

SERVICE AND PERFORMANCE PANEL.

Minutes of meeting in County Buildings, Wellington Square, Ayr,
on 24th January 2017 at 10.00 a.m.

Present: Councillors Kirsty Darwent (Chair), Andy Campbell, Peter Convery, Nan McFarlane, Brian McGinley and John Wallace.

Apologies: Councillors Hugh Hunter and Mary Kilpatrick.

Attending: T. Eltringham, Director of Health and Social Care; M. Baker, Head of Policy and Performance; K. Leinster, Head of Community Health and Care Services; W. Carlaw, Democratic and Governance Manager; W. Gray, Project Planning and Performance Manager; and A. Gibson, Committee Services Officer.

1. Opening Remarks.

The Panel welcomed Jake Premantle to the meeting, who was attending as part of his Work Experience Programme.

2. Declarations of Interest.

With regard to item 6 of this minute entitled "Health and Social Care Partnership Annual Performance Report for 2015/16: Final Approved Version" Councillor McGinley advised that he was a member of the Integrated Joint Board but felt that as there was no conflict of interest he would participate in this item.

3. Minutes of previous meetings.

The minutes of 8th December 2016 ([issued](#)) were submitted and approved.

4. Action Log and Work Programme.

There was submitted an update of the Action Log and Work Programme for this Panel ([issued](#)).

Decided: to note the Action Log and Work Programme.

5. Review of Residential Services for Older People.

There was submitted a report ([issued](#)) of 23rd December 2016 by the Head of Community Health and Care Services

- (1) detailing the review of residential services for older people agreed by a meeting of the Integration Joint Board on 17th June 2016; and
- (2) advising this Review related to two care homes, namely, Hillcrest Care Home, Girvan and South Lodge Care Home, Ayr.

The Head of Community Health and Care Services, Kenny Leinster, advised the Panel of the background to this Review and the meetings that had taken place in this respect including challenge group meetings, community engagement sessions and meetings with staff including the managers of the two Care Homes and the Trade Unions. Mr Leinster recognised that the Review involved emotive, sensitive and complex issues.

Following questions from Members, the Panel expressed general concerns that the review was incomplete in terms both of the information sought and provided to the Panel, the adequacy of consultation and options appraisal undertaken, and of financial and HR implications contained in the officers' report. In particular the Panel noted

- (a) the importance of ensuring the best possible standard of care for residents at these Care Homes and the need to deal with staff in a fair and proper manner;
- (b) that the culture of how elderly people were looked after in the community needed to be addressed and the Review was welcomed as the first step in that process;
- (c) the need for providing adequate respite care was highlighted and the importance of considering all avenues in the provision of respite care, including the private sector;
- (d) the need to examine the possibility of building a separate facility for respite care, capable of providing short term accommodation for family and friends;
- (e) the need for detailed costings in relation to the options available for the provision of respite care;
- (f) that staff at the two Care Homes would be placed in the Managing Change Programme and the importance of specialist Human Resources advice being provided;
- (g) that it was recognised that the staff involved had valuable training and experience that was greatly sought after in this field of work;
- (h) the Panel's concerns that given the potential complexity of the Review's implications, the Council's current Managing Change Policy was not designed for a Review of this nature;
- (i) that the process followed for this Review had been agreed by the Council's Corporate Management Team and that Human Resources and Finance had been fully involved in that process;

- (j) the importance in ensuring Best Value for Money from this Review;
- (k) that the Unions involved felt that there had been insufficient time built in to the process to date to reflect their views;
- (l) that there required to be further dialogue and consultation with key stakeholders and that timescales and milestones required to be mapped out;
- (m) that the Review paper represented a summary of the work done to date but it was acknowledged that considerable additional work had yet to be carried out and accordingly the report lacked an options appraisal and a firm conclusion; and
- (n) that as the Review lacked significant information and analysis, particularly financial information/costs, this Panel required an options appraisal, a cost benefit analysis and an equalities impact assessment prior to making any comment.

Decided: to agree that consideration of this Review be continued to a future meeting of this Panel to allow further information to be provided to them, as detailed above.

6. Health and Social Care Partnership Annual Performance Report for 2015/16: Final Approved Version.

With reference to the Minutes of 27th September 2016 (Page 2, paragraph 4) there was submitted a report ([issued](#)) of 11th January 2017 by the Director of Health and Social Care detailing the approved Annual Performance Report for 2015-16 for the South Ayrshire Health and Social Care Partnership.

The Project Planning and Performance Manager gave an introduction to the report and advised that the purpose of it was to give a flavour of the work undertaken by the Partnership to date and that it would also be presented to the Ayrshire and Arran Health Board on 30th January 2017.

The Panel discussed the performance against the National Health and Wellbeing Outcomes and associated National Performance Indicators as follows:-

National Performance Indicator 1.1 – Percentage of adults able to look after their health very well or quite well (NI-1).

A Member of the Panel advised that it was important that people took control of their own health and wellbeing.

National Performance Indicator 1.4 - Rate of drug related hospital stays (HSCP PF).

Following a question from a member of this Panel raising concerns regarding the rate of drug related hospital stays, the Director of Health and Social Care advised that the increased trend in Scotland was a concern and that the Alcohol and Drug Partnership were taking this matter seriously.

A member of the Panel further advised that performance in this respect was difficult to measure as patients with drug related problems were admitted to hospitals for other reasons.

National Performance Indicator 2.3 – Emergency admission rate per 100,000 population for adults (NI-12).

A member of the Panel advised

- of the pressures that were being caused in hospitals due to the large number of emergency admissions. The Director of Health and Social Care advised that unscheduled care was taken very seriously; and
- that with the increase in elderly people in the population and without additional funding, this was a major concern for the future.

National Performance Indicator 2.5 - Readmission to hospital within 28 days of discharge per 1,000 population (NI-14).

A Member of the Panel advised that re-admissions were increasing.

National Performance Indicator 2.7 – Number of days people aged 75 plus spend in hospital when they are ready to be discharged per 1,000 population (NI 19).

Following a question from a member of the Panel, the Director of Health and Social Care reported that patients had ongoing needs and that accessing care homes for patients could be problematic due to funding issues. It was agreed that the Director of Health and Social Care would provide Members with a briefing note on the issue of capacity and demand for care homes in South Ayrshire. It was further agreed that after the Council Elections in May 2017, Members be provided with a briefing session on care packages being provided to patients after they were discharged from hospital.

National Performance Indicator 5.1 – Premature mortality rate per 100,000 per population aged under 75 (NI-11).

The Panel agreed that the Project Planning and Performance Manager would provide the Panel with a Briefing Note on this issue.

National Performance Indicators 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

Following a question from a member of the Panel, it was agreed that the Director of Health and Social Care would provide the Panel with a Briefing Note on the reasons for those staff who did not feel engaged with the work they undertook.

National Performance Indicator 9.1 – Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated (NI-4).

The Panel agreed that there was concern regarding the percentage drop in this indicator.

National Performance Indicator 11.5 – Looked after children education attainment (attainment during year session).

The Panel agreed that this issue was very concerning and should be a priority and that the Director of Health and Social Care provide a briefing Note to Members with further information on this issue.

As a general point, a member of the Panel advised that the Annual Performance Report focussed on physical health care rather than mental health care and enquired if there was a reason for that. The Project Planning and Performance Manager advised that Adult Community Mental Health was being examined with meaningful information to be provided after 2016/17.

With regard to an enquiry from a Member regarding Voluntary Action South Ayrshire (VASA), the Project Planning and Performance Manager advised that he would deal with her enquiry outwith the meeting.

Decided: to highlight the matters raised above as issues it would wish the Integration Joint Board to consider.

The meeting ended at 12 noon