ITEM No ...9......



REPORT TO: PERFORMANCE & AUDIT COMMITTEE - 25 SEPTEMBER 2024

REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2023/24 QUARTER 4

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC26-2024

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper 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, including current performance against the suite of mental health service indicators (section 6 and appendix 1).
- 2.2 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

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 Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.
- 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 cannot 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 than in other Local Community Planning Partnership areas (LCPPs). East End has more than double the rate of people with a mental health condition, compared with The Ferry.
- In the 2011 Census (2022 figures not yet available) 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.
- 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).
- It is estimated from Scottish Health 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.
- 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 found that 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 to parental mental illness.
- In August 2023, the National Records of Scotland published its statistics for probable deaths by suicide in 2022. Across Scotland there was an increase in probable suicides (9 deaths) from the 2021 figures, with a total of 762 deaths in 2022. In Dundee specifically, in 2022, 29 people died by probable suicide, this is an increase of four people from 2021 (for comparison 2000=34, 2019=33, 2018=34). The rate was higher than the Scottish average in Highland, Dundee City, East Ayrshire and Perth and Kinross council areas. Suicide rates for males are still twice as high as females however it is worth recognising that female deaths across Scotland in 2022 increased by 18 and males decreased by 9 on the previous year.

6.0 WHAT THE DATA IS TELLING US

- 6.1 The rate of Mental Health admissions for the under 65 age group has increased across all hospital admissions and emergency admissions and the rate of Mental Health admissions for the age 65+ age group decreased across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by Local Community Planning Partnership (LCPP), with the most deprived localities having the highest rate of admissions.
- 6.2 The rate of Mental Health bed days for the under 65 and 65+ age groups has increased across all hospital admissions and emergency admissions. For both age groups, there is substantial variation by LCPP, with the most deprived localities having the highest rate of admissions.
- 6.3 When benchmarked across the 8 Family Group Partnerships and compared with Scotland, Dundee has the 2nd highest rate of mental health emergency bed days for ages 18-64 and for ages 65+.
- The number of new referrals to psychological therapies has increased with most new referrals coming from Lochee (549 referrals).
- The % of patients referred to psychological therapies who commenced their treatment within 18 weeks of referral (completed waits) has risen from 46% in Q1 21/22 to 71% in Q4 23/24.

- The number of community-based mental health appointments from Dundee Crisis Team has decreased, whereas 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 period. The number of people discharged without being seen decreased from 907 in "021/22 Q1 to 458 in 2023/24 Q4. The number of community-based mental health return appointments for every new patient seen is currently an average of 11.
- 6.7 The number of new referrals to Psychiatry of Old Age dipped at Q1 22/23 and has since increased. The % of referrals accepted has decreased since Q3 22/23. At Q4 23/24, the highest number of new referrals came from The Ferry and the lowest number came from West End. The average number of return appointments for every patient seen is 12.
- The number of new referrals to Learning Disabilities services has increased from 177 in Q1 21/22 to 356 in Q4 23/24. The highest number of new referrals was from Coldside and the lowest number was from The Ferry. The % of referrals accepted decreased from 75% at Q1 21/22 to 57% at Q4 23/24. The average number of return appointments for every new patient seen at Q4 23/24 was 11, which has decreased from 18 in Q1 21/22.
- 6.9 The number of new referrals to the Social Work Mental Health Officer Team and the Community Mental Health Team for younger age groups has decreased during the reporting period. The number of new referrals to the Social Work Community Mental Health Team for older people increased from 131 at Q4 21/22 to 189 at Q4 23/24.
- 6.10 The number of local authority guardian applications was 60 during Q4 2023/24 and the number of Private Guardianship applications increased from 53 in Q1 21/22 to 73 in Q4 23/24.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

- 7.1 Hope Point Dundee continues to provide an initial contact point for anyone in Dundee who experience distress. At the end of Q4 23/24 the service had received 2,466 contacts. The service, where appropriate, captures information from people about their level of distress at the start and end of their contact with them; 100% of people who were asked reported a decrease in their level of distress (average 3.6 point reduction on a scale of 1 to 10).
- 7.2 The Patient Assessment and Liaison Mental Health Service (PALMS), hosted by Dundee Adult Psychological Therapies Service, continues to utilise the expertise of Mental Health Nurses within GP practices to support adults who are not already engaged with statutory mental health or psychology services. This is part of a range of support available to people via GP practices, which also includes the NHS Tayside Community Listening Service, Sources of Support Service and Distress Brief Interventions (DBIs). Between April 2023 and March 2024, 834 individuals were referred to DBI in Dundee. 82 referrals were from Police Scotland and 752 from Primary Care
- 7.3 Progress within the Mental Health and Learning Disability Whole Systems Change Programme was reported to the IJB in August 2024 (report DIJB51-2024 refers). Key areas of progress highlighted within the report included:
 - Model of Care Development a Steering Group has been established, including membership from advocacy organisations. An early draft of the model, which aims to deliver a community mental health framework that integrates secondary, primary and community mental health services, has been produced and will now be subject to further stakeholder involvement.
 - Learning Disabilities Services Redesign the V&A Dundee design accelerator event
 has led to the establishment of a number of task and finish workstreams, including
 crisis support, individualised care, alliance commissioning approaches and improved
 voice for people with learning disabilities.

• Engagement and co-production – the 'Care and Share Together' approach is being used to ensure ongoing sustainable and meaningful engagement and a dedicated co-production development officer is now in place.

In addition, work has been progressed in relation to the development of Neurodiversity pathways. This includes pathways for ASD (Autistic Spectrum Disorder) and ADHD, as well as EUPD (Emotionally Unstable Personality Disorder). NHS Tayside is a national pathfinder for Early Intervention in Psychosis (EIP) services where there has been evidence of positive outcomes and reduced in-patient re-admissions, with work ongoing to consider resource and roll-out.

- 7.4 Scottish Autism were commissioned to introduce a Test of Change Project which started in May 2024. The Connections service provides information, advice and support for adults who identify as Autistic. The service can be provided via the telephone or face-to-face and includes an offer of Peer Support Groups. There has been a recent formal launch event with associated publicity to encourage individuals, carers and families to contact the service.
- 7.5 Work has commenced on a Joint Advocacy Strategy (JAS) Project for Dundee. The post of Project Manager has been funded through the Whole Family Wellbeing Fund for two years. Project work will include supporting people's voices to be heard across a number of different strategies and creating a forum of Independent and non-independent advocacy provision.
- 7.6 The Learning Disability Strategic Planning Group (SPG) continues to meet in person on a 2 monthly basis. The meetings include regular input from Advocators from Advocating Together who provide feedback from the local population gained through involvement activity and self-advocacy groups.
 - The SPG receive regular updates about the Dundee information on the Scottish Government Dynamic Support Register. The anonymised information advises about the number of people who are placed out of Dundee area, people who are placed out of area inappropriately, people who are in hospital experiencing a delayed discharge and people who are at risk of a placement breakdown. The purpose of the register is support us with information about individuals needs to try to enable more people with complex needs to live within their local communities. It should be noted that there are no inappropriate out-of-area placements of Dundee people.
 - A series of speakers have been arranged to share a spotlight on services and support. These
 have included an update on the multi-agency New Beginnings Service from a Community
 Learning Disability Nurse who support parents who have a learning disability from pre-birth
 and after baby is born.
 - Information about the review of the local Housing Strategy was shared with the SPG and
 arrangements made for consultation with relevant stakeholders and local people with a
 Learning Disability. Close liaison continues between Housing Services and Health and Social
 Care Partnership managers to optimise future planning for anticipated levels of future needs
 and to ensure care needs are anticipated and met when suitable housing becomes available.
 - The series of Local Information and Engagement Events have continued with the most recent one being for Maryfield Ward at Boomerang Centre. Events are planned for each Electoral ward with 4 areas still outstanding. An additional discussion style event held in late 2023 specifically for carers at the Dundee Carers Centre which had low attendance. The carers who attended confirmed that the local information Events were one of the best ways for them to engage if they wanted to do so.
 - SPG members, in particular Advocating Together, continue robust connections with other local and national Agencies and Forums including Keys to Life Group Participation, Scottish Consultancy for Learning Disability, National Involvement Network and The Assembly.
 - Dundee Learning Disability Providers Forum has reformed following cessation of funding for this to ARC from Scottish Government. The group has been supported in this process by the local Independent Sector (Scottish Care) Lead who will continue to offer support and co-

ordination. This support has been welcomed by this group and brings additional benefit because of the Leads connections to other providers Forums for other services in Dundee.

8.0 POLICY IMPLICATIONS

8.1 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.

9.0 RISK ASSESSMENT

| Risk 1 Description Risk Category | 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. 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) | Continue to develop a reporting framework which identifies performance and activity. Continue to report data to the PAC to highlight performance and activity. Support operational managers by providing in depth analysis regarding areas of poor performance. 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. |

10.0 CONSULTATIONS

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

11.0 **BACKGROUND PAPERS**

11.1 None.

Christine Jones Chief Finance Officer

Lynsey Webster Lead Officer: Quality, Data and Intelligence

Shahida Naeem

Senior Officer, Finance and Strategic Services

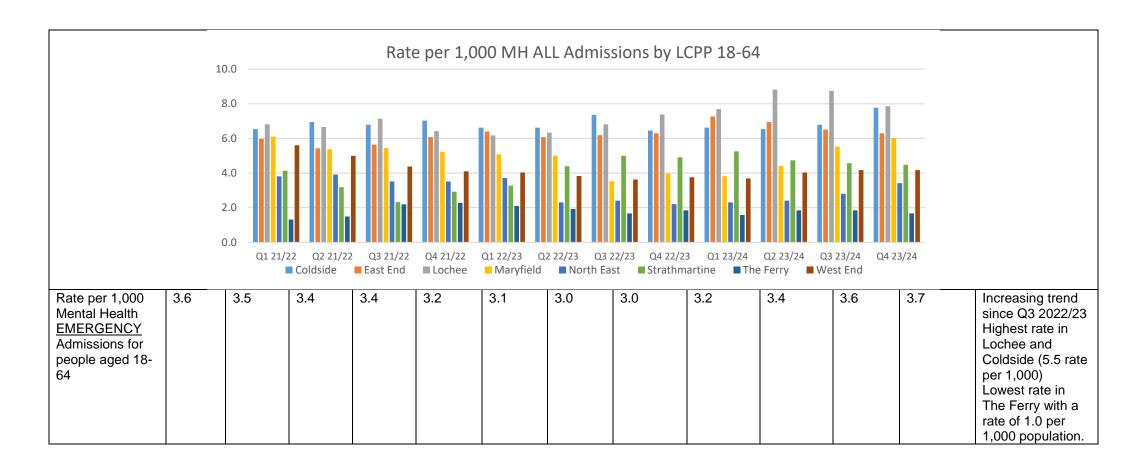
Linda Graham

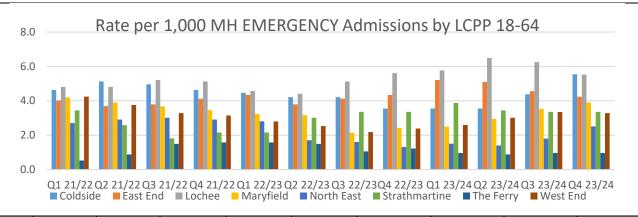
Clinical Lead for Mental Health and Learning Disabilities

DATE: 20 August 2024

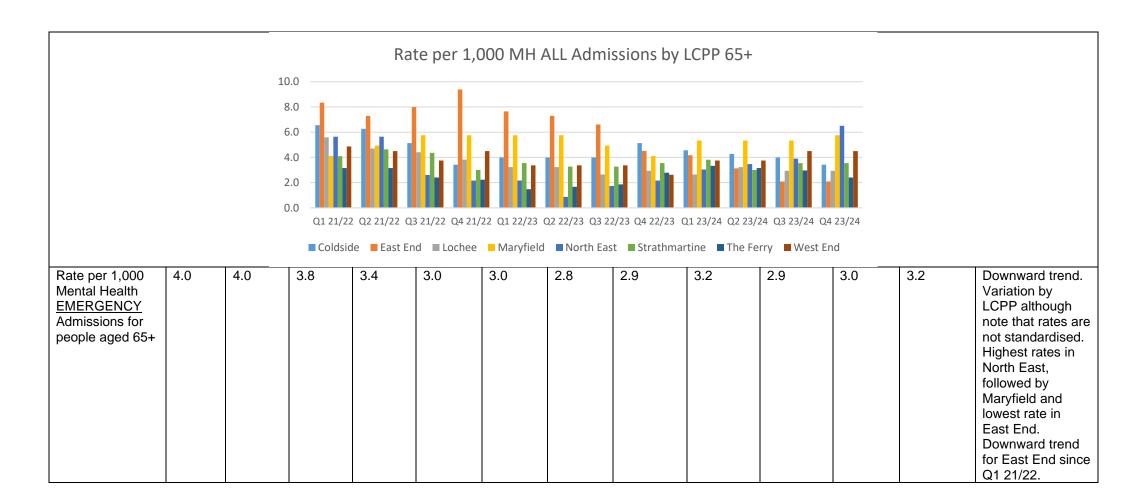
APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

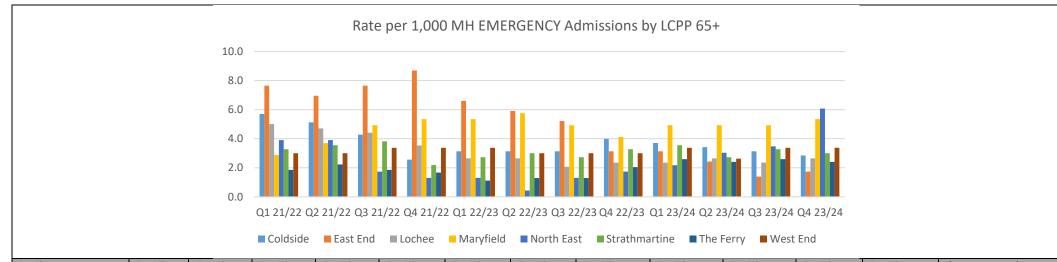
| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments/ Analysis |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|---|
| | | | | | | Admis | sions Sum | mary | | | | | |
| Number of Mental Health ALL Admissions for people aged 18-64 | 485 | 456 | 448 | 447 | 443 | 435 | 433 | 437 | 451 | 472 | 489 | 498 | Increasing trend since Q2 21/22. |
| Number of Mental Health EMERGENCY Admissions for people aged 18- 64 | 345 | 333 | 326 | 323 | 307 | 290 | 281 | 287 | 306 | 319 | 338 | 351 | Increasing trend since Q3 22/23. |
| 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 | 4.6 | 4.8 | 5.0 | 5.2 | 5.2 | Increasing trend. Variation by LCPP although note that rates are not standardised. Highest rates in Lochee, followed by Coldside and lowest rates in The Ferry. |



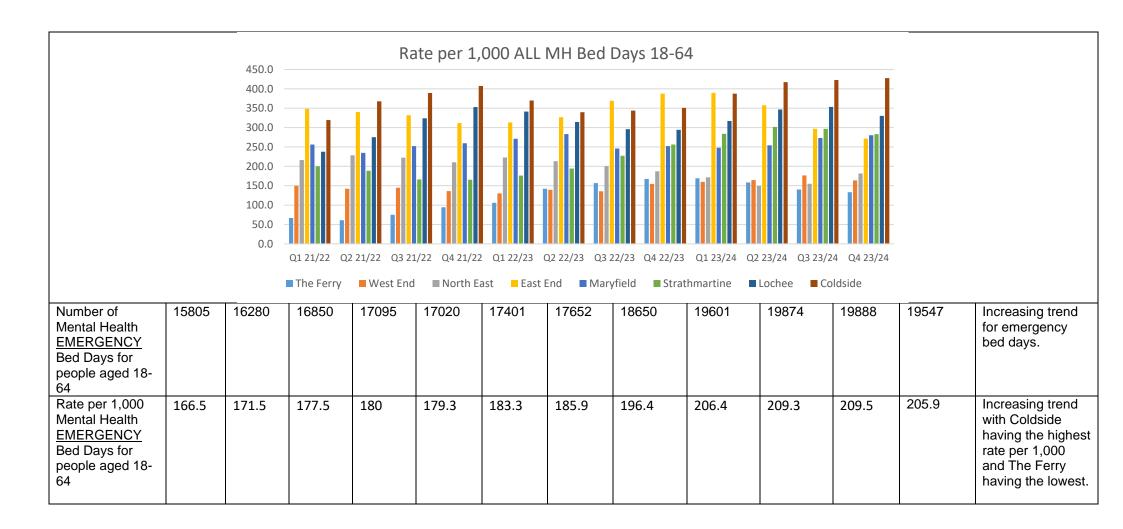


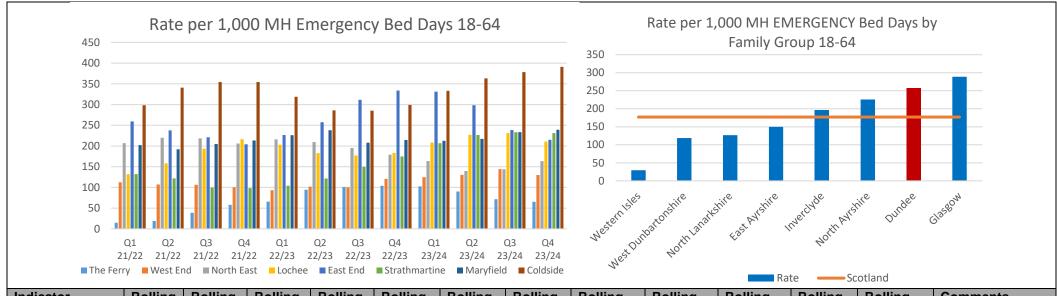
| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments/ Analysis |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---|
| Number of Mental Health ALL Admissions for people aged 65+ | 134 | 130 | 115 | 106 | 96 | 92 | 89 | 91 | 99 | 94 | 93 | 95 | Downward trend since 21/22. |
| Number of Mental Health EMERGENCY Admissions for people aged 65+ | 105 | 106 | 10 | 90 | 80 | 79 | 74 | 75 | 83 | 76 | 78 | 83 | Downward trend since 21/22. |
| Rate per 1,000 Mental Health ALL Admissions for people aged 65+ | 5.1 | 5.0 | 4.4 | 4.0 | 3.7 | 3.5 | 3.4 | 3.5 | 3.8 | 3.6 | 3.5 | 3.6 | Downward trend. Variation by LCPP although note that rates are not standardised. Highest rates in North East, followed by Maryfield and lowest rate in Eastend. |



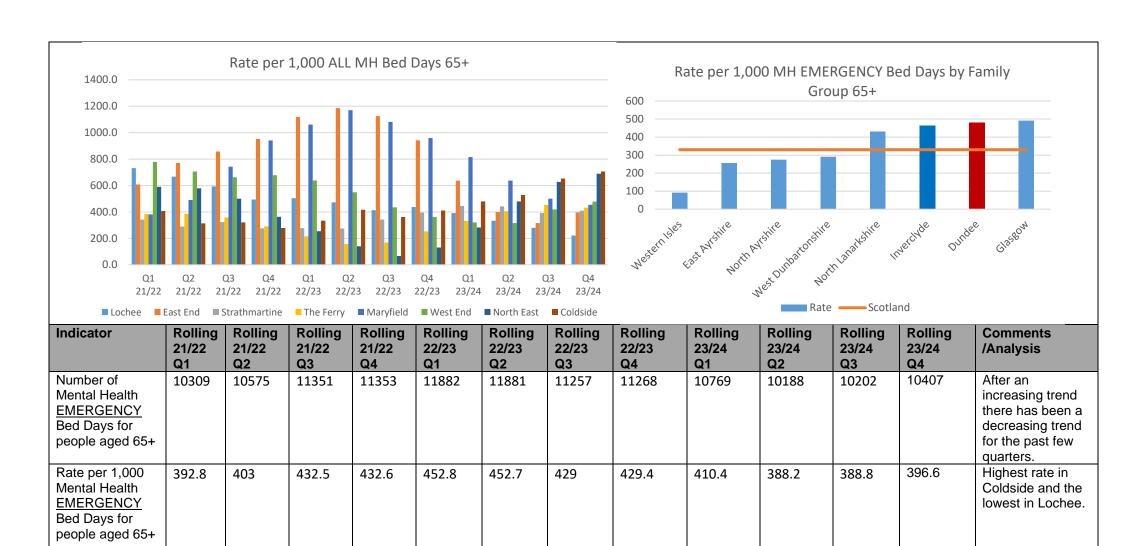


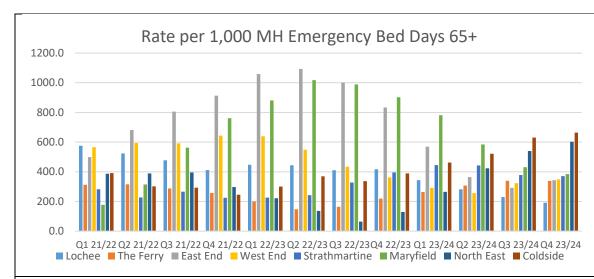
| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments/ Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---|
| Number of Mental Health ALL Bed Days for people aged 18-64 | 20962 | 21449 | 22354 | 22819 | 22683 | 22935 | 23009 | 23926 | 24800 | 25326 | 25146 | 24614 | Increasing trend since Q1 2021/22. |
| Rate per 1,000 Mental Health ALL Bed Days for people aged 18-64 | 220.8 | 225.9 | 235.4 | 240.3 | 238.9 | 241.6 | 242.3 | 252 | 262 | 266.7 | 264.8 | 259.2 | An increasing trend, with the highest rate in Coldside and the lowest in The Ferry. |





| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|
| Number of Mental Health ALL Bed Days for people aged 65+ | 13354 | 13134 | 13454 | 12908 | 13148 | 12971 | 12019 | 12052 | 11754 | 11438 | 11806 | 12173 | Downward trend since Q1 21/22. |
| Rate per 1,000 Mental Health ALL Bed Days for people aged 65+ | 508.9 | 500.5 | 512.7 | 491.9 | 501 | 494.3 | 458 | 459.2 | 447.9 | 435.8 | 449.9 | 463.9 | Downward trend. The highest rate is in Coldside and the lowest is in Lochee. |





Delayed Discharge for Mental Health Specialities

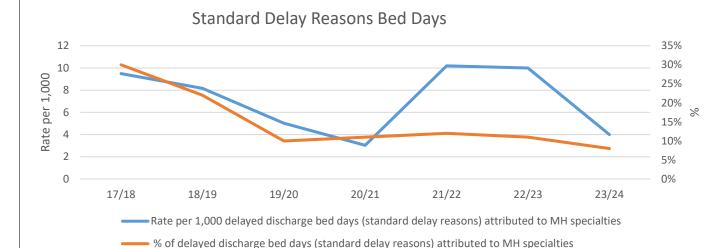


Comments /Analysis

Rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased between 2021/22 and 2022/23 was higher than previous years but had come down for 2023/24.

% of delayed discharge bed day (all delay reasons) attributed to MH specialities has been steady in the past few years.

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual This data in available annually and not available by LCPP level

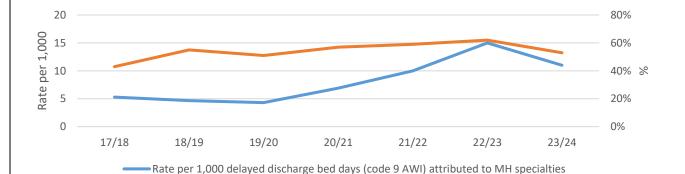


Comments /Analysis

Rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties has fallen since 2022/23.

% of delayed discharge bed days (standard delay reasons) attributed to MH specialties has a decreasing trend.

Source: PHS Publication June 2024, Delayed discharges in NHSScotland annual This data in available annually and not available by LCPP level



—— % of delayed discharge bed days (code 9 AWI) attributed to MH specialties

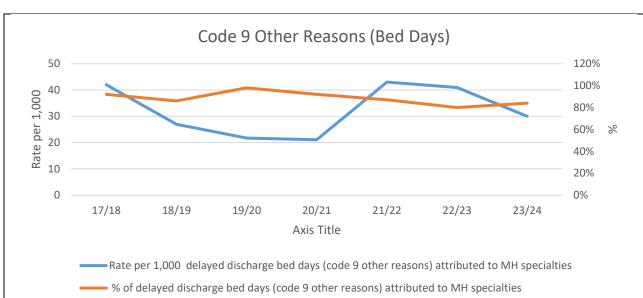
Code 9 AWI Bed Days

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual This data in available annually and not available by LCPP level

Comments /Analysis

Rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties has fallen in 2023/24 after an increase in the previous reporting year.

% of delayed discharge bed days (code 9 AWi) attributed to MH specialties has decreased in 2023/24.

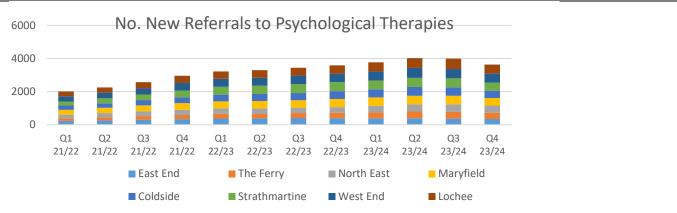


Comments /Analysis

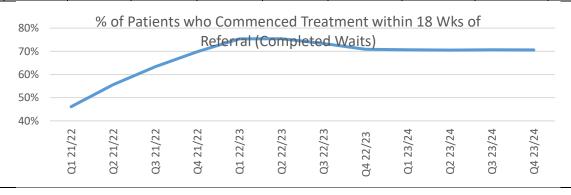
Rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 30 in 2023/24. % of delayed discharge bed days (code 9 other reasons) attributed to MH specialties increased from 8021% in 2022/23 to 84% in 2023/24.

Source: PHS Publication June 2024, Delayed discharges in NHS Scotland annual This data in available annually and not available by LCPP level

| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments/ Analysis |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|
| | | | | | | Psycho | logical the | rapies | | | | | |
| Number of NEW referrals to psychological therapies (ALL) | 1308 | 1554 | 1858 | 2146 | 2383 | 2514 | 2735 | 2926 | 3152 | 3423 | 3520 | 3631 | Increasing trend. Most new referrals are from Lochee (549) followed by West End (540) for Q4 23/24). |



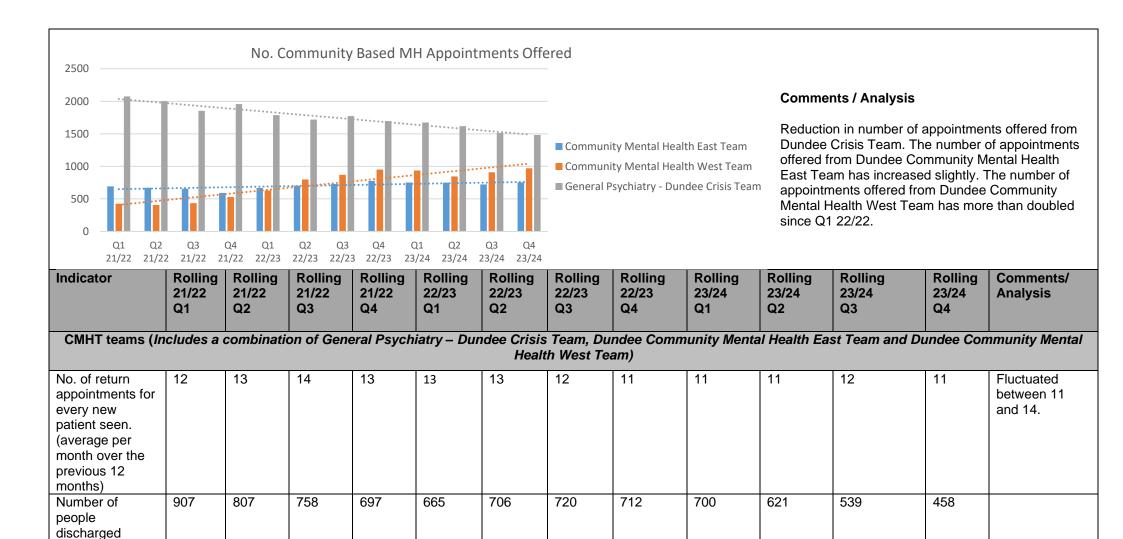
| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments/ Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--------------------------------|
| % of patients referred to psychological therapies who commences their treatment within 18 weeks of referral (completed waits) | 46% | 56% | 63% | 70% | 75% | 75% | 73% | 71% | 71% | 71% | 71% | 71% | Steady trend in the past year. |



| Indicator | Rolling 21/22 Q1 | 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|---|------------------------|---------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|---------------------|---------------------|---------------------|------------------------|---|
| Number of ongoing waits – snap shot CMHT teams (In | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 120 | 144 | This indicator has changed from what was previously reported. This is snap shot data on the number of ongoing wait at the end of that period. |
| | | | | | , | | th West Te | | | | | | yc |
| Number of new referrals to CMHT (and % accepted) | 4177 (73%) | 4188 (71%) | 4507 (64%) | 4660 (64%) | 4496 (63%) | 4549 (62%) | 4090 (71%) | 4232 (68%) | 4330 (67%) | 4354 (65%) | 4354 (63%) | 4319 (63%) | The number of referrals have fluctuated between 4090 Q3 2022/23 and 4660 and at Q4 21/22. The % accepted has fluctuated between 62% and 73%. |



| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|
| Number of community based mental health appointments offered (included attended and DNA) | 3194 | 3077 | 2942 | 3077 | 3083 | 3216 | 3365 | 3414 | 3362 | 3214 | 3147 | 3207 | |



Comments / Analysis

without being

seen

Reduction in number of people discharged without being seen from Dundee Crisis Team from 751 at Q1 21/22 to 257 at Q4 23/24. The number of people discharged without being seen from Dundee Community Mental Health East Team has reduced from 102 at Q1 21/22 to 82 at Q4 23/24. There has been an increase in the number of people discharged without being seen from Dundee Community Mental Health West Team from 54 at Q1 21/22 to 119 at Q4 23/24.

| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|
| | | | | | | Psychi | atry of Old | Age | | | | | |
| Number of accepted referrals to Psychiatry of Old Age (and % accepted) | 891 (75%) | 814 (71%) | 727 (72%) | 652 (72%) | 596 (70%) | 646 (72%) | 720 (72%) | 758 (64%) | 800 (63%) | 811 (60%) | 791 (58%) | 816 (61%) | |

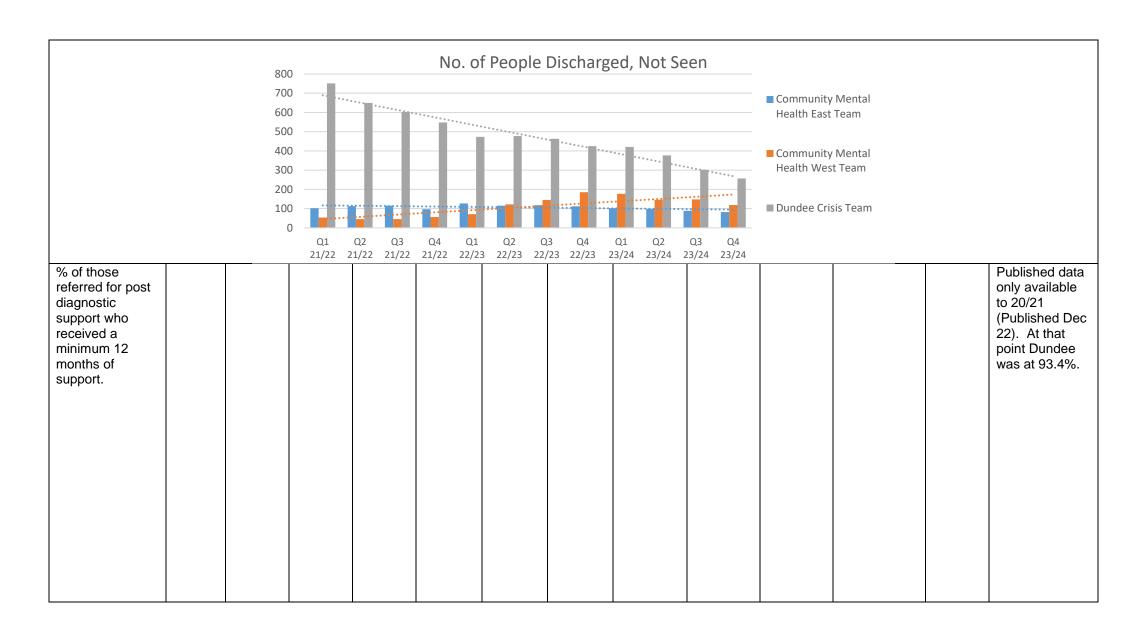
Comments / Analysis

The number of new referrals dipped to 596 at Q1 22/23 and has since increased to 816 at Q4 23/24. There is a downward trend in % referrals accepted. At Q4 23/24, the highest number of new referrals came from The Ferry (159) and the lowest number came from West End (78).

| Number of return appointments for every new | | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 11 | 11 | 12 | 12 | Increasing trend. |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------------------|
| patient seen. Number of | 390 | 351 | 285 | 282 | 348 | 355 | 384 | 370 | 322 | 375 | 401 | 478 | |
| people discharged without being seen | | | | | | | | | | | | | |

Comments / Analysis

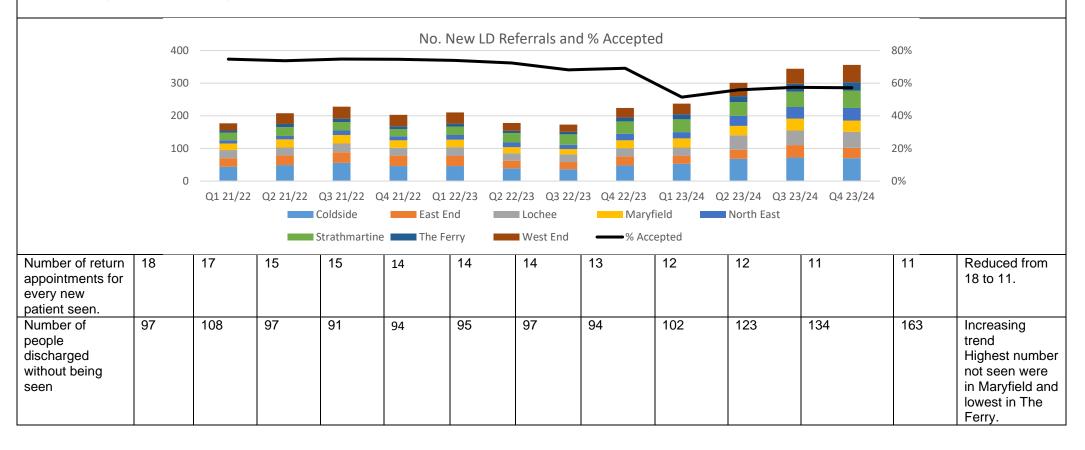
Increasing trend. The largest number of people discharged without being seen are from Strathmartine (88) and the lowest number are from Maryfield (33).

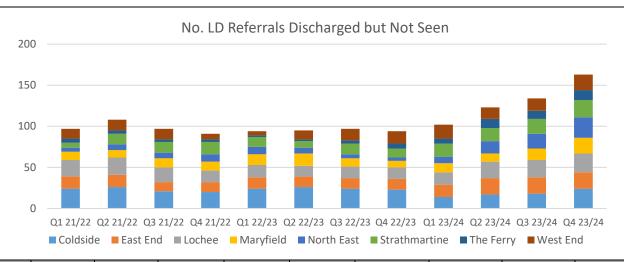


| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis | |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|-----------------------|--|
| | Learning Disability | | | | | | | | | | | | | |
| Number of new referrals to LD (and % accepted) | 177 (75%) | 208 (74%) | 228 (75%) | 203 (75%) | 210 (74%) | 178 (72%) | 173 (68%) | 224 (69%) | 237 (51%) | 301 (56%) | 344 (57%) | 356 (57%) | | |

Comments / Analysis

Increasing trend since Q1 21/22. At Q4 23/24, highest number of new referrals was from Coldside (70) and the lowest number was from The Ferry (26). % accepted decreased from 75% at Q1 21/22 to 57% at Q4 23/24.





| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|---------------------|---------------------|------------------------|------------------------|---|
| Social Work Information | | | | | | | | | | | | | |
| MHO new referrals and Assessment | 325 | 342 | 329 | 339 | 337 | 321 | 298 | 292 | 292 | 283 | 264 | 265 | Downward trend. |
| CMHT (SW team) new referrals | 158 | 159 | 166 | 167 | 149 | 136 | 151 | 145 | 134 | 121 | 78 | 66 | Downward trend. |
| CMHT older people (SW team) | 195 | 171 | 156 | 131 | 136 | 140 | 159 | 165 | 174 | 190 | 186 | 189 | Downward trend to Q1 23/24, increase between Q1 and Q2 23/24. |
| LA Guardianship applications | 39 | 37 | 34 | 47 | 41 | 48 | 49 | 40 | 52 | 54 | 55 | 60 | Slight increase. |

| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|---------------------|---------------------|---------------------|------------------------|------------------------|--|
| Private Guardianship application | 53 | 64 | 71 | 65 | 58 | 59 | 64 | 63 | 64 | 70 | 69 | 73 | Fluctuating between 53 and 71, however 70 at Q2 23/24. |
| Emergency detention in hospital (up to 72 hours) (s36) | 91 | 96 | 84 | 97 | 102 | 103 | 107 | 95 | 101 | 97 | 103 | 117 | Increasing trend. |
| Short term detention in hospital (up to 28 days) (s44) | 156 | 170 | 157 | 167 | 164 | 166 | 169 | 169 | 181 | 179 | 209 | 205 | Increasing trend. |
| Compulsory Treatment Orders (s64) | 47 | 54 | 49 | 46 | 52 | 47 | 52 | 55 | 58 | 59 | 63 | 60 | Increasing trend. |
| No. of S44 with Social Circumstance report was considered | 81 | 83 | 65 | 67 | 56 | 51 | 52 | 56 | 61 | 69 | 73 | 73 | |
| No. of SCR that were prepared | 59 | 60 | 47 | 50 | 41 | 35 | 34 | 32 | 35 | 38 | 42 | 46 | |
| MHO team caseload at period end | 225 | 243 | 272 | 263 | 265 | 251 | 265 | 273 | 264 | 263 | 255 | 251 | Increasing trend. |
| MHO unallocated at end of quarter | 29 | 41 | 56 | 47 | 49 | 46 | 53 | 44 | 37 | 36 | 51 | 42 | Increased number due to increase in caseload. |
| | | | | | | | | | | | | | |

| Indicator | Rolling 21/22 Q1 | Rolling 21/22 Q2 | Rolling 21/22 Q3 | Rolling 21/22 Q4 | Rolling 22/23 Q1 | Rolling 22/23 Q2 | Rolling 22/23 Q3 | Rolling 22/23 Q4 | Rolling 23/24 Q1 | Rolling 23/24 Q2 | Rolling 23/24 Q3 | Rolling 23/24 Q4 | Comments /Analysis |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|
| % MHO unallocated out of all cases | 13% | 17% | 21% | 18% | 18% | 18% | 20% | 16% | 14% | 14% | 20% | 17% | Increase % of unallocated cases due to increase in caseload. |
| CMHT (SW team) caseloads at period end | 446 | 457 | 462 | 485 | 456 | 412 | 410 | 429 | 474 | 491 | 471 | 467 | Decrease in Q4 2023-24 on Q2 2023-24. |
| CMHT (SW teams) unallocated at end of quarter | 5 | 5 | 5 | 4 | 4 | 0 | 2 | 11 | 57 | 38 | 42 | 45 | Increasing trend. |
| % CMHT (SW teams) unallocated out of all cases | 1% | 1% | 1% | 1% | 1% | 0% | 0% | 3% | 12% | 8% | 9% | 10% | Increase in the past few quarters. |
| CMHT older people (SW team) caseloads at period end | 259 | 255 | 258 | 259 | 269 | 254 | 262 | 253 | 280 | 267 | 258 | 269 | Fairly stable caseloads. |
| CMHT older people (SW team) unallocated at end of quarter | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Very low / zero unallocated. |
| % CMHT older people (SW team) unallocated out of all cases | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | 0% | Zero. |

This page is interitorally left blank