ITEM No …5……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 AUGUST 2023**

REPORT ON: **ANNUAL PERFORMANCE REPORT 2022/23**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB46-2022**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the five editions of the Dundee Integration Joint Board Annual Performance Report 2022/23 for noting following their publication on 28 July 2023.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Note the content of this report and of the five editions of the Annual Performance Report 2022/23, available via the hyperlinks in section 4.2.2 and with printable version contained within appendices 1 to 5.

2.2 Note that the Annual Performance Report 2022/23 was published on 28 July 2023 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Committee Clerk and the Partnership's Senior Management Team (section 4.2.1).

2.3 Instruct the Chief Officer to update the Annual Performance Report with financial year 2022/23 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland (section 4.2.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.

4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The seventh annual report of the Dundee Integration Joint Board (for 2022/23) was therefore due for publication by 31 July 2023.

4.1.3 Over the last two reporting years the Integration Joint Board has been evolving its approach to producing and publishing the annual performance report. In April 2022, the Integration Joint Board agreed a revised approach to producing and publishing Annual Performance Reports for 2021/22 onwards reflecting the view that the principle purpose of the annual report should be to evidence to the public in an open, transparent and accessibly way the use and impact of public resources to meet the health and social care needs of the population and improve outcomes (article X of the minute of the meeting of the Dundee Integration Joint Board held on 20 April 2022 refers). For 2021/22 a summary report only was published using a digital formatting tool (Sway) that allowed enhanced interactive content. For 2022/23, it was agreed that officers would test an incremental approach to delivering the annual reporting requirement over four strategic priority focused editions through the year and a fifth, end of year edition to cover financial and governance information.

4.2 **Annual Performance Report 2022/23**

4.2.1 Officers began the process of developing the five editions of the annual performance report in Autumn 2022. However, in practice plans to produce and publish editions at regular intervals throughout the year were not manageable for two main reasons: firstly, pressures on officer capacity required to both lead the production of the report and from a range of services (internal and external) to contribute core content; and, secondly, a greater time period was required for teams and services to accrue the required content for inclusion in the report (for example, case studies, survey findings, evidence from improvement activity). The production of the annual performance report for 2022/23 has therefore continued to focus on producing five standalone editions but with these all being published at one time following the year end.

4.2.2 The five editions that make up the Annual Performance Report for 2022/23 were produced and published on the Partnership's website on 28 July 2023. The editions are available at:

Performance, Finance and Governance Overview
https://sway.office.com/aQ6yjkFkV2IGPtGh?ref=Link

Health Inequalities
https://sway.office.com/YDD7rfbc69WAeP4O?ref=Link

Early Intervention and Prevention
https://sway.office.com/voCRInduAjHkpm6m?ref=Link

Models of Support, Pathways of Care
https://sway.office.com/kjR4LoHqKZ4DNc2D?ref=Link

Localities and Engaging with Communities
https://sway.office.com/0A6QkZsjCGqB99Z5?ref=Link

A printable version of each edition is contained within appendices 1 to 5. The publication of the editions followed feedback from stakeholders, including members of the Strategic Planning Advisory Group and Integration Joint Board, and approval of the final draft by the Chair and Vice-Chair of the IJB, the Committee Clerk and the Partnership's Senior Management Team.

4.2.3 In common with many other Partnerships across Scotland it is recognised that the performance report continues to include limited content that directly evidences the impact and outcomes of service transformations and improvement on people who use services, carers and the wider public. There has been significant additional focused work this year to obtain evidence of outcomes and impacts from services and teams wherever this is available. This is reflected in the case studies, image, quotes and feedback incorporated mainly into the four editions focused on the strategic priorities. There continues to be challenges recording, collating and reporting outcomes information at a large scale; this is addressed in the recently agreed IJB Strategic Commissioning Framework 2023-2033.

4.2.4 The Annual Performance Report has been produced on the Sway digital platform, allowing incorporation of video content and interactive sections. The final documents are suitable for

viewing across a range of digital devices. Each edition is designed to be able to be read on a standalone basis, therefore some core contextual information and content is repeated in more than one edition where relevant.

4.2.5 Alongside the main Sway versions of each edition, a plain text version has also been produced and published in a PDF format. This will aid accessibility for members of the public who would wish to print the report. The plain text versions are contained within appendices 1 to 5.

4.2.6 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data (2022/23) for all indicators. The Annual Performance Report therefore contains financial year data for indicators 15, 17 and 19 (last 6 months of life, care services gradings and delayed discharge), with all other indicators in this subset being reported against the 2022 calendar year. The report will be updated as soon as financial year data is made available by Public Health Scotland for all indicators.

4.2.7 The Annual Performance Report will now be formally submitted to the Scottish Government, Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group. Work has also been progressed with Dundee City Council Communications Service to promote the reports to the public through social media and other available channels.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has been considered in relation to risk assessment, no risks have been identified.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service - Health and Community Care, members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

DATE: 31 July 2023

Lynsey Webster
Senior Officer, Strategy and Performance

Dundee
Health & Social Care
Partnership

Annual Performance Report 2022-23

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life"

This is the seventh statutory Annual Performance Report of the Dundee Integration Joint Board (IJB). Established in April 2016 the IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.

The Dundee Health and Social Care Partnership ('The Partnership') consists of Dundee City Council, NHS Tayside and partners from the third sector and independent providers of health and social care services. The Partnership is responsible for delivering a wide range of adult social work and social care services, and primary and community health services for adults. The Partnership is also responsible for some acute hospital care services.

Pat Kilpatrick
Chair, Dundee IJB

Councillor Ken Lynn
Vice-Chair, Dundee IJB

Vicky Irons
Chief Officer, Dundee IJB

A message from the Integration Joint Board Chief Officer

*1 - **Please click here to watch a video introduction by Vicky Irons, Chief Officer of Dundee Health and Social Care Partnership***

This report is part of a suite of 5 reports which presents performance against the National Health and Wellbeing Indicators as well as providing examples of services and initiatives which have contributed to the achievement of the 4 Strategic Priorities in our Strategic and Commissioning Plan 2019-2023. Within these reports you can view the greatest achievements, challenges and areas for improvement for each Strategic Priority, plus examples of person-centred outcomes and feedback received from people who use our services, their carers and families and our workforce. These reports can be viewed here:

Health Inequalities

Early Intervention and Prevention

Localities and Engaging with Communities

Models of Support, Pathways of Care

2 - Strategic Priorities

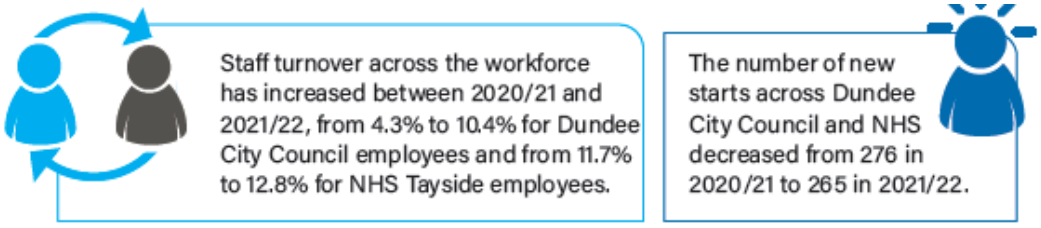
Population

- Dundee has a population of around 148 thousand people, comprising of 48% males and 52% females
- By 2043 the total population is projected to decrease by 0.4%
- There are around 26 thousand people aged 65+ and by 2043 the population aged 75+ is projected to rise by 38%
- Female life expectancy at birth is 79 years which is 2 years less than the average Scottish female life expectancy
- Male life expectancy at birth is 74 years which is 3 years less than the average Scottish female life expectancy
- Dundee is the 5th most deprived Local Authority area in Scotland, 36.6% of the population lives in the 20% most deprived areas of Scotland
- 6 of the 8 Local Community Planning Partnerships (LCPPs) have areas which are in the 20% most deprived in Scotland
- Dundee has the 4th highest prevalence of drug use in Scotland. There is an estimated 2,300 people using drugs (ages 15-64) in Dundee. 70% are male and 30% are female
- 7% of Dundee's population (10.5 thousand people) identified themselves as having a disability

Workforce

Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.

- 995 staff are employed by Dundee City Council (the same as 900 full-time staff) and 1,555 are employed by NHS Tayside (the same as 1,325 full-time staff)
- At least 40% of the workforce is aged 50+
- 87% of the workforce is female
- 4.3% of the workforce has a disability, compared with 8.3% of all Dundee residents aged 16-74
- 2.1% of the workforce is from minority ethnic groups compared with 5.6% of Dundee residents aged 16 and over
- In addition, third and independent sector providers employ 815 people in care at home services, 1,080 people in care home services and 1,105 people in learning disability / mental health care at home / housing support services
- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.



Ensuring that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to the IJB. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly.

Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development is essential to the delivery of quality health and social care services.

The Independent Review of Adult Social Care in Scotland (2021) found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

The Independent Review of Adult Social Care in Scotland (2021)

The DHSCP Workforce Plan 2022-25 sets out the current position in relation to workforce planning and acknowledges that there is progress to be made around a number of areas. One of the priorities is to address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

Workforce Wellbeing

The Partnership recognises that supporting the health and wellbeing of the workforce is vital for the delivery of effective outcomes, not just for those who use services, but importantly to ensure that we have a workforce who feel valued, respected and get the rights supports, at the right time.

The events of 2020 and beyond have highlighted more than ever the importance of good health and wellbeing at work. In addition to economic, work and community disruption, these events created a new focus on the importance of workforce wellbeing. These events also shifted the expectations of the workforce in achieving a healthy work/life balance with compassion and support at the core of how we demonstrate a commitment to wellbeing across the organisation.

Health and Wellbeing developments across the HSCP have included the following:

Launch of a new Health and Wellbeing Framework

The Partnership has a large workforce with people from different backgrounds, experience, identities and needs. The new Health and Wellbeing Framework, launched by Dundee City Council in May 2023, is relevant for all Dundee Health & Social Care workforce, and reflects this diversity and supports navigation through the challenges that need addressed in order to embrace and value this diversity and support the development of effective wellbeing interventions and outcomes.

The framework can be accessed by clicking here

The Launch of new employee Health and Wellbeing SharePoint site

In 2023, the Employee Health and Wellbeing Support Service transitioned from being a direct Covid-related wellbeing response and became an embedded, mainstream response to workforce wellbeing. To support this, a new SharePoint site has been developed. This site provides direct access to information, resources and supports. (NB, currently, individuals who do not have a Dundee City email address may need to request access to this site. This is a Microsoft criteria. For technical issues accessing this site please contact debbie.booth@dundeecity.gov.uk).

The new site can be accessed here

Partnership working with Able Futures

Dundee Health and Social Care Partnership, through Dundee City Council, is now working in partnership with Able Futures. Able Futures delivers the Access to Work Mental Health Support Service which can gives access to a mental health professional. This service is a free, confidential service that does not require a manager referral. It provides regular time to speak with a mental health specialist about issues that are affecting individuals at work, so that they can learn new ways to look after themselves to feel more resilient and able to cope, as well as finding the confidence to take practical steps to overcome problems and make adjustments to help mental health at work.

You can find out more about Able Futures here

Wellbeing Ambassadors

Our wellbeing ambassadors promote general wellbeing across our partnerships. They will offer a listening ear and signpost their colleagues to the resources and support on offer to help improve their health and wellbeing. It is a practical, voluntary role to assist in the promotion of the continued health and wellbeing of one another. Our Wellbeing Ambassador network regularly liaises with the NHS Tayside Wellbeing Champions Network to ensure shared learning and consistency of approach.

TRiM

Dundee Health and Social Care Partnership understands that due to the range and scope of the work undertaken by different services, there will be occasions where employees may be exposed to traumatic incidents. These incidents have the potential to have a long-term impact on individuals or groups. Whilst most individuals will cope with these events, others may find these overwhelming. The longer symptoms are allowed to develop, then the less likely it is that any treatment (if required) will be effective.

Dundee Health and Social Care Partnership uses Trauma Risk Management (TRiM) as a mechanism to deliver support following potential exposure to trauma. This protocol represents a commitment to supporting those who may be affected by a potentially traumatic event.

Trauma Informed Reflection, Resilience and Wellbeing Support – direct work with individuals and teams

There has been a significant amount of face-to-face work undertaken with teams to support them through periods of complex change, with a view to using a trauma informed approach to support resilience and recovery. Change and disruption can have a significant impact on how teams' function and work well together. In most cases, ongoing change and general disruption can be managed by effective team support and communication. Change and disruption involves emotions, and making sense of these emotions and the impact this has on individual and collective wellbeing may, for some, not be obvious. You can find out more about this work here: Team Reflection and Resilience Programme.

You can find out more about this work by clicking here

Workforce Wellbeing Fund

In 2021 Dundee Health & Social Care Partnership was allocated Scottish Government funding to support workforce wellbeing, as part of a national COVID-19 recovery response. Since them, these funds have been used in a variety of ways, across all areas of the Partnership including operational teams, Primary Care (including Pharmacy and Dentistry).

The funding has allowed for creative ways to support workforce wellbeing. Some teams have chosen to do recovery and reflection work; others have used money to upgrade workforce areas, provide wellbeing resources, hold wellbeing events that support team wellbeing.

Here are some quotes highlighting the positive impact this money has had on various teams:

Team Manager, Learning Disability Service:

"I want to think you once again for supporting the team to access the wellbeing fund for our Health and Wellbeing event.

In the morning I facilitated a session on Team Reflection and Resilience, due to the nature of the content, I was prepared that this may cause some staff to become emotional, however I wasn't expecting it to trigger so many of the staff. This was a really positive experience as it was a safe place that we were all able to reflect and support each other to focus on the importance of self-care. We then split into smaller groups and some staff took part in relaxation activities.

I have received some great feedback and I can already see the positive impact that this has made within the team."

Senior Charge Nurse:

"I would just like to thank you for delivering and facilitating the Wellbeing Day yesterday.

The day had a really good vibe and the feedback from staff has been very positive. I think the feedback at the end of the day demonstrated the value of the day and how supportive it will be to staff both at work and on a personal level."

National Wellbeing Champions Group

Dundee Health and Social Care Partnership continues to be represented on the Scottish Government's National Wellbeing Champions Group

The Plan for Excellence in Health and Social Care in Dundee

The IJB must agree a plan that sets out the IJB's ambition and priorities for health, social work and social care services in Dundee and how they plan to use the resources they have to make that ambition a reality. In 2022 the IJB reviewed that plan and decided to extend it for one more year while they worked to replace a new replacement plan. This annual report contains information about what has been achieved under the vision and priorities included in the plan for 2022-2023.

In June 2023 the IJB agreed the new, replacement plan. You can read The Plan for Excellence in Health and Social Care in Dundee: Strategic Commissioning Framework 2023 - 2033 by clicking here. The new plan was developed through hearing from people who use health and social care services, unpaid carers and members of the public, members of the health and social care workforce and the workforce in partners agencies.

Ambition for Health and Social Care

People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:

✔ Help to reduce inequalities in health and wellbeing that exist between different groups of people.

✔ Are easy to find out about and get when they need them.

✔ Focus on helping people in a way that they need and want.

✔ Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.

As part of the new plan the IJB has set a new ambition for health and social care in Dundee and identified 6 strategic priorities that will be the focus for work over the next 10 years.

Inequalities

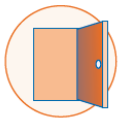
Support where and when it is needed most.

Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.

Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.

Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.

Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.

Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

During 2023/24 the Partnership will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make the ambition and priorities happen. The IJB will also publish a performance framework that will set out how the IJB will measure their progress in achieving the changes that they want to happen.

Equality Outcomes

The Equality Act (2010) says that Public Bodies, like the IJB, must publish a set of equality outcomes at least every four years. During 2022/23, people who have Protected Characteristics and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the IJB what matters to them. This helped the IJB to agree new Equality Outcomes for the next four years (2023-2027).

- Information published by the IJB will be more easily accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.
- The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.
- IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.
- The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.

How we have spent our resources

The IJB is responsible for making sure that it works in a way that follows the law and best practice standards. It must also make sure that public money is properly managed and used in a way that maximises its impact on delivering services to the public. To help them to do this the IJB has a range of different governance systems, procedures and controls in place. These arrangements help to reduce the risk that the IJB will not be able to deliver its ambitions and planned improvements. Similar systems, procedures and controls are also in place in Dundee City Council, NHS Tayside, Angus IJB and Perth & Kinross IJB and these are also used to support the IJB's work.

The Governance Framework and Internal Control System

Dundee Integration Joint Board spent £343.7 Million on integrated health and social care services during 2022-23

The actual expenditure profile for Integrated Health & Social Care Services was:

	2018-19 (M)	2019-20 (M)	2020-21 (M)	2021-22 (M)	2022-23 (M)
Total Spend	£263.1	£276.1	£292.6	£300.3	£343.7
Health Service – Hospital In-patient	£42.1	£43.6	£43.1	£44.6	£49.7
Other Social Care Services	£72.6	£76.4	£79.4	£87.0	£97.0
Other Health Care Services	£117.5	£123.2	£134.2	£134.2	£159.9
Care Home and Adult Placement Social Care Services	£29.5	£31.5	£34.6	£32.9	£35.1
Supporting Unpaid Carers	£1.4	£1.4	£1.4	£1.5	£1.9

Recovery from the COVID-19 pandemic continued to have an impact on Health and Social Care services throughout the year. The financial impact to support the additional COVID-19 remobilisation and recovery work amounted to £6,073k of additional expenditure, and this has been fully funded from additional Scottish Government non-recurring allocations.

The overall financial performance consisted of an underlying underspend of £6,545k in Social Care budgets (underspend of £5,969k in 2021-22) and an underlying underspend of £986k in NHS budgets (underspend of £1,871k in 2021-22) resulting in a net operational surplus of £7,531k (net surplus of £7,840k in 2021-22).

Complaints

In 2022/23 a total of 202 complaints were received regarding health and social care services provided by the Partnership. This year 41% of complaints were resolved at the first stage of the complaint process, frontline resolution. Following investigation, 60% of complaints were upheld or partially upheld.

Complaints related to a number of different aspects of health and social care provision and the top 3 from each of the Local Authority and NHS Tayside Complaints Processes were

Services provided by Dundee City Council

1. Delay in responding to enquiries & requests

2. Failure to meet our service standards

3. Treatment by, or attitude of, a member of staff

Services provided by NHS Tayside

1. waiting for appointment

2. Disagreement with treatment plan

3. Lack of support

The highest proportion of complaints continues to be regarding Mental Health Services with more than one third of the complaints throughout the year relating to the service (40%).

Where complaints are upheld or partially upheld we plan service improvements to help prevent similar issues arising again. Planned service improvements in the past year have included; staff reminded of social media policy and being mindful of their presence, and driver awareness training which is delivered via e-learning. Improvements have also included the development of systems, such as case recording systems and support for staff members to prevent complaint issues recurring. Where staff members have complaints raised about their practice there are appropriate support structures for them to access as necessary.

Example of an improvement following a complaint:
A complaint was received by a mental health service regarding the lack of support and communication from staff when a service user was being admitted for treatment. Through the complaints process their complaint was partially upheld. In response to the information provided during the complaints process, the service reflected on the arrangements that they have in place for communication, especially when a person's Care Manager is not available to speak directly with their family members. In the future, the service will ensure that all families are given an alternative designated point of contact when a Care Manager is not available (for example they are on holiday).

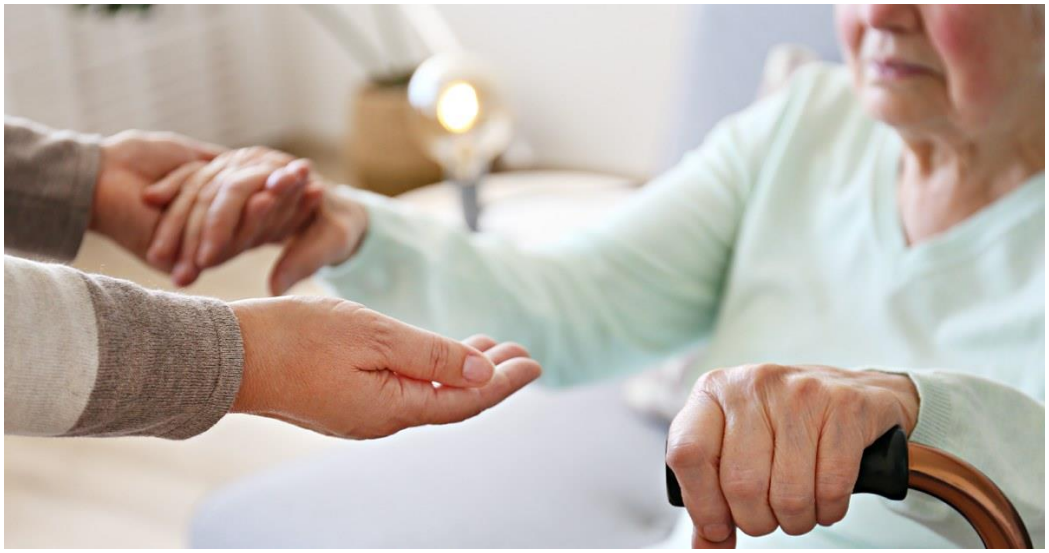
The Partnership also received positive feedback regarding services. Some examples are set out below

"I am currently receiving treatment from Physiotherapist ..... to help me get back on my feet and walking again. Since she started treating me, my mobility has improved greatly thanks to her treatment, advice, support and encouragement. She has not only impressed me, but also the staff in my accommodation. Fellow residents have also commented on the improvement in my mobility. I would like to take this opportunity to pass on my thanks to her for her help and support. Could you please pass this feedback on to her and her department. Thank you." (Regarding Physiotherapy Service)

"Thank you again for taking the time to meet with us yesterday and also for providing such a great service to our women". (Regarding the Sexual and Reproductive Health Service)

"A young gentleman called at my mother's house to pair a new smoke and heat detector alarms with her community alarm. As I had taken my mother for a short wheelchair walk, we were not at home when he arrived. ....(he) waited for us to return and was incredibly polite, professional, and very nice to my mother and myself despite us throwing him off his schedule. He chatted to my mother ...this was hugely appreciated by my 89-year-old mother. He was full of smiles and really exceed any expectations that a customer might have expected. ....Maybe a routine task to him, but he has left a lasting positive impression." (Regarding the Social Care Response Service)

Quality of our services



The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

The current Health and Social Care Standards came into effect in April 2018 and apply across social care, early learning and childcare, children's services, social work, health provision and community justice. They seek to provide better outcomes for everyone, to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.

The Care Standards provide a framework that is used by the Care Inspectorate to provide independent assurance about the quality of care and support. By setting out what Inspection Officers expect to see in high-quality care and support provision, it can help support improvement too. Using a framework in this way also supports openness and transparency of the inspection process.

The Care Inspectorate continues to inspect using a six-point grading scale (see below) against which the following key themes are graded:

Each theme is assessed from 1 to 6 with1 being 'unsatisfactory' and 6 'excellent'.

In 2022/23, 40 services for adults registered with the Care Inspectorate in Dundee were inspected and 55 inspections were completed. Of the services that were inspected, 28 of the 40 received no requirements for improvement. No Enforcement Notices were served.

5 of the services provided directly by the Partnership were inspected during 2022/23 .

- Whitetop Centre received grade 6's (wellbeing and leadership)and no requirements
- Turriff Care Home received grade 5's (wellbeing and leadership) and no requirements
- Menzieshill House Care Home received grade 4's (wellbeing and leadership) and no requirements
- Janet Brougham House Care Home received grades 3 (wellbeing) and 4 (leadership), however following a further inspection the 3 was upgraded to a 4 and the outstanding requirement was met
- MacKinnon Centre Care Home received grades 4 (wellbeing) and 3 (leadership), however following a further inspection the 3 was upgraded to a 4.

37 of the 55 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent'.

17 services received complaints.

There was no enforcement action taken against any service regulated by the Care Inspectorate.

Awards ☆

2023 Outstanding Service and Commitment Awards (OSCA)

The Out of Hours Social Work Team received an OSCA in the Customer Focus Category

The Humanitarian Team - Ukraine support received a Special OSCA Lord Provost's Award in the Customer Focus Category

NHS Star Awards

Lorna Strachan, Occupational Therapy Team Lead, Learning Disabilities was awarded an NHS Star Bronze Global Citizenship Award

Dr Matt Lambert, Stroke Consultant, Medicine for the Elderly was awarded an NHS Star Bronze Clinical Staff Award

Royal College of Nursing (RCN) Scotland Nurse of the Year Awards

Cath Cook, Team Leader in Complex Care Service was awarded a Learning in Practice Award for the development and establishment of a community-based service to deliver leg ulcer, wound and catheter care.

Scottish Care Awards

Balcarres Care Home (a 35-bed residential and residential dementia care home) was awarded a Care Home Service of the Year Award.

"Balcarres is a very person-centred organisation and what really stood out was the mutual respect between Lynn and her team and residents alike. It is no surprise that word of mouth is so positive. We were particularly impressed with Lynn's unique approach to managing funerals and making residents dreams a reality." (Quote from judge)

The team was also announced as the winners of The Care Team Award Category at the National Great British Care Awards 2023.

Performance against National Health and Wellbeing Indicators

You can view our performance towards the National Health and Wellbeing Indicators here.

Where we improved from the 2017/18 baseline year

- *Emergency bed day rate for people aged 18+ decreased by 17% and for the last 3 years the Dundee rate has been less than the Scotland rate.*

- *The proportion of the last 6 months of life spent at home or in a community setting increase from 88.8% in 2017/18 to 90.3% in 2022 and since 2017/18 Dundee's performance has been the same as or better than performance for Scotland.*

- *The % of adults with intensive care needs receiving care at home increased from 54% in 2017 to 60% in 2022.*

Areas for improvement which we are currently investigating

- *The rate of hospital admissions due to a fall for people aged 65+ increased from 28.6 per 1,000 people in 2017/18 to 33.1 in 2022 and Dundee's performance was poorer than all other Partnerships.*

- *The rate of readmissions to hospital within 28 days of discharge increased from 127 discharges per 1000 people in 2017/18 to 140 discharges per 1,000 people in 2022 and Dundee's performance was 2nd poorest out of all Partnerships.*

In addition to annual reporting, we also monitor performance quarterly and compare across Local Community Planning Partnership areas and report to the Performance and Audit Committee. Where we require further analysis to understand the data and improve services we also produce in-depth analytical reports. These can be viewed here.

Indicators 1-9 are measured using the National Health and Care Experience Survey disseminated by the Scottish Government every two years. The latest one was completed in 2021/22.

National Indicator	Improvement from 2015-16?	Improvement from 2019-20 survey?	Comparison with Scotland 2021-22
1. Percentage of adults able to look after their health very well or quite well			
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible			
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided			
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated			
5. Percentage of adults receiving any care or support who rate it as excellent or good			
6. Percentage of people with positive experience of care at their GP practice			
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life			
8. Percentage of carers who feel supported to continue in their caring role			
9. Percentage of adults supported at home who agreed they felt safe			

 Better than Scotland  Worse than Scotland  Same as Scotland

National Indicator	Improvement from 2017-18?	Improvement from previous year?	Comparison with Scotland
12. Emergency admission rate (per 100,000 people aged 18+)			
13. Emergency bed day rate (per 100,000 people aged 18+)			
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)			
15. Proportion of last 6 months of life spent at home or in a community setting			
16. Falls rate per 1,000 population aged 65+			
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections			
18. Percentage of adults with intensive care needs receiving care at home			
19. Percentage of days people spend in hospital when they are ready to be discharged, per 1,000 population			

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000

Dundee Health & Social Care Partnership

Report on Health Inequalities 2022-23

Introduction

- Health inequalities are the avoidable and unfair differences in health outcomes for certain population groups particularly those who have protected characteristics (under the Equality Act 2010), who also experience poverty and other forms of social disadvantage. The influence of life circumstances on health is well evidenced and includes factors such as educational attainment, household income, the quality of employment and unemployment, housing standards and access to green space and services.
- This was illustrated recently through the Engage Dundee research undertaken during the early months of the Pandemic which found that many respondents did not have an equitable experience of lockdown. This was particularly evident; in certain age groups, for many unemployed people, people on welfare benefits, unpaid carers, long term sick and disabled, and those who lived alone. These groups of people did much worse than others across a range of indicators including experience of accessing services, social support, isolation, mental and physical health, and finances.
- Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing. For example, the East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. Life expectancy of a male who lives in one of the most deprived areas of the city is 10 years less than a female who lives in one of the least deprived.
- The impact of the Pandemic and the current cost of living crisis, has made already difficult living circumstances and poor health and wellbeing worse for many people. For some people who were managing before the Pandemic, they now find themselves in challenging situations with limited experience of how to cope.

Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent areas.

Dundee's unemployment rate was 4.9%; higher than the Scottish rate of 3.9%.

Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population live in 20% most deprived areas of Scotland.

Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate.

- Reducing health inequalities is a top priority for the Scottish Government and the Partnership, and is also a priority in the local Community Learning and Development Plan and Dundee's City Plan. Action on health inequalities and their social determinants is undertaken at a local, service and strategic level. For sustainable change it is essential to support people across the whole workforce and all agencies to adopt an inequalities perspective in practice and plans. Tackling health inequalities and improving health and wellbeing is best described as everyone's business including local people who should be involved at every level to identify their own needs and priorities and form part of the solution.

Cost of Living Crisis

The current cost of living crisis is having substantial and alarming consequences for significant proportions of the population with potentially serious impacts on physical and mental health. The impacts from the Pandemic and emerging financial crisis are already making a bad situation worse for many people, particularly those who were already living in poverty. It is also affecting people who were managing before but are now struggling to cope. Efforts are required to support those concerned about being able to afford essentials such as food and fuel and the stress that arises from money worries for a population and workforce who already faced challenges in terms of mental health and wellbeing. Targeted interventions are needed to mitigate effects whilst also building on the resilience of communities that was demonstrated during the Pandemic.

33% of Scottish Households have either no or low financial savings or are experiencing financial difficulties

A timetable of 'Open Doors' events were created which signposted people to warm spaces where they could meet with others and receive a hot drink and, at some venues, a hot meal. In some buildings free activities, computers and WIFI were provided.

Deprivation

Dundee has high levels of poverty and disadvantage with associated disproportionate effects on the health and wellbeing of people in deprived areas. There are many health outcomes and indicators where people living in more deprived communities do worse than average and even more so when compared to those living in affluent areas.

The ***Equality Act 2010***, identifies nine 'protected characteristics', these are:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation
- Marriage & Civil Partnership

These are the characteristics where evidence shows that there is still significant discrimination in employment, provision of goods and services and access to services such as education, social care and health. Having a protected characteristic means that individuals have a right not to be treated less favourably, or subjected to an unfair disadvantage, by reason of that characteristic.

The Equality Act 2010 provided the foundations for the introduction of a 'Fairer Scotland Duty'. This duty has the aim of reducing inequalities of outcome caused by living in less favourable social and economic circumstances. Cities like Dundee with high levels of poverty, unemployment and poor social circumstances must pay particular attention to fairness.

Evidence shows that combinations of more than one of the protected characteristics can multiply or compound negative impacts. It is also known that people with protected characteristics are more likely to be impacted adversely by poor socio-economic circumstances.

At the end of 2022/23 the IJB published a report which set out how they have contributed to making Dundee a fairer place to live over the past two years. You can read the Equality Mainstreaming Update Report at: https://www.dundeehscp.com/sites/default/files/2023-04/IJB%20Equality%20Mainstreaming%20Report%202023_27.pdf

Some of the important work that has taken place, includes:

Deaf Links and Women's Aid services in Dundee, Angus and Perth & Kinross have introduced a new service. Through advocacy workers who are fluent in British Sign Language they provide a dedicated advocacy service to Deaf women across Tayside who have or are experiencing any form of violence, abuse or coercive control. They work directly with Deaf women, their children and young people offering crisis intervention, information, advocacy services and support to enable equal access to mainstream support services.

Menzieshill House won awards in 2022 and 2023 for intergenerational work connecting older residents with young people in their local community. This work is seen as progress towards enabling inclusive communities and is particularly notable because of progress made to re-establish links to the local community after the Pandemic. A lively activity programme is run throughout the year, focused on boosting residents' wellbeing and reducing social isolation. One of the care home residents said of the young people: 'They're lovely. They all have their own idiosyncrasies and personalities – I love getting to know them. They take me right back to when I was that age.'

People from across the Partnership workforce have participated in a wide range of learning and development activities. This has included completion of e-learning modules focused on equality and diversity and participating in a new Partnership Equality and Human Rights Workforce Learning Network. The network was set-up in 2022/23 and includes colleagues from the NHS, Council, Third and Independent Sectors. At each of their meetings the network considers a specific topic such as working with interpreters.

The IJB has undertaken work to improve the way it undertakes and then shares information about Equality Impact Assessments and Fairness Impact Assessments. These are the written records of how the IJB has considered equality and fairness evidence and impacts when it makes decisions. A new dedicated webpage has been added to the Partnership website to help members of the public more easily find a range of equality information.

In 2022 the Dundee Health and Social Care Partnership developed a three-year Workforce Plan. The plans detail investment in the workforce. Since 2016, the IJB has funded contracted social care providers to deliver the real living wage for Social Care; and as part of the Fair Work in Social Care policy there have been further incremental increases in social care pay with hourly pay rates for adult social care staff which are now higher than the national living wage.

The IJB provided accessible information in a range of formats as appropriate to subject and audience. One example of this is the suite of information about the plan to support people with a Learning Disability and Learning Disability and Autism. Included in this is a video interview and a short information leaflet about the plan. This can be found via this link: www.dundeehscp.com/our-publications/news-matters/living-life-well-and-living-lifeyour-way-dundee-strategic-plan

The Partnership (Council and NHS) workforce have access to Interpretation Services hosted by NHS Tayside. This enables people to be supported to access services and supports, understand information and take part in their own care. The most requested language interpretation was for (in this order) Polish, Arabic, BSL, Romanian, Ukrainian, Urdu, Bulgarian, Russian, Cantonese, Bengali.

Biggest Achievements

- Project SEARCH is a year-long 'transition-to-work program', that provides high-quality, work-related learning and purposeful employment opportunities for young people with learning disabilities and autistic spectrum conditions. **73% of Project SEARCH interns secured employment**
- Dundee Macmillan Improving the Cancer Journey link workers have supported people affected by cancer from across all areas of Tayside. During 2022/23, 266 people affected by cancer benefited from mutual referral between Macmillan ICJ and Welfare Rights team. **These referrals created over £700k additional benefits for people affected by Cancer.**
- **252 people received a Keep Well health check during 22/23**, with the most common reasons for referral being homelessness, support to people involved in the community justice system, support from partner services and carers health checks.
- **A Caring Dundee 2: A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers 2021-24 and an associated Carers Strategic Needs Assessment and Delivery Plan** were developed on behalf of the IJB by the multi-agency Dundee Carers Partnership. This followed engagement with unpaid carers across the city, especially listening to how the COVID-19 pandemic has impacted on their lives and the lives of the people that they care for.
- Dundee was one of the first areas in Scotland to establish a multi-disciplinary Non-Fatal Overdose (NFOD) pathway, the learning of which has been used as a basis for models elsewhere in the country. The pathway is in a strong position to move to the next stage and set an example for others to learn from. With a dedicated outreach service, individuals are rapidly followed up after an incident which leads to positive outcomes. Most importantly, there has been a reduction of NFOD incidents across the city.

Our Teams

There is a wide range of activity taking place in Dundee to tackle health inequalities and support those in most need. The integrated Health Inequalities Service comprises the Community Health Team, Sources of Support social prescribing link workers, the Keep Well Community Team, and the Health and Homelessness Outreach Team. There are also many initiatives within mainstream health and social care services which are contributing to reducing health inequalities.

Keep Well

The Keep Well team is nurse led and provides anticipatory care, comprehensive health assessments, and individual and group support to specific vulnerable population groups including carers, those involved in the community justice system, people using drugs and alcohol and people living in deprived communities.

252 people received a Keep Well health check during 22/23, with the most common reasons for referral being homelessness, support to offenders, support from partner services and carers health checks.

"I was really struggling with everything when the Doctor asked to see me. I wasn't managing. Now i feel better, like things are happening, i trust you, I know that you are doing your best for me"

"Just want to say being referred to street soccer has made me mentally and physically a better person as I never knew about any football clubs that was taking part during the afternoon. I also want to thank you for how beneficial the diet advice was along with the health check they both helped me understand where I was physically and how to better myself from knowing what i need to eat and what to work on. Being a young carer can be tough as you sometimes have to care for someone else other than yourself so it was great to know how to take care of myself". (feedback from young carer who had been assessed as having high alcohol intake, limited physical activity, over weight and anxiety)

Outcomes:

- ✓ Improved physical activity
- ✓ Engagement in weight loss plan
- ✓ Carer support

Dundee Drug and Alcohol Recovery Service nurse based at Community Justice Service - referral to co-located Keep Well Nurse for a Health Check.

Client was a 30+ year old male on Community Payback Order (CPO) with a Drug Treatment Requirement (DTR).

Outcomes:

- ✓ Improved physical activity
- ✓ 14kg weight loss
- ✓ Reduced diabetic risk score
- ✓ Reduced cholesterol
- ✓ Maintaining new tenancy

The nursing team has been providing outreach health drop in support for displaced people from Ukraine since July 2022 in five hotels in Dundee. Nurses have been working in partnership with GPs from the Out of Hours service, the Dundee City Council humanitarian team, Health Visiting service and the vaccination team.

The nurses have provided health consultations, triaging and referral to the most appropriate service, for example, GPs, pharmacy, mental health/trauma support, dentist and opticians. In July a daily 2 hr drop-in at all the participating hotels was provided. In August this reduced to 2 or 3 times weekly at a central hotel and in September/October once or twice a week at a central hotel.

To date the nurses have seen 123 individuals with 177 contacts for health consultations.

Health and Homeless Outreach Workers

The Homelessness Outreach team is nurse led and provides health care and treatment and a range of other supports to people living in hostels/ temporary accommodation or at risk of homelessness.

Community Health Team

- The Community Heath Team is sited in the Neighbourhood Services Section of Dundee City Council and works closely with the Partnership. It is responsible for providing local responses to health inequalities issues using a community development approach. It supports a wide range of community led activities, delivers training on poverty and health inequalities sensitive practice, leads the local Health and Wellbeing Networks and provides a bridge between strategic and local priorities.

The Community Health Team supported 59 groups during 2022/23 including short courses and community-led action research. A total of 330 people received support during this period with 60% residing within the 20% most deprived areas in Dundee.

'Minds Matter' is a project developed for Dundee and funded by the Queen's Nursing Institute Scotland and National Lottery Community Fund.

Minds Matter is a 12 week course, focussed on confidence building, coping skills and longer term self-management. The course includes tools to manage stress, sleep, self-care, diet and recognising how food affects our mood. Experienced practitioners provide sessions including mindfulness, yoga, relaxation, meditation and art therapy. The course is delivered in various locations near to people's homes and local community hubs.

In partnership with Crossreach, the Community Health Team piloted a six-week cooking programme targeting those who were in recovery from drugs and/or alcohol. The group enabled participants to come together to develop and learn new skills as well as having the opportunity to complete a level 2 food hygiene course. Participants were fully involved in session planning including picking recipes they would like to learn.

Feedback regarding 6 week cooking programme:

"I was really looking forward to coming back this week. The ladies made me feel so welcome which put me at ease. They're very patient when explaining how to do tasks. I enjoyed the dish."

"Great for my mental health. Defo be back."

"Cooking is like therapy. I learn how to cook new dishes, socialise and meet good people in a safe environment."

"Really supportive & helpful. Easy to talk to and let us decide as a group/team. I love this course and enjoy cooking. I'm getting more confident in my ability thanks to our team."

Resolve and Evolve is a local group providing positive recovery activities in the North East led by participants with a range of lived experiences. The group is facilitated by the local Community Health Worker from the Community Health Team. In partnership with Dundee Volunteer and Voluntary Action, staff provide capacity-building support including committee skills and responsibilities, team building activities, promotion and publicity, and facilitating connections with a range of partners, including Dundee Drug and Alcohol Service, We Are With You and Street Soccer Scotland. Resolve and Evolve's main area of work is a local drop-in to support people in their recovery journey, with around 15 people attending each week. **The group has made links with Perth Prison raising £600 to purchase equipment for their Lego Club with the aim of encouraging links between prisoners on liberation and their local communities.**

Carers

Carers are known to be more likely to be affected by poverty and deprivation and are now recognised as a group of people likely to be to be subject to Health Inequalities. In the winter, costs of living can increase especially in households where fuel costs are high and warm clothing, footwear and bedding needs replaced. Through the Carers COVID-19 engagement process it was recognised that increasing numbers of carers were experiencing financial hardship.

In 2022 Dundee Carers Centre successfully applied for Scottish Government monies for a winter fund to support carers most in need. The fund delivered financial support to 203 carers and their households. In 2023 the Partnership allocated Carers Partnership money to Dundee Carers Centre for the same purpose, on a one -off basis. A local fund was set up for carers to help to alleviate some of the increasing financial pressures being experienced over the winter period (e.g. food and fuel increased costs). It also aimed to enable people to continue their caring roles with less anxiety regarding their health, well-being and financial security during the current cost of living crisis.

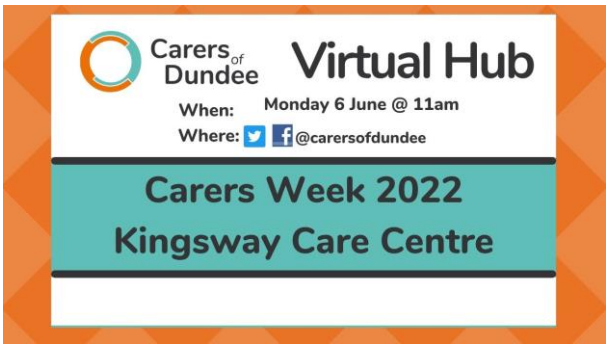
The 2023 Fund was released in February 2023. Over 500 applications were received and there have been 468 awards this year so far, with spend to date approaching £140k. The average award was £290. This year applicants identified having to make choices between 'heating' and 'eating', and there was a subsequent increase in the percentage of awards for fuel and food.

- A Caring Dundee 2: A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers 2021-24 and associated Carers Strategic Needs Assessment and Delivery Plan were developed on behalf of the IJB by the multi-agency Dundee Carers Partnership. This followed engagement with unpaid carers across the city, especially listening to how the Pandemic has impacted on their lives and the lives of the people that they care for. Watch the Carers of Dundee Virtual Hubs Episodes. For both young and adult carers the Partnership is focussing on an early identification, early intervention approach.

- Young Carers Action Day was during March 2022. Carers of Dundee were joined by The Corner, Youth Employability Service, CLD Youth Work Team, and Partners in Advocacy who provided information to local people on support available to young carers in the city. In Dundee young carers have driven substantial change in their schools,

colleges, communities and across the country influencing how the Carers Act has been implemented locally and raising awareness of young carers and young carers rights – and reducing the potential social isolation experienced by young carers.

- A key focus over the past year has been enabling adult carers to take part in flexible learning and training opportunities where they can reflect on and value the learning they have undertaken and gain formal recognition of this. This can enable them to move on in their lives when the caring role makes that possible, whether that be on to further learning, training, work or further/higher education. Carers can face barriers to employment and being able to earn while caring, these qualifications give people a chance to enhance their career prospects. An adult learning hub for carers was established, which is continuing to run in Partnership with Brooksbank. At the hub a group of 9 adult carers came together to take part in peer support, flexible learning, and training opportunities such as First Aid qualifications and the carers completed the Adult Achievement Awards, which gave them SCQF level qualifications based on their caring role.



"The carers centre made me realise how valuable I was a carer and the skills I'd learnt it then gave me the confidence to grab life again I'm now in full time employment and working as a development and support worker an opportunity I'd have never in a million years expected my employers loved all the skills I'd learnt through caring role."

"What I liked about Group was that wasn't just a bunch of people sat in a class gaining a qualification, it was a bunch of friends, having fun, supporting each other, really reflecting on what we are good at and gaining several qualifications along the way. It's lead to so many amazing experiences and opportunities that I wouldn't of had the confidence to do before. You might have walked in feeling like you were "just a carer" but you walked out feeling like a valuable human in your own right knowing that you are worthy of things for yourself and that you aren't just on this planet to be there for the person you care for. I think it worked because although the main goal was to do the Adult Achievement Awards the group was so fluid and lead by what us carers wanted to do alongside it."

Mental Health

The Mental Health and Wellbeing Strategic Planning and Commissioning Group (MHWSCG) agreed the formation of a new Communities and Inequalities Workstream. The workstream has the following remit:

- Strengthen the focus on mental health inequalities, determinants, and early intervention/ prevention within the MHWSCG Strategic Plan.
- Identify gaps relevant to the findings of local surveys.
- Link to local developments and structures such as Health and Wellbeing Networks, LCPPS, and new Local Community Plans.
- Strengthen and build on local relationships and infrastructure.
- Develop proposals for appropriate targeted actions.
- Ensure effective mapping to other strategic areas that impact on mental health.
- Consider workforce development to support achievement of the above aims.

The Dundee Community Wellbeing Centre has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health crisis. The Centre will open in 2023 and will be accessible for people who need it at all times. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to respond effectively to the needs of people.

Drug and Alcohol Use

Medication Assisted Treatment (MAT)

- Medication Assisted Treatment (MAT) is used to refer to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use.
- In January 2021, the Scottish Government announced a five-year National Mission on Drugs, with the aim of reducing drug-related deaths and harm. A central element of achieving this is the implementation of the Medication Assisted Treatment (MAT) standards, which were published in May 2021.
- Over the past year, the overall progression for Dundee's implementation of the MAT Standards has been significant. Work has progressed at a pace with significant milestones being achieved. It is evident that organisations have worked exceptionally hard to make improvements for people accessing services. There has been a collaborative effort across the city for improvement. Some example of the progress towards these standards are:

Dundee was one of the first areas in Scotland to establish a multi-disciplinary Non-Fatal Overdose (NFOD) pathway, the learning of which has been used as a basis for models elsewhere in the country. The pathway is in a strong position to move to the next stage and set an example for others to learn from. With a dedicated outreach service, individuals are rapidly followed up after an incident which leads to positive outcomes. Most importantly, there has been a reduction of NFOD incidents across the city.

Residents of Dundee have access to a range of treatment options 5 days a week which includes an innovative drop-in service which is led collaboratively by third and public sectors. Organisations have listened to those with lived experience and adapted service delivery to meet the needs of those needing support. This includes utilising a mixed model of drop in and planned appointments. Independent Advocacy is now available to all those accessing MAT, recognising individuals complex needs and priorities.

Dundee has taken a strong Gendered Approach to services, including to the delivery of MAT standards, providing training to staff across all services.

The Dundee Experiential Team were a leading light in their approach to collating data. They took a thoughtful and considered approach to interviewing individuals with lived or living experience, which has paid off in the rich data that was collated. The team has been really enthusiastic, put a significant amount of work in to establishing a process that works and supported their interviewers. Based on this the team were asked to attend an in person National Experiential Workshop to share their experience and expertise with other areas in Scotland. As a result of the focus on experiential data, we are already seeing a culture change about the importance of lived experience, including families, and the benefits of this feedback to service improvement.

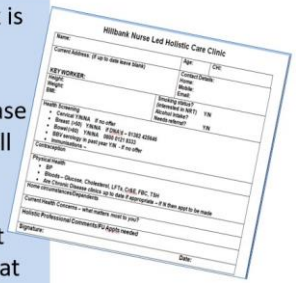
Holistic Service Level Agreement

GP practices are asked to invite any of their patients registered to Dundee Drug and Alcohol Recovery Service (DDARS) to come to the practice for a holistic health check. This check covers everything except their drug use. The patients remain under the care of DDARS.

Hillbank Holistic Care Check is shared here.

Practices may also like to base their check on the Keep Well Nurse Check.

There is no expectation that these forms are completed at each review – practices find this is patient dependent.



Examples of outcomes which may not have been achieved without the Holistic Service Level Agreement (SLA)

Patient A – Female, aged 40+		
Patient issues identified	**Management**	**Outcome**
• Street Valium for pain & anxiety • Poor sleep, irregular periods, anxious • Poor asthma control, breathless, chest pain • Varicose Veins in abdomen	• Diagnosis Premature Menopause • Counselled • Started HRT • Pain medication prescribed • Drug and Alcohol Service updated regarding key worker referral • Asthma nurse review to optimise medication • Pharmacy review • GP review after 3-4 weeks to monitor response to treatment and provide support	Lots of positives and is attending review appointments However • Did not attend hospital appointment • Did not attend 2 GP appointments, but rebooked

Patient B – Female, aged 30+		
Patient issues identified	**Management**	**Outcome**
• Patient issues identified - Lack of structure to day / not engaging with life - Transport issues - Chronic pain barrier to activity - Overweight	• Joint knit and stitch group attended • Bus pass provided • Walking aid with perching stool provided • Referred to weight management team • Re-referred to pain team	Lots of positives However • Did not attend 3 CT scans

Patient C – Male, aged 50+		
Patient issues identified	**Management**	**Outcome**
• Patient identified issues - Heel pain - Housing - Eye Pain	• Screening bloods showed raised glucose – returned for fasting glucose • Referred to orthotics (did not attend X-ray) • Attended GP for follow up regarding heel pain	• Attended GP for follow up regarding heel • Linked to Social Prescriber – help with energy company debts, housing application completed

Learning Disabilities and Autism

- Since March 2022 an engagement process has been gathering the views and aspirations of people with learning disabilities and autism, and those who provide support, to help shape a new strategic plan for people with learning disabilities and autism.
- Project SEARCH is a year-long 'transition-to-work program', that provides high-quality, work-related learning and purposeful employment opportunities for young people with learning disabilities and autistic spectrum conditions. https://www.dfnprojectsearch.org Despite the challenges that COVID-19 presented, latest statistics show that 73% of Project SEARCH interns secured employment; a figure that was matched here in Dundee in the first year of delivery. The success of the program lies in the collaboration between the Partnership, Dundee & Angus College, and NHS Tayside. Supporting people into employment is a critical aspect of the program and creating opportunities for individuals to experience work across a range of roles in a health and social care environment is not only helpful to the student but also beneficial for services. The 2022/23 cohort of interns have completed their first rotations and enjoyed work experience on the wards, within the medical labs along with admin roles within HR and occupational health.

1 - Interns from Project SEARCH

- In 2022 Dundee City Council, the Partnership and Dundee Violence Against Women Partnership hosted "Discovering Connections between Gender-based Violence, Trauma and Autism Conference", attended by 112 people. This conference aimed to create opportunities and an inclusive environment to enable the workforce and people with lived experience of trauma, autism or who are neuro-diverse to fully participate and learn together. Conference recordings and visual notes can be accessed via this link:

For Conference recordings please click here

Cancer

The Macmillan Improving the Cancer Journey Service (MICJ) offers essential holistic needs assessment and triage that enables anyone affected by cancer access to financial, practical and emotional support.

Specialists in connecting people affected by cancer to local support services at a time of increased vulnerability, preventing crisis and reducing concerns that if left unsupported lead to urgent health and social care contacts.

Inclusive, supporting patient and service user choice, advocating the right for all people to access support.

At the centre of integration, supporting health and social care services at a time of heightened cancer waiting lists and unprecedented system pressures.

- Dundee Macmillan Improving the Cancer Journey link workers have supported people affected by cancer from across all areas of Tayside during a time of significant upheaval (pandemic and post pandemic). 66% of people who accessed MICJ services during 2022 live in Dundee and 71% of people live in SIMD 1 and 2 areas – showing that the service is responding to the needs of more vulnerable people living in Dundee.
- The MICJ Team has contacted more than 2,300 people to offer a holistic needs assessment (HNA). 70% of people contacted said yes to a HNA, resulting in an average of 350 therapeutic conversations a month. This has increased access to local support and information for all who need it.

- During 2021, 329 PABC benefited from mutual referral between Macmillan ICJ and Welfare Rights team. These referrals created £575,618 additional benefits in 2021 for PABC, £309,965 so far in 2022. The nature of gains include:
  - Attendance allowance
  - Pension credit
  - Community care grant
  - Council tax reduction
  - Warm at home grant
  - Housing benefit
  - Macmillan grants
  - PIP and universal credit

- The MICJ team has focussed on building capacity to support Health Inequalities. The team discovered being inclusive is a mindset and choice – they agreed to be inclusive and engage and listen to every person at any point in their cancer journey, when often their key concerns are not about cancer. To do this consistently well and reduce secondary trauma that comes from supporting vulnerable people the team recognised the need to take care of each other. Weekly huddles enable them to share challenges and successes, key information and the joint brain power to find

solutions for anyone affected by cancer to get connected to the things that matter to them. This approach enabled the team to find solutions where common barriers such as housing availability and local policies have presented less-than-best options for people experiencing complexity such as homelessness.

- The team ensures the service is there for carers and family as well as people diagnosed with cancer. Since 2019, 280 family and carers completed a Holistic Needs Assessment and this cohort continues to be in the top 5 service user category in 2022. The service has many reciprocal referral partners including Dundee Carer Centre, Leisure Active and Dundee Volunteer and Voluntary Action services that take up referrals to reduce social isolation and create supportive networks for all affected by cancer.

Community Pharmacy

- People in Dundee experience a higher burden of disease than many other Partnerships, including Angus and Perth and Kinross:
- A total of 78,073 patients used the Dundee pharmacies within the last 12 months and presented at least four prescription forms. Between December 2021 and November 2022 over 2,700,000 items were presented at pharmacies for dispensing from the local general practices.
- More than 50% of people who used community pharmacies over the last 12 months live in SIMD 1 or 2 (the 2 most deprived areas of the City) which is higher than Angus and Perth and Kinross.
- Around 22 thousand people (15% of the population) were dispensed more than 8 types of medicine.
- Of the people who presented four or more prescriptions to their pharmacy, the most common type of medicines related to Proton Pump Inhibitors and Cardiovascular medicines.
- Community smoking cessation services are provided across Tayside from community pharmacies, with support from the Health Promotion Specialist Team, based in Public Health. The service provided in community pharmacies is intended to

contribute to the policy objective set out in the Scottish Government's tobacco control strategy, Creating a Tobacco-Free Generation, of a vision of a society where almost no one smokes. Community pharmacies link with other services to support vulnerable groups with high levels of smoking. The smoking cessation service is free for anyone living in Scotland to access and community pharmacies link with other services to support vulnerable groups with high levels of smoking. People with socio-economic disadvantage are supported to stop smoking through these incentive schemes.

- The current national data set publication describing the performance of the "Quit Your Way" smoking cessation services was published for 2019/20 (this is the most recent data available). The Quit Your Way service is provided by community pharmacies in Tayside. The proportion of people smoking has fallen on average year-on-year.
- In 2023 local pharmacies in Tayside supported 1,068 people to quit smoking.

	Estimated Adult Smoking Prevalence (%)		
Year	**Angus**	**Dundee City**	**Perth & Kinross**
2012	23.3	28.7	21.0
2013	21.3	23.7	20.0
2014	27.7	27.0	17.2
2015	17.7	25.1	17.3
2016	16.2	22.4	17.5
2017	17.9	21.2	11.4
2018	18.2	24.5	16.3
2019	19.6	14.5	13.9

Source: Scottish Government Data Explorer

- The Scottish Government commissioned a national Sexual Health Service as part of the Community Pharmacy contract that has allowed all pharmacies in Tayside to supply Emergency Hormonal Contraception (EHC) (Levonorgestrel and Ulipristal). Pharmacies are the main provider of EHC in Tayside, with some pharmacies offering seven-day services and those located in city centres, being most frequently accessed.
- To support service delivery at all levels, each NHS Board receives funding to bring on board community pharmacy expert "champions", who communicate with and visit pharmacy teams across the health board. Their remit is in part defined by annual direction by Scottish Government, but may also undertake specific projects or be given a focus by NHS colleagues and/or Community Pharmacy Health Board committees.
- Adult and paediatric patients with a confirmed diagnosis of either Coeliac Disease (CD) or Dermatitis Herpetiformis can access the Gluten Free Food service. Patients can then order gluten free food on the Tayside food list either in the pharmacy or via the Tayside Gluten-Free Food App for collection at the pharmacy.

Greatest Challenges over the last 12 months

- Supporting a frailer and less mobile population post-Pandemic with limited resources across all public services, including within health and social care.
- Supporting hidden populations with high levels of health and social care need who became harder to reach during the Pandemic.
- Lack of housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).
- Increased community waiting lists are having a knock on effect on the ability of supporting services to deliver and often alternative support opportunities need to be found.
- Increased hospital waiting times and the effect this has on shifting from a reactive / crisis model to one focussed on prevention. This has also had implications on the availability of the workforce, due to sickness absence, who are also awaiting hospital appointments.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- Expanding and upscaling service in post-pandemic conditions has been challenging due to the availability of resource and opportunities to network across multi-agencies.

Where we need to Improve

ENSURE disadvantaged communities benefit from more targeted investment to support self-care and prevention.

IMPROVE the early identification of adults who have multiple and complex needs, including being at risk of harm, and make sure services work well together to provide a response to their needs.

CONTINUE to focus on driving forward improvements in mental health and wellbeing and drug and alcohol services by ensuring a co-ordinated response from services who will offer a wider choice of easily accessible community-based supports.

ENHANCE the number of health and social care services and supports that demonstrate a gendered approach to service delivery.

ENSURE the health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people's needs.

DEVELOP more accessible information about health and social care services for people who have a sensory impairment, whose first language is not English and who are older.

INCREASE the number of health and social care services and supports that demonstrate trauma informed response to meeting needs.

DEVELOP a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment.

ENHANCE the IJB's understanding of the needs of different equality and fairness groups and how effectively health and social care services are meeting those needs.

This is part of a suite of Annual Performance Reports published July 2023. The other Annual Reports can be viewed here:

Localities and Engaging with Communities

Early Intervention and Prevention

Models of Support, Pathways of Care

Annual Performance Report 2023

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000

Dundee Health & Social Care Partnership

Report on Early Intervention and Prevention 2022-23

Introduction

- By working with people earlier, we can reduce the incidence and impact of ill health and wellbeing. It is a difficult decision to prioritise prevention and early intervention when resources are limited. However, we believe that a focus on prevention and early intervention is a positive choice that will reduce the need for more intensive support at a later time. It is by prioritising early intervention and prevention that we improve outcomes in the longer term. Preventing poor health and wellbeing means that fewer people require services and supports, and that the resources the IJB has can be targeted towards people who have the highest levels of need and towards improving the quality of care and support people receive.
- Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing. For example, the East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. Life expectancy of a male who lives in one of the most deprived areas of the city is 10 years less than a female who lives in one of the least deprived.
- There is a wide range of activity taking place in Dundee which is focussed on supporting and where possible, rehabilitating people at an earlier stage with the ultimate aim to support independence and a good quality of life for people within their community. This in turn can lead to improved personal outcomes and prevent the need for crisis interventions and unscheduled care.
- The impact of the Pandemic, including the current cost of living crisis, has made already difficult living circumstances and poor health and wellbeing worse for many people. For some people who were managing before the Pandemic, they now find themselves in challenging situations with limited experience of how to cope.

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.

13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.

Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.

Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.

Early Intervention and Prevention is a top priority for the Scottish Government and Dundee IJB, and is also a priority in the local Community Learning and Development Plan and Dundee's City Plan.

Biggest Achievements

- Dundee Macmillan Improving the Cancer Journey link workers have supported people affected by cancer from across all areas of Tayside. During 2022/23, **266 people affected by cancer** benefited from mutual referral between Macmillan ICJ and Welfare Rights team. These referrals created over £700K **additional benefits in 2022/23 for people affected by cancer.**
- Referrals to the Sources of Support Social Prescribing service have seen a steady increase following the pandemic, with **944 referrals** across 4 GP cluster areas. This service offers a varied approach to interaction with people who might require support, including in-person and digital options.
- Following a pilot in 2021/22, the Mental Health Paramedic Response Vehicle is now fully operational in the East of the city. **Over the 12 operational months from April 2022 until March 2023, only 23.83% of patients were taken to a hospital, whereas a standard ambulance response to a call will result in 46% of people being taken to hospital.**
- In June 2022 the Independent Oversight and Assurance Group for Mental Health Services in Tayside gave positive feedback about developments in community-based mental health services, including enhanced support to people leaving hospital through the Mental Health Discharge Hub.

Sources of Support

- The Sources of Support team provide a link worker service in every GP practice in the city. Link workers take referrals from GP practice staff for patients with poor mental health and wellbeing affected by their social circumstances. The service supports them to access services and activities that can help. Support workers can also provide additional short-term support for those people who require it.
- Referrals to the Sources or Support Social Prescribing service have seen a steady increase (944 referrals across 4 cluster areas) following the pandemic. Eight link workers and two support workers take referrals from health professionals in a primary care / GP setting and support patients to access services, activities and organisations that can help tackle the causes and consequences of their distress.
- Referrals are being received from all GP Practices and link workers have a physical presence in all but two GP Practices across the city. Many patients are under increasing pressure due to the cost of living crisis and link workers are supporting them to access a range of services that can help.

944 people were referred to Sources of Support in 22/23. The majority of referrals are for those of working age with much smaller numbers from younger and older age groups.

- A test of change in one GP cluster area showed that booking patients directly into appointments on the electronic booking system increased referrals. The link workers have produced an information pack about services for use by practice staff which will be available on the NHST website with hyperlinks to service information.

A person was referred to Sources of Support for social isolation, low mood, anxiety and mobility issues. Here are examples of the referrals and subsequent outcomes:

Referrals:

- Occupational Therapy for independent living aids for home.
- Active for Life gym membership.
- Dundee Energy Advice Project to advise on energy efficiencies.
- British Red Cross Befriending Service.
- Housing Department for specially adapted housing.

Outcomes:

- Improved confidence moving around the home.
- Improved social confidence and more relaxed body language.
- Feels more adequately informed regarding accessing supports and services.

Malnutrition

- The term malnutrition is an umbrella term that is used to describe deficiencies, excesses, or imbalances in a person's intake of calories and/or nutrients. This can describe undernutrition as well as circumstances where a person might be overweight or obese.
- NHS Tayside Nutrition and Dietetic Community Food and Health Team began by looking at older adults who have lost weight unintentionally. They found that the reasons for weight loss were complex and therefore interventions need to be multi agency / whole system.
- Over the past year the team has provided support through The Get Nourish Advice Line to anyone across Tayside in need of support to prevent unintentional weight loss – this could be an individual, family members of staff.
- They have raised awareness and provided education to staff including; a training video and a workbook for Care at Home Staff, and a webinar with the Care Inspectorate. This has helped to ensure that staff have the knowledge and skills to recognise signs

early of under nutrition and provide support to individuals at the point of need. The team has also developed plans to test how the training videos can be used alongside community-based screening for malnutrition across the partnership.

- The team has successfully gained funding to work in partnership with Dundee City Council, DVVA, and a local community church to develop the Come Dine With Us community dining model in 2 more local areas (bringing the total number of areas with this service to 4). This model helps to reduce social isolation and prevent undernutrition.
- Approximately 8000 people in Tayside are living with underweight malnutrition – 1 in 6 people admitted to hospital are found to be undernourished; potentially increasing the risk of infection, lengthening the stay in hospital and increasing the cost of social care. Approximately 93% of those at risk are living in the community.

Malnutrition Training Videos

NHS Tayside Malnutrition Videos

Mr B had been screened during an assessment by The Dundee Falls Service and was found to be at risk of becoming undernourished. He was referred to The Get Nourished Advice Line.
He had sadly lost his lifelong partner over a year ago and had lost his appetite and interest in food. Mr B would cook and then throw it all away, as he couldn't face eating. As his mood was already low the lack of food made him feel more tired and uninterested. He had got into a vicious cycle, the less he ate the less he felt like eating. When The Get Nourished Advice Line made contact he was only managing one or two slices of toast per day.
An important point to make is that Mr B did not look underweight as he previously had a higher BMI so it was difficult to tell, however he did say that his clothes had become very loose.
We were able to chat to Mr B about the importance of eating, especially as he had recently had a fall. We chatted about what he liked to eat. Luckily he had supportive family members, so we suggested to try and eat when they visited, as eating in company can be helpful. We talked to his family who were very supportive and keen to try our suggestions and encourage Mr B to eat more and begin to enjoy eating again.
When we called back 3 weeks later Mr B had been able to take on board our advice and looked into having smaller meals and snacks, eating little and often and increase protein intake. When Mr B's appetite had returned we were able to give advice on how he could maintain his weight healthily.

Social Isolation

- Dial-OP services are often called a lifeline by service users for a variety of reasons. Dial-OP might be the only contact they have with the outside world in a week or they might use the Information line to access additional support and services. Dial-OP provides information, signposting and referrals; the most frequent requests are for access to support with fuel bills, cancer support, advocacy support, medical contacts and information about how to access health and social care services and supports.
- DIAL OP Morning Calls are made to approximately 60 individuals between the hours of 8am and 11am Monday to Friday. These calls are split between 11 volunteers and staff cover. Examples of some of the feedback received

"Her Morning Call has really helped to build her confidence and overcome her hesitation to join groups. We are really glad she has the service." - Daughter of service user after 5 months of calls. Service user had gone on to join 3 weekly clubs/groups and has cut calls down to twice a week instead of 5 times a week.

Son and his wife would sincerely like to thank all who work on the Dial-op services they offered an amazing service to his mother - great big thank you. His mother has sadly passed away after receiving morning call service for 2 years.

"I felt that although I made short morning phone calls, I built valued relationships. I learned a lot and found the experience rewarding. It helped with my sense of purpose during very challenging times for us all in the pandemic. I felt that I got as much if not more from the volunteering that than the people I spoke to." Volunteer who volunteered for Morning Call from April 2020 to December 2022.

- The Dundee Volunteer and Voluntary Action (DVVA) Social Isolation Team engages with people who are experiencing or are at risk of experiencing loneliness and isolation. The **Social Isolation One Stop Shop** functions as a route into accessing a range of Third Sector services for people who are frail or who are socially isolated or at risk of **social isolation**. The One Stop Shop takes referrals of people who do not have high levels of need but would benefit from some lower levels of interventions and support. Signposting widely, the aim of the project is to target and address social

isolation in individuals who are identified as being at risk of, or suffering from, social isolation, lack of social contact and low community involvement. Social isolation may occur for a range of reasons but some groups are particularly at risk, such as: people with long-term illness or other long-term health conditions, older people living alone and with no access to transport, people with mental health issues, people with dementia, people with low income, carers/older carers. The programme helps to identify if there are particular issues contributing to isolation and signpost for assistance, as well as identifying ways of reducing isolation. The Social Isolation One Stop Shop Contact dialop@dvva.scot or call 01382 305757

Examples of positive outcomes from people using these services

During the month of December two service users found themselves in trouble and could not answer the telephone, both had forgotten to put on their Community Alarm pendants so were unable to call for help. As the service could not contact them, as per the no contact procedure, they contacted Police non-emergency for a welfare check. Both people had suffered falls and been unable to get up, the Police attended and the service users were transferred by ambulance to hospital. Had the service not asked for a welfare check neither of the individuals would have had the care they required and the situation could have become worse.

The service recently supported a person who was reluctant to contact GP about health concerns, as they were worried they would end up in hospital and had no one to look after their pet. The service addressed this by locating services which could assist with the pet during illness/hospitalisation and passed on the details to them. They reported that they felt like a great weight had been lifted to know this matter has been addressed.

- Colleagues in DVVA are delivering a digital project in partnership with SKY UK. The aim of this project is to provide support to older people in order to increase their confidence in using smartphones, tablets/iPads and laptops. Older people will be able to be more digitally inclusive and learn more about their devices. The digital drop-ins run every fortnight on a Tuesday at Number Ten DVVA from 10am-12pm.
- A Social Isolation Network Meeting was held in-person on Wednesday 29 March at The Steeple. This meeting attracted a gathering of organisations and professionals in Dundee whose work and activities aim to tackle social isolation from all ages.

Carers

- For both young and adult carers the Partnership is focussing on an early identification, early intervention approach. For young carers this has led to nearly 600 young carers being identified in schools and receiving support from the appropriate agency, when required. This has been made possible by strong partnership working and Carers Centre staff being co-located in schools. All schools have a young carer co-ordinator and other key services such as Dundee & Angus College and Community Learning and Development Youth Work have also identified young carer champions. New resources such as the Are You a young Carer leaflet and the primary school resource pack (launched in June 2022) mean that agencies are supported by a range of resources to provide the right support at the right time and the earlier young carers are identified the less likely they are to reach crisis point.

Mental Health

Paramedic Response Vehicle

Scottish Ambulance Service
University National NHS Board

Following a successful pilot the East Mental Health Paramedic Response Vehicle became fully operational during May 2022. The vehicle is electric and is based at the Dundee Ambulance Station and can cover a 25 mile radius from the station. 3 full time paramedics and 3 full time mental health nurses are part of the team.

The aim of the MHPRU (East) Dundee is to bring the right care to the patient, in the right setting. Sometimes this is in a hospital environment, but often it is in the patient's home setting, where they are better supported by family. Over the 12 operational months from April 2022 until March 2023, only **23.83% of patients were taken to a hospital, whereas a standard ambulance response to a call will result in 46% of people being taken to hospital**. The most common destination is accident and emergency, though several cases have been direct admissions into a psychiatric ward setting.

Where the call relates to an overdose the person will always be transported to hospital, unless the person refuses.

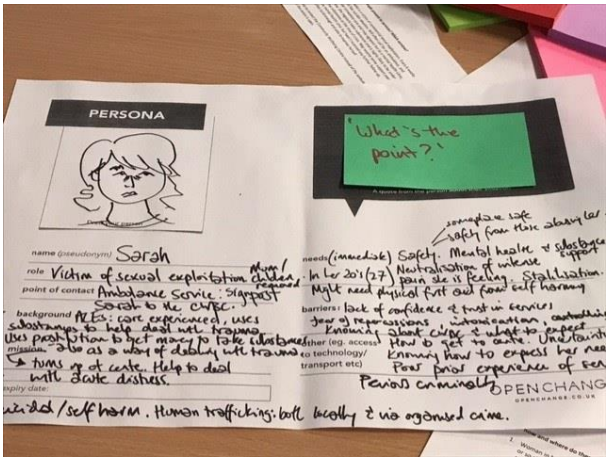
Benefits of the Paramedic Response Vehicle:

- ✓ Increased collaboration reduced the time taken for people to access mental health assessment and access to onward mental health referrals.
- ✓ Feedback from the paramedics identified the value of access to the NHS patient notes system in allowing for greater continuity of care across services.
- ✓ Paramedics highlighted an improvement in their confidence in supporting people in mental health crisis and distress.

THE INDEPENDENT INQUIRY into Mental Health Services in Tayside

The Independent Inquiry into Mental Health Services in Tayside Progress Report, published in July 2021, found a great deal of commitment from staff, partner organisations and others seeking to make a difference for patients and the wider community. New models of mental health and wellbeing support including support for people in crisis, in the community and focused on early intervention have been introduced. A mental health discharge hub, local mental health hubs, development of the city centre Community Wellbeing Centre and a new Distress Brief Interventions Service delivered by Penumbra (focused on police referrals to start with, then extending to primary care, A&E and the Scottish Ambulance Service) are some of the changes that have been made in the last year. ***In June 2022 the Independent Oversight and Assurance Group for Mental Health Services in Tayside gave positive feedback about developments in community-based mental health services, including enhanced support to people leaving hospital through the Mental Health Discharge Hub.***

1 - Captured at the developmental sessions, facilitated by DVVA for the development of the Community Wellbeing Centre, Commissioned by the Partnership to be run by Penumbra.



MacMillan Improving the Cancer Journey Team

The service offers essential holistic needs assessment and triage that enables anyone affected by cancer access to financial, practical and emotional support.

- The team contacted more than 630 people during 22/23 to offer a holistic needs assessment (HNA). 63% of people contacted said yes to a Health Needs Assessment, resulting in an average of 34 unique holistic needs assessments and 60 therapeutic conversations each month. This has increased access to local support and information for all who need it.
- Carers: the service is there for carers and family as well as people diagnosed with cancer. Since 2019, over 300 family and carers completed a Health Needs Assessment and this group continues to be in the top 5 service user category in 2022. We have many reciprocal referral partners including Dundee Carer Centre, Leisure Active and DVVA services that take up referrals to reduce social isolation and create supportive networks for all affected by cancer.
- In our 2022 survey, service users told the service that they feel overwhelmed when diagnosed with cancer. But many wished they had accessed the service sooner. The team has worked hard to co-design the early stages of the holistic needs assessment pathway with colleagues who work in acute, hospital-based services. These colleagues have an ideal opportunity to refer people to MICJ at the earliest stages, importantly, they can let people know what to expect and why it is worth talking about their concerns. This can help people who have been diagnosed with cancer to be in the best possible position to undertake treatment, and to gain financial and emotional support that helps maximise every appointment, treatment episode and improve quality of life during and after cancer treatment.

Learning Disabilities

- Dundee Community learning disability nurses and occupational therapists are currently involved in a pilot program to deliver 'Beat It' Behavioural Activation Therapy for people with a learning disability and depression. The therapy is designed to help the person being supported to try activities that can help them feel better through a process of 'behavioural activation'. This process is about helping people to boost their mood by doing things that give them a feeling of hope, control and a sense of purpose in their lives. Staff who attended the training are now actively engaged in delivering the program to clients and their families or carers in health and social care settings.

Drug and Alcohol Use

- Progress has been made in improving services and supports for people who use drugs. The response to non-fatal overdoses and assertive outreach work has been recognised as a sector leading approach. The Naloxone programme has been further extended both in terms of service providers supporting community distribution and also members of the workforce carrying Naloxone. Services providing Independent Advocacy, Peer Support and a gendered approach to better meet the specific needs of vulnerable women have been strengthened and work has continued across the city to develop a trauma-informed approach and to further expand anti-stigma work.

40% reduction in the number of suspected non-fatal overdose incidents reported by Scottish Ambulance Service and Police Scotland

96% of people referred to services regarding drug or alcohol use began their treatment within 21 days of referral

In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021.

- The Partnership commissions DVVA to engage with people in community settings to listen to their thoughts about and experiences of mental health, substance use, and recovery. DVVA shares their voices in places that can be heard, and signposts people to further support where appropriate. This is achieved by engaging with established third sector networks and involving people with lived experience.

Click here to read RECOVERZINE Magazine

Gendered Services

ASSIST
Advocacy | Support | Safety
Information | Services | Together

We have seen several new developments in Dundee relating to Gender based violence. Two of the key achievements have been:

- Securing funding for the Dundee ASSIST project which provides advocacy and support to victims (and their children) of domestic abuse who have a case going through court. The service also works with the highest risk cases of domestic abuse in the city, undertaking risk assessment, safety planning and representing the victims voice at the MARAC meetings.
- Another new project has been the CEDAR project (children experiencing domestic abuse recovery) which is a group work programme for children and their mothers who are out of the domestic abuse situation and recovering from the experience. The groupwork programme is well researched and evaluated, originating in Canada, and aims to rebuild damaged relationships between mother and child(ren) and enable mums to better understand and support their children.

Pharmacy First

- The contribution of community pharmacy is important to increasing the capacity of primary care services. There are now 6,000 unscheduled care interventions processed on a monthly basis through community pharmacies in Tayside. The Pharmacy First Scotland Service (PFSS) has enabled community pharmacy to play an increasing role in the management of patients with common health conditions, for example uncomplicated urinary tract infection, shingles, impetigo and some other skin infections.
- Pharmaceutical care delivered for the population of Tayside has been considered on a locality basis. Localities, also referred to as Local Community Planning Partnerships (LCPPs) are areas within each Health and Social Care Partnership (HSCP) which promote local co-ordination of service planning and delivery within the strategic priorities for the Partnership.

A total of 78,073 patients used the Dundee pharmacies within the last 12 months and presented at least four prescription forms. Between December 2021 and November 2022 over 2,700,000 items were presented at pharmacies for dispensing from the local general practices.

Greatest Challenges over the last 12 months

- Factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A Dundee Partnership survey found that 31% of respondents found it difficult to have a healthy lifestyle during the Pandemic. The Pandemic made this group of people harder to reach and many people now have poorer health and social care outcomes when commencing services.
- Since the Pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has also been increasing.
- There are also many people who are managing the impact of 'long covid' on their health and wellbeing. This has impacted on the availability of the workforce and also the additional demand on services to support these people.
- In Dundee people experience long term conditions and some experience multiple long term conditions at a younger age than in Partnerships with less deprivation.
- The level of investment in health and social care services and not having enough people in the workforce are risks to providing services that are pro-active and support early intervention and prevention.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.

Where we need to Improve

INCREASE the range and breadth of prevention, self-care and self-management resources available, particularly around preventing falls, long term conditions, end of life and bereavement, managing key life changes, healthy weight and mental health and wellbeing.

ENSURE more people are participating in adult health screening programmes, especially within areas of deprivation and groups with protected characteristics.

INCREASE the number of people, especially people from disadvantaged groups, who access health, wellbeing and healthy lifestyle activities across the city.

ENSURE that people are helped to connect with the services and supports that they need at an earlier stage through the use of social prescribing approaches.

ENSURE there are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.

IMPROVE the recognition and response to the health and wellbeing needs of people who have been bereaved, including unpaid carers.

SUPPORT more carers to access opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and others things in their life.

DEVELOP peer recovery services and supports so they have a greater role in meeting people's needs at an early stage.

INCREASE the number of Alcohol Brief Interventions in Dundee

This is part of a suite of Annual Performance Reports published July 2023. The other Annual Reports can be viewed here:

Health Inequalities

Localities and Engaging with Communities

Models of Support, Pathways of Care

Annual Performance Report 2023

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000

Report on Models of Support, Pathways of Care 2022-23

Introduction

Dundee has a population of around 150,000 people. Dundee experiences high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to unpaid carers and to families.

This means that the IJB and the Partnership need to do more than ever before to support citizens to access services and ensure that the care and support they receive helps them to maximise their health and wellbeing and improve their personal outcomes.

Dundee expects to see a 38% increase in the population aged 75years and over by 2043.

Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent

Dundee has the 4th highest prevalence of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol alcohol-related deaths

For people receiving home care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started.

Strategic and Commissioning Framework 2023-2033

This Strategic Commissioning Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (IJB). The IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. The framework tells people what ambition and priorities are for adult health, social work and social care services in Dundee and how the IJB will use the resources it has to make this ambition a reality.

Biggest Achievements

- We have successfully developed an Acute Frailty Unit which provides early intervention for frail older people and discharge for completion of assessment in the person's own home. This model is based on the clinical evidence of the harm caused by prolonged stays in hospital, particularly for older frail adults.
- A multidisciplinary, patient-centred approach in Medicine for the Elderly, with teams transitioning across community and hospital interface, has been the foundation of all service developments. Average length of stay has reduced from 10 days to 5 days.
- 93% of people diagnosed with dementia and referred for post diagnostic support received a minimum 12 months of support.
- In terms of the national and local urgent and unscheduled care targets, Dundee continues to perform well, with **98% of all discharges from hospital happening without a delay.**
- A test of change applying Fair Working Principles and working with care at home providers to use any spare capacity available to meet personal outcomes has been a big achievement for care at home services and external providers. This has helped to better meet outcomes for service users and prevent hospital admissions.
- The success of the Independent Living Review Team tests of change has reduced unmet need to pre-Pandemic levels and supported service users to receive their optimum levels of care package.
- Over the past year, the overall progression for Dundee's implementation of the MAT (Medication Assisted Treatment for Substance Use) Standards has been significant. Work has progressed at a pace with significant milestones being achieved. It is evident that organisations have worked exceptionally hard to make improvements for people accessing services. There has been a collaborative effort across the city for improvement.

Care At Home Social Care Response Proactive Outbound Calling

Proactive, digitally enabled anticipatory care is at the heart of the integrated model of care to prevent and manage frailty (Hendry et al., 2018) and is one of the five priorities in Health and Social Care Scotland's Statement of intent and a key ambition of the Digital Health and Care Strategy (Health and Social Care Scotland 2021; Scottish Government, 2021).

Social Care Response Service (SCRS) has around 5,500 active service users (2,500 live in Sheltered Housing and 3,000 live in private properties)

SCRS undertake 28,000 calls per month, approx. 336K per year

The average length of an incoming call is 56 seconds, the average length of an emergency call is 3 minutes and some calls can last up to 1 hour if more complex

Call volumes drop overnight, but the average length of these calls increases.

- Proactive calling supports a wide range of service users, from those who have low intensity needs to those with complex issues who are more dependent on technology.
- Falls Screening is embedded into proactive calling (can target at risk groups, including people who fall frequently), alongside screening for nutrition/malnourishment.
- A proactive not reactive model is embedded into daily working and uses a strengths-based approach to supporting people.
- Third sector services are signposted to, including the One Stop Shop.
- Proactive calling encourages and supports self-care and self-management.

Technology and Equipment to Support Independence

- The Telecare Assessment and Installation Team has purchased 5 new Mangars (Lifting Equipment) and these have increased capacity and reduced waiting times when people need assistance. The team has also invested in 10 Amazon Alexas which are being trialled in servicer users' homes. The Alexas are issued on a short-term basis i.e. 6-8weeks trial. The aim of these is to support service users to stay connected to family members, but also supports independence, memo's, shopping lists, medication reminders etc.
- The Social Care Response Service has ordered bespoke lifting equipment for those with bariatric support needs to help deliver safe and person centred care.

Drug and Alcohol Use

- In January 2021, the Scottish Government announced a five-year National Mission on Drugs, with the aim of reducing drug-related deaths and harm. A central element of achieving this is the implementation of the Medication Assisted Treatment (MAT) standards, which were published in May 2021.
- Medication Assisted Treatment (MAT) is used to refer to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use. The standards aim to improve access, choice and care and to ensure that MAT is safe and effective.
- In April 2023, each Alcohol and Drug Partnership (ADP) across Scotland formally submitted information to the national MAT Implementation Support Team (MIST) to inform the second national benchmarking report focusing on local implementation of MAT standards 1-5.
- Over the past year, the overall progression for Dundee's implementation of the MAT Standards has been significant. Work has progressed at a pace with significant milestones being achieved. It is evident that organisations have worked exceptionally hard to make improvements for people accessing services. There has been a collaborative effort across the city for improvement.

In 2021 there was a further reduction in the number of drug related deaths in Dundee, from 57 deaths in 2020 to 52 deaths in 2021.

96% of people referred to services began treatment within 21 days of referral

There were 192 non-fatal overdose incidents reported by Scottish Ambulance Service. This is a reduction from 2021-22 when there were 319

Direct Access (MAT 1)

The drop-in clinics now take place 5 times a week from different locations and have replaced the pervious waiting list system. Prior to setting up the direct access clinics, Dundee experienced a waiting list of over 300 patients. Currently Dundee is meeting the national Waiting-Time Standard and many individuals receive same-day treatment. More specifically, the drop-in system means that the majority of individuals are now seen on the same day that they request help, with an average receiving the prescription suitable for them within 2 days. The 2 days wait reflects a combination of person-led reasons, and procedural practice in the transfer of the prescription for dispensing from community pharmacies. Work is underway to support community pharmacies with the dispensing.

Choice of treatment (MAT2)

In Dundee, between January and March 2023, all new people proceeding to receive MAT, were able to access their first choice of treatment. This included 53% of MAT prescriptions which were for Methadone, 23% for oral buprenorphine and 24% for injectable buprenorphine. This reflects a significant improvement in ensuring people are involved in the decisions affecting their care and are supported to make the right choices for them.

High Risk and Non-Fatal Overdoses (MAT3)

During 2022-23, there was a reduction over time in the number of Non-Fatal Overdose incidents. It is expected (but not yet proven) that this reflects the assertive outreach support available to individuals within 72 hours of an overdose incident, supporting them to access treatment and preventing them from experiencing further overdose incidents. Over the coming months partners will develop their implementation of MAT3 to focus on a wider group of vulnerable individuals and expand the assertive outreach provision.

Harm Reduction (MAT4)

Partners have now reached a position where harm reduction support is available to all those accessing MAT in the form of overdose awareness training, naloxone provision, injecting equipment provision and wound care. Evidence suggests that this takes place at all drop-in sites, through the shared care arrangements and third sector partners.

Dundee Rep and Dance Theatre – Jericho House

"Jericho House; is a purpose-built accommodation in Dundee, offering a specialised service to a community of people who share their experience, strength and hope with each other in recovery from alcohol dependency. Dundee Rep and Scottish Dance Theatre run a drama-based community theatre programme with 12 male residents of Jericho House. The program supports the men through providing them with tools to give them increased insight into their issues, help develop their self-confidence, improve their mental and physical health and well-being through continuing abstinence, having their output valued and shared and encouraging moves towards them returning to a home in their local community."

Primary Care Drug Service Redesign

In 2022 Dundee Alcohol and Drug Partnership identified ways to provide local destigmatised support to people who require Opioid Substitution Therapy. The aim was to provide the best possible health and social care support for people in Dundee who have stable opiate use on Substitution Therapy. The changes implemented have enabled people known to DDARS (Dundee Drug and Alcohol Recovery Service), to transfer their ongoing care to their General Practice who are able to manage their care in a holistic way. The care is provided on a 'Shared Care' basis with DDARS. It was agreed to initiate a test of change process with some GP Practices which proved advantageous to the people concerned and potentially increased opportunities to provide good quality holistic care within local GP Practices.

There were a number of potential advantages identified, these included:

- ✓ *Support based on an understanding of additional complex health care needs and their potential interaction*
- ✓ *Ease of travel for people with mobility issues who registered with a GP close to home*
- ✓ *Ability to choose a service from a GP practice who individual is confident about and is potentially more conversant with their race, religious needs and cultural preferences*
- ✓ *Having holistic provision where needs of whole household are known and understood, including carers and young carers*
- ✓ *Potential signposting to resources and services in the local community. Following the test of change other GPs have offered this service too*

Mental Health

- The Distress Brief Intervention (DBI) service continues to develop and provide essential support to people across Tayside experiencing distress. Run by Penumbra, between April and December 2022 it supported 67 people across Tayside; 27 from Dundee, 27 from Angus and 13 from Perth and Kinross. Of those 67 referrals, 36 of them were between 1st October 22 and 31st December 2022. 52% of the people referred identified as female and the most prevalent age group was 31 to 35. The 2 referral pathways established thus far are through Police Scotland and Primary Care. Both of these routes require further roll out and Police Scotland has introduced DBI Champions to support this process. There are currently 56 officers across Tayside fully trained, of which 21 are based in Dundee. The impact of the service is proving to make a difference for people and evaluation identifies an average reduction of distress levels from 8.1 to 2.

Navigators

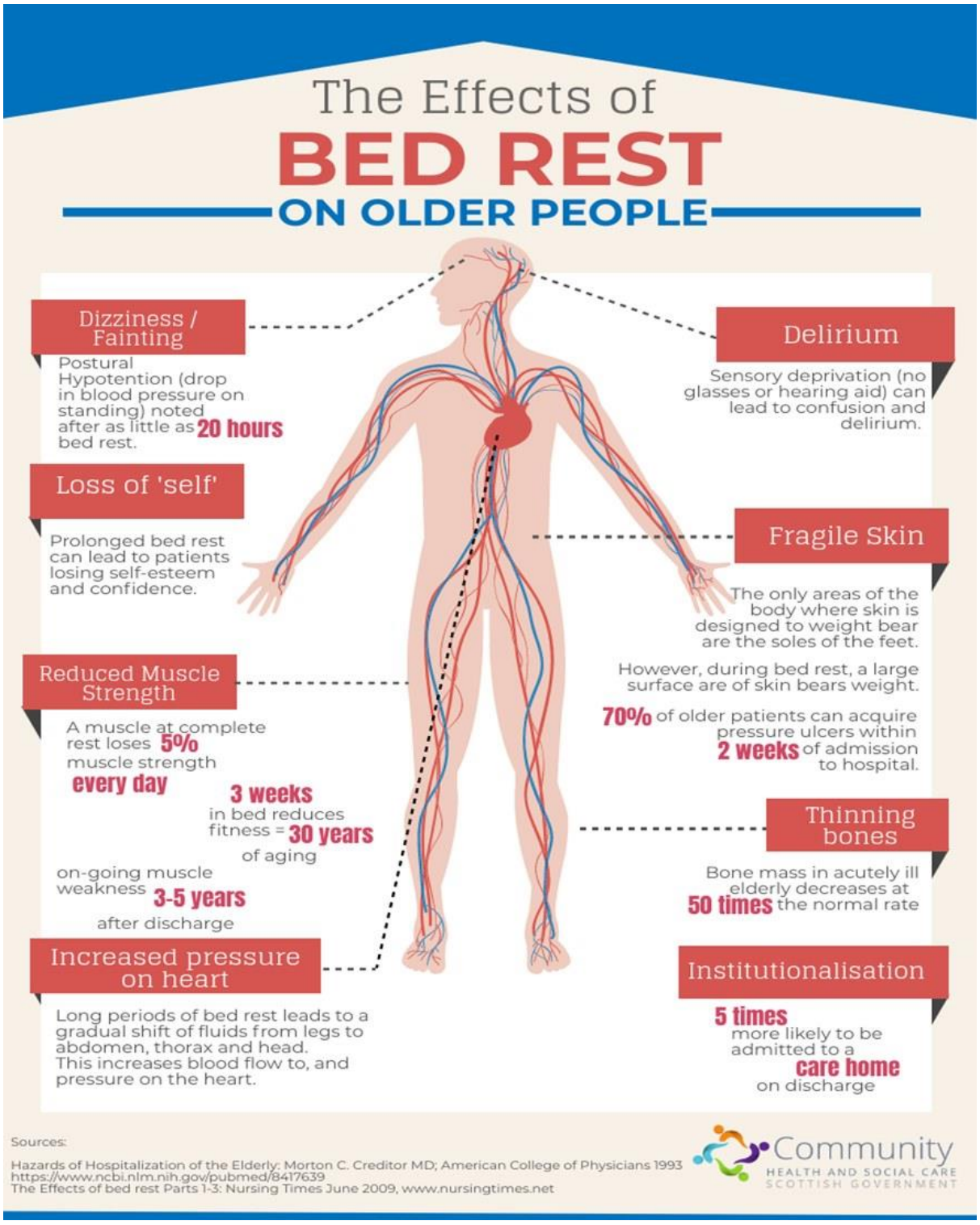
- In 2020, 2 Navigators joined the team within the Emergency Department of Ninewells Hospital. Navigators strive to establish a supportive role with people who present at the Emergency Department with a range of challenges eg with addiction, mental health, as a result of violence including domestic violence. The Navigators can enable a connection with a range of 278 community supports that can help to address the impact of disadvantage, whether through health inequalities, poverty, unemployment or homelessness.

During 2022 the Navigators supported 161 patients who attended Ninewells Hospital. Of the 161, 92 patients identified that Mental Health issues contributed to them attending the Emergency Department.

- Other significant factors included substance/alcohol use, violence, sexual violence and homelessness. Poor physical health was also reported as a factor.

Care Closer to Home

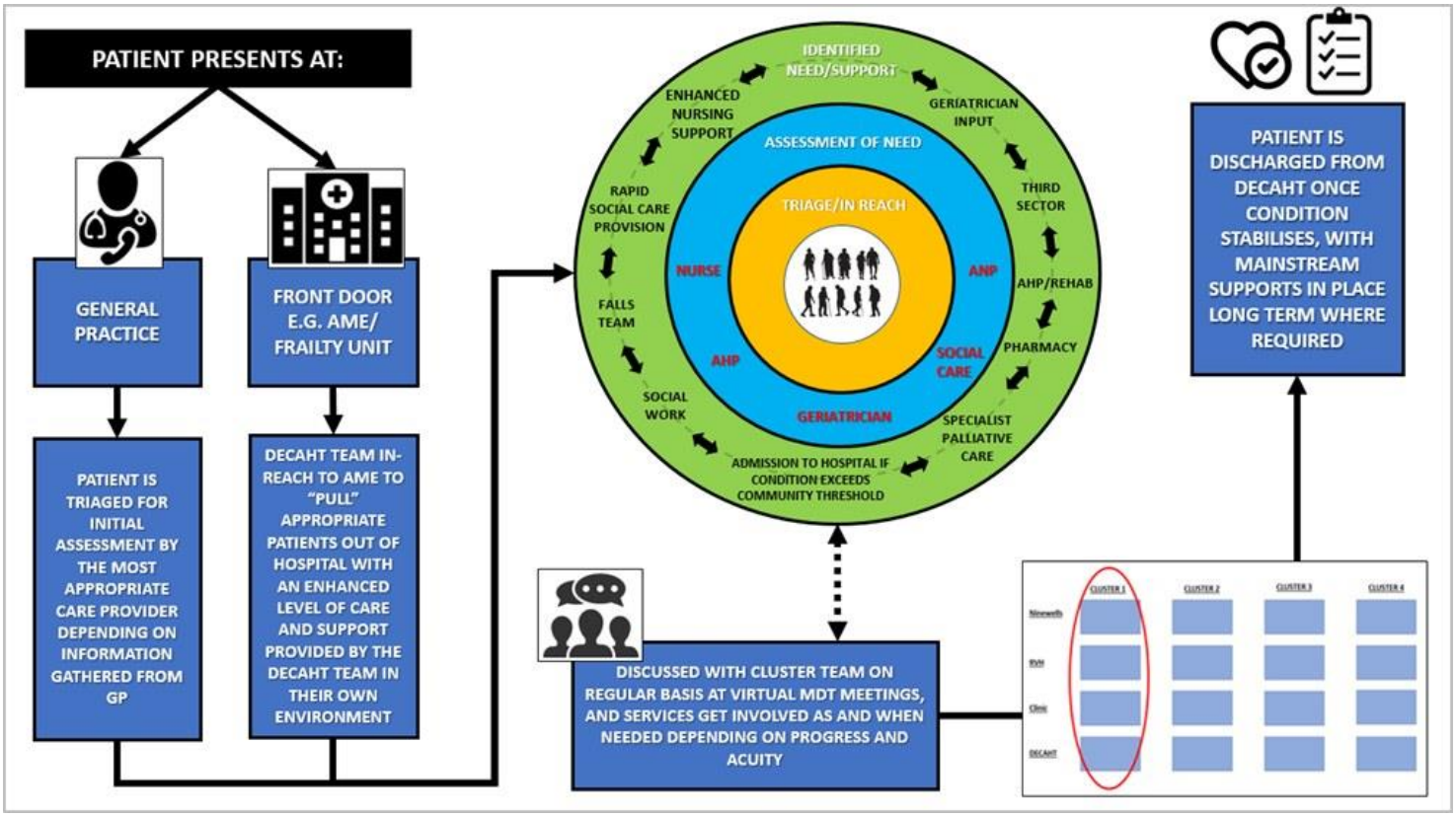
Over the past 5 years we have successfully developed an Acute Frailty Unit which provides early intervention for frail older people and discharge for completion of assessment in the person's own home. This model is based on the clinical evidence of the harm caused by prolonged stays in hospital, particularly for older frail adults.



Prior to the Pandemic we had established the 'Discharge to Assess' model in partnership with British Red Cross. This service supported frail older adults to return home early by wrapping care around them in their own home setting while they rehabilitated.

Pressure on social care services during the Pandemic has resulted in a significant reduction in the availability of social care staff to provide this service at the same time as an increase in demand. As a result, we are now focussing on redesigning the service in line with the ongoing development of our frailty model into a whole system pathway of care for frail older people.

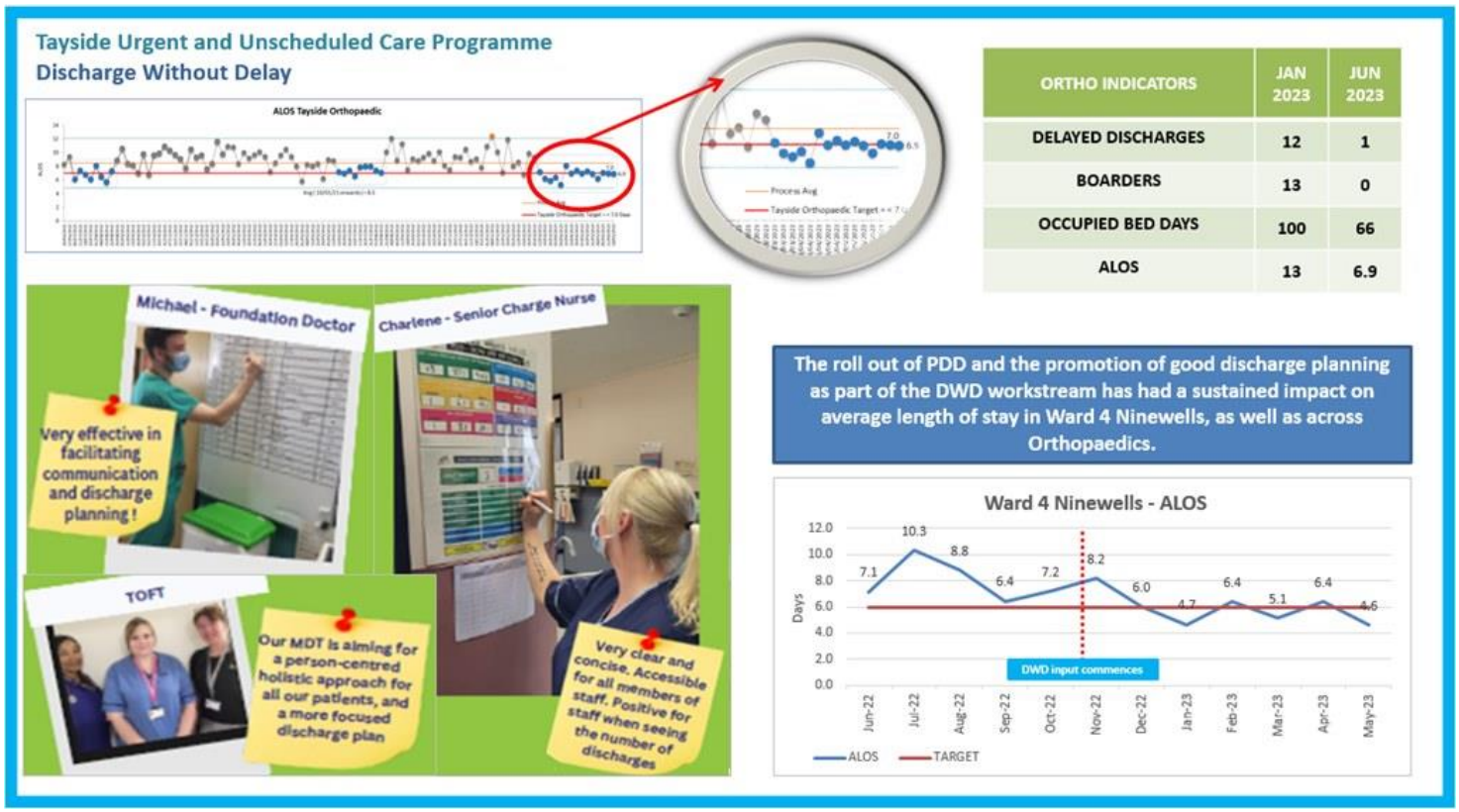
This model is built around our existing GP clusters in Dundee, and aims to provide care and treatment closer to home, while developing urgent care services which support primary care.



Our aim is to create virtual cluster teams which span inpatient and community services where improved knowledge of the individual patient leads to more accurate and effective decisions about both the nature of care and treatment required and where that care should be provided.

Discharge without Delay

- A range of improvement actions have been implemented, ranging from supporting the installation of electronic whiteboard in all wards, through to developing Planned Date of Discharge dashboards with ward level data accessible for all ward staff using posters. This enabled each individual multidisciplinary team to identify key actions to improve discharge planning processes relevant to them.



- This programme has demonstrated both improved multidisciplinary working and a reduction in length of stay.
- General Medicine – Work commenced in Ward 4 Ninewells mid-October 2022, at which time the length of stay was 8.2 days, with a locally set target of 6 days. The impact of the work has resulted in a sustained reduction, achieving the local target.
- Orthopaedics - Work commenced in Orthopaedics in January 2023, at which time the length of stay was 13 days, with a locally set target of 7 days. The impact of the work has resulted in a sustained reduction, achieving the local target.
- The Discharge without Delay Programme was designed to accommodate spread and scale across other areas in the system and work continues to sustain and embed the principles of DWD across all ward areas.

98% of all discharges from hospital were not delayed in 2022-23

- Within the social care service, a test of change has been undertaken which enhances the review process for existing social care service users. By locating an enablement support worker within the Resource Matching Unit, who works closely with the wider social care team, capacity has been released for new service users.
- Of the 237 reviews undertaken so far as part of this test, a total of 2,298.5 social care hours have been released back into the system. This has improved access to social care for hospital discharge and has contributed to the reduction in delays.

Prevention of Admission Model

There were 21 case studies submitted as part of the test of change. 18 of the case studies identified that the extra visits provided on an adhoc basis by the provider supported a prevention of admission into hospital model of care delivery.

Whilst we cannot evidence the potential duration of these hospital admissions or, indeed, how long the individual would have waited in hospital for the appropriate level of service to facilitate a safe discharge home, we can propose an average cost saving using the assumptions below:

Time spent in hospital	Number of service users	Cost per day	Total Potential Savings
2 days	18	£287	£10,332
7 Days	18	£287	£36,162
14 Days	18	£287	£72,324
21 days	18	£287	£108,486

Average cost of hospital bed day = £287

The next slide has a more detailed overview of average length of stays

Dundee Health & Social Care Partnership

- A further test has been ongoing to explore Fair Working Principles within the social care sector Again this has supported better communication and engagement across and between commissioned providers, leading to better targeted support to meet personal outcomes. As well as creating additional capacity, this approach to social care provision has also contributed to the prevention of admission. The additional reassurance and support provided due to greater flexibility within the service has enabled existing service users to receive additional care at appropriate times.

Care at Home Fair Work Principles

The Partnership recognises the vital contribution of the social care workforce to the health and wellbeing of the population and is committed to working with providers to achieve fairer working conditions.

A Test of Change commenced between October 2022 and March 2023, with the primary aim of supporting service users achieve positive outcomes and implementing fair working principles.

- A review and audit was undertaken which found that only 50% of providers advised they pay care workers from the start to the end of a shift.
- Providers reported that the reason for this was due to the Partnership paying for actual hours provided and not full shift hours and it would not be affordable to move to a shift payment model.
- Following review it was agreed that the next care at home tender will make the shift to outcomes based commissioning, which will support providers to deploy staff for full shifts without significant periods of downtime. This means providers and staff can be paid for full shifts and people can be supported in a more holistic manner.
- Downtime and adhoc availability would be used to better achieve outcomes for service users.

BENEFITS TO SERVICE USERS

- 100% of providers felt the test of change supported achieving positive outcomes for service users
- 94% of providers felt the test of change helped prevent hospital admissions and maintained continuity of care and support
- 89% felt the test of change helped contribute in maintaining health and wellbeing for servicer users
- 84% felt the test of change contributed to service users receiving a personalised service and help supported independence by preventing a deterioration or decline in their abilities
- 84% felt the change supported to reduce service users anxieties
- 78% said it helped contribute to service users maintaining a good level of nutrition and hydration

BENEFITS TO WORKFORCE

- 82% said that it encourages them to stay with their current care employer (external Provider)
- 82% said it gives them financial security
- 81% said it helps with the cost of living and that they can plan and budget more effectively
- 69% of staff advised that they feel valued when being paid for their full shift
- 65% felt respected by their care company (External Provider) as a result
- 61% said it makes them feel less anxious being paid for the full shift now
- 90% said having a variety of additional tasks (not just personal care) would contribute to greater job satisfaction

BENEFITS TO PROVIDERS

- 89% said the test of change has supported improved recruitment and retention
- 73% said it increases service reliability (by being able to step up care for service users)
- 68% said it supports stability for the company
- 68% said it enhances the reputation of the organisation and provides better terms and conditions for staff
- 68% said the project allows providers to support staff through the cost of living crisis
- 84% said that during the test of change there was lower staff turnover
- 84% said that staff morale and motivation had increased
- 84% said that staff now feel more valued and proud to work for them due to the test of change.


"Care Provider added in an extra call after I had a fall to check my wellbeing"
"The extra support has allowed me to recover well after an illness"
"I was grateful to receive extra support as I had a fear of being admitted into hospital"
"The team gave extra visits to allow me to get back to normal after being in hospital for 12 weeks"
"Allowed me to build my confidence"
"This was a life line"
"Grateful to have the extra support"
Service User Feedback
"Helped with my confidence and reassurance after a fall"
"Grateful for the extra care visit"
"Enabled me to remain at home when mobility declined"
"Pleased you care enough to check and are concerned about my welfare"
"Supported me to stay at home by getting me the right care"
"I came home from hospital and required additional support, extra visits in place for morning visit"
Dundee Health & Social Care Partnership

Dementia

The Post Diagnostic Service (PDS) is a statutory service to offer a minimum of one year's post diagnostic support to people and their carers who have a diagnosis of dementia. It follows the Alzheimer's Scotland 5 pillar model to support people. The service ensures that information and advice is provided early on to help people plan for the future and reduce need for statutory and crisis supports. There is a range of group work and education options and the service works closely with Alzheimer's Scotland and other associated voluntary organisations. Additional PDS monies from the Scottish Government were secured to enhance the PDS role and service. This has enabled the Partnership to commission from Alzheimer's Scotland a part time Support Link Worker to facilitate support groups in Dundee for people diagnosed with moderate dementia.

• The team are looking at ways to improve the service and a Cognitive Stimulation Therapy (CST) group continues to be well attended and received at various locations in Dundee.

• Further group work is being explored within the team, such as utilising the Hub at Royal Victoria Hospital for PDS groups, Cognitive Stimulation Therapy (CST) and health promotion groups as part of community engagement and vision under Reshaping Non-Acute Care.

• Following the Pandemic, group work sessions within the community have recommenced and community profiling is being undertaken to establish needs in different areas within Dundee with the aim of further community engagement and capacity building.

93% of those referred for post diagnostic support received a minimum 12 months of support

The Intermediate Care Unit at Turriff House was funded through the closure of ward 2 at Kingsway Care Centre to allow care to be carried out in a more appropriate community setting for older people with mental health needs who do not require a hospital admission, or no longer require to be in hospital. The Care Home team support the Unit. This has provided a more individualised approach to supporting this population.

Independent Living Review Team (ILRT)

- The Independent Living Review Team (ILRT) assess and review an individual's abilities in the community, working in partnership with care staff to improve function, promote independent living and review care and support packages in line with the Dundee Health and Social Care Partnership Eligibility Criteria.
- The team aims to assess and review all service users who are currently waiting for services and all service users currently being supported by the Enablement Team to support the person to their optimum level of care package.
- People are referred for a ILRT if they have been assessed as requiring a package of care following a recent decline in function and if their independence could be improved with short-term input thereby reducing the need for the package of care.
- The team aims to ensure individuals are receiving the right services and support to meet their needs, advising on reductions to packages of care which are no longer required (or increases if a need is identified).
- All referrals are triaged by ILRT from information contained in the referral and by accessing other available records.
- The service user is contacted within 3-5 working days of receipt of referral/discharge from hospital (if not at time of referral) for telephone triage and to visit within 7-10 days. A review will then take place approximately two weeks from first visit (subject to individual needs). The team will liaise with the care Provider and other relevant individuals, providing advice as appropriate regarding improving function and adjusting the package of care required.

Care Homes

Janet Brougham House

Colleagues at Janet Brougham House and one of the resident's family have been participating in a project which is run by St Andrews University. The project focusses on different ways of communicating with residents who have limited verbal communication. This is proving to be very effective in their interactions with the residents and in support of a resident who was experiencing severe agitation. Stacy, Manager stated " It has also been rewarding in the sense that we have supported a family member to 'find his wife again' by offering him the opportunity to attend the training. His wife who is one of our residents who has advanced dementia, and this has helped with their communication.

Harestane Nursing Home

For a short time, the residents in Harestane enjoyed their very own Easter eggstravanganza where they nurtured, named and documented the birth of chicks and ducks, from hatching to holding and feeding to farewell.

The residents named all the ducks and chicks and went in every day to handle and feed them. Doreen welcomed "John" (named after her beloved late husband), born 1400hrs on 21st March and thereafter, Edith welcomed "Chick" at 14.30. The following day kept everyone busy with the birth of Matilda, Michael, and Ralph. Meanwhile, the ducks started hatching that same morning with Franco named after their very own Franco, followed by Summer, Donald, and Georgie Porgie.

Shirley, Tweet, and Lucas (chicks) all arrived on the 23rd and last but not least, duckling number 5, Tarka.

Maggie, Manager stated " This lifted everyone's spirits, the residents loved them and really took part in the activity. The ducks and chicks were in Harestane for 10 days and it was magical seeing the ducks take to the paddling pool 24 hours after hatching".

Turriff House

Turriff House were looking to have their main corridor redecorated and the staff wanted to get the service users involved to give it a more personal touch. They collectively came up with the idea of a photography project with the service users taking the pictures and getting them put on canvas to hang on the walls. Stuart Laverick (Activities Co-ordinator) said " We have had the perfect opportunity to get some beautiful pictures as we go out on a bus tour every Wednesday to places like the Botanical Gardens, Forfar Loch, and the Japanese Gardens to name a few, as well as places that have got significant individual memories for the service users. As this was so successful, we are continuing with the project over the summer months this year."

Menzieshill House Intergenerational Activity Based Projects

Menzieshill House team, residents, young volunteers, and children were recognised by Generations Working Together Excellence Award 2023, for their hard work towards tackling age discrimination. Promoting intergenerational practice in care homes in turn tackles age discrimination and stereotypes, thus creating inclusive communities for people of all ages. The award recognised Menzieshill's activity programme for promoting quality outcomes for all involved. The activities are organised carefully with the focus of making a difference in breaking down barriers and building understanding between generations. The work has been seen as progress towards enabling inclusive communities and is particularly notable because of progress made to re-establish links to the local community after the Covid-19 pandemic. Intergenerational activities involved pupils from Tayview Primary School, Menzieshill Nursery, as well as the local high school and Helms college.

Activities included most recently: 'The journey of the duck egg hatch,' storytelling, singing, sports days, gardening, arts, and crafts. Primary school and nursery children get to know the residents individually and learn how games, toys and technology have changed over the years. Young volunteers provide 1-1 social sessions with the residents and form social bonds.

One of the care home residents said of the young people;

"They are lovely. They all have their own idiosyncrasies and personalities- I love getting to know them. They take me right back to when I was that age"

Benvie Care Home

At Benvie Care Home, they have made it their mission for 2023 to investigate new ways of stimulating their residents' minds, providing reminiscent therapy, and keeping a smile on their faces.

In April, they had a friendly visit from Annie the Alpaca. Annie naturally had a gentle and affectionate manner due to her upbringing on a farm. Many of the residents adored Annie and it brought smiles to the residents, staff and relatives faces.

The latest project which includes the resident, relative and staff members all getting involved, is to find out the hopes, wishes and dreams of the residents. The job of Benvie is to then make those hopes wishes and dreams come true.

Their resident Ron has been a keen golfer his whole life and was a regular at Rosemount Golf Club where he was a member for 70 years. (There is even a bench in his father's name). His dream was to take a trip down memory lane and see the course one more time. Staff were thrilled to hear all about Ron's stories and the many memories he had created over the years. Ron's family also joined on the trip and were over the moon to see he could still putt a few balls. Ron still speaks about the golf club today, and they are in the process of arranging another visit for him.

Another project recently completed was the Welcome to Benvie Care Home Board. They wanted to make something which was bright, welcoming, and personalised. There were sixty-five residents and staff members who participated. Having classic music on in the background, residents,' and staff both dancing, and getting involved in the activity, created a lovely experience and great atmosphere in the care home.

"We have been looking into new technologies to help stimulate our resident's memories. We have incorporated sensory boards, blankets and cushions which offer a variety of sensory functions created to stimulate cognition. Phyllis, one of our residents, uses one of the cushions on a daily basis and enjoys playing with all the different elements on the cushion."

Refugee Resettlement

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine.

A multi-agency approach was taken to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process. Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

Palliative and End of Life Care

Supportive care models have existed in Palliative care for over 10 years, a collaboration between Renal medicine and Specialist Palliative Care. This model has supported patients with end stage renal disease have conservative management of their disease without dialysis whilst achieving quality of life. This has been replicated with Interstitial Lung Disease , the early data has demonstrated positive patient outcomes with the numbers of patients attending growing.

There is a recognition that there is a significant unmet need of patients who have a non-cancer terminal illness who have significant symptom burden. Expansion of this model would enable support being available to address some of those known unmet needs and encourage a shared care model with various specialist areas to improve the patients journey and impact positively on their symptom control.

Workforce and Premises

- There are currently around 2,500 people who are directly employed by Dundee City Council and NHS Tayside to deliver Partnership services and supports, as well as contracted 3rd Sector and Independent Agencies
- In 2022 the Partnership developed a three-year Workforce Plan. It provides an action plan with a particular intention to improve the strategic alignment between organisations workforce, financial and service planning. The plan has been produced in partnership with stakeholders, including the third and independent sector partners and identified further learning requirements regarding the use of data from multiple employers, to create a single integrated action plan which is useful and relevant to all organisations. The plan recognises that value and principles resonate across organisations with the workforce being at the heart of health and social care services. The Workforce is acknowledged as a key resource that will require significant remodelling due to changing models of care. This will be based on workforce profiling, skills analysis and increasing integrated ways of working while maintaining a focus on increasing the wellbeing of staff.
- The Partnership recognises the vital contribution of the social care workforce to the health and wellbeing of the population and the importance of working with 2,132 providers to achieve fairer working conditions, having fully supported the living wage across this workforce. This is also supported nationally through the Fair Work in Social Care Group, led by the Scottish Government and involving a range of stakeholders including COSLA, care providers, Scotland Excel, Trade Unions and professional led bodies such as Health and Social Care Scotland.

The Partnership has worked with stakeholders, including staff side representatives, and identified a number of areas which are considered to be good practice:

- ✓ Providers should pay staff the living wage for the whole shift including travel and training.
- ✓ An enhanced rate should be paid for weekends, public holidays and antisocial hours.
- ✓ Provider should not use zero-hour contracts, although it is recognised that sessional work can be mutually beneficial to some staff and employers. Where staff are not recruited on a sessional basis they should be offered a guaranteed hours contract.
- ✓ Travel as part of work should be funded by the provider.
- ✓ Staff should be provided with the equipment they need to undertake their role and should not incur any additional cost for this, e.g. uniform/phone etc.

- ✓ Staff should be provided with the training they need to complete their role and should not incur a cost from this. Attendance should be paid for mandatory training including induction.
- ✓ Staff should not be asked to pay for any checks associated with safe recruitment procedures.
- ✓ Providers should recognise Trade Unions who have membership within their employment.
- ✓ Reasonable provision should be made to support workers to achieve SVQ qualifications and career progression.

- To address the increase in standard delay discharges, a locality modelling programme has commenced to ensure best use of existing staff resource across the Partnership. This will create multi-professional teams based within geographical localities, thereby reducing duplication and maximising efficiencies. This will support workforce remodelling and create staff resource to undertake social care review function more robustly. A barrier to this is the increasing vacancy levels within both care management and community nursing teams.
- In March 2022, Dundee City Council and the Partnership held an event to launch trauma work across the city. The national vision for trauma informed practice in Scotland aims to have a workforce which can recognise where people are affected by trauma and adversity, respond in ways which prevent further harm, support recovery, address inequalities and improve life chances. 88 people attended the Dundee trauma launch event, with a webinar recording of the event being viewed over 343 times. A Dundee Trauma page for the workforce with further resources is available via this link:

onedundee.dundeecity.gov.uk/employee-wellbeing-support-service-covid-19/trauma-dundee

- The Partnership's Property Strategy was approved in 2022 to ensure that health and social care services are provided from premises that enhance provision of health and social care services in local communities, create environments that support trauma informed ways of working and reducing inequalities (including protected characteristics, fairness and wider health and social care inequalities) It is aligned with the GP premises strategy which is working towards a community focused model delivering multi-disciplinary health and social care with appropriate geographical coverage across the city.

Digital Technologies

- Dundee Volunteer and Voluntary Action was commissioned to run a project that ensures all citizens across Dundee have the means, capacity, skills, and confidence to step forward into the digital world.
- As a starting point, a gap analysis exercise has been conducted to better understand what digital skills people have, the level of confidence that exists and in particular, what understanding people have of technology-enabled care.
- The findings were that a large proportion of respondents (93%) reported that they have access to a smartphone, laptop / desktop computer or tablet that connects to the internet and 74% expressed a level of confidence in the use of technology.
- Over the past two years telephone General Practice consultations have been the most used means of speaking to health and social care professionals, with 48 of respondents (64%) stating this was the method used, however 67% stated that they would be interested in speaking to their health and social care professional by video link.
- 56% of respondents had never heard of the term technology-enabled care.
- Regarding the more specific technology-enabled care devices such as falls pendants; bed sensors; vena links, and the Near Me digital consultation platform were all less prominent. Of the technology-enabled devices, the most well-known was the falls pendants which registered a positive response from 52% of respondents.

Greatest Challenges over the last 12 months

- A programme of long-term improvement work between the Partnership and Dundee City Council Neighbourhood Services which was planned to release further housing stock throughout the second half of 2019/20, was further delayed due to the pandemic. This plan remains in place and will provide accommodation for the majority of these younger adults with complex needs.
- Local care agencies continued to experience recruitment challenges which has been the main contributor to the increase in standard delays of people in hospital.
- The sustainability of staffing continues to be a significant pressure across a wide range of teams and professions within the Partnership.
- The level of physical frailty experienced by our older (and increasingly younger) population in Dundee where people's physical health and wellbeing can fluctuate significantly within very short timescales due to the effects of frailty.
- The Home First approach has led to improved outcomes for people, there has been an inevitable increase in pressure on community-based services. To date, there is a total investment in this approach of £916,000, delivering approximately 1200 hours of assessment/rehab focussed social care across the city.
- General Practice sustainability remains a key risk in Dundee with ongoing concerns regarding termination of contracts. A significant number of practices have had closed lists in this year which creates pressures on nearby practices. Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care.
- Within the Drug and Alcohol Recovery Service the concerns for 2022-2023 were fore most focused on working to put systems in place to meet the initial 5 (out of 10) Medically Assisted Treatment (MAT) Standards. This was a transformational change process against the backdrop of high levels of demand, a flood in the main office and the need to change so many things so quickly. This has paid off in terms of the creation of new processes that focus on patient-centred care informed by those with lived experience.
- The overarching concerns within mental health and learning disability services during 2022-23 related to; the provision of adequate levels of staffing due recruitment challenges, with the most significant risk relating to the limited availability of psychiatry resources, and the recommendations arising from the Independent Inquiry into Mental Health Services in Tayside.

Where we need to Improve

ENHANCE information about health and social care services and supports so that it is easier to find and understand, and that people are connected quickly to the right type of support for them.

DEVELOP a Health and Social Care Partnership 'front door' through which people can access social care and social work assessments and support.

ENSURE there is a quick and high quality response to people experiencing distress.

IMPROVE the assessment of need and support planning so that they are fully person centred and focused on achieving unique personal outcomes.

ENSURE that carers are identified, respected and involved so that they are equal partners in planning and shaping services and supports.

ENSURE that people can access community-based supports in the evenings, overnight and at weekends.

INCREASE the number of services and supports that have options for digital access.

CONTINUE to develop approaches that support people who have been admitted to hospital to be safely discharged without delay back to their home or other community setting.

CONTINUE to develop joined-up community-based supports with multi-disciplinary teams that are helping to reduce hospital admissions.

ENHANCE prehabilitation and rehabilitation services and supports to support older people to live well and independently in the community.

CONTINUE to create virtual cluster teams which span inpatient and community services where improved knowledge of the individual patient leads to more accurate and effective decisions about both the nature of care and treatment required and where that care should be provided.

DEVELOP a wider range of community-based services to help to meet the recovery needs of people with poor mental health or who use drugs and alcohol.

REDUCE the number of people supported in residential care homes and continue to develop care closer to home, supporting people to live well and independently.

ENSURE that people are making the best possible use of the full range of primary care services and supports.

This is part of a suite of Annual Performance Reports published July 2023. The other Annual Performance Reports can be viewed here:

Health Inequalities

Early Intervention and Prevention

Localities and Engaging with Communities

Annual Performance Report 2023

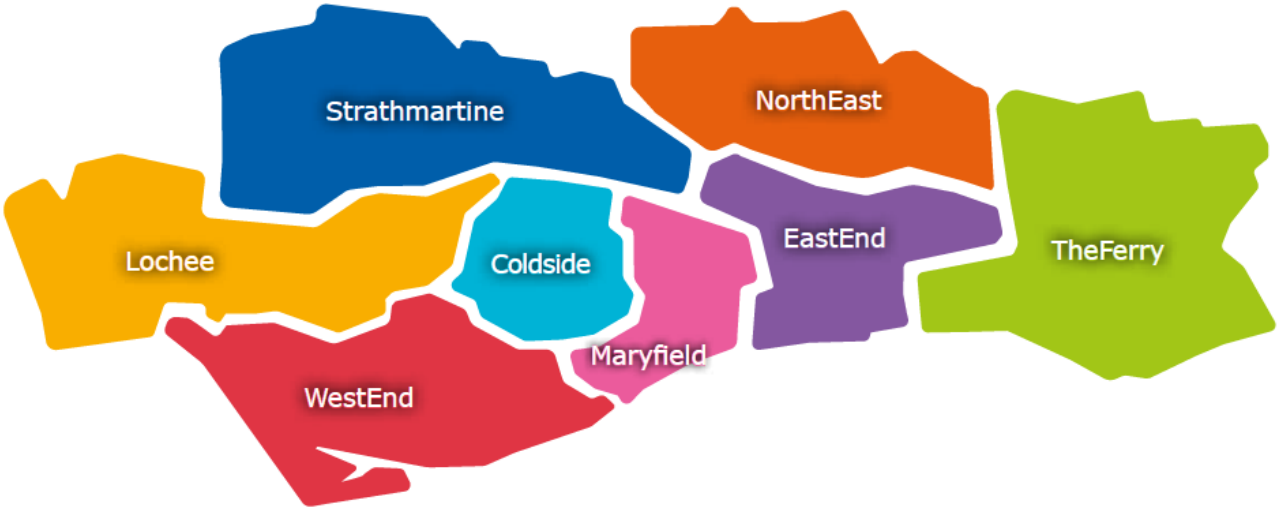
If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000

Dundee
Health & Social Care
Partnership

Report on Localities and Engaging With Communities 2022-23

Introduction

Dundee is a City with a population of approximately 150 thousand people. It consists of 8 geographical areas of the city. Localities and communities can have geographical boundaries but many instead, are defined by social, cultural, environmental and health related aspects.

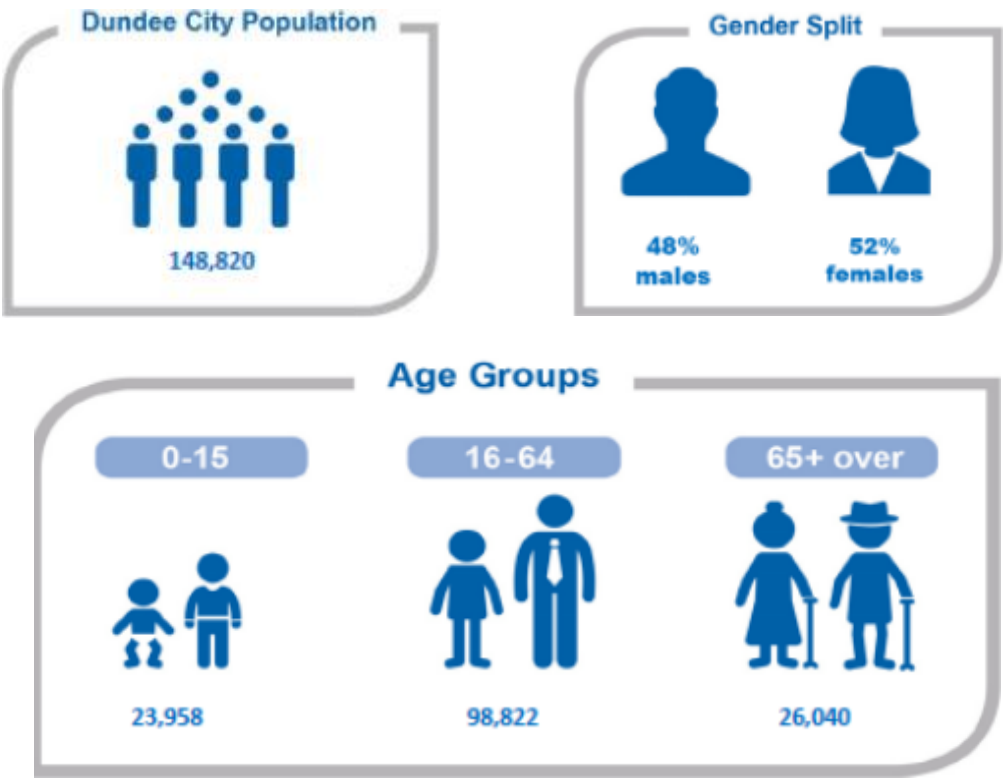


Dundee has a strong ethos of working in partnership with communities and the people it supports. The following factors impact on the way in which local services are accessed by the population within Dundee:

Geography of Dundee – Dundee occupies a small geographical area (approximately 60 km2). The city's compact size, coupled with a tradition of community activism, creates positive opportunities for collaboration between our workforce, communities and people using services and carers and means that any specific sites of service delivery will be relatively accessible to the whole population.

GP Registration – in Dundee, GP registration does not correlate with area of residence and therefore, in most instances, it cannot be assumed that GP surgeries are responding to the needs of the local population. In addition, practices within Dundee have over 20,000 people registered who do not live within the city boundary.

Definitions of Community – Dundee's communities do not necessarily identify with the locality designations ascribed to them by the Council's administrative boundaries, with distinctive community identities existing within and across localities.



(Source: NRS Life Expectancy for areas within Scotland 2018-20*)*

In Dundee, six out of eight Dundee LCPP areas are above the Scottish average of 19.5% and are also above the Dundee average of 36.6%

(Source: Scottish Index of Multiple Deprivation 2020, Scottish Government)

Drug Use

Dundee has the 4th highest prevalence of drug use in Scotland. There are an estimated 2,300 persons using drugs (ages 15-64) in Dundee.

1,600 (70%) male and

700 (30%) are female

(Source: Estimating the Prevalence of Problem Drug Use in Scotland 2015-16, PHS (published 05/03/2019)

Homelessness

1,010 households assessed as homeless in 2019/20

58% of households have at least one identified support need

(Source: Homelessness in Scotland 2019 to 2020, Scottish Government)

Physical Disability

10,590 people in Dundee identified themselves as having a physical disability.

7% of Dundee's population.

(Source: Census 2011, scotlandscensus.gov.uk)

Inequalities across Communities and Localities

- Dundee has high levels of poverty and disadvantage with associated disproportionate effects on the health and wellbeing of people in deprived areas. There are many health outcomes and indicators where people living in more deprived communities do worse than average and even more so when compared to those living in affluent areas.
- East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. Life expectancy of a male who lives in one of the most deprived areas is 10 years less than a female who lives in one of the least deprived.
- The aftermath of the COVID-19 pandemic and the current cost of living crisis is making a bad situation worse for many and is impacting people who were managing before and now find themselves in adverse situations with little resilience or experience to cope.
- This was illustrated recently through the Engage Dundee research undertaken during the early months of the Pandemic which showed that respondents did not have an equitable experience of lockdown and some population groups, including certain age groups, unemployed people, people on welfare benefits, carers, long term sick and disabled, and those who lived alone did much worse than others across a range of indicators including experience of accessing services, social support, isolation, mental and physical health, and finances.

- There is a wide range of activity taking place in Dundee to tackle health inequalities and support those in most need. The integrated Health Inequalities Service comprises the Community Health Team, Sources of Support social prescribing link workers, the Keep Well Community Team, and the Health and Homelessness Outreach Team. Tackling health inequalities is also a core commitment across all partnership services, including services which support people who use drugs and alcohol and who have poor mental health.

The report which looks specifically at Health Inequalities can be viewed here:

A qualitative research project was conducted by CLD partners and academics during August and September 2022 in Linlathen, which is one of two areas in the city identified for a targeted Fairness Initiative in Dundee. The other locality is Stobswell West.

The main themes to emerge were:
- Place and Space and a desire for greater control by the community;
- Housing and insulation needs;
- The Cost of Living Crisis, in particular food and fuel poverty;
- Anti-Social Behaviour, which highlighted the needs of young people, in particular, including a need to be valued.

Films are being developed with participants about the issues identified. The process of this action research so far has uncovered a need for greater empowerment of members of the community and a desire of participants to have greater control over their own space and to be heard in decisions that affect them.

The Community Learning and Development Annual Report can be viewed here

Biggest Achievements

- The development of the Strategic Commissioning Plan 2023-33 sets out the intentions of the Partnership to provide excellence in health and social care in Dundee.
- The priority and emphasis given to engaging with stakeholders, including people who use services, their families and carers took a flexible approach with a range of tools and opportunities being developed. This has facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what is most important to them.

Strategic Commissioning Plan

In the production of the Strategic Commissioning Plan 2023-33: The Plan for Excellence in Health and Social Care in Dundee, there was a significant focus on stakeholder engagement, with priority given to engagement with people who use health and social care services and supports, unpaid carers and the health and social care workforce. Building on learning from previous engagement work this has taken a flexible and tailored approach with a range of different tools and opportunities being developed. This has facilitated Partnership staff to engage people in places and ways that best suit them as individuals and groups, creating spaces for the Partnership to listen to what is most important to them. Opportunities have also been taken to reflect back to stakeholders' contributions made in early engagement activities and to further refine thinking, particularly in relation to the IJB's vision and wording of strategic priorities.

From Late October 2022 there was a 'Call for Views' from people who access care and support or may access care and support in future; carers of people living in Dundee and young carers in Dundee; colleagues and volunteers across services and supports (including the workforce from NHS, Council, Third Sector and Independent Sector.) A mixed method approach was applied including face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, online survey and focus groups. From January, due to the low number of responses, it was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

Proactive contact was made with people and groups who had contributed to earlier consultation activities that had informed the development of the consultation draft.

Alternative routes for providing feedback, by non-digital means, were also identified and promoted to the public. Flyers highlighting the consultation and how to get involved, both digitally and non-digitally, were issued to libraries, community centres and sports venues (via Leisure and Culture Dundee) for display in public areas. This included the offer for a printed copy of the consultation draft and summary version to be provided to people via post or other means.

From late April 2023 until the end of May 2023 information on how to access the consultation draft was circulated (on-line) with an electronic feedback form. There was also a further offer to hear views about the consultation draft in other ways and to print and post copies for discussion.

As part of the Engagement Strategy, contributions made during the development of the Carers Strategy and the Learning Disability and Autism Strategy plus engagement relating to GP Premises Strategy was also used. This approach has helped to ensure that we make best use of the valuable time and effort people have given in contributing their views, as well as ensuring consistency as we develop the overarching strategic commissioning plan.

An Integrated Impact Assessment (IIA) was also completed for the strategic commissioning framework. This was informed by contributions received from stakeholders and the public during the engagement activity that has supported the production of the framework, as well as a review of evidence contained within the IJB's Strategic Needs Assessment and other data sources. Overall the IIA identified wide ranging positive impacts for a number of protected and fairness groups, including: age (both older and younger people); disability; race; religion; sex (both females and males); the 6 most deprived LCPP areas; unpaid carers; people who have poor mental health and wellbeing; people who use drugs and alcohol; homeless people and people receiving support from Community Justice services. Given the focus of the strategic framework on improving health and wellbeing, addressing inequalities, improving accessibility of services, promoting self-care and early intervention and enhancing the quality of services and supports for those with significant health and social care needs it is clear that improvements will have the biggest positive impact on groups within the population who currently experience the most health and social care need (in terms of scale and complexity) and who achieve the poorest health and wellbeing outcomes.

"equity is important - those in greatest need deserve more"

"targeting inequalities is the most effective way of improving the most significant health and wellbeing issues affecting the Dundee population, and the upstream determinants of poorer wellbeing and life experience"

"we cannot eliminate inequalities - but it is important to me that Dundee has a stated aim to try"

"people in the local area will always have a better idea of the challenges so should be part of the discussion"

"the nature of 'community' is now very different to that which the priority is based on - need to look at what community currently is and possibly redefine and then adjust accordingly"

" services across Tayside and even Dundee are massively centralised and i don't think decision makers understand how inconvenient this is for people. De-centralised community based services is a long needed change to Dundee services"

Primary Care Improvement

A key intention of the Primary Care Improvement Plan is to create locality-based Multi Disciplinary Teams (MDTs) within local communities which identify and pre-empt the needs of the local population.

"The release of General Practitioner time to develop into the role of expert medical generalist allows both health and social care services to tap into an additional clinical resource that can support our evolving multidisciplinary teams to provide better care for patients. The GP Clusters will have increasing opportunity and responsibility to shape the quality of service delivered in their locality and will be facilitated by accurate, timely and relevant information delivered through comprehensive IT and data service support, both locally and nationally. The improvements in IT infrastructure which this plan describes represent an opportunity to ensure better, safer and more efficient communication between primary and secondary care; more local care for patients; and for more coherent specialist clinical management of complex patients by those who have the expert knowledge to do so. There will be an opportunity to focus on ensuring the principal of 'single entry' delivering appropriate sharing for clinical and care recording reducing and eliminating the risks identified through data transcription that exists currently." (Tayside PCIP 2018-21)

The Partnership's work is designed to support this intention and to further strengthen the community MDTs which are already established within each GP cluster by enhancing the urgent care service. This will support early the identification of people's health and care needs in order to offer proactive clinical and social input in the community. This is also intended to prevent people from having to be admitted to hospital to have their needs met. Clear communication supported by the Advanced Nurse Practitioner and workforce will also help to make sure that treatment and care are delivered in the most appropriate environment, as close to home as possible and by the most appropriate professional.

Pharmacy

The contribution of community pharmacy is important to increasing the capacity of primary care services. There are now ***6,000 unscheduled care interventions*** processed on a monthly a basis through community pharmacies in Tayside. The Pharmacy First Scotland Service (PFSS) has enabled community pharmacy to play an increasing role in the care of people with common health conditions, for example uncomplicated urinary tract infection, shingles, impetigo and some other skin infections.

First Contact Physiotherapy

First Contact Physiotherapy (FCP) returned to a Hub based model, spread geographically across Dundee City (MacKinnon, Maryfield, Lochee & Ryehill), improving accessibility for patients. Consultations returned to in-person as the default, although virtual appointments via phone or NearMe are still available as required. Returning to in-person appointments has reduced the need for repeat appointments and therefore increased capacity within FCP. Anecdotal evidence indicates that patients and staff satisfaction has increased following this move. During 2022-23, ***the FCP service delivered 10,042 appointments*** to support the Primary Care Improvement Programme.

A monthly FCP reporting dashboard has been developed, which presents relevant data in a more user friendly, visually appealing way to better track trends in service provision and patient outcomes.

Following a change in national legislation, FCP clinicians are now trained and able to issue Fit Notes to reduce the number of patients being re-directed to GP's for this purpose following FCP review. The FCP staff group are also completing the relevant training in order to request blood investigations. This will again help educe number of patients passed back to GP and in line with professional governing body recommendations.

Health and Wellbeing Networks

- Health and Wellbeing Networks (HWBNs) act as a platform to support locally-led actions that contribute towards strategic priorities and strengthen two-way communication between communities and services. Three networks cover the East, West and Central areas and are led by the Community Health Team. They were refreshed recently to bring together not only service providers but also local people, ensuring that this is done in a meaningful and supported manner. Priorities include the new Community Wellbeing Centre, Whole System Approach to Child Healthy Weight, and a range of Alcohol and Drug Partnership developments. The networks have also been used to discuss local issues such as training for volunteers delivering food activities and the affordability of the Embark e-bikes. As a result, Dundee Healthy Weight Partnership is investigating food hygiene training options and information on payment plans for E-bikes has been shared with network members. The networks also act as a mechanism for supporting and reporting on local developments that link to strategic priorities. For example, interventions are being developed in each of the 8 electoral wards assisted by £10,000 investment per area made by the Alcohol and Drug Partnership. The additional funding has acted as a lever to bring local organisations together to establish new services such as a Recovery Café in St. Marys, support for young people in new tenancies in Coldside, accredited cooking skills programmes for people with substance use challenges in Menzieshill, and drop-in sessions with a range of activities available in the North East.
- Eight Third Sector Networks were hosted in each ward and facilitated by Dundee Volunteer and Voluntary Action provided third sector organisations, community groups and grassroots initiatives a collective voice. The networks provide a platform for sharing information, identifying and addressing shared issues that affect our local communities. The conversations are anchored on local plans and are an opportunity to explore partnership work on agendas such as recovery work, volunteering, employability, green health interventions and building community resilience.

DUNDEE VOLUNTEER & VOLUNTARY ACTION

1 - Initial meeting to explore a Community Health Advisory Forum

- In September 2022, the Community Health Team brought local people together from across Dundee to explore interest in establishing a Community Health Advisory Forum. The forum will advise the Community Health Team on its programme and act as a voice for communities to strengthen action and influence strategic decisions on how to tackle health inequalities. Over the next few months, the forum will work on a Terms of Reference and a training and development programme to build on the knowledge and skills of members to influence change.
- Health Issues in the Community (HIIC) is a core component of the Community Health Team programme. It introduces participants to the social model of health and supports them to see their own lives in the context of health and social inequalities. A key emphasis is developing participants' skills and confidence to have their voices heard and help improve public services.

2 - In Your Neighbourhood Health Issues in the Community Event

Taking Up Sophie's Fight was formed in 2019 as a result of a group of local people taking part in a HIIC course and the name comes from a drama the group created to highlight issues around self-harm and suicide. The group was selected as one of six national projects to take part in the Knowledge is Power programme led by the Scottish Community Development Centre and Poverty Alliance to support community-led action research. Funded jointly by the Scottish Government and National Lottery Community Fund it assisted the group to further their efforts and influence change. The evidence generated will be available on a new website and used to help shape national policy in Scotland.

The findings from social research has ensured a local voice in shaping mental health services and Taking up Sophie's Fight has influenced developments such as the Community Wellbeing Centre and Mental Wealth Academy. The group is also producing a training pack for employers focused on mental health in the workplace. All developments have been supported by the Community Health Worker.

3 - Taking Up Sophie's Fight - group working on their research project

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https://www.knowledgeispower.scot/news/making-mental-health-a-priority-a-knowledge-is-power-case-study-of-taking-up-sophies-fight

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Pharmacy

- A Locally Enhanced Scheme (LES) was commissioned by NHS Tayside to provide and improve the quality of pharmaceutical care for patients living within the care home setting. There is a particular emphasis on systems and processes for ordering and storage of medicines, medication compliance, record keeping, administration and disposal of medicines and appliances and direct patient care with respect to the clinical and cost-effective use of medicines.
- The Medication Assisted Treatment (MAT) standards set out what is required to provide safe effective and accessible patient-centred care and support for people accessing drug treatment in Scotland. Opiate Substitution Therapy (OST) is the most frequently used medical treatment option prescribed to patients with assessed opiate dependency across Scotland; OST can improve retention in treatment, reduce illicit use of other substances and risk behaviours, and is also associated with improvements in health status and wellbeing. All community pharmacies in Tayside are accessible to provide dispensing and supervised self-administration services for OST. People receiving OST have higher rates of chronic disease and multi-morbidity than others with similar demographics. Health needs assessments regularly show that people experiencing problem drug use in Tayside have poor access to the services they need to maintain their health. The provision of injecting equipment and related paraphernalia from community pharmacy is an additional service level agreement and enhances the harm reduction activities provided in level 1 of the substance use Service Level Agreement.

- Tayside eliminated Hepatitis C in 2020, after some intensive work with a community pharmacy contribution. Currently community pharmacies are asked to carry out annual testing of people at high risk of infection or re-infection, who use their services.
- Thirty-three community pharmacies throughout Tayside form the Tayside Community Pharmacy Palliative Care Network. The pharmacies in the scheme stock an agreed range of palliative care medicines and provide advice on the effective use of medicines for this patient group.

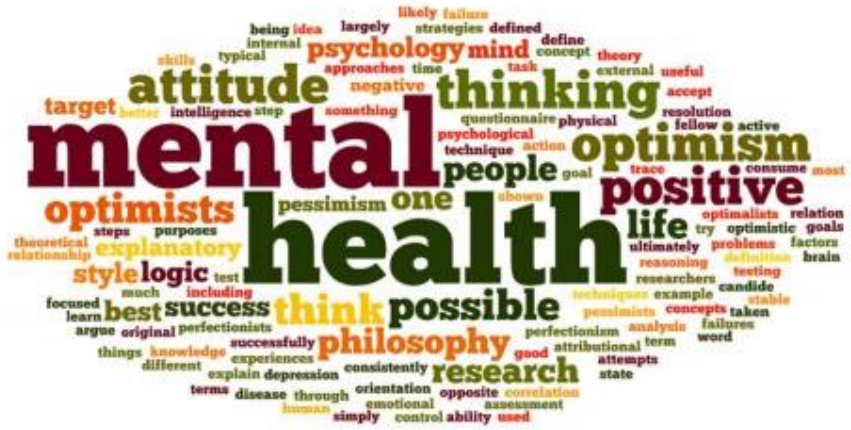
People in Dundee experience a higher burden of disease than many other Partnerships, including Angus and Perth and Kinross:

More than 50% of people who used community pharmacies over the last 12 months live in SIMD 1 or 2 (the 2 most deprived areas of the City) which is higher than Angus and Perth and Kinross.

Around 22 thousand people (15% of the population) were dispensed more than 8 types of medicine.

Of the people who presented four or more prescriptions to their pharmacy, the most common type of medicines related to Proton Pump Inhibitors and Cardiovascular medicines.

Mental Health



- The first of a series of relationship-building experiences involving senior managers and people with lived experience of mental health services and their carers took place on 30 November 2022. This was attended by 10 people and supported Columba 1400, who gave their time and experience voluntarily. The Gannochy Trust also provided a neutral venue. The experience was entitled Leading Through Relationships and was extremely successful in building positive relationships, shared purpose and values. This was followed by a second event on 12 December 2022. Participants reported that they felt listened to, safe and respected. This successful approach has now been considered by the Programme Board and viewed as a productive way to build relationships, involve people with lived experience, and to move from engagement to co-production.
- The Mental Health and Wellbeing Strategic Planning and Commissioning Group (MHWSPG) agreed the formation of a new communities and inequalities workstream. The workstream has the following remit

✓ Strengthen the focus on mental health inequalities, determinants, and early intervention/ prevention within the MHWSCG Strategic Plan,

✓ Identify gaps relevant to the findings of local surveys,

✓ Link to local developments and structures such as Health and Wellbeing Networks, LCPPS, and new Local Community Plans

✓ Strengthen and build on local relationships and infrastructure

✓ Develop proposals for appropriate targeted actions

✓ Ensure effective mapping to other strategic areas that impact on mental health

✓ Consider workforce development to support achievement of the above aims

- The Dundee Community Wellbeing Centre has been developed as an initial contact centre for anyone in Dundee City who experiences distress, including those with mental health crisis. The environment and service has been co-designed with a wide range of people in the city in order to ensure the service is able to take account of individual's needs.

- The naming process for the opening of the centre was led by the Stakeholder Group and aimed to engage the thoughts of as many of the citizens of the City as possible: those who have experienced emotional distress, those who have helped friends and loved ones at these times and those who have not yet needed to ask for help.

"This is a centre for all the citizens of Dundee. A place where we want people to feel confident that they will be welcomed into an environment where compassion underpins every interaction. A place that is calm and homely, instils hope and ensures that people experiencing emotional distress feel there is someone by their side, helping them navigate the world when it feels overwhelming. A place where lived experience, and the strengths that this brings, matters."

- A number of engagement events were held, to allow people to give their views, opinions and suggestions on the name of the centre and memorial tributes.
- The Steering Group recognised the importance to take time here to continue to acknowledge the many people and families in Dundee who have campaigned for the centre. Most of those people and families have experienced loved ones taking their lives. There will be some way within the centre – for example possibly through art work - to mark the loss of all citizens of Dundee who have lost someone close in this way.

> *"This will allow us to keep a focus on having a name for the centre that reflects hope and what we are trying to achieve in turning people away from suicide when experiencing emotional distress. Knowing, however, that we are building on that legacy of loss deserves as much thought and consideration as the building name."*

4 - Quote from the Steering Group

- The Mental Health and Learning Disability Whole System Change Programme follows on from and builds upon the detailed Mental Health and Learning Disability Services Improvement plan which was submitted to Scottish Government in response to recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy. Part of this programme includes formal engagement with a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.
- The programme has engaged with and intends to continue to engage with all relevant stakeholders throughout all phases of service development; from needs assessment, translation of need into service planning, implementation and review of outcomes being sought. This includes the voice of those with lived experience and those involved in the care of, and delivery of care for people who need and use our services. The Programme Board includes representation from people with experience of interacting with our services as well as a range of subject matter professionals and accountable officers. The membership is designed to ensure that conversations, decisions and actions within the programme are underpinned by the principles of co-design, coproduction and codelivery. In addition, existing

mechanisms for engagement within our communities have been mapped and these mechanisms will be used throughout the lifespan of the programme until outcomes are achieved. Finally, the programme intends to seek feedback from existing networks across Tayside including but not limited to:

BAME Network

Disability Network

Carers Network

LGBTQIA+

This feedback will ensure that the ambition of improving Mental Health and Learning Disabilities Services for all is realised in a way which leaves nobody behind.

Learning Disabilities

There is a positive history of engagement and ongoing involvement in relation to learning disability strategic planning in Dundee. Advocating Together is funded to employ Advocators to support this process. For many years Advocators have attended the local Strategic Planning Group (SPG) to reflect back views from Self-Advocates and from more broad consultation and engagement activity. In addition to this the SPG hears information and views from a range of other sources, including the Dundee Learning Disability Providers Forum, the Dundee Involvement Network and Dundee Carers Centre.

Earlier drafts of the Learning Disability Strategic Plan were informed by a large-scale engagement event, which focussed on hearing views about future support from people with learning disabilities and their carers, and which took place in October 2019. The impact of the COVID-19 pandemic has undoubtedly restricted the ability to get together in group settings to engage with people and their carers about the further shaping of the Strategic Plan.

Dundee Learning Disability Strategic Plan Engagement Findings Report 2022 records the work that has been undertaken during 2022 to hear about what is important for people and their carers. The Engagement Findings Report is supplemented by relevant local and national research and the information within the report has further informed the Strategic Plan.

In Spring 2022, at an early stage of the engagement process, an engagement working group created a more accessible version of the vision, which forms part of the Strategic Plan. The new version of the vision supported the subsequent discussions and activity to learn people's views and perspectives.

The report summarises the information gained through a number of engagement activities, focus groups with self-advocates, service users and carers and the results of surveys. There was varied, useful and interesting feedback received. Throughout the life of the Plan it is anticipated that we may learn more views in our changing social and economic environment

Although widespread and strenuous efforts were made to inform people about engagement activity planned, there was a lower level of participation than before the Pandemic. It is thought that this may have been the result of a number of factors, including changes in the lives of our target group during and since the Pandemic, and changes (and perhaps additional pressures) on carers and the workforce. It is also possible that following the Pandemic some people may have less interest in influencing plans for the future, a future which in some ways may seem less certain.

Link to the On-line Information Service about the Learning Disabilities Strategic Plan can be viewed here

Lochee Community Hub

The Lochee Community Hub was established in 2016 as a result of a review of the services and support responding to substance misuse that was undertaken by the Dundee Alcohol & Drugs Partnership (ADP).

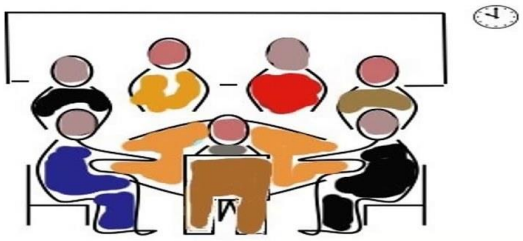
Located at the heart of the community, the Lochee Hub offers non-stigmatising, easily accessible services and support to the whole community delivered from the one location. A range of front-line staff and volunteers are able to respond to the needs of individuals and families immediately, effectively and in an integrated approach. As well as supporting the whole community by offering a range of activities, the Lochee Hub engages with vulnerable individuals (including substance misuse, mental health, homelessness and housing issues) and offers support to vulnerable families. The Hub supports individuals to progress with their recovery through meaningful activities, life-skills support and by offering a welcoming venue for mutual aid activities.

The projects core vision incorporates a place-based approach, which enables effective work with people and communities to improve their health and wellbeing. Place-based working is carried out in a person-centred, bottom-up approach to meet the unique needs of people in the locality; by working together, we use the best available resources and gain local knowledge and insight. From this information we deliver one to one sessions and group work such as afterschool groups, job clubs, benefit advice, mindfulness etc. The Hub aims to build a picture of the system from a local perspective, taking an asset-based approach that seeks to highlight the strengths, capacity and knowledge of all of those involved.

This approach acknowledges the complexity of people's lives by working in direct partnership with a range of services and provides a way of uncovering the needs and strengths of local communities.

Gendered Services

The Gendered Services Group



CORRA FOUNDATION
voice • power • change

The Gendered Services Project is a three year project funded by the Corra Foundation and the Dundee Alcohol and Drug Partnership (ADP) to support services in embracing a gendered approach to service provision. This is achieved through the provision of training, the development and implementation of an action plan for the services and consultancy support. The project specifically addresses one of the recommendations of the Dundee Drug Commission - Recommendation 15: Ensure that the needs of women who experience problems with drugs are assessed and addressed via adoption of gender-mainstreaming and gender-sensitive approaches to service planning. The project is innovative in its location within both the ADP and the Violence against Women Partnership and both partnerships have strategic oversight of the work of the project.

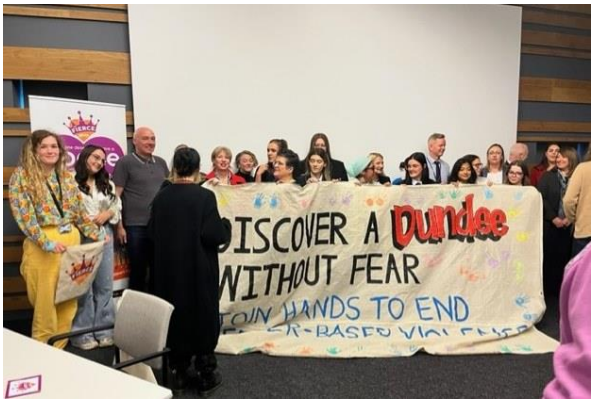
The Gendered Services Project explicitly considers the different needs of women, in order to enable and support women to access the services they need and to engage on an ongoing basis.

26 women with lived experience have influenced the work we are delivering in the following ways:

- 5 films created and 3 podcasts produced
- Digital learning resource developed
- Safe space cards and pictures created
- Gendered approach animation produced
- Logo designed
- Self- Assessment form and process developed

During the 16 Days of Activism campaign (25th Nov – 10th Dec 2022) we saw an amazing response from the public and from the multi-agency workforce. The theme for this year's campaign was 'takeover, take action' and some of the events included:

- Takeover of Stobswell car park with a range of stalls and information on GBV
- Creative workshops and activities – banner making, spoken word nights, pub quizzes, digital arts
- Reclaim the night march
- Social work takeover day
- Ann Summers takeover
- All female club night
- Dundee Women's Aid travelling banner
- Social media takeovers – Dundee International Women's centre and DCC Construction service
- Flashmob and vigil finale events


ISCOVER A Dundee
WITHOUT FEAR


Tackling Violence Against
Women and Girls in Scotland
25th Nov - 10th Dec


WE BELIEVE YOU
EDUCATE OUR SONS

Trauma Informed Practice

A key element of the local trauma implementation plan is that as both a cause and consequence of culture change, professionals within the workforce with lived experience of trauma are able to contribute and co-produce services and strategy. A focus on lived experience and more specifically, professionals with lived experience has been a core focus of the Trauma Steering Group since its establishment. Traditionally activity in relation to engagement of people with 'lived experience' or 'experts by experience' has been seen as separate from people within the workforce. By developing a trauma-informed culture with trauma-informed leaders, local organisations are more likely to create a culture where workforce lived experience is recognised, valued and can be utilised effectively. One area of interest with this strand of our work is that of post traumatic growth (PTG); positive psychological change experienced as the result of the struggle with highly challenging life circumstances. To develop this strand of the Trauma Steering Group has undertaken early development activities to establish leadership and manager buy-in for trauma implementation and has explored issues relating to safety through extensive clinical psychology input, discussions with HR and Trade Unions. A safe process to engage people within the workforce with lived experience has been developed that includes away to express interest in becoming involved, to receive more detailed information and go through a screening and consent discussion.

Veterans First Point Tayside (V1PT)

V1PT is managed and operated via Dundee Health and Social Care Partnership's 'Lead Partner' (previously known as 'Hosted') services on behalf of all 3 Tayside IJB's.

The model aims to provide:

• Information and Signposting

• Understanding and Listening

• Support and Social Networking

• Health and Wellbeing - including a comprehensive mental health service delivered by a multi –professional team on site

A strength and key component of the V1P model has been the employment of veterans as peer workers.V1P psychological therapists deliver a range of evidence-based psychological interventions to veterans and their families.

Since it became operational in 2015:

- 400 veterans and their families have been supported by V1PT.
- 28%, the majority, have self-referred to V1Pservices. 70% of self-referring veterans are encouraged to do so by forces charities/regimental associations.
- 90% are male and 91% have been in regular services.
- 35% served for between 6 and 12yrs, with 21% were discharged on medical grounds.
- The most common deployments are Northern Ireland, Iraq and Afghanistan.
- 40% live in areas which are defined as in the 20% most deprived areas of multiple deprivation.
- Housing and homelessness is a significant issue with 41% having experienced homelessness and 27% considering their current living situation unstable.
- 91% of the veterans who access V1P Tayside report some degree of problem with anxiety or depression. 50% report more severe and/or enduring problems.
- Chronic pain is a reported difficulty for 44% of veterans accessing V1P Tayside. 79% report pain interfered with carrying out daily activities to some degree, with 33% of reporting pain extremely interfered with daily routines.

Palliative and End of Life Care

Dundee is the lead agency for the regional Specialist Palliative Care Services. The service aims to deliver high quality palliative and end of life care (PEOLC) to patients and families affected by progressive, life limiting illness. It does this in partnership with other agencies involved in the delivery of PEOLC. Through enhancement of the existing specialist Community Palliative Care Service in Dundee, the aims of the specialist palliative care services remodelling project are:

1. To reduce potentially avoidable inpatient admissions to hospital or hospice for people with PEOLC needs.

2. To enhance the transition of care from inpatient to community settings for people with PEOLC needs.

Currently the project is being delivered through 3 workstreams that have looked to improve and enhance patient access to Specialist Palliative Care in the community or on discharge from a hospital setting.

Through establishing a multi-disciplinary team with social care and third sector agencies, a weekly meeting with wide representation from all enables prioritisation of patient need and requirement for potential social care interventions and or any other Allied Health Professional or supportive measure required. Communication and co-ordination of care between Specialist Palliative Care and other care delivery teams has increased enabling, responsive and effective patient care in the community reflecting the realistic medicine ethos of right time, right place, right person. Scottish Ambulance Service are undertaking a test of change to support crews attending patients who have PEOLC needs. With all of these workstreams data is being collected and patient, family and carer feedback is being sought.

Interpreters Services

The Partnership workforce have access to Interpretation Services hosted by NHS Tayside. This enables people to be supported to access services and supports, understand information and take part in their own care. Across NHS Tayside and DHSCP the most requested language interpretation was for (in this order) Polish, Arabic, BSL, Romanian, Ukrainian, Urdu, Bulgarian, Russian, Cantonese, Bengali.

The Partnership Equality and Human Rights Workforce Learning Network was set up in 2022 including colleagues from NHS, Council Third and Independent Sectors. This group meet quarterly and topics have included

- Working with Interpreters
- The Human Rights Town App and
- A Gendered Approach

Greatest Challenges over the last 12 months

- Supporting a frailer and less mobile population post Pandemic with limited resources
- Supporting hidden populations who became harder to reach during the Pandemic
- Lack of housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).
- Increased community waiting lists are having a knock on effect on the ability of supporting services to deliver and often alternative support opportunities need to be found.
- Increased hospital waiting times and the effect this has on shifting from a reactive / crisis model to one focussed on prevention.
- Increased demand and lack of capacity towards the Ukrainian Refugee Humanitarian Response
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- Expanding and upscaling services in post-pandemic conditions has been challenging due to the availability of resource and opportunities to network across multi-agencies.

Where we need to Improve

IMPROVE the IJB's and the health and social care workforce's understanding of equality and fairness, including how effectively health and social care services are meeting the needs of different people and communities.

INCREASE the number of people, especially disadvantaged groups, who are accessing a range of health, wellbeing and health lifestyle activities across the city.

DEVELOP ways in which people and communities can find and understand information about health and social care needs and performance in the area they live in.

ENSURE that people are able to access the right community-based health and social care supports at the right time, delivered by joined-up multi-disciplinary teams.

INCREASE the number of people from local communities who are involved in developing future plans for health and social care services.

ENSURE that people are making the best possible use of the full range of primary care services.

DEVELOP ways for services to work well together to collect, understand and use information about health and social care to improve services for people.

ENSURE that communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.

This is part of a suite of Annual Performance Reports published July 2023. The other Annual Performance Reports can be viewed here:

Health Inequalities

Early Intervention and Prevention

Models of Support Pathways of Care

Annual Performance Report 2023

If you have any questions about the information contained in this document please email: dundeehscp@dundeecity.gov.uk or phone 01382 434000