

























West Dunbartonshire CHCP Year-End Performance Overview 2012/13

Key Performance Indicators: Summary of Progress

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Rates of attendance at A&E between 2009/10 and 2013/14 (per 100,000)	1,768	1,801	1,795	1,805	1,794	1,794	N/A				Provisional – data for month of March 2013 unavailable and February 2013 reported as interim 2012/13 figure.
Reduce the annual rate of increase of defined daily dose (DDD) per capita Citalopram/Fluoxetine/Sertraline anti-depressant prescribing for people aged 15 and over	71.8%	70.28%	70.28%	70.28%	70.28%	70.28%	65%				Provisional – data for Quarter 4 unavailable and Quarter 1 June 2012 reported as interim 2012/13 figure.
Reduce the annual rate of increase of defined daily dose (DDD) per capita Escitalopram anti-depressant prescribing for people aged 15 and over	2.56%	2.01%	2.01%	2.01%	2.01%	2.01%	3%				Provisional – data for Quarter 4 unavailable and Quarter 1 June 2012 reported as interim 2012/13 figure.
Number of adult mental health patients waiting > 28 days to be discharged from hospital into a more appropriate setting, once treatment is complete	N/A	0	0	0	0	0	0				Indicative target achieved.
Mean number of weeks for referral to treatment for Psychological Therapies	11	18	18	18	18	18	18				Provisional figure subject to change.
Reduce suicide rate by 20% by 2013 through ensuring 50% of key frontline staff are educated in suicide assessment and prevention.	100%	100%	100%	100%	100%	100%	100%				Indicative target achieved.
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	91.2%	95%	95.5%	94.5%	92.9%	92.9%	90%				Provisional figure awaiting ISD published statistics.
Number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention	1,068	347	527	730	962	962	838				Indicative target achieved.













Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Rate of emergency hospital admissions for alcohol misuse for people aged 16 and over per 1,000 population	9	8.7	8.3	8.3	8.3	8.3	8				Provisional – data for Quarter 4 unavailable and Quarter 2 September 2012 reported as interim 2012/13 figure.
Percentage uptake of cervical screening by 21-60 year olds (excluding women with no cervix)	77.8%	77.8%	77.9%	77.9%	77.9%	77.9%	80%				Provisional – data for Quarter 4 unavailable and Quarter 3 December 2012 reported as interim 2012/13 figure.
Percentage uptake of bowel screening	49.9%	49.9%	49.9%	49.9%	49.9%	49.9%	60%				Provisional - data for 2012/13 not available and March 2012 reported as interim 2012/13 figure.
Percentage of those invited attending for breast screening	72.7%	72.7%	72.7%	72.7%	72.7%	72.7%	70%				Provisional - data for 2012/13 not available and figure as at February 2012 reported as interim 2012/13 figure.
Mean number of weeks for referral to treatment for specialist Child and Adolescent Mental Health Services	5	5	7	6	7	6.5	26				Indicative target achieved.
Percentage of 16 or 17 year olds in positive destinations (further/higher education, training, employment) at point of leaving care	69%	100%	40%	55.55%	80%	60%	60%				Indicative target achieved.
Percentage of children and young people who are supported at home under statutory supervision	40.7%	41.3%	37.3%	37.4%	34.9%	34.9%	45%				Indicative target not achieved, and continues to be closely monitored.
Percentage of all Looked After Children supported within the local community	88.3%	88.9%	89.1%	88.2%	87.1%	87.1%	88%				Provisional – data tbc. This is also a new SOLACE measure.
Gross cost of Children Looked After in residential based services per child per week	£3,009	N/A	N/A	N/A	N/A	N/A	N/A				This is a new SOLACE measure which is dependent on the data from the Local Finance Return (LFR). The 2012/13 LFR is due for completion in September 2013 at which point a 2012/13 figure for this measure will be available.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Gross cost of Children Looked After in a community setting per child per week	£52.15	N/A	N/A	N/A	N/A	N/A	N/A				This is a new SOLACE measure which is dependent on the data from the Local Finance Return (LFR). The 2012/13 LFR is due for completion in September 2013 at which point a 2012/13 figure for this measure will be available.
Percentage of babies breast-feeding at 6-8 weeks	15%	14.8%	13.6%	13.1%	13.1%	13.1%	19.1%				Provisional – data for Quarter 4 unavailable and Quarter 3 December 2012 reported as interim 2012/13 figure.
Percentage smoking in pregnancy	21%	19.9%	19.1%	18.5%	18.5%	18.5%	20%				Provisional – data for Quarter 4 unavailable and Quarter 3 December 2012 reported as interim 2012/13 figure.
Percentage of five-year olds (P1) with no sign of dental disease	58.6%	58.6%	58.6%	58.6%	58.6%	58.6%	60%				Source is the Annual National Dental Inspection Programme. It alternates between reporting on P1 and P7 children. The most recent programme took place in 2012.
Percentage of 3 and 4 year olds in each SIMD quintile to have consented to fluoride varnishing twice a year	N/A	N/A	N/A	88%	88%	88%	80%				Indicative target achieved.
Completion rates for child healthy weight intervention programme over the three years ended March 2014 (Cumulative)	144	176	183	266	297	297	210				Provisional - data tbc.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 24 months	94.1%	93%	94.7%	93.6%	93.6%	93.6%	95%				Provisional – data for Quarter 4 unavailable and Quarter 3 December 2012 reported as interim 2012/13 figure.
Percentage of Measles, Mumps & Rubella (MMR) immunisation at 5 years	97.3%	95.7%	97.8%	96.2%	96.2%	96.2%	95%				Provisional – data for Quarter 4 unavailable and Quarter 3 December 2012 reported as interim 2012/13 figure.










Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013	0	4	0	0	2	2	0				Indicative target not achieved. Delays due to issues regarding capacity and awaiting placement of choice.
Emergency inpatient bed days rate for people aged 75 and over (per 1,000 population)	6,107	1,438	1,368	1,470	1,452	5,728	5,040				Provisional figure based on full year forecast for the Older People Change Fund Plan and will be subject to change.
Percentage of at risk clients with anticipatory care plans	100%	25%	50%	75%	99%	99%	100%				372 KIS have been completed against a Priority 1 estimate of 375. One practice which identified 31 patients at risk has not supplied further information.
Percentage of people 65+ with intensive needs receiving care at home (Existing definition)	44.4%	40.3%	42.8%	42.2%	41.6%	41.6%	47%				Provisional figure subject to change as part of data check processes for the Home Care Census, Statutory Performance Indicator and ISD. This is also a new SOLACE measure.
Percentage of people 65+ admitted twice or more as an emergency who have not had an assessment	37.52%	37.52%	37.52%	37.52%	34.16%	34.16%	35%				Indicative target achieved.
Number of people in care home placements at month end (65+)	505	518	526	531	533	533	505				This measure is being monitored on a monthly basis through the Older People Change Fund Plan.
Percentage of GP practices opting in to Medicines Management LES (Local Enhanced Service)	100%	100%	100%	100%	100%	100%	N/A				No indicative targets set.
Percentage of patients achieved 48 hour access to appropriate GP practice team	94.1%	94.1%	94.1%	94.1%	94.1%	94.1%	90%				Provisional - 2012/13 data not yet available. 2011/12 reported as interim.
Number of inequalities targeted cardiovascular Health Checks (Cumulative)	1,812	403	702	1,065	1,547	1,547	1,067				Indicative targets achieved.
Number of patients on dementia register	530	541	556	575	589	589	672				Although there has been significant progress over the year, indicative target has not been achieved.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					Note
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Percentage of children on the Child Protection Register who have a completed and up-to-date risk assessment	100%	100%	100%	100%	100%	100%	100%				Child protection audits continue to show that all children on the CP Register have an up-to-date risk assessment.
Percentage of child protection referrals to case conference within 21 days	95.5%	84.2%	100%	98%	N/A	N/A	95%				Audit of Quarter 4 to be completed, in line with National Child Protection reporting timescales. Data will be added as soon as available.
Percentage of Adult Support and Protection clients who have current risk assessments and care plan	100%	100%	100%	100%	100%	100%	90%				Indicative target achieved.
Percentage of Criminal Justice Social Work Reports submitted to court by noon on the day prior to calling.	93%	91%	91%	93%	98.77%	92.85%	98%				Provisional - data tbc.
Percentage of Community Payback Orders attending an induction session within 5 working days of sentence.	76%	87%	84%	79%	74.6%	77.4%	70%				Provisional - data tbc.
Percentage of Unpaid work and other activity requirements commenced (work or activity) within 7 working days of sentence.	83%	92%	86%	88%	67%	63.7%	78%				Provisional - data tbc.
Percentage of adults with assessed Care at Home needs and a re-ablement package who have reached their agreed personal outcomes	N/A	46.1%	45.6%	51.3%	44.6%	47%	45%				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.
Older Persons (65+) Home Care costs per hour	£15.67	N/A	N/A	N/A	N/A	N/A	N/A				This is a new SOLACE measure which is dependent on the data from the Local Finance Return (LFR). The 2012/13 LFR is due for completion in September 2013 at which point a 2012/13 figure for this measure will be available.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Total number of homecare hours provided as a rate per 1,000 population aged 65+	710.4	641.1	661.2	656.96	630.94	630.94	687				This is a draft figure and 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 reablement, 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	81.4%	80.3%	80.9%	81.29%	83.08%	83.08%	78%				Provisional – data tbc.
Percentage of homecare clients aged 65+ receiving a service during evening/overnight	40.5%	39.2%	40.6%	41.6%	40.4%	40.4%	37%				Provisional – data tbc.
Percentage of homecare clients aged 65+ receiving a service at weekends	69.4%	68%	69%	70.68%	71%	71%	60%				Provisional – data tbc.
Percentage of people aged 65 years and over assessed with complex needs living at home or in a homely setting	44%	40.3%	42.8%	42.2%	41.6%	41.6%	45%				This is a provisional figure. Work is underway to identify a more appropriate calculation of this measure based on NHS definitions. Targets may require to be reviewed in line with this.
Percentage of people aged 65 and over who receive 20 or more interventions per week	47.69%	48.1%	49.6%	50.55%	50.47%	50.47%	44%				Provisional – data tbc.
Self Directed Support (SDS) spend on adults 18+ as a percentage of total social work spend on adults 18+	1.6%	N/A	N/A	N/A	N/A	N/A	N/A				This is a new SOLACE measure which is dependent on the data from the Local Finance Return (LFR).
Percentage of Care Plans reviewed within agreed timescale	72%	67.25%	63.2%	62.76%	69.98%	65.73%	65%				Indicative target achieved.
Total number of successful quits (at one month post quit) delivered by community-based universal smoking cessation service	163	37	24	35	45	141	158				Provisional – data tbc.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
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	66	28	22	26	38	114	95				Provisional – data tbc.
Percentage of adults satisfied with social care or social work services	67.7%	N/A	N/A	N/A	N/A	N/A	N/A				This is a new SOLACE measure and the current source for the data is the Scottish Household Survey. The latest published data is for 2009/10 and the 2012 results will be published around August 2013.
Percentage of Council-operated children's residential care homes which are graded 5 or above	0%	This is an annual measure and not reported quarterly.				50%	N/A				The Strategic Plan target is for all Council-operated children's residential care homes to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where homes have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. Of the 4 homes, 2 received a grade 5 as their lowest grading on inspection.
Percentage of Council Home Care services which are graded 5 or above	100%	This is an annual measure and not reported quarterly.				100%	N/A				The Strategic Plan target is for all Council Home Care services to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where services have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. All 3 Home Care services (Care at Home, Community Alarms and Sheltered Housing), received a grade 5 as their lowest grading on inspection.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	Note
Percentage of Council-operated older people's residential care homes which are graded 5 or above	0%	This is an annual measure and not reported quarterly.				0%	N/A				The Strategic Plan target is for all Council-operated older people's residential care homes to be graded at 5 or above by 2017. In line with the Care Inspectorate's practices, where services have been inspected on more than 1 theme, the lowest grading received has been used to calculate performance against this measure. None of the current homes received a grade 5 as their lowest grading on inspection. The new older people's care homes are scheduled for completion in 2015 and this will positively influence the direction of travel towards the 100% target.
Percentage of complaints received and responded to within 20 working days (NHS)	100%	75%	100%	100%	100%	90%	70%				Indicative target achieved.
Percentage of complaints received which were responded to within 28 days (WDC)	60%	67%	100%	67%	50%	62%	N/A				No indicative targets set. Complexity of the complaint can affect response timescales, so policy states that an interim response will advise when not able to meet the deadline.
Number of quality assured Equality Impact Assessments	9	0	8	0	0	8	8				Indicative target achieved.
Percentage of identified carers of all ages who express that they feel supported to continue in their caring role	81.5%	86.1%	78.6%	82.58%	75.1%	77.6%	80%				Indicative target not achieved and performance is under review.
Total number of respite weeks provided to all client groups	6,978	1,654	1,732	1,704	1,673	6,763	7,647				Provisional - data tbc.
Sickness/ absence rate amongst WD CHCP NHS employees (NHSGGC)	5%	5.3%	4.8%	4.5%	4.3%	5.15%	4%				Managers have been reminded of the need to manage attendance at work and HR support is available when required.

Indicator	2011/12	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13					Note
	Value	Value	Value	Value	Value	Value	Target	Status	Long Trend	Short Trend	
Average number of working days lost per WD CHCP Council Employees through sickness absence	14.89	3.93	4.23	4.5	4.5	17.35	14				Absence continues to be a key priority within CHCP. A number of initiatives will be rolled out including management training, utilising the Workforce Planning system and analysing information to identify trends and appropriate action.
Percentage of WD CHCP NHS staff who have an annual e-KSF review/PDP in place	66.23%	72.7%	65.84%	67.55%	63.5%	66%	80%				This is below the service standard and it has been recommended that managers take action to look at performance within their own teams.
Percentage of WD CHCP Council staff who have an annual PDP in place	20%	26%	42%	70%	67%	51%	75%				This figure is expected to increase as staff and managers become more comfortable and familiar with the PDP process, which is evidenced in the increase of the quarterly figures.

WD CHCP Strategic Plan: Key Actions – Summary of Progress within Quarters 3 & 4 of 2012/13¹

2012-13 Strategic Plan Action	Outcomes Achieved / Progress to Date
Work in partnership with NHSGGC Acute Division services to improve the management of GP to hospital referrals through use of electronic referrals (SCI-Gateway).	On-going: SCI-Gateway referrals considered at locality group meetings and rates shared across practices. Structured Practice Activity Report (PAR) locally devised for discussion within locality groups.
Review referral rates and share data with GPs, including review of frequent attendees.	Completed: Routine practice activity reporting developed, and shared with practices and discussed at locality group meetings. Frequent attenders and potential actions discussed with GP colleagues through locality groups. Anticipatory Care Plans (ACP) place for at-risk patients with care plans.
Ensure regular monitoring reports provided to the CHCP Committee, PPF and local Mental Health Forum on the arrangements for the NHSGGC Vision for the Vale.	On-going: with monitoring reports prepared and presented to relevant meetings on-scheduled.
Integrate the Ardmore day hospital staff into the Older Adults Community Mental Health Team.	Completed as per the developments approved by the CHCP Committee.
Refresh internal processes for ensuring that guardianship cases are appropriately allocated to a supervising social worker for monitoring, support and review.	Completed: redesigned the allocation of guardianship cases to ensure that there is a timely referral system; and introduced a live database to aid prioritisation of cases.
Continue to promote alcohol brief interventions (ABI) across all services and GP practices.	On-going: ABIs continue to be promoted across all GP practices through routine Health Improvement visits and through anticipatory care networking events. In wider settings ABIs continue to be carried out in CHCP criminal justice teams, Youth settings through Y Sort it and in the Live Active Exercise Referral Scheme.
Develop and implement action plan to maintain UNICEF baby Friendly Community Stage 3 accreditation.	Completed: WD CHCP had the best audit results in the NHSGGC area in 2012.
Complete and agree Children's Services Commissioning Strategy.	Completed: Commissioning Strategy approved by CHCP Committee at November 2012 meeting.
Introduce Anticipatory Care Plan Nursing Team.	Completed: ACP Nursing Team in place to support ACP and polypharmacy Directly Enhanced Service (DES) in General Practice.

¹ Note: Strategic Plan Actions previously reported to CHCP Committee as completed within Mid-Year Performance Report for 2012/13 have not been included within this report.

2012-13 Strategic Plan Action	Outcomes Achieved / Progress to Date
Support the development of independent sector care home provision in line with priorities within CHCP Older People's Service Commissioning Strategy.	On-going: collaborative model in place with Scottish Care; service specifications rewritten for care homes and agreement to Local Authority wide cohort on the "My Home" programme; and new provision of 105 additional beds in development.
Continue to develop quality of Residential Care Home Provision, including preparing formal proposals and business case for future provision.	On-going: reprovision of WDC residential care home stock (180 beds) agreed, with two new care homes currently in the development phase (expected opening in 2015).
Develop patient specific pathways for MSK physiotherapy service.	On-going: positive progress as per timescales/phases set.
Oversee delivery of the new Vale Centre for Health and Care.	On-going: the construction of the new Centre has continued on-schedule and on-budget, with positive stakeholder engagement and positive local media reporting.
Implement action plan in response to Child Protection Inspection report.	On-going: all improvement actions detailed within the Child Protection Committee (CPC) Business Plan 2012-2015; and progress detailed within the CPC Annual Report 2012/13. A multi-agency Child Protection Lead Officer now in post.
Undertake Adult Support and Protection biannual self-evaluation process.	Completed: self-evaluation outcomes reported to the Scottish Government as part of bi-annual report in 2012. In addition, have appointed a new Convener to the Adult Support & Protection (ASP) Committee; and a new ASP Co-ordinator.
Review Criminal Justice Services for Women Offenders.	Completed.
Implement Family Nurse Partnership (FNP) pilot in collaboration with Glasgow City CHP.	On-going: recruitment of mothers continues; and progress is overseen by the NHSGGC FNP Advisory Group (on which WD CHCP is represented).
Continue to support sexual health training of staff working with Looked After and Accommodated Children (LAAC) and staff working with foster parents.	On-going: sexual health training of staff working with Looked After and Accommodated Children rolled out on schedule.
Undertake review of social transport provision, preparing refreshed scope and eligibility criteria that ensures compliance with Equality Act 2010 for formal consideration.	Completed: new social transport support scheme approved by CHCP Committee (as a replacement for historic arrangements) at February 2013 meeting.
Establish partnership agreement with WD CVS to enhance CHCP engagement with representative organisations.	Draft partnership completed and being refined (with particular cognizance of formal response of Scottish Government to consultation on health and adult social care) for recommendation to CHCP Committee and WD CVS Board during summer 2013.

2012-13 Strategic Plan Action	Outcomes Achieved / Progress to Date
Establish partnership agreement with WD CVS to enhance CHCP engagement with representative organisations.	Draft partnership completed and being refined (with particular cognizance of formal response of Scottish Government to consultation on health and adult social care) for recommendation to CHCP Committee and WD CVS Board during summer 2013.
Align the development of supported self and carers' support by sponsoring a collaborative project bringing together our investment from the Carers Information Strategy, Long Term Conditions Funding and the Change Fund.	Completed: collaborative project agreed aligning investment from the Carers Information Strategy, Long Term Conditions Funding and the Older People's Change Fund. In addition, social prescribing project developed with WD CVS and condition education for supported self-care in place.
Promote behaviours expressed by the NHSGGC Facing the Future Together programme (1)	<p>On-going: Care Inspectorate confirmed that West Dunbartonshire CHCP's provision of social work services to be Level 1 - low risk, good performance and good improvement work. The Care Inspectorate report provides evidence that the principles and expectations of both the NHSGGC Facing the Future Together and the WDC transformational change programmes being led by the CHCP, including:</p> <ul style="list-style-type: none"> • The CHCP delivering broadly positive outcomes for service users and carers across the various care groups, with CHCP social work services frequently performing well; and in many instances better than the national average. • A considerable commitment to and activity to involve service users/clients and carers. • Service user/client feedback – including from the focus groups undertaken by the Care Inspectorate as part of the assessment – being broadly positive about the difference CHCP social work services made locally. • Staff feedback – including from the focus groups undertaken by the Care Inspectorate as part of the assessment – being broadly positive about working as part of the CHCP. • Third Sector provider feedback – including from the focus groups undertaken by the Care Inspectorate as part of the assessment – being broadly positive about working with the CHCP. • A strong track-record by CHCP staff and services of effective partnership working. • Community engagement being a particular strength, noting the Public Partnership Forum's (PPF) enhanced remit across the span of the CHCP's health and social care responsibilities. • A strong commitment to the promotion of staff health and wellbeing, notably through its investment in the Healthy Working Lives programme.

2012-13 Strategic Plan Action	Outcomes Achieved / Progress to Date
<p>Promote behaviours expressed by the NHSGGC Facing the Future Together programme (2)</p>	<ul style="list-style-type: none"> • That CHCP had made significant efforts to comply with equality and human rights legislation. • That CHCP had moved relatively quickly in developing a single and integrated strategic plan and introducing increasingly streamlined processes wherever possible - including comprehensive performance management framework and integrated workforce plan. • That CHCP had developed and evidenced a strong focus on self-evaluation. • That whilst the CHCP faces significant financial challenges (as elsewhere), its social work services continues to be relatively well funded; and that the CHCP impressed as having delivered its services within budget each year to date since its establishment. <p>With respect to the imminent legislation on “new” health and social care partnerships, the following statements within the report were also noteworthy:</p> <ul style="list-style-type: none"> • That the establishment of the CHCP was “a key reflection of the approach to partnership adopted by the council and the NHS Board in West Dunbartonshire”. • That the role of the CHCP committee was “seen as central given its partnership nature and efforts had been made to try and ensure that Council and NHS requirements were able to dovetail with this”. • That senior managers “impressed as being committed to partnership working and the CHCP. Irrespective of whether they had a ‘health’ or ‘social work’ background, they saw themselves as accountable for and committed to the development of the range of services provided within the CHCP.” • That while the Council’s Chief Social Worker (CSWO) - who is the CHCP Head of Children’s Health, Care and Criminal Justice - is the one member of the CHCP Senior Management Team who has a professional qualification as a social worker, that there is a particularly high level of recognition within the CHCP of the importance of the CSWO role; and that “the newly appointed CSWO had already established a visible presence despite being in post for a short period”.
<p>Effective management of the financial framework of the CHCP including achieving balanced budget and efficiency challenges in both revenue and capital expenditure for both organisations.</p>	<p>At the time of submission, the year-end revenue and capital expenditure statements are not yet finalised. However, it is forecast that both revenue and capital budgets will be met. All savings targets have been achieved.</p>