at National, Board and Local level.</p>
Implement new Foster Carers' Payment Scheme.	Completed, with implementation following formal report approved by CHCP Committee.
Implement redesign of Child and Adolescent Mental Health Services (CAMHS) across West Dunbartonshire.	<p>Completed, with arrangements made to activate West Dunbartonshire authority wide CAMHS service from 1st May 2012. Primary base located at the Acorn Centre. Referrals for children living in Clydebank will go to the Acorn Centre and not the West Centre as previously.</p> <p>Have prepared for the introduction of a RTT (Referral To Treatment) target in CAMHS of 26 weeks through the NHSGGC-wide application of CAPA (LEAN) technology, i.e. Choice and Partnership Approach.</p>
Identify cohort of clients/patients at high risk of admission or failure of care package.	2011/12 plan completed: approximately 100 patients with Anticipatory Care Plans. GPs actively using SPAR, with GP Local Enhanced Service Development for 2012/13 to identify patients at risk. Input to e-KIS to include Social Care information supported by Anticipatory Care Coordinator, with an initial cohort of 350 patients / clients.

Develop and agree Self Directed Care Strategy.	Strategy will be finalized to reflect legislation prior to then being presented for approval to CHCP Committee. In the meantime, West Dunbartonshire CHCP, in partnership with RNIB (Royal National Institute for Blind People) and Lomond & Argyll Advocacy Services have been chosen by the Scottish Government to develop a pilot approach to the development of Self Directed Support in West Dunbartonshire. This pilot will consider all aspects of the implementation and will inform the production of an inclusive and person centred strategic plan and approach which will include a Self Evaluation Questionnaire and a Resource Allocation System which should meet the aspirations of the Act and its associated guidance.
Deliver integrated care packages for people with Chronic Obstructive Pulmonary Disease (COPD), CHD, asthma and diabetes with community pharmacy and general practice.	Completed – additional services available to patients referred with COPD and Diabetes.
Agree Learning Disabilities Commissioning Strategy.	Completed and approved at CHCP Committee March 2012.
Support local GP practices participating in and delivering primary prevention health checks as part of Keep Well 2011/12 programme.	Completed, with individual and collective support provided to practices (including a local event led by the CHCP Health Improvement Team).
Work with NHS Education for Scotland (NES) to develop local learning GP practice project.	Completed, with resultant falls pathway now in place across services.

Work with local Primary Medical Services (PMS) GP practice to undertake a Scottish Patient Safety Programme (SPSP) care bundle on warfarin.	Activity superseded by two local GP practices now being committed to participation in Primary Care SPSP with a focus on DMARDs (disease-modifying antirheumatic drugs). Safety work on warfarin was re-focused on community pharmacists checking patients' 'yellow cards'.
Agree and implement Rehabilitation and Enablement Commissioning Strategy.	Completed and approved at CHCP Committee January 2012.
Implement Adult Support and Protection (ASP) flowchart, including recommendations for the role of GPs (via locality groups).	Completed, with all GP practices having flowchart for application.
Implement new National Guidance for Child Protection and revised West of Scotland procedures.	Completed, with procedures now universally being utilized; and assurance of good local child protection practice having been provided through recent Child Protection Inspection.
Contribute to service redesign across Community Justice Authority.	Completed, with agreement of all Criminal Justice Authority partners.
Ensure routine application of Community Pay Back Orders.	Community Pay Back Orders being routinely applied within the context of their imposition by the Court, and the associated factor, e.g. late notification of sentence from courts outwith the area and failure of offenders to attend induction.
Support implementation of local action plan for Parental Support.	Completed, with actions focused on Early Years setting and delivery of parental workshops.
Evaluate impact of revised service for survivors of sexual abuse (CARA and Rape Crisis) and Reduce Abuse Project.	Completed, with further areas for on-going service improvements implemented within context of Violence Against Women's Partnership developments and other associated projects – most notably the CEDAR (Children Experiencing

	Domestic Abuse Recovery) project that successfully secured three year continuation funding following first year pilot from Big Lottery Fund.
Increase the level of carer support plans and support provided.	Completed, augmented by additional services agreed with Carers of West Dunbartonshire.
Undertake waiting times initiative in relation to occupational therapy (OT) assessment, aids and adaptations.	Completed, with waiting times for assessment now at 6 weeks with no wait for urgent assessments.
Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.	Completed, with WD CHCP submitted for Gold Award to Health at Work on the 2 nd April. Assessment of the folder will take place on the 11 th May by the Scottish Centre for Healthy Working Lives with site visits to follow.
Ensure delivery of Welfare Rights Services as part of <i>Keep Well</i> anticipatory care activity.	Completed - through local negotiation, this service intervention has been mainstreamed by the local Advice Services ensuring long-term sustainability of this service.
Roll out Smoke Free Schools Award.	Scheduled actions for 2011/12 completed in collaboration with WDC Educational Services, with on-going work as part of CHCP 2012/13 Strategic Plan to undertake detailed work with Clydebank High to support its involvement within this award.
Conclude local Mental Health Improvement Action Plan.	Completed, with implementation being led through WD Mental Health Improvement Network.
Progress in implementing the recommendations of 'No Health Without Mental Health' – strategic framework for MH improvement in NHSGCC.	Progress on-schedule, the CHCP is actioning on all the recommendations in the strategic framework through appropriate planning structures. Specific examples include development of a children and young people's mental health

	improvement plan as part of the work of the Joint Children's Services Plan and work to ensure mental health improvement is considered as part of the co production elements of the Change Fund for Older People. Training in Scottish Mental Health First Aid for Financial inclusion staff is currently underway.
Support the delivery of Childsmile Core Programme, including monitoring and supervision of Smile Too nursery toothbrushing programme.	Scheduled work completed: <ul style="list-style-type: none"> ▪ 33 nurseries participating (100%). 3005 children consenting. ▪ 28 nurseries accredited. ▪ 2 nurseries working towards accreditation. ▪ 2 new nurseries opened 2010 and 1 local authority (KEYS) joined the programme in May 2011.
All CHCP Service Planning Groups utilise a combination of consultation techniques and feedback methods as set out within the recently produced West Dunbartonshire CPP Consultation Toolkit.	Completed, with work on-going to ensure continued compliance with NHS participation standards (including through engagement with Scottish Health Council) and engagement with CPP developments. A wide range of stakeholders participated in the service planning events and workshops reviewing current and enhanced processes and areas of service delivery. The CHCP has also formally reported on key areas of engagement to – and been commended by - the WDC Community Participation Committee (CPC), on which it also negotiated the PPF now being included in the formal membership.
Develop and maintain an integrated CHCP Risk Register.	Completed, with single and integrated CHCP Strategic Risk Register that will feed into corporate risk register processes of both NHSGGC and WDC prepared and approved by SMT. This will be submitted as evidence as part of Care Inspectorate Initial Scrutiny Level Assessment (ISLA) process.

<p>Improve effective ICT systems.</p>	<p>Scheduled work completed, with on-going roll out of new PCs across services to replace out-dated models. All Clydebank Health sites can now access WDC network.</p>
<p>Develop and then implement plan for achieving Healthy Working Lives (HWL) Gold Award for the CHCP as a whole.</p>	<p>Completed, with WD CHCP submitted for Gold Award to Health at Work on the 2nd April. Assessment of the folder will take place on the 11th May by the Scottish Centre for Healthy Working Lives with site visits to follow.</p>
<p>Prepare and submit Full Business Case for the new Alexandria Health & Care Centre (as a specified element of the NHSGGC Vision for the Vale), in keeping with NHSGGC capital planning and Framework Scotland procurement processes; and with an evident commitment to NHS Good Corporate Citizenship.</p>	<p>Full Business Case approved by NHSGGC Quality & Performance Committee and endorsed by CHCP Committee in November 2011. Full Business Case subsequently approved by Scottish Government Health Directorate's Capital Investment Group (CIG). Successful – and positively reported - “turf cutting” ceremony involving the NHSGGC Chair on the 27th March 2012, in anticipation of construction commencing on 16th April 2012. Centre scheduled to be operational Summer 2013.</p> <p>CHCP Committee have received up-date reports on this key development at key milestones through the previous year, as indeed have other key stakeholder groups reflecting the best practice approach to stakeholder management that has been a hallmark of this project (as acknowledged by the OCG Gateway Review undertaken prior to FBC submission; and feedback from the Scottish Health Council).</p>

Eight EQIAs completed.	Completed: 9 EQIAs have been submitted to the NHSGGC CIT and all will be published on the Equalities in Health Website as well as the WDCHCP website (half already published on CIT website with all on WDCHCP website). Joint Improvement Team have indicated that WD CHCP one of the few areas to have undertaken an EQIA of the local Older People Change Fund Plan.
Ensure delivery of Eat Up programme, with targeting in deprived areas.	Scheduled activity completed, with 40% referrals from targeted datazone areas.
Ensure delivery of Live Active programme, with targeting in deprived areas.	Scheduled activity completed, with 72% of referrals coming from lowest 40% targeted datazone areas.
Undertake project with community pharmacists to assist visually impaired patients with safe taking of medication.	Completed, with work commended by NHSGGC Director of Nursing. Generic NHSGGC version of resource has been developed and shared, including with Argyll & Bute CHP's sensory impairment team.
Develop plan for supporting carers' information in preparation for the end of dedicated national Carers' Information Strategy (CIS) funding.	Completed. Funding confirmed as continuing in 2012/13 with actions agreed and integrated with carers' commitments within Year Two Older People's Change Fund Plan.
Implement local model of Kinship Care.	Completed, with model reported and approved by CHCP Committee and new arrangements now in place.
Develop Joint Workforce Plan.	Completed – single, integrated Workforce Plan for the CHCP fully drafted and scheduled to be presented to CHCP Committee at its August 2012 meeting.

	<p>This work has engaged HR and OD colleagues from both parent organisations, linking into both the central workforce planning processes of NHSGGC and the requirement of WDC for departmental workforce plans.</p> <p>The Care Inspectorate have an expectation of workforce plans being in place in relation to social care services, and the draft workforce plan will thus be a key element of the Initial Scrutiny Level Assessment (ISLA) submission as part of the scheduled inspection of the CHCP through mid-to-late 2012. The Audit Scotland Evaluation of CHPs confirmed that WD CHCP is one of the few entities in Scotland that was in the process of preparing such document.</p>
<p>Develop a CHCP protocol for the management of complaints.</p>	<p>Completed – single protocol for the management of complaints across CHCP services devised, giving due accord to and satisfying the requirements of the distinct complaints policies of both parent organisations in a manner that provides clarity and (as far as possible) consistency to staff across and within CHCP services (particularly those teams composed of both WDC and NHSGG employees).</p> <p>This approach is reinforced by a single and integrated complaints reporting to both the CHCP SMT and the CHCP Committee (the latter having previously agreed to and now having expressed its satisfaction with said joined-up and coherent approach).</p>