



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 MAY 2023
REPORT ON: MENTAL HEALTH PERFORMANCE
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC20-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report a suite of measurement relating to the activity of Mental Health services for scrutiny and assurance.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this report.
- 2.2 Discuss any further areas for development in the content and presentation of this report.
- 2.3 Note the operational and strategic supporting narrative in the context of the trends in performance and activity.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health services delegated to Dundee IJB. The indicators have been developed in tandem with a suite of substance use measures being developed for the purpose of presenting information regarding performance within NHS Tayside functions. The suite of indicators is dynamic and can be improved and enhanced following discussions.
- 4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals can not be identified.

5.0 LOCAL CONTEXT

5.1 Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition. Dundee has a rate of 64 people per 1,000 population compared to 54 for Scotland. Dundee also has 6319 people in the 16-64 age group who identified themselves as having mental health conditions; this is 6.4% of the 16 to 64 population. The gender balance for mental health conditions is similar to the Scottish average. There is a higher prevalence of females (57% females : 43% males) and also a higher prevalence in the 35-64 age group.

- 5.2 There is a higher rate of people with mental health conditions living in Lochee, East End and Coldside. East End has more than double the rate of people with a mental health condition, compared with The Ferry.
- 5.3 In the 2011 Census 31% of people with mental health conditions in Dundee rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 35% in the East End to 25% in the West End, of people who rated their health as bad or very bad.
- 5.4 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.8 years).
- 5.5 It is estimated from Scottish Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, Mental Health and Substance Use disorders, and diabetes.
- 5.6 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee reported the most common difficulties reported by respondents during the pandemic were regarding mental health (37%),
- 5.7 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources.
- 5.8 Dundee on average has around 70 children on the child protection register at any one time and around one third are placed on the register due parental mental illness.
- 5.9 Dundee's five-year rate of suicide per 100,000 people stands at 23.9 compared to an average across Scotland of 14.1.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The rate of Mental Health admissions and beds has decreased across all and emergency admissions. However there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions and bed days across both the 18-64 and 65+ populations.
- 6.2 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2nd highest rate of emergency bed days for ages 18-64 and the highest rate of emergency bed days for ages 65+.
- 6.3 The number of new referrals of psychological therapies has increased with most new referrals coming from Strathmartine. It may be of interest to note that Strathmartine has the lowest rate of ALL mental health bed days and the 3rd lowest of emergency mental health bed days for age 65+. Also, Strathmartine has the 4th highest rate rate of ALL mental health bed days and the 3rd highest of emergency mental health bed days for age 18-64.
- 6.4 The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 45% of Q1 21/22 to 72% in Q4 22/23 (to Feb 23).
- 6.5 The number of community based mental health appointments from Dundee Crisis Team has decreased, where as the number from Dundee Community Mental Health West Team has increased. The number from Dundee Community Mental Health East Team has remained constant

over the reporting time period. The number of people discharged without being seen follows the same pattern.

- 6.6 The number of community based mental health return appointments for every new patient seen is currently an average of 14. The number of new referrals to Psychiatry of Old Age dipped to Q1 22/23 and has since increased to around the same as Q1 21/22. The % of referrals accepted followed a similar pattern. At Q4, the highest number of new referrals came from The Ferry and the lowest number came from Maryfield. The average number of return appointments for every patient seen is 6.
- 6.7 The number of new referrals to Learning Disabilities services has increased from 211 in Q1 21/22 to 283 in Q4 22/23 (to Feb 23). The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted increased from 66% at Q1 21/22 to 74% at Q4 22/23. The average number of return appointments for every new patient seen at Q4 22/23 (to Feb 23) was 13.5 which has decreased from 18 in Q1 21/22.
- 6.8 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Teams (younger and older age groups, social work) has decreased during the reporting period.
- 6.9 The number of local authority guardian applications were 40 during Q4 22/23 (to Feb 23) and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 63 in Q4 22/23 (to Feb 23).

7.0 POLICY IMPLICATIONS

- 7.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. No impacts on these issues, positive or negative, were identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment is included as an Appendix to this report.

8.0 RISK ASSESSMENT

Risk 1 Description	Poor performance could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none">- Continue to develop a reporting framework which identifies performance and activity- Continue to report data quarterly to the PAC to highlight performance and activity- Support operational managers by providing in depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions.- Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Dave Berry
Chief Finance Officer

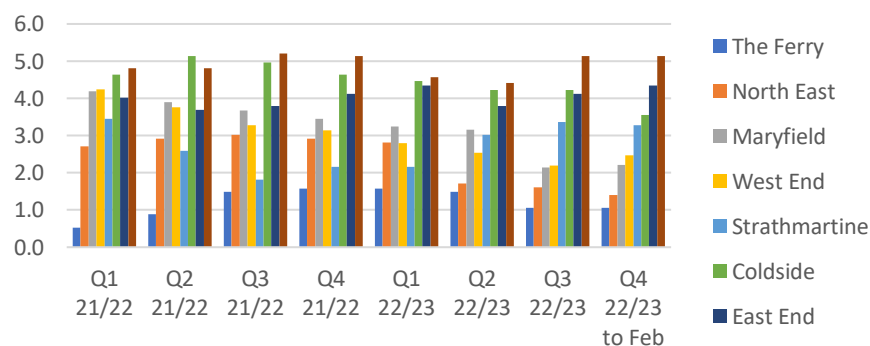
DATE: 1 May 2023

Lynsey Webster
Senior Officer, Strategy and Performance

Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

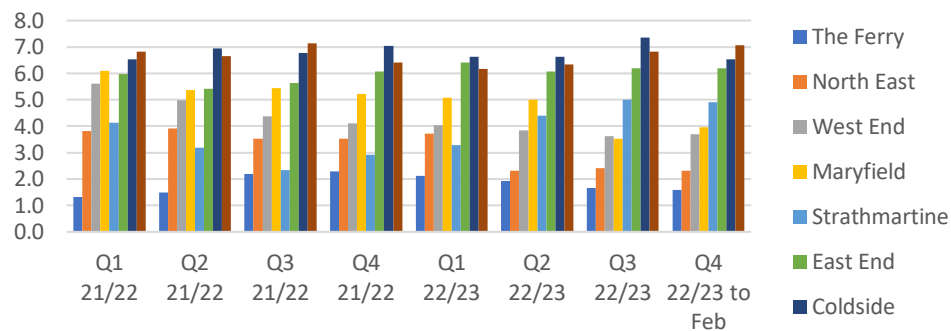
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
Unscheduled Care									
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	485	456	448	447	443	435	433	430	Downward trend
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	345	333	326	323	307	290	281	277	Downward trend
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	5.1	4.8	4.7	4.7	4.7	4.6	4.6	4.5	- Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in Lochee, followed by East End and lowest rates in The Ferry

Rate per 1,000 MH ALL Admissions by LCPP 18-64



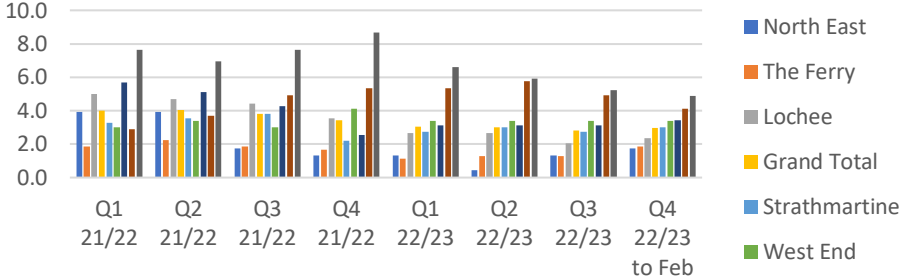
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.6	3.5	3.4	3.4	3.2	3.1	3.0	2.9	-Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in Lochee, followed by Coldside and lowest rates in The Ferry

Rate per 1,000 MH Emergency Admissions by LCPP 18-64



Number of Mental Health <u>ALL</u> Admissions for people aged 65+	134	130	115	106	96	92	89	92	Downward Trend
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	105	106	10	90	80	79	74	78	Downward Trend

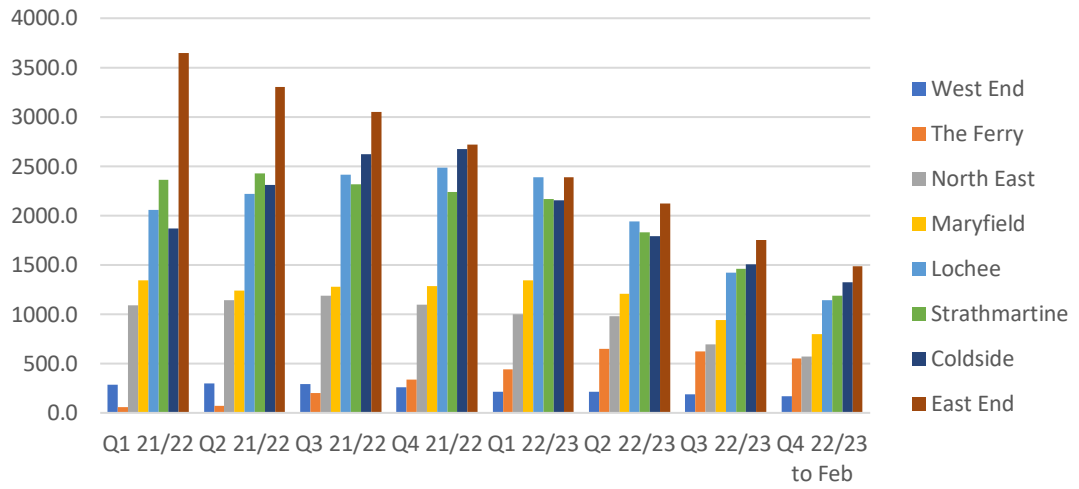
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis																																																						
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	-Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in East End, followed by Coldside and lowest rates in North East																																																						
<p>Rate per 1,000 MH ALL Admissions by LCPP 65+</p> <p>The chart displays the rate per 1,000 MH ALL Admissions by LCPP 65+ for five areas: North East (blue), The Ferry (orange), Lochee (grey), Strathmartine (yellow), and West End (light blue). The data is presented for four quarters (Q1 to Q4) for the periods 21/22, 22/23, and 22/23 to Feb. The y-axis ranges from 0.0 to 10.0. Lochee consistently shows the highest rates, while North East shows the lowest. The overall trend is downward across all areas.</p> <table border="1"> <caption>Estimated data for Rate per 1,000 MH ALL Admissions by LCPP 65+</caption> <thead> <tr> <th>LCPP Area</th> <th>Q1 21/22</th> <th>Q2 21/22</th> <th>Q3 21/22</th> <th>Q4 21/22</th> <th>Q1 22/23</th> <th>Q2 22/23</th> <th>Q3 22/23</th> <th>Q4 22/23 to Feb</th> </tr> </thead> <tbody> <tr> <td>North East</td> <td>5.1</td> <td>5.0</td> <td>4.4</td> <td>4.0</td> <td>3.7</td> <td>3.5</td> <td>3.4</td> <td>3.5</td> </tr> <tr> <td>The Ferry</td> <td>4.5</td> <td>4.8</td> <td>4.2</td> <td>4.0</td> <td>3.8</td> <td>3.6</td> <td>3.5</td> <td>3.4</td> </tr> <tr> <td>Lochee</td> <td>8.5</td> <td>8.2</td> <td>7.8</td> <td>7.5</td> <td>7.2</td> <td>7.0</td> <td>6.8</td> <td>6.5</td> </tr> <tr> <td>Strathmartine</td> <td>4.0</td> <td>4.2</td> <td>4.0</td> <td>3.8</td> <td>3.6</td> <td>3.5</td> <td>3.4</td> <td>3.3</td> </tr> <tr> <td>West End</td> <td>3.5</td> <td>3.8</td> <td>3.6</td> <td>3.4</td> <td>3.2</td> <td>3.1</td> <td>3.0</td> <td>2.9</td> </tr> </tbody> </table>										LCPP Area	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23 to Feb	North East	5.1	5.0	4.4	4.0	3.7	3.5	3.4	3.5	The Ferry	4.5	4.8	4.2	4.0	3.8	3.6	3.5	3.4	Lochee	8.5	8.2	7.8	7.5	7.2	7.0	6.8	6.5	Strathmartine	4.0	4.2	4.0	3.8	3.6	3.5	3.4	3.3	West End	3.5	3.8	3.6	3.4	3.2	3.1	3.0	2.9
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Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	4.0	4.0	3.8	3.4	3.0	3.0	2.8	3.0	-Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in East End, followed by Maryfield and lowest rates in North East																																																						

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<p style="text-align: center;">Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+</p>  <table border="1" data-bbox="129 411 1025 689"> <caption>Estimated data for Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+</caption> <thead> <tr> <th>Quarter</th> <th>North East</th> <th>The Ferry</th> <th>Lochee</th> <th>Grand Total</th> <th>Strathmartine</th> <th>West End</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q2 21/22</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q3 21/22</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q4 21/22</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q1 22/23</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q2 22/23</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q3 22/23</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> <tr> <td>Q4 22/23 to Feb</td> <td>4.0</td> <td>2.0</td> <td>5.0</td> <td>4.0</td> <td>3.0</td> <td>2.0</td> </tr> </tbody> </table>										Quarter	North East	The Ferry	Lochee	Grand Total	Strathmartine	West End	Q1 21/22	4.0	2.0	5.0	4.0	3.0	2.0	Q2 21/22	4.0	2.0	5.0	4.0	3.0	2.0	Q3 21/22	4.0	2.0	5.0	4.0	3.0	2.0	Q4 21/22	4.0	2.0	5.0	4.0	3.0	2.0	Q1 22/23	4.0	2.0	5.0	4.0	3.0	2.0	Q2 22/23	4.0	2.0	5.0	4.0	3.0	2.0	Q3 22/23	4.0	2.0	5.0	4.0	3.0	2.0	Q4 22/23 to Feb	4.0	2.0	5.0	4.0	3.0	2.0
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Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	165,561	166,188	168,114	168,120	166,589	162,593	158,575	154,189	Downward Trend																																																															
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	1743.7	1750.3	1770.6	1770.7	1754.5	1712.5	1670.1	1623.9	-Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in East End, followed by Coldside and lowest rates in West End .																																																															

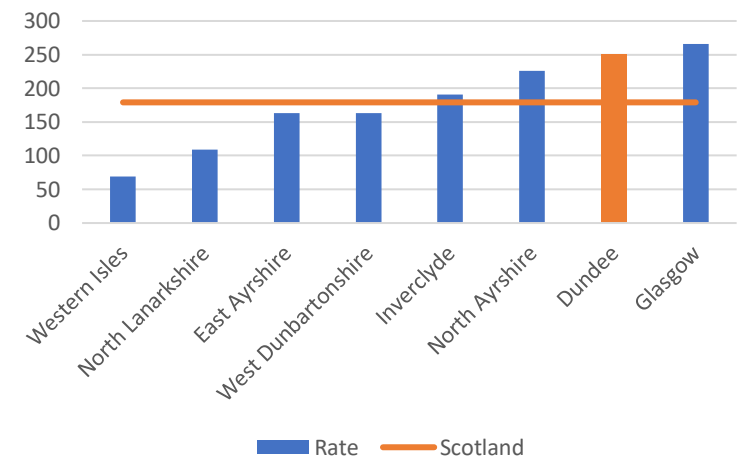
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
<p style="text-align: center;">Rate per 1,000 MH ALL Bed Days by LCPP 18-64</p> <p>The chart displays the rate per 1,000 MH ALL Bed Days by LCPP 18-64 across eight quarters. The y-axis represents the rate, ranging from 0.0 to 5000.0. The x-axis shows quarters from Q1 21/22 to Q4 22/23 (To Feb). Seven LCPPs are compared: West End (blue), The Ferry (orange), North East (grey), Maryfield (yellow), Dundee (light blue), Strathmartine (green), and Lochee (dark blue). Dundee consistently shows the highest rates, while West End shows the lowest. The overall trend is downward, with rates decreasing from Q1 21/22 to Q4 22/23 (To Feb).</p>									
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	143,295	147,632	152,483	150,302	139,394	123,403	98,439	83,022	Downward Trend
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	1509.2	1554.9	1606.0	1583.0	1468.1	1299.7	1036.8	874.4	<ul style="list-style-type: none"> -Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in East End, followed by Coldside and lowest rates in West End . -Dundee has the 2nd highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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Rate per 1,000 MH EMERGENCY Bed Days by LCPP 18-64



Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64

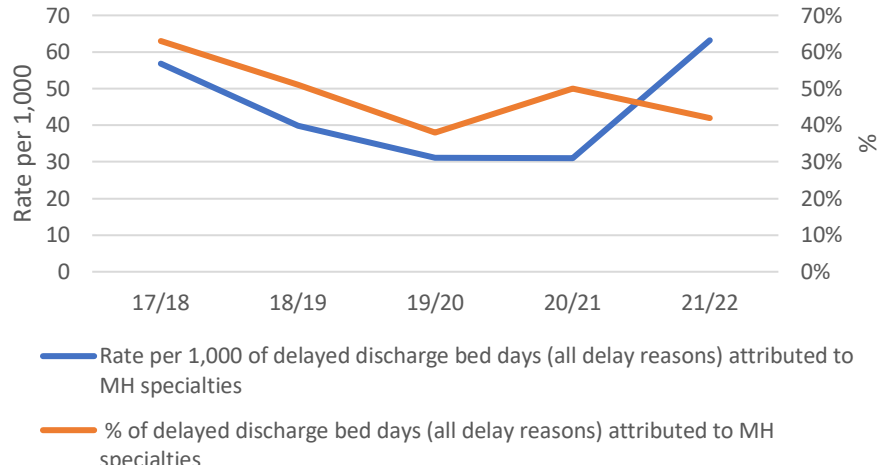


Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	138,778	138,448	145,020	145,549	144,060	143,339	142,091	141,532	Increasing trend
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	1461.6	1458.2	1527.4	1532.9	1517.3	1509.7	1496.5	1490.6	<ul style="list-style-type: none"> Increasing trend Variation by LCPP although note that rates are not standardised. Highest rates in East End, followed by Maryfield and lowest rates in Strathmartine .

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
<p style="text-align: center;">Rate per 1,000 MH ALL Bed Days by LCPP 65+</p> <p>The chart displays the rate per 1,000 MH ALL Bed Days by LCPP 65+ for various regions across four quarters (Q1 to Q4) for the periods 21/22, 22/23, and 22/23 to Feb. The Y-axis ranges from 0.0 to 4000.0. The X-axis shows quarters Q1, Q2, Q3, and Q4 for 21/22, 22/23, and 22/23 to Feb. The legend includes Strathmartine, North East, Coldside, The Ferry, Dundee, Lochee, West End, and Maryfield.</p>									
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	89,783	95,559	107,267	113,938	117,480	111,945	93,723	79,553	Downward trend
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	3421.2	3641.3	4087.5	4341.7	4476.6	4265.7	3571.4	3031.4	<ul style="list-style-type: none"> -Downward trend -Variation by LCPP although note that rates are not standardised. -Highest rates in East End, followed by Maryfield and lowest rates in North East . -Dundee has the highest rate in the Family Group and is considerably higher than the Scotland rate.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
Delayed Discharges									
Rate of standard delayed discharge from general psychiatry specialty									Indicator in development
Rate of standard delayed discharge from psychiatry of old age specialty									Indicator in development
Rate of complex delayed discharge from general psychiatry specialty									Indicator in development
Rate of complex delayed discharge from psychiatry of old age specialty									Indicator in development

All Delay Reasons Bed Days



-not available at LCPP level

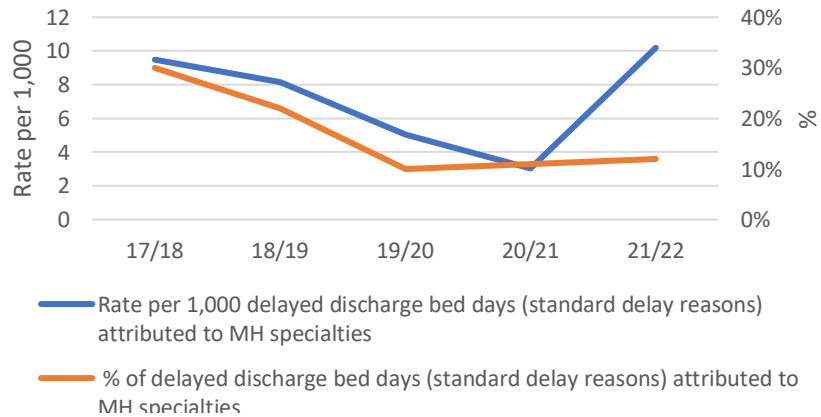
-not available by quarter

- Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate

-% of delayed discharge bed days (all reasons) attributed to MH specialties increased between 20/21 and 21/22 and was 63% at 21/22

Source: PHS Publication December 2022

Standard Delay Reasons Bed Days



-not available at LCPP level

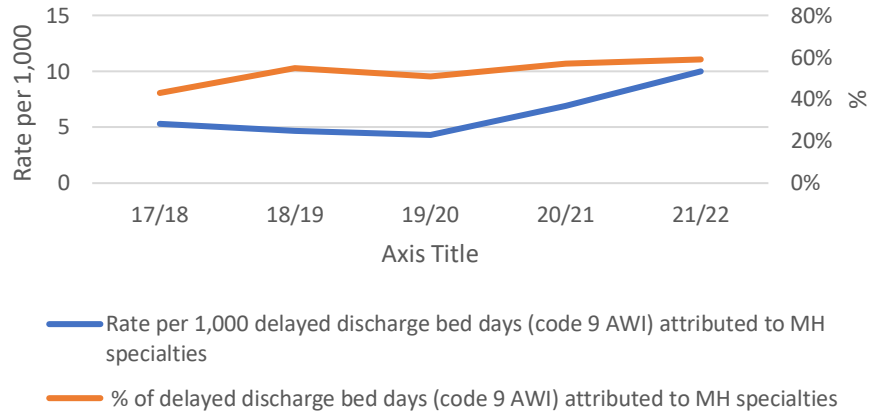
-not available by quarter

- Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties increased between 2021/22 and was higher than the 17/18 rate

-% of delayed discharge bed days (standard delay reasons) attributed to MH specialties decreased from 30% in 17/18 to 10% in 19/20 and between 19/20 and 21/22 increased to 12%.

Source: PHS Publication December 2022

Code 9 AWI Bed Days



-not available at LCPP level

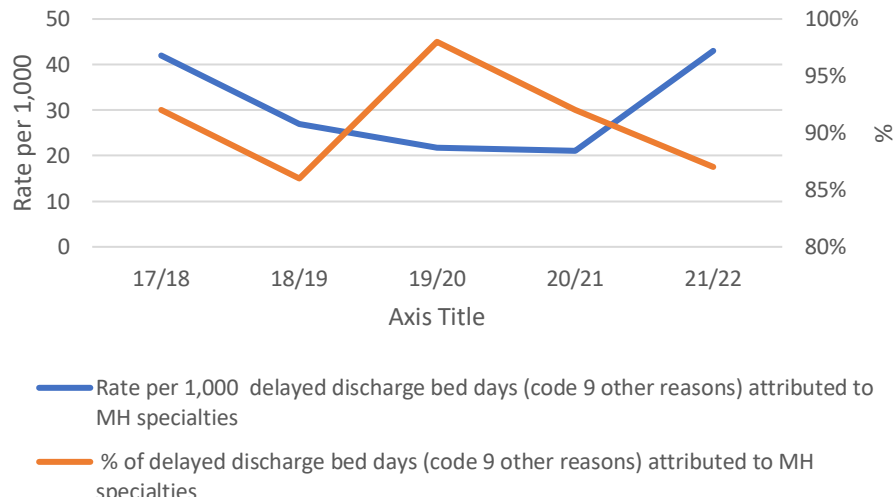
-not available by quarter

- Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties decreased from 5 in 17/18 to 4 in 19/20 and between 19/20 and 21/22 increased to 10.

-% of delayed discharge bed days (code 9 AWI) attributed to MH specialties increased from 43% in 17/18 to 59% in 21/22

Source: PHS Publication December 2022

Code 9 Other Reasons (Bed Days)



-not available at LCPP level

-not available by quarter

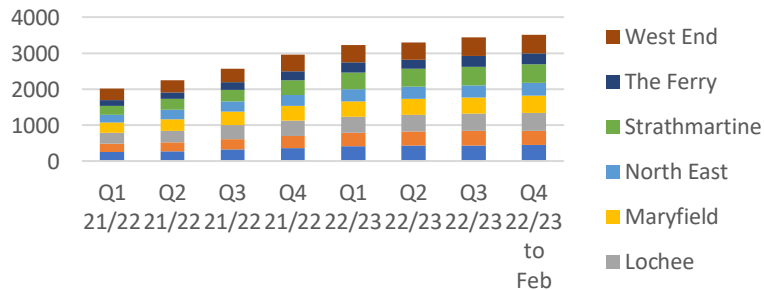
- Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 42 in 17/18 to 21 in 20/21 and increased to 43 in 21/22.

-% of delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 98% in 19/20 to 87% in 21/22.

Source: PHS Publication December 2022

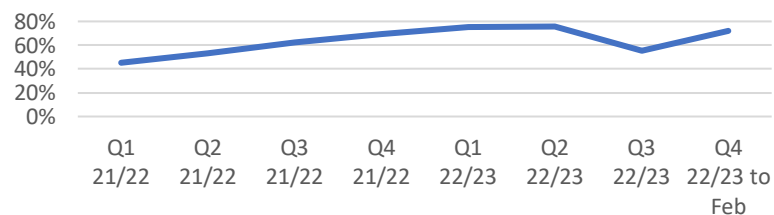
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
Psychological Therapies									
Number of NEW referrals to psychological therapies (ALL)	2010	2249	2572	2954	3217	3299	3442	3500	<ul style="list-style-type: none"> • Increasing trend • Most new referrals are from Strathmartine (526 at Q4 22/23). • Strathmartine has the lowest rate of ALL mental health bed days and the 3rd lowest of emergency mental health bed days for age 65+. • Strathmartine has the 4th highest rate rate of ALL mental health bed days and the 3rd highest of emergency mental health bed days for age 18-64.

No. New Referrals to Psychological Therapies



Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits)	45%	53%	62%	69%	75%	76%	55%	72%	Increasing trend.

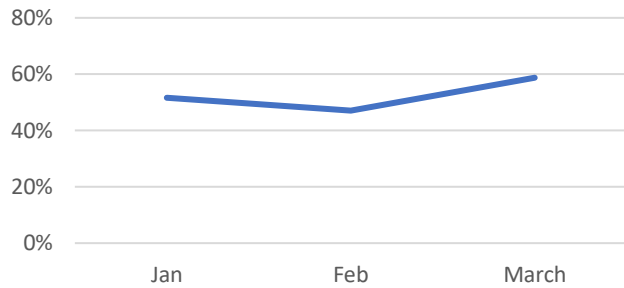
% of Patients Referred, who Commence Treatment within 18 Wks or Referral (completed waits)



% of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (ongoing waits)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	52%	Data prior to Jan 2022 not available.
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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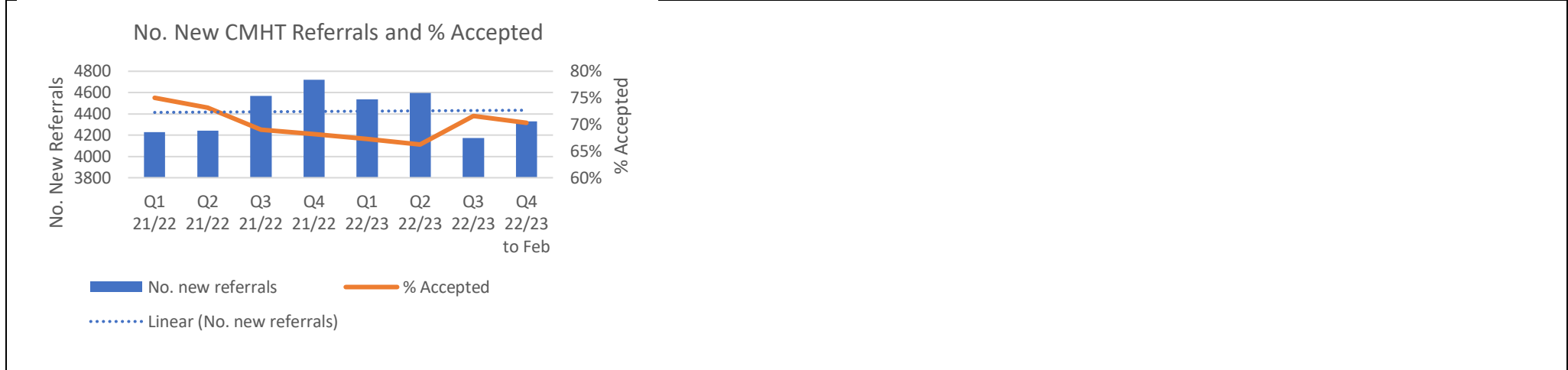
% of Patients Referred, who Commence Treatment within 18 Wks or Referral (Ongoing Waits)



Community Mental Health Team

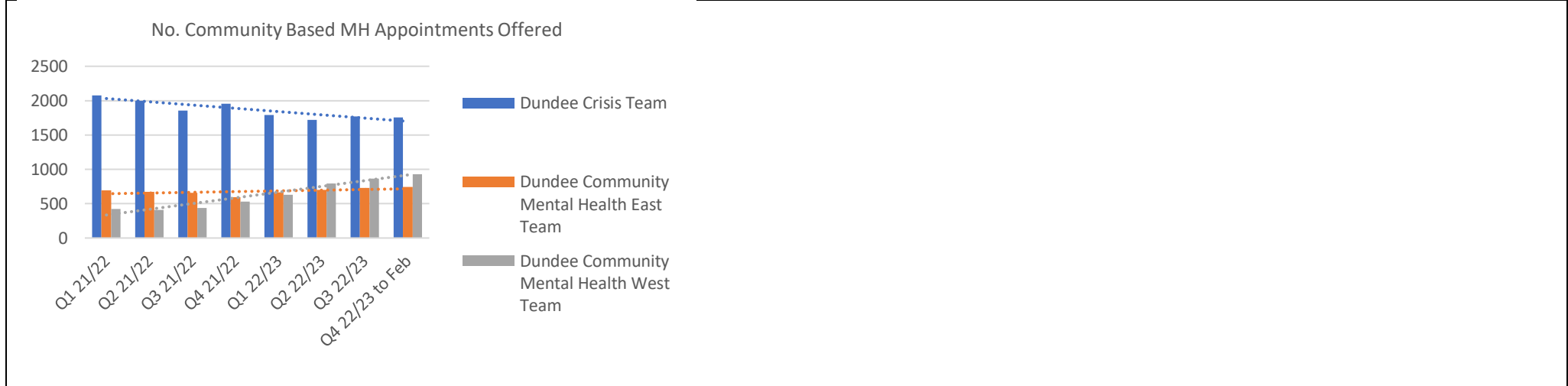
Number of new referrals to CMHT (and % accepted)	4227 (75%)	4244 (73%)	4568 (69%)	4719 (68%)	4536 (67%)	4597 (66%)	4171 (72%)	4328 (70%)	-The number of referrals peaked at Q4 21/22 but has since returned to around Q1/Q2 21/22 levels. -The % accepted has fluctuated between 66% and 75%
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Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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% of discharged psychiatric in patients followed up by CMHT services within 7 calendar days									Requires further development as not currently possible using the current EMIS system.
Number of community based mental health appointments offered	3194	3077	2942	3077	3083	3213	3361	3428	-Slight reduction in number of appointments offered from Dundee Crisis Team. -The number of appointments offered from Dundee Community Mental Health East Team has remained fairly stable. -There has been an increase in the number of appointments offered from Dundee Community Mental Health West Team.

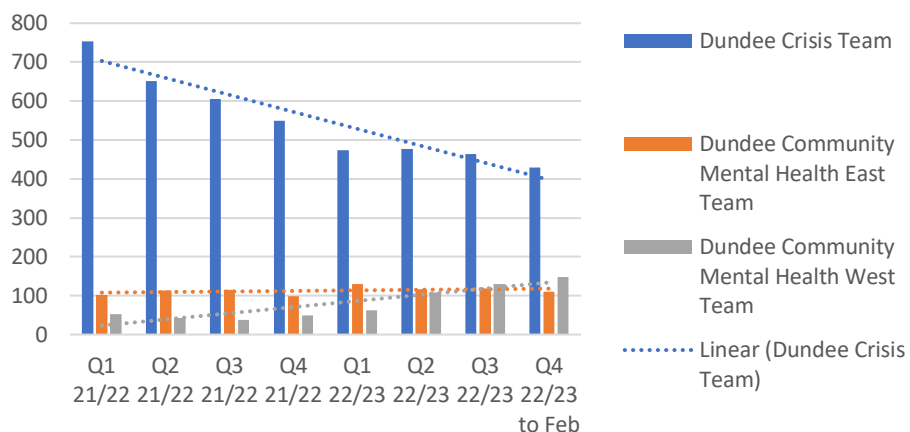
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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No. of return appointments for every new patient seen.	16	17	19	18	18	17	15	14	Reduced from 16 appointments to 14.
Number of people discharged without being seen	3203	3086	2950	3085	3091	3221	3370	3436	-Slight reduction in number of people discharged without being seen from Dundee Crisis Team. -The no. of people discharged without being seen from Dundee Community Mental Health East Team has remained fairly stable. -There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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No. of People Discharged, Not Seen

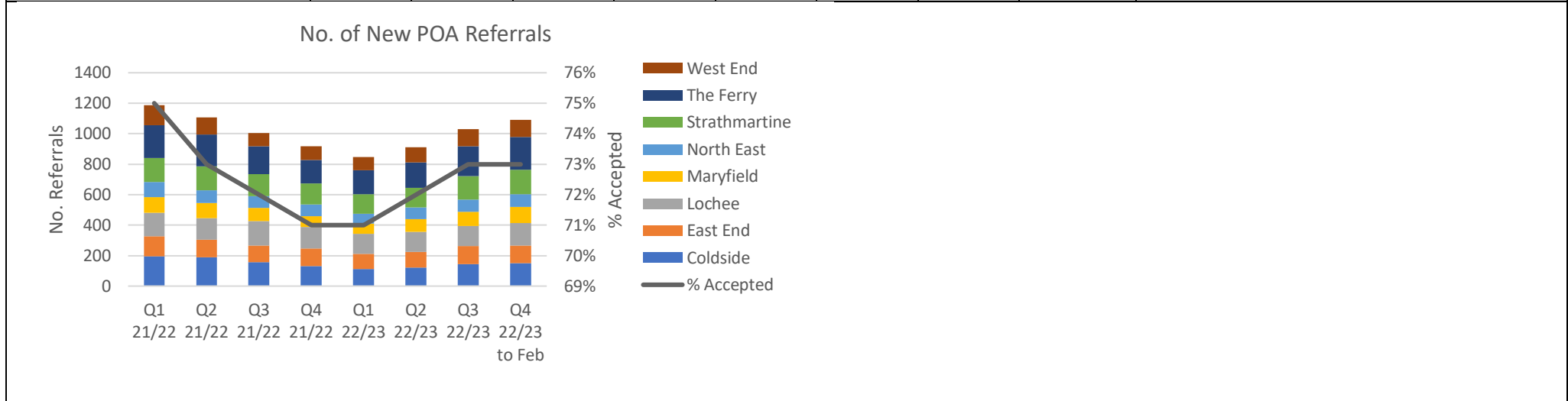


Waiting time indicator in development									Data quality exercise being undertaken and data expected Q1 23/24
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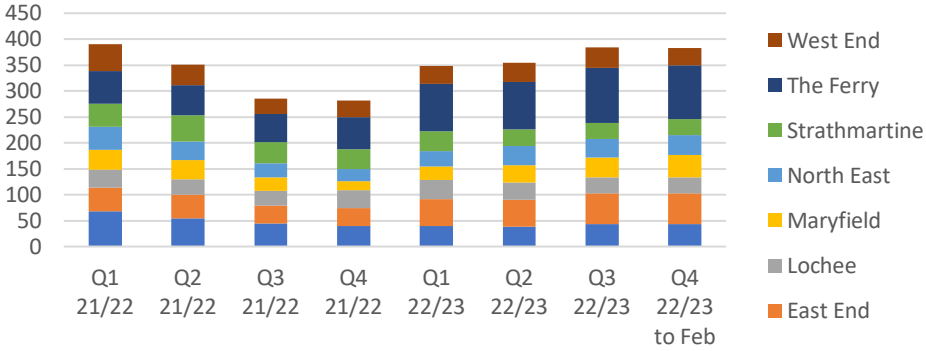
Psychiatry of Old Age

Number of new referrals to Psychiatry of Old Age (and % accepted)	1186 (75%)	1108 (73%)	1004 (72%)	918 (71%)	846 (71%)	911 (72%)	1030 (73%)	1092 (73%)	-The number of new referrals dipped to Q1 22/23 and has since increased to around the same as Q1 21/22. The % accepted followed a similar pattern. -At Q4, the highest number of new referrals came from The Ferry and the lowest number came from Maryfield.
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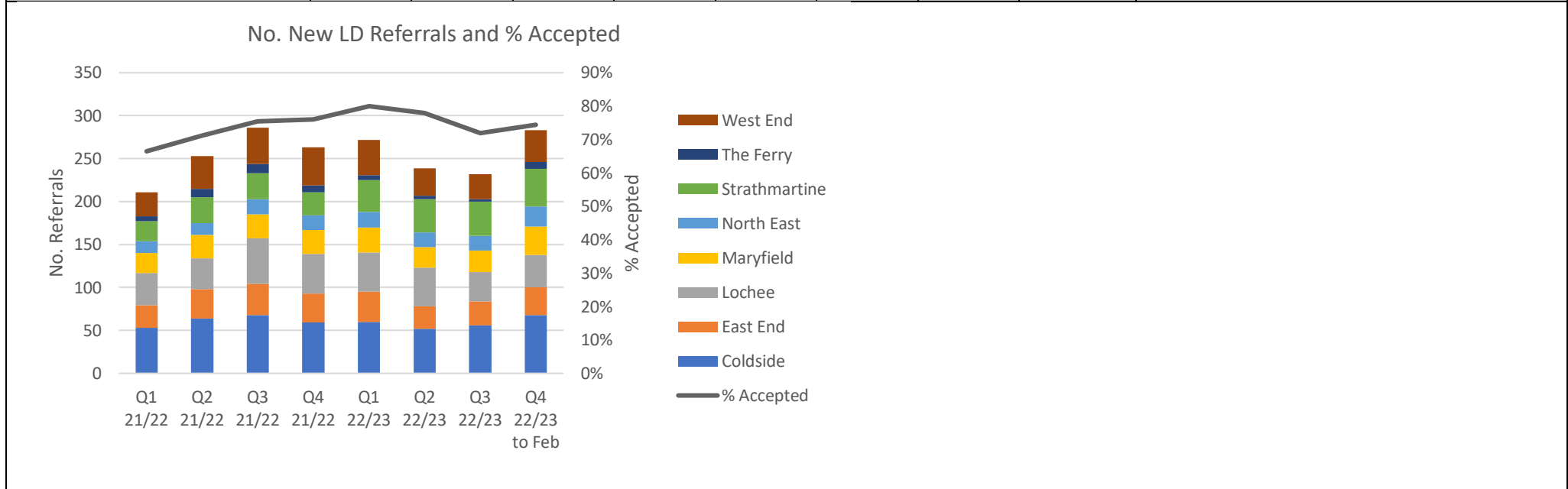
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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Number of return appointments for every new patient seen.	7	6	6	6	6	6	5	6	Reduced from 7 to 6.
Number of people discharged without being seen	390	351	285	282	348	355	384	383	<ul style="list-style-type: none"> Slight dip Q4 21/22 but the number increased to Q4 to similar number as Q1 21/22. The largest number of people discharged without being seen are from The Ferry (also highest number of new referrals) and the lowest number are from Lochee.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis																																																																								
<p style="text-align: center;">No POA Referrals Discharge but Not Seen</p>  <table border="1" data-bbox="129 416 1052 767"> <caption>Estimated data for No POA Referrals Discharge but Not Seen</caption> <thead> <tr> <th>Quarter</th> <th>West End</th> <th>The Ferry</th> <th>Strathmartine</th> <th>North East</th> <th>Maryfield</th> <th>Lochee</th> <th>East End</th> </tr> </thead> <tbody> <tr> <td>Q1 21/22</td> <td>40</td> <td>50</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q2 21/22</td> <td>30</td> <td>40</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q3 21/22</td> <td>20</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q4 21/22</td> <td>20</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q1 22/23</td> <td>30</td> <td>40</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q2 22/23</td> <td>30</td> <td>40</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q3 22/23</td> <td>30</td> <td>40</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> <tr> <td>Q4 22/23 to Feb</td> <td>30</td> <td>40</td> <td>30</td> <td>30</td> <td>30</td> <td>30</td> <td>40</td> </tr> </tbody> </table>										Quarter	West End	The Ferry	Strathmartine	North East	Maryfield	Lochee	East End	Q1 21/22	40	50	30	30	30	30	40	Q2 21/22	30	40	30	30	30	30	40	Q3 21/22	20	30	30	30	30	30	40	Q4 21/22	20	30	30	30	30	30	40	Q1 22/23	30	40	30	30	30	30	40	Q2 22/23	30	40	30	30	30	30	40	Q3 22/23	30	40	30	30	30	30	40	Q4 22/23 to Feb	30	40	30	30	30	30	40
Quarter	West End	The Ferry	Strathmartine	North East	Maryfield	Lochee	East End																																																																										
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Q4 22/23 to Feb	30	40	30	30	30	30	40																																																																										
% of those referred for post diagnostic support who received a minimum 12 months of support.									Published data only available to 20/21 (Published Dec 22). At that point Dundee was at 93.4%																																																																								
Learning Disabilities																																																																																	
Number of new referrals to LD (and % accepted)	211 (66%)	253 (71%)	286 (76%)	263 (76%)	272 (80%)	239 (78%)	232 (72%)	283 (74%)	-Q4 22/23 is the highest of the previous 7 rolling 12 month periods. -Highest number of new referrals was from Coldside and the lowest number was from The Ferry. -% accepted increased from 66% at Q1 21/22 to 74% at Q4 22/23.																																																																								

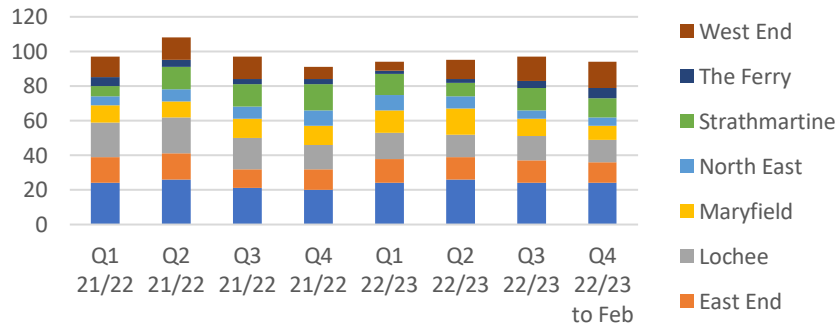
Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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Number of return appointments for every new patient seen.	18.1	16.8	15.5	15.1	14.4	13.8	14.0	13.5	Reduced from 18 to 13.5
Number of people discharged without being seen	97	108	97	91	94	95	97	94	Has been fairly consistent over the previous 4 rolling quarters and at Q4 22/23 was 94.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
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No LD Referrals Discharge but Not Seen



Mental Health Officer Team

MHO new referrals and Assessment	325	342	329	339	337	321	298	292	Downward trend.
CMHT (SW team) new referrals	158	159	166	167	149	136	151	145	Downward trend.
CMHT older people (SW team)	195	171	156	131	136	140	159	165	Downward trend.
LA Guardianship applications	39	37	34	47	41	48	49	40	Stable trend.

Indicator	Rolling 21/22 Q1	Rolling 21/22 Q2	Rolling 21/22 Q3	Rolling 21/22 Q4	Rolling 22/23Q1	Rolling 22/23Q2	Rolling 22/23Q3	Rolling 22/23Q4 (To Feb)	Comments/Analysis
Private Guardianship application	53	64	71	65	58	59	64	63	Fluctuating between 53 and 71, however 63 at Q4 22/23.
Emergency detention in hospital (up to 72 hours) (s36)	91	96	84	97	102	103	107	95	Increased at Q1 22/23 but decreased Q4 22/23/
Short term detention in hospital (up to 28 days) (s44)	156	170	157	167	164	166	169	169	Stable trend
Compulsory Treatment Orders (s64)	47	54	49	46	52	47	52	55	Increasing trend.
No. of S44 with Social Circumstance report was considered	81	83	65	67	56	51	52	56	Downward trend.
No. of SCR that were prepared	59	60	47	50	41	35	34	32	Downward trend.
MHO team caseload at period end	225	243	272	263	265	251	265	273	Increasing trend.
MHO unallocated at end of quarter	29	41	56	47	49	46	53	44	Increasing trend.
% MHO unallocated out of all cases	13%	17%	21%	18%	18%	18%	20%	16%	Stable trend.

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Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Dundee Health And Social Care Partnership Mental Health Performance Report
Lead Officer for Report/Project/Strategy (Name and Job Title)	Kathryn Sharp, Service Manager
Name and email of Officer Completing the Screening Tool	Kathryn Sharp, Service Manager
List of colleagues contributing information for Screening and IIA	-
Screening Completion Date	28/04/23
Name and Email of Senior Officer to be Notified when Screening complete	Vicky Irons, Chief Officer

Is there a clear indication that an IIA is needed? Mark one box only		
<input type="checkbox"/>	YES	Proceed to IIA
<input checked="" type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input checked="" type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input checked="" type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input checked="" type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input checked="" type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input checked="" type="checkbox"/>	<i>Continue with Screening Process</i>

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>		
<input checked="" type="checkbox"/>	No	Continue Screening Process
		Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>		

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).