



Note of Meeting
Performance and Quality Sub-Group
24 May 2016
Waverley Court, East Market Street, Edinburgh
1:00 pm

Present:

Key Stakeholders

Councillor Sandy Howat (Vice-Chair), Colin Briggs (Strategic Planning), Ian Brooke (EVOC), Eleanor Cunningham (Performance and Information), Wendy Dale (Strategic Planning), Christine Farquhar (Citizen Representative – Carer), James Glover (Mental Health Services), Michelle Miller (Chief Social Work Officer), Moira Pringle (Chief Finance Officer), Rene Rigby (Private Sector), Catherine Stewart (Performance and Information) Jennifer Boyd (Local Intelligence Support Team), Catriona Young (Local Intelligence Support Team), Yvonne Gannon (Performance and Information), Jon Ferrer (Quality Assurance), Philip Brown (Performance and Information), Giulia Lucchini (Workforce Planning and Development) Sarah Bryson (Health and Social Strategy), Mike Evans (on behalf of Rob McCulloch-Graham), David White (Interim Locality Manager, SW)

Apologies: Shulah Allan (Chair), Rob McCulloch-Graham (Chief Officer) and Sheena Muir (Hospital sites), Katie McWilliam (Strategic Planning), Kirsten Hey (Partnership/Union), Ian McKay (GP/Clinical Director), Maria Wilson (Chief Nurse), Sandra Blake (Citizen Representative – Carer).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner / Responsibility	For information
1	Welcome	No changes.		

2.1	Declarations of Interest	None.		
3.1	Minute of 21 April 2016	To approve the minute of 21 April 2016 as a correct record.	Laura Millar	
3.2	Matters Arising	None.		
4.1	Objectives	The following aims of the session were presented: 1) Rubrics Update 2) Rubrics Activity/Discussion/Next Steps 3) 23 National Indicators – Edinburgh’s baseline position 4) Case Studies in the future		
4.2	Rubrics Update	The sub-group were presented with the “Story so far” and discussed the results of the survey monkey completed by members on the development of the rubrics method to evaluate actions. There was debate on the suitability of rubrics for appraisal and how many actions the group should aim to assess. Decision 1) To progress the 3 actions that were selected through a dot-voting exercise and elect 3 further actions to take forward via rubrics. 2) To request that officers assess the remaining actions with a view to grouping these together where	Eleanor	

		<p>appropriate.</p> <p>3) To request that officers initially assess if rubrics would be the most appropriate evaluation method for these remaining actions and report back to the sub-group for agreement</p>	<p>Cunningham</p> <p>Eleanor Cunningham</p>	
4.3	Rubrics Activity/Discussion/ Next Steps	<p>The sub-group cast their votes for the following 3 actions for evaluation via the Rubrics method:</p> <ol style="list-style-type: none"> 1) Action 7 – Working with Community Planning Partnership to tackle inequalities 2) Action 16 – Supporting practices to work differently (GP) 3) Action 24 – Embedding rehabilitation, reablement and recovery approaches. <p>There were concerns over the actions that were not chosen for evaluation.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To note that all actions were interlinked therefore any progress or evidence collected could be transferable. 2) To note the intention to prioritise actions for assessment with the Rubrics method was just a prioritisation of the evaluation of the work undertaken and not of the actual action. 3) To note that officers would identify lead for each action and make a start where appropriate. 	<p>Eleanor Cunningham</p>	

4.4	23 National Indicators – Edinburgh’s Baseline Position	<p>Jennifer Boyd delivered the presentation on the data collated and analysed by the Local Intelligence and Support Team to assist with the evaluation of services and provision of evidence for change. This was specifically in relation to the 23 National Indicators set by the Scottish Government to measure the success of outcomes aimed at improving health.</p> <p>Information was considered on the baseline data for Edinburgh where performance for the 23 indicators was plotted against a peer group of other Scottish Local Authorities and the Scotland average. The Local Intelligence and Support Team can isolate the data to be as specific as required i.e. - area, age range, illness etc.</p> <p>The following case studies were presented alongside their links to/actions from the strategic plan and a breakdown of data by locality:</p> <ul style="list-style-type: none"> • Premature mortality rate (under 75 years) per 100,000 • Falls rate per 1000 aged over 65 years. • Readmissions to hospital within 28 days discharge, rate per 100,000 • Percentage of carers who feel supported to continue in their caring role • Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated 		
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	Workshop	<p>Sub-group members were split into three groups and asked to answer the following 3 questions for three actions from the Strategic Plan:</p> <ol style="list-style-type: none"> 1) Are you surprised by these figures? 2) Does the strategic plan address this issue 3) Do you need any other data to support this indicator? <p>The answers discussed by the groups are detailed on the following page.</p>		
4.6	Our Approach and Next Steps	<p>The sub-group examined the draft letter to Jenny and discussed the possibility of obtaining more direct user feedback.</p> <p>Decision</p> <ol style="list-style-type: none"> 1) To investigate more direct user feedback using a random sample of both compliments and complaints. 2) To begin the next meeting with the agreement of process and next steps for evaluation of actions. 3) To note that the next meeting of the Performance and Quality Sub-Group would take place on 24 June 2016. 4) To circulate the presentation to the sub-group along with contact information for Jennifer Boyd at the Local Intelligence and Support Team 	<p>Eleanor Cunningham/ Giulia Lucchini</p> <p>Laura Millar</p>	

Workshop Results

Premature mortality rate (under 75 years) per 100,000	
Are you surprised by these figures?	<ul style="list-style-type: none"> • No, Edinburgh has high employment rates and therefore longer life expectancy • Differential between areas surprising.
Does the strategic plan address this issue	<ul style="list-style-type: none"> • Should also identify where the difference were to allow a targeted approach to solving this. • Difficult to shift focus to preventative measures rather than reactive in the current financial climate.
Do you need any other data to support this indicator?	<ul style="list-style-type: none"> • Useful to spilt by smaller areas (below locality level) • More data required to provide evidence to inform decisions • Causality • An economic analysis to show where to target money – intelligent spends. • How to incorporate intelligent analysis so can put into action.

Falls rate per 1000 aged over 65 years.	
Are you surprised by these figures?	<ul style="list-style-type: none"> • Not surprised. • Variation small given the low numbers involved. • Variation takes into account factors such some areas having pre-existing fall prevention/reablement schemes. • The expected variation due to the age profiles of each locality was reduced by the indicators focus on over-65s only. • The wealth of each locality appears to be more of a factor.
Does the strategic plan address this issue	<ul style="list-style-type: none"> • Very limited reference to falls: simply states that falls prevention is a strategic priority. • Some broader actions e.g. IT, accessible housing etc will impact on falls prevention.
Do you need any other data to support this indicator?	<ul style="list-style-type: none"> • A wide range of data collected on falls – in general, very data-rich, particularly in health settings. • Could obtain more developed data collection in social care, 3rd sector and community settings.

Percentage of carers who feel supported to continue in their caring role	
Are you surprised by these figures?	<ul style="list-style-type: none"> • No, one person thought the percentage would be lower. • Difficult to judge as the data is from 2013/14 • Could expect some patterns following the number of interventions that have taken place between 2013/14 and now, e.g. carers supported hospital discharge service, voluntary support, carer support payment, carer emergency card (may have a positive influence in results), Self Directed Support (one person thought this might have a negative effect).
Does the strategic plan address this issue	<ul style="list-style-type: none"> • Yes at a higher level. • There was discussion around our need for more data. This indicator contributes to performance measurement, however, it is not enough on its own. • A lot of development work was required with the implementation of the carers act in April 2017. • Doesn't address concerns over "hospital at home" • Action 14 may require re-examining to acknowledge the Carers Act 2017 • There was understanding of the underlying issues - shortfall of funding for 750 hours per week.
Do you need any other data to support this indicator?	<ul style="list-style-type: none"> • The group answered this in regards to what other data was required to measure performance against the strategic plan rather than what extra level of detail would help from this specific national indicator. • What is the exact number of carers surveyed? Is this percentage based on a low number?

	<ul style="list-style-type: none">• It would be useful to have better data on numbers of unpaid carers in Edinburgh by locality. Already understand that the census undercounts carers. The Scottish Health Survey is more accurate with higher numbers, however, due to this being a sample, cannot access the numbers by localities due to small numbers. Edinburgh's own service data was not enough to identify the scale of the issue.• More recent data on this indicator would indicate if interventions/policies may have had an influence.• Use of voluntary organisation data or census data• What are the sample characteristics? Does this include young carers, etc?
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