



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10<sup>TH</sup> DECEMBER 2025

**REPORT ON:** DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK – ANNUAL UPDATE

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB83-2025

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and the continued implementation of the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024 -2027. The Delivery Plan supports key elements of the Framework and identifies important priorities for action.

**2.0 RECOMMENDATIONS**

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

- 2.1 Notes the Dundee Primary Care Mental Health and Wellbeing Annual Performance Report, November 2025, in Appendix 1.
- 2.2 Notes the progress made to date in implementing the Dundee Primary Care Mental Health and Wellbeing Framework and the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing (2024–2027), outlining key achievements as summarised in Section 4 and detailed further in the Annual Performance Report (November 2025).
- 2.3 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Strategic Delivery Plan for Mental Health and Wellbeing, 2024-2027, to a future IJB.

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 There are currently no additional financial implications directly associated with this report.
- 3.2 The financial arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds.
- 3.3 During 2025, further financial constraints have impacted the pace and scale of this work, driven by reductions or flat-cash settlements in national funding allocations and wider financial pressures across the public sector. As a result, planned expenditure has been contained within existing available resources.

**4.0 MAIN TEXT**

**4.1 Background**

- 4.1.1 Article VIII of the minutes of the Dundee IJB meeting held on 11 December 2024 refers to the delivery of the Primary Care Mental Health and Wellbeing Framework – Annual Update for 2024. The IJB previously reviewed papers outlining the context and needs associated with mental health and wellbeing developments within Primary Care. Following this, the Board approved the Dundee Primary Care Mental Health and Wellbeing Framework and the accompanying Mental Health and Wellbeing Strategic Delivery Plan 2024–2027. This paper provides an update on progress against these commitments.
- 4.1.2 Local strategic planning is undertaken in collaboration with the Strategic Planning Advisory Group, the Mental Health and Wellbeing Strategic and Commissioning Group, the Primary Care Mental Health and Wellbeing Strategic Planning Group, and the Primary Care Improvement Group, alongside their respective strategic plans. Robust reporting and monitoring structures are in place, aligned with the financial framework and supported by established Strategic and Operational groups. Additionally, ongoing liaison with Scottish Government Primary Care colleagues ensures continued alignment and progress across this programme of work.

## 4.2 **Progress during 2025**

- 4.2.1 Progress has been achieved over the past 12 months. The Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027 has now been in implementation for 21 months. This plan is supported by a detailed Action Plan which outlines activities designed to effectively deliver the Strategic Delivery Plan effectively (see Appendix 1 – Annual Performance Report for further details).
- 4.2.2 The Action Plan is scheduled for review and will be updated to reflect local insights and emerging developments. This process will align, where appropriate, with the co-production of the new Mental Health and Wellbeing Strategic Plan, the NHS Tayside Mental Health Model of Care, and findings from the Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of Dundee Adult Mental Health Services.
- 4.2.3 A programme management approach continues to underpin all activity through close collaboration with all key stakeholders. Strategic and Operational Groups, with appropriate membership, meet regularly to provide oversight and support.
- 4.2.4 Three workstreams have taken forward the related actions. Current key achievements from each are presented below.
- 4.2.5 **Awareness and Navigation**

To raise awareness and improve navigation for the public and practitioners of what is available for mental health and wellbeing care or support within Primary Care and local communities. We have:

- Co-produced an Engagement Plan with Dundee Volunteer and Voluntary Action to support inclusive involvement.
- Launched comprehensive Primary Care Mental Health and Wellbeing webpages on NHS Tayside's website (Nov 2024), including a service directory and promotional materials distributed widely across the city. The website can be viewed [here](#).
- Undertaken engagement and learning events with local organisations across the city to raise awareness of services and support available.
- Commenced development of a new Primary Care MHWB team/service information leaflet.
- Commenced co-producing a community-based MHWB portal/website along with stakeholders, offering evidence-based resources and a searchable support directory.

- Enabled 20 staff across sectors to complete Decider Skills training for use in 1:1 and group settings, supported by the NHS Tayside Charitable Foundation. This has been evaluated.
- Initiated awareness and learning projects in GP practices to improve mental health care navigation by reception staff.
- Completed an improvement project with Ref Guide (Primary Care referral guidance portal) to enhance referral accuracy and communication between Primary Care and mental health services.
- Established a Multi-Agency Children and Young People's MHWB Group to promote whole-system collaboration and clarified pathways with CAMHS, School Nursing and The Corner, including crisis support.
- Strengthened connections between Primary Care, Third Sector, and communities through learning and networking forums.
- Participated in suicide prevention initiatives across Tayside / Dundee and held a learning event with GPs. We have developed peer support for GPs affected by patient suicide, led by the GP mental health lead. Additionally, we worked with Public Health to develop suicide risk assessment and support guidance for Primary Care.
- Participated in an NHS Tayside Out of Hours Service Development event to raise awareness of what is available and ensure that patients have access to the full range of options available in hours, acknowledging that some options may not be available immediately.

#### 4.2.6 **Service Delivery and Development**

Service delivery and development are focused on optimising the current offer, ensuring efficiency through effective use of available resources, and pursuing funding and workforce development opportunities. We will continue to identify areas of need and enhance services across the mental health and wellbeing multi-disciplinary team, ensuring a strong emphasis on prevention, early intervention, and reducing inequalities. A comprehensive report from each service is provided in the Annual Performance Report (Appendix 1). Key activity in the last 12 months includes:

- Patient Assessment and Liaison Mental Health Service (PALMS): Delivered 9,037 appointments across GP practices despite reduced staffing levels. Staff absences due to sickness or staff leaving, and delays in recruitment have impacted on PALMS capacity and service delivery with several practices receiving limited or no service for periods of time. Recruitment and - improving access to PALMS is a priority.
- Distress Brief Intervention (DBI): Delivered Peer Practitioner support to 909 individuals referred to the service (including 779 from referred Primary Care), achieving a 55% reduction in distress scores post-intervention. All Dundee GP Practices are referring to DBI. The service was awarded Policing Partner of the Year 2025.
- Sources of Support (Link Workers): Supported 1,108 people referred within Primary Care between October 2024 and September 2025. Reduced staffing levels due to absences and delays in recruiting while addressing increasing demands have been challenging and meant increased waiting times. This is now resolving. The model received national recognition as pioneering, with staff earning awards and royal acknowledgment.
- Welfare Advice Partnerships: Secured £5 million for patients across 13 practices, earning a UK Revenues High Commendation for partnership working.
- Community Listening Service: Supported 294 individuals, enhanced booking systems, and improved digital access with Vision 360 approval are in progress. Eleven volunteers have left the service with four new recruits. The reduction in volunteer numbers has meant limited

availability of listening sessions and reduced physical presence in GP practices. Recruiting new volunteers is a priority.

- Trauma-Informed Practice: All services have participated in the NHS Education for Scotland Trauma-Informed Leaders course, with further activities planned to embed this approach in the coming year.

#### 4.2.7 **Measuring Outcomes and Success**

Measuring outcomes and success focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly. To achieve this, we have:

- Created a Risk Register to monitor and mitigate risks related to the Delivery Plan and service delivery.
- Introduced Care Opinion into services to collect service user experience across services involved in the multi-disciplinary team. A framework for the promotion of this will be developed.
- Developed a Governance Framework for Primary Care Mental Health and Wellbeing, detailing accountability and key partnerships.
- Established a Quality Assurance Framework with a core dataset covering demographics, service contact, interventions, outcomes, and process measures.
- Collaborated with Public Health's data team to build digital dashboards for each service, enabling analysis of access, performance, and user experience.
- Collaborated with the multi-agency Engine Room Group to share data from the Primary Care MHWB multi-disciplinary team with the purpose of linking data and sharing learning across the system. This will enable insights and cross sector improvements, particularly in relation to fostering equitable uptake and outcomes.
- Developed a set of Key Performance Indicators (KPIs) aligned to the Outcomes Framework, with flexibility to evolve based on operational needs.
- Produced action trackers and progress reports for the Delivery Plan, shared bi-monthly and annually with stakeholders.
- Drafted a Performance Management and Assurance Framework confirming governance, reporting, and monitoring processes.
- Introduced the development of an Annual Performance Report (Available in Appendix 1).
- Reviewed the Inequalities Impact Assessment (Appendix 2).

#### 4.2.8 **Challenges**

- Workforce shortages and recruitment delays across PALMS, Listening Service, and Sources of Support (Primary Care Link Worker) teams.
- High demand vs. limited capacity, especially for Sources of Support and PALMS.
- Volunteer attrition in the Listening Service (11 left, 4 recruited).
- Funding risks for Welfare Advice (Brooksbank Centre funding cut projected for 2026/27).
- Accommodation issues and staffing are delaying the PALMS Hub & Spoke model.

- Misunderstanding about PALMS' role (often perceived as treatment rather than assessment and signposting). Persistent health inequalities in Dundee (high deprivation, suicide rates, drug-related deaths).
- Digital access barriers for services who are awaiting approval (Vision360 access is incomplete).

#### 4.2.9 Priorities for 2026

The Partnership will continue to implement the Dundee Primary Care Mental Health and Well-being Strategic Delivery Plan, 2024-2027 with a clear focus on:

- Sustaining and growing service capacity to meet increasing demand and consistent access.
- Using data and patient feedback to guide decisions and shape services.
- Embedding trauma-informed and inequality-sensitive approaches in everyday practice.
- Working with partners to strengthen pathways for children, young people, and communities who often face barriers to care.
- Supporting the well-being and development of our workforce, recognising their central role in delivering compassionate care.
- Continuing to work collaboratively to develop a digital hub (website) designed to support early intervention and prevention. This hub is being co-produced with key stakeholders through a partnership involving the Third Sector, Dundee City Council, and the Health & Social Care Partnership, led by Dundee Volunteer and Voluntary Action.
- Continuing to secure accommodation to introduce the Hub and Spoke model to PALMS and evaluate the benefits and challenges to this development, refining as necessary.
- Continuing to focus on how we maximise what we can deliver with current funds, identifying how pathways can be developed that support care, and identifying any key gaps, for both adults and children.

#### Next steps

4.3 The Primary Care Mental Health and Wellbeing Framework continues to grow as a vital part of integrated care in Dundee. The Primary Care Mental Health and Wellbeing Strategic Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

### 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

<p><b>Risk 1</b> <b>Description</b></p>	<p>Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this, and potentially the need for higher levels of support and care.</p>
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<b>Risk Category</b>	Operational.
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring (20)
<b>Mitigating Actions</b> (including timescales and resources)	Progress is being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
<b>Residual Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring (9)
<b>Planned Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring (9)
<b>Approval recommendation</b>	That the risk should be accepted.

<b>Risk 2 Description</b>	Failure to optimise the development of a Primary Care Mental Health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
<b>Risk Category</b>	Operational.
<b>Inherent Risk Level</b>	Likelihood (5) x Impact (4) = Risk Scoring (20)
<b>Mitigating Actions</b> (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
<b>Residual Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring (9)
<b>Planned Risk Level</b>	Likelihood (3) x Impact (3) = Risk Scoring (9)
<b>Approval recommendation</b>	That the risk should be accepted.

## 7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Clinical Lead for Mental Health & Learning Disability Services, and Dundee GP lead for Mental Health and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

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**

None.

DAVE BERRY  
CHIEF OFFICER

DATE: 28 OCTOBER 2025

Dr Emma Lamont  
Programme Manager, Mental Health & Wellbeing in Primary Care  
Services

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# **Primary Care Mental Health and Wellbeing Framework and Multi-disciplinary Team Annual Performance Report - November 2025**

## **PURPOSE OF THIS REPORT**

This report provides Dundee Health and Social Care Partnership, and stakeholders with an update on the key achievements and progress made in relation to the Primary Care Mental Health and Well-being Framework and Strategic Delivery Plan 2024-2027, and each of the individual services within the multi-disciplinary team over the last 12 months. This report provides the opportunity to celebrate achievements, share challenges and inform the future delivery of Primary Care Mental Health and Wellbeing services for the people of Dundee.

**Date of Report: November 2025**

## **1. Introduction**

Dundee’s multi-disciplinary Primary Care Mental Health and Wellbeing Team provides comprehensive assessment, guidance, support, and therapeutic interventions for individuals experiencing mental health challenges, emotional distress, or wellbeing concerns. This integrated approach reflects the principles set out in the Scottish Government’s Mental Health and Wellbeing in Primary Care Planning Guidance (2022) and supports the priorities of the Mental Health and Wellbeing Strategy (2023), which advocate for collaborative, multi-disciplinary models of care within Primary Care settings.

National strategies recognise that many people facing health or social challenges first seek help from primary healthcare professionals—most commonly their GP. Evidence from the Scottish Government (2021) shows that mental health concerns account for approximately one-third of GP consultations. In response, the Scottish Government has prioritised the development of multi-disciplinary teams within Primary Care to act as a first point of contact, offering timely and holistic support. These teams work in partnership with community health services, social work, and local agencies to address the wider mental health and social needs of the population.

## **2. Strategic Planning and Governance**

In Dundee, the development of Primary Care Mental Health and Wellbeing services is a key priority within our Mental Health and Wellbeing Strategic Plan 2019–2024, which is currently being refreshed. To drive progress and ensure robust strategic and operational oversight, we established two core governance structures: Mental Health and Wellbeing in Primary Care Strategic Planning Group, Operational Leads Group (See Appendix 1 for membership details.) To support implementation, we developed the Primary Care Mental Health and Wellbeing Framework (Appendix 2), which defines the roles and functions of services within our multi-disciplinary team.

Building on this foundation, we launched the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing 2024–2027, setting out our vision, guiding principles, strategic priorities, and intended outcomes for the next three years. This plan underpins the Framework and drives the continued development of our integrated, multi-disciplinary approach. Our vision is:

*‘To provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are knowledgeable and skilled.’*

The **Primary Care Strategic Delivery Plan for Mental Health and Wellbeing** identifies three high-level priorities:

1. Awareness and Navigation
2. Service Delivery and Development
3. Measuring Outcomes and Success

These priorities are supported by a detailed Action Plan, outlining specific actions and activities to be undertaken over a three-year period, with regular review and updates as needed.

An Outcomes Framework (Appendix 3) underpins the Strategic Delivery Plan, aligning all activity with the overarching vision and both local and national outcomes for Primary Care Mental Health and Wellbeing services. To ensure robust governance and accountability, a Performance Management and Assurance Framework has been established. This includes key performance indicators, stakeholder responsibilities, and oversight through clinical and professional governance committees (Appendices 3 & 4). An Inequalities Impact Assessment has also been completed to guide service development and ensure equity. This assessment is reviewed regularly to remain responsive to emerging needs and challenges.

### 3. Financial Framework

The financial arrangements for the current provision are funded through the Scottish Primary Care Improvement Fund, Mental Health Action 15, and core service funds.

### 4. Dundee Context: Mental Health and Wellbeing

Dundee, Scotland’s fourth-largest city, is home to approximately **150,390 residents**, all supported by our Primary Care Mental Health Services. A range of factors shape mental health and wellbeing across the city:

- Dundee ranks second in Scotland for adults reporting a mental health condition (162 per 1,000 vs. 131 nationally). In 2023/24, 22.9% of residents were prescribed medication for anxiety, depression, or psychosis (4th highest nationally).
- From the 2022 Census, 24% of those with a mental health condition rated their health as ‘bad’ or ‘very bad’.
- 36.6% of residents live in the 20% most deprived SIMD zones.
- Dundee had the second-lowest proportion of households managing finances well (41.5%), over 10 percentage points below the Scottish average.
- Unemployment remains higher than the Scottish average (6.4% - Office for National Statistics 2023).

- Health Inequalities: Life expectancy is below the Scottish average, with male life expectancy ranking 5th worst among councils, linked to long-term conditions, multi-morbidities, suicide, drug use, and mental illness.
- Dundee has one of the highest suicide rates in Scotland, though probable suicide deaths fell to 25 in 2024 (from 30 in 2023).
- Drug-related deaths remain high, with 42 deaths in 2024 (down from 46 in 2023).
- Dundee records the highest prevalence of domestic abuse incidents in Scotland (182.7 per 10,000 vs. 116.3 nationally in 2023/24).
- Refugee Support: As of July 2025, around 650 people have been resettled in Dundee through UK Government schemes.
- Unpaid Carers: In 2022, Dundee had 16,844 unpaid carers, with 51.2% providing up to 19 hours weekly and 26.4% providing over 50 hours weekly.
- Adult Protection: In Q1 2025/26, there were 88 adult support and protection inquiries and 20 investigations involving people with mental illness

**Source:** Census 2022, Scottish Index of Multiple Deprivation 2020, Probable suicides 2024 – National Records of Scotland (NRS), NHS Tayside Director of Public Health Annual Report 2024/25.

## 5. Mental Health and Wellbeing Multi-Disciplinary Team

In Dundee, there are currently five core services within the Primary Care Mental Health and Well-being Multi-disciplinary Team, working alongside GPs. These primarily focus on providing care and support to adults aged 16 and over. Each service currently works within GP practices/ health centres, remotely and /or nearby. These services are shown in the figure below.

**Figure 1: Multi-disciplinary team**



## 6. Strategic Delivery Plan Progress in 2025

Over the past 12 months, key achievements have been delivered across each of the three strategic priorities outlined in the Primary Care Strategic Delivery Plan for Mental Health and Wellbeing. These achievements reflect meaningful progress in: Awareness and Navigation; Service Delivery and Development; Measuring Outcomes and Success. A summary progress action tracker detailing these achievements and associated activities is provided in Appendix 5.

### 6.1. Priority Area: Awareness and Navigation

This priority focuses on early intervention, prevention, and mental health promotion. We will raise awareness and improve navigation of what is available for mental health and wellbeing (MHWB) support in our local communities ensuring people know how to access this. Key achievements are:

- Launched comprehensive Primary Care Mental Health and Wellbeing webpages on NHS Tayside's website (Nov 2024), including a service directory and promotional materials distributed widely across the city.
- Currently co-producing a community-based MHWB portal / website with stakeholders, offering evidence-based resources and a searchable support directory.
- Co-produced an Engagement Plan with Dundee Volunteer and Voluntary Action to support inclusive involvement.
- Participated in a Strategic Planning Engagement event with around 90 stakeholders to co-produce the new Mental Health and Wellbeing Strategic Plan. Engagement discussions highlighted ongoing lack of awareness, including of Primary Care Mental Health and Wellbeing teams which is being addressed through planned awareness activities described.
- Undertaken engagement and learning events with local organisations across the city to raise awareness of services and support available.
- Developed a new Primary Care MHWB team/service information leaflet (in progress).
- Enabled 20 staff across sectors to complete Decider Skills training for use in 1:1 and group settings, supported by NHS Tayside Charitable Foundation.
- Initiated awareness and learning projects in GP practices to improve mental health care navigation by reception staff.
- Completed an improvement project with Ref Guide (Primary Care referral guidance portal) to enhance referral accuracy and communication between Primary Care and mental health services.
- Established a Multi-Agency Children and Young People's MHWB Group to promote whole-system collaboration and pathway clarity, including crisis support.
- Strengthened connections between Primary Care, Third Sector, and communities through learning and networking forums.
- Participated in suicide prevention initiatives across Tayside / Dundee and held a learning event with GPs. We have developed peer support for GPs affected by patient suicide, led by the GP mental health lead. Additionally, we worked with Public Health to develop suicide risk assessment and support guidance for Primary Care.
- Participated in an NHS Tayside Out of Hours Service Development event to raise awareness of what is available and ensure that patients have access to the full range of options available in hours, acknowledging that some options may not be available immediately.

## 6.2. Priority Area: Measuring Outcomes and Success

This priority focuses on further developing and implementing mechanisms for governance, reporting, and evaluation of the mental health and wellbeing framework and multi-disciplinary team, ensuring local plans are being delivered and progress towards outcomes is assessed and shared with stakeholders regularly.

We have:

- Drafted a Performance Management and Assurance Framework outlining governance, reporting, and monitoring processes.
- Created a Risk Register to monitor and mitigate risks related to the Delivery Plan and service delivery.
- Developed a Governance Framework for Primary Care Mental Health and Wellbeing, detailing accountability and key partnerships.
- Established a Quality Assurance Framework with a core dataset covering demographics, service contact, interventions, outcomes, and process measures.
- Collaborated with Public Health's data team to build digital dashboards for each service, enabling analysis of access, performance, and user experience.
- Collaborated with the multi-agency Engine Room Group to share data from the Primary Care MHWB multi-disciplinary team with the purpose of linking data and sharing learning across the system to enable insights and cross sector improvements, particularly in relation to fostering equitable uptake and outcomes.
- Developed a set of Key Performance Indicators (KPIs) aligned to the Outcomes Framework, with flexibility to evolve based on operational needs.
- Produced action trackers and progress reports for the Delivery Plan, shared bi-monthly and annually with stakeholders.

## 6.3. Priority Area: Service Delivery and Development

Focusing on service delivery and development we will optimise what we offer across the Primary Care Mental Health and Wellbeing Multi-disciplinary Team, ensuring efficiency using the resources available well and seeking workforce development opportunities. We will further identify areas of need to develop the services offered.

This priority focuses on service delivery and development. Optimising what we offer across the Primary Care Mental Health and Wellbeing Multi-disciplinary Team, ensuring efficiency using the resources available well and seek workforce development opportunities. We will further identify areas of need to develop the services offered. Key achievements over the last 12 months are detailed in the service reports below. All services have participated in the NHS Education for Scotland Trauma Informed Leaders course. Further activities will be planned for the coming years to further embed trauma informed practice.

## Distress Brief Intervention (DBI) Service – Dundee

The Distress Brief Intervention (DBI) service is a national programme that provides short-term support to individuals aged 16 and over who are experiencing emotional distress and feeling overwhelmed. DBI aims to broaden the support available to people engaging with frontline services at a time when they need it most. In Dundee, the service is hosted by **Penumbra** and operates from the city centre.

Following an immediate referral (via email), a DBI peer practitioner contacts the individual within **24 hours** and offers support for up to **14 days**. During this time, the practitioner works collaboratively with the person to address the issues contributing to their distress and to develop strategies for managing and preventing future episodes. These issues often include:

- Relationship difficulties
- Anxiety and low mood
- Thoughts of self-harm or suicide
- Housing and financial concerns
- Employment challenges

### Progress over the last 12 months

DBI has been successfully phased into Primary Care across Dundee, with all but one GP practice now trained to refer. In July 2024, a **test of change** was introduced: the LearnPro module is no longer mandatory for GPs to make referrals. Instead, GPs are required to attend an **induction Buzz Session**, removing barriers to referral while still encouraging completion of the module.

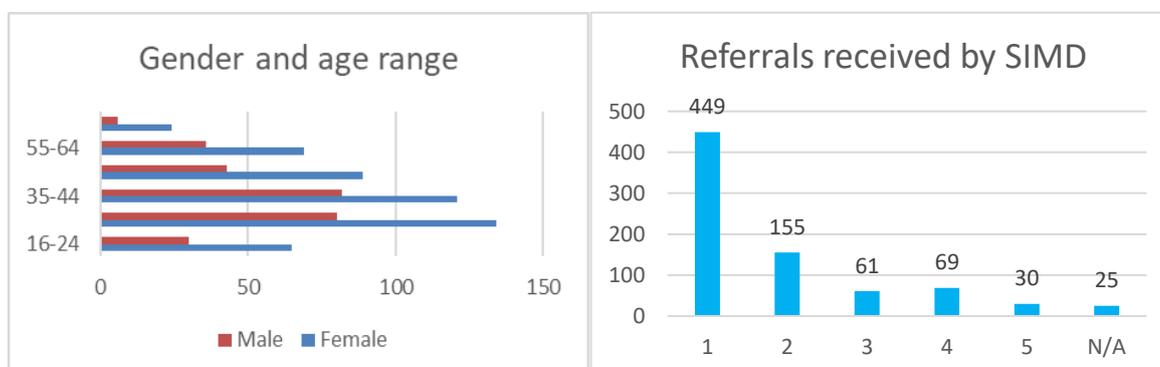
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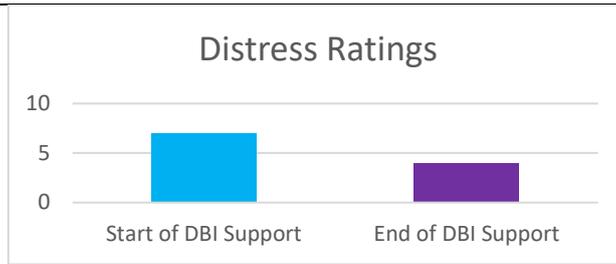
- **182 Primary Care staff** in Dundee have completed Level 1 training, including PALMS, Sources of Support, and colleagues from all 21 GP practices.

### Referral Data (Aug 2024 – Jul 2025)

- **Total referrals: 909**
- **Primary Care referrals: 779**
- **Police Scotland referrals: 130**

The graphs below show that most individuals supported live in **SIMD areas 1 and 2**. The highest referral rates are **females**: aged 25–34, and **males**: aged 35–44. Following DBI support, the average distress rating decreases from **7 to 4**, representing a **55% reduction**.





**Presenting Problems:** Reason for referral often includes multiple issues. The most common are:

- Stress / Anxiety: 526
- Low Mood / Depression: 518
- Suicidal Thoughts: 306
- Sleep Issues: 162

**Planned Progress (Next 12 Months)**

- Continue expanding referral opportunities for Primary Care staff who have not yet engaged.
- Deliver **monthly drop-in Buzz Sessions** and offer **one-to-one sessions** for staff unable to attend group sessions.

**Key Risks and Challenges**

- Capacity remains the most significant risk. This is closely monitored to ensure:
  - Contact within 24 hours
  - Delivery of 14-day support
- Staffing levels are regularly reviewed to maintain service standards and training rollout.

**Achievements**

**Tayside DBI and Hope Point Dundee** won *Policing Partner of the Year 2025* at the Divisional Commander Award and Recognition Ceremony in Perth (March 6, 2025).

**Workforce Development**

Staff have maintained mandatory training (GDPR, Equality & Diversity, Display Screen Equipment Awareness) and completed:

- **Supervision Training, Grievance Raising, and Boundaries** (delivered internally by Penumbra L&D team)
- **DBI Level 2 training** (mandatory for all DBI staff)
- **Deciders Skills Course** (shared learning with colleagues)
- **Naloxone training** (delivered by Hope Point staff)

Penumbra also runs **quarterly Connect & Reflect sessions** across all DBI services, providing opportunities for discussion, reflection, and shared learning.

**Feedback**

*“I cannot thank you and DBI service enough :) I was experiencing quite a lot of distress before DBI but due to taking time to listen to me/help me through has really helped myself to handle everything much better. I cannot thank you enough for all you do :).”*

## Community Listening Service

The Listening Service is part of **NHS Tayside Spiritual Care** and operates within GP practices in Dundee. It offers up to **six 50-minute appointments** with a trained volunteer listener, providing a safe space for individuals to talk through challenging situations such as health issues, relationship difficulties, grief, or loss. The service is available to anyone aged **16 and over**, but it is **not intended for individuals in crisis**, including those experiencing suicidal thoughts or acute psychosis.

### Progress over the Last 12 Months

The Community Listening Service (CLS) underwent a leadership transition in February 2025. This has prompted a focus on service evaluation, stabilisation, and strategic direction. Our key progress is recorded with reference to the Department of Spiritual Care Strategic Framework, PIECES.

**Presence** - We have been strengthening and expanding our networks across Health and Social Care in Tayside. Within Dundee, have connected with the Carers Network, CMHT for Older Adults, Together to Thrive, Dundee Volunteer and Voluntary Action, GP Practices, The Corner, and HOPE Point.

**Innovation** – We have been considering new areas to promote the service so we can ensure accessibility across Tayside. This has included connecting with hospital discharge teams, community centres, and various mental health teams. We are also supporting a digital first approach by pursuing funding for CLS mobile phones. These will be used to offer telephone appointments to anyone across Tayside.

**Evidence** – We have critically analysed our service-usage trends to target areas of lower-utilisation. We have updated our data collection procedures to capture unused appointments, a key area priority for improvement. Through collaboration with LIST, we are in the initial stages of developing a data dashboard.

**Communication** – We have requested funding for promotional materials to advertise the service. We are working with the Communications & Engagement Team to promote the service via Staff Brief and NHS Tayside social media.

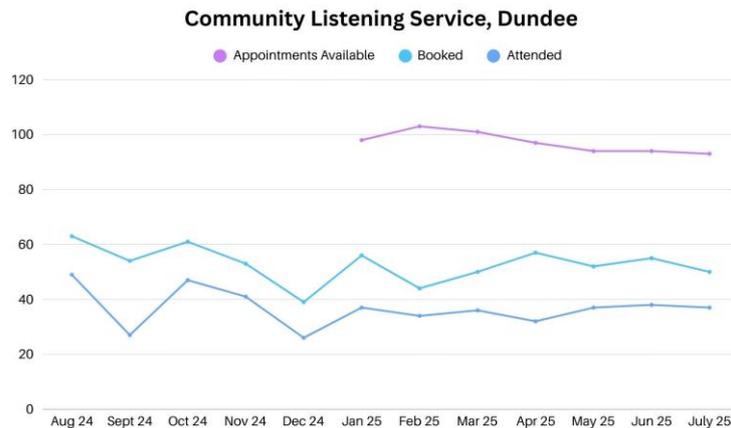
**Education** - We completed a joint volunteer training with NHS Fife, combining resources to increase service capacity. We delivered training to medical students, developing their understanding of the Listening Service and spiritual care.

**Spaces** – The Digital Board approved our access to Vision360 in December 2024. This will allow us to manage appointment bookings centrally, increasing flexibility for patients and volunteers. We have begun offering face-to-face listening sessions within the Ardler Clinic in Dundee, increasing access to in-person support.

### Service Data Over the Last 12 Months

In 2025, we began collecting data on the number of appointments available. This is classed as the total number of sessions that were offered by our volunteers. Appointments booked is the number of these appointments where a patient was allocated to be seen. Appointments attended is the number of sessions that took place. The gap between appointments booked and attended is accounted for by cancellations (approx. 6%) and Did Not Attends (DNAs, approx. 11%).

From August 24- July 25, the Community Listening Service supported **294 people** across Dundee.



Referrals came from a variety of sources, including GPs, PALMS, CMHT, Macmillan, Deaf Links, Hillcrest Futures, Penumbra, Sources of Support, Psychology, pain clinics, Social Work, and self-referrals. Around 68% of appointments were face-to-face in GP practices, with the remainder via telephone. Initial appointments were offered within approximately 1-3 weeks of referral. We do not currently record information on patient demographics.

**Planned Progress (Next 12 Months)**

We aim to ensure our service is sustainably resourced and promoted, increasing and better utilising existing capacity. This will include recruitment and training of new volunteers, allowing us to provide increased face-to-face support across Tayside.

We hope to advance our digital capabilities through use of mobile phones and Vision360. This will include the development of a standard operating procedure and data protection training for volunteers. Access to Vision360 will improve the patient journey by providing a central point of access for appointment bookings.

We aim to close the gap between available and attended appointments. This will include targeted service promotion within GP practices, mental health services, and community settings. We will explore the use of analogue and digital communication methods to ensure accessibility of information. We will focus on embedding the service within primary care settings to create mutually supportive relationships with stakeholders.

We aim to seek feedback from patients, volunteers, and staff so we can improve the service we provide. We will explore avenues for service audit to gain recent data on patient experience.

**Key Workforce, Finance, and Other Risks/Challenges**

Between **October 2024 and September 2025, 11 volunteers left the service** due to a mix of personal and work-related reasons. During this period, we recruited **4 new volunteers**, but the transition in the Volunteer Coordinator role slowed replacement efforts. This reduction in volunteer numbers has led to: **Limited availability of face-to-face listening sessions; and a reduced physical presence within GP practices.** We know that GP practices with an **embedded volunteer** use the service more frequently, so **recruiting new volunteers remains a key priority** for sustainable service delivery.

**Feedback:** *"I found the listener listened very well gave me time to talk and without prejudice and also helped to show different perspectives on things. The listener was very patient very well spoken and her voice was calming too. She helped you to become less fearful and guilt free about things too. I found her to have a great knowledge of life and the different subjects she talked about. A very nice person to talk too and put you at ease when talking to her. So professional and caring, an asset to any employer."*

## Sources of Support – Primary Care Link Workers and Primary Care Associate Link Workers

**Sources of Support** is a key component of the Primary Care Health Inclusion Service. The team is made up of Primary Care Link Workers and Primary Care Associate Practitioners (Support Workers). Referrals are made internally by GPs and other members of the practice team.

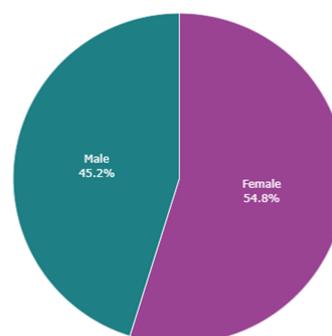
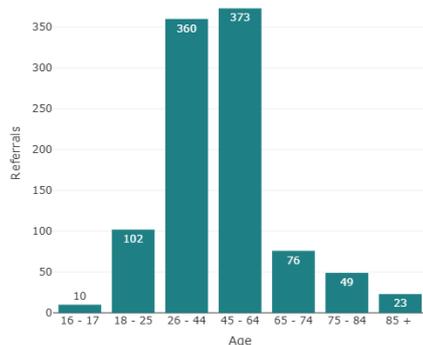
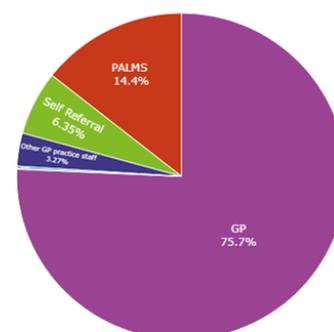
Primary Care Link Workers provide case management for up to 20 weeks, supporting patients to achieve their identified goals. They work collaboratively with patients, using a range of approaches to facilitate change and improve access to appropriate services. The aim is to enhance physical and mental wellbeing and overall quality of life. A core aspect of the Link Worker role is advocacy and liaison across primary and secondary care, as well as with statutory and third-sector services. Primary Care Associate Practitioners focus on identifying and enabling access to community-based interventions that support patients in their recovery and wellbeing journey.

### Progress over the last 12 months

- Continued to offer a service to all GP Practices at a time when we have experienced reduced staffing levels.
- Received underspend from PCIF to fund a full time Associate Practitioner post until 31 March 2025
- The development of a dashboard which reflects the work of the service and provides data which informs service development.
- Continued to develop high levels of psychological safety within the team by safeguarding time for peer support, supervision and team involvement in decision making.

### Service Figures and Data (Last 12 Months)

Between **1 October 2024 and 30 September 2025**, the service received **1,108 referrals**. The graphs below illustrate the breakdown of total referrals by **SIMD area, referrer, age and gender**.



### Additional patient characteristics for this period

- The main reasons for referral are mental health and wellbeing, financial, housing, loneliness and isolation
- Patients with a disability: 47.6%
- Patients with caring responsibilities: 17.6%
- Patient engagement: 76.2%

### Planned Progress (Next 12 Months)

- Transition to **direct bookings** in Clusters One, Three, and Four.

### Key Workforce, or Other Risks/Challenges

- Managing reduced staffing levels over the past year while addressing an increasing workload and maintaining service delivery standards.

### Good Practice and Achievements

- The **Community Link Worker Network report**, *Essential Connections: Exploring the Range and Scope of Community Link Worker Programmes across Scotland* (Finlay Smith, 2023), highlighted Dundee alongside Glasgow as **pioneering in their approach**, influencing the government’s commitment to expand the Scotland-wide programme.
- **Recognition and Awards:**
  - One of our Primary Care Link Workers, Angie Gormley, was nominated in the **Unsung Hero** category for the Star Awards.
  - In May 2025, another team member was a finalist for **Outstanding Community Link Worker of the Year** at the Scottish Community Link Worker Network Conference.
  - **Special Recognition:** Team Leader Theresa Henry and Acting Team Leader Laura Campbell attended the **King’s Garden Party in July**, in recognition of their work developing **Sources of Support** and contributing to the wider Community Link Worker Network.



### Workforce Development

- Investment in team development through regular service development and team-building mornings, and monthly team meetings, six-weekly supervision, and monthly peer supervision
- Training and development needs identified during supervision and annual reviews.
- Several team members have participated in quality improvement projects.

**Patient Feedback** “Thanks again for your wonderful support. You are helping me navigate a world unknown to me. I think I am on top of all this thanks to you.” “The service has been instrumental in preventing me from not

*only living on the streets, but also a massive help with my mental health and outlook on life. I'm sure that they have helped others just as much, if not more, and I can't praise them enough."*

### **Sources of Support Case Study**

**Referral:** Derek was referred by his GP, who highlighted a complex background involving mental health challenges, severe anxiety, housing instability, and difficulty managing practical aspects of daily life. Derek was new to the area and lacked a support network.

**Background:** Derek recently relocated to Dundee after living elsewhere. He has faced significant challenges in maintaining his personal well-being and managing housing responsibilities. Six months ago, he left his previous tenancy due to an inability to cope. Prior to that, he lived in a campervan, which he abandoned in a car park; it is now sealed off within a construction site. Due to his anxiety, Derek has been unable to resolve this situation or cancel utilities from his previous tenancy, resulting in ongoing payments for unused services.

### **Identified Issues:**

- Not receiving benefits and relying on rapidly depleting savings.
- Residing in a small room in student accommodation with two months' notice to vacate.
- Inaccessible motorhome due to lack of V5 documentation and MOT.
- Required support to obtain a new V5 document for the motorhome.

### **Referral Actions and Advocacy**

- Assisted with completing an Adult Disability Benefit application, including a supporting letter.
- Referred to an Associate Practitioner for help with housing applications, Universal Credit, and attending appointments.
- Completed a medical advisory application for medical points and scheduled an appointment with Housing Options to register as homeless.
- Coordinated with the site manager to access the campervan and arranged for its recovery and MOT at a local garage.
- Supported Derek in cancelling utilities and two unused gym memberships from previous addresses.

### **Outcomes**

- Derek is now second on the housing list, with housing points maximized: 40 medical points, 70 homeless points (total 110), and recommendations for no multi-storey accommodation.
- Budgeting support provided; all utilities successfully cancelled.
- Derek is receiving Universal Credit and awaiting the outcome of his disability benefit application.
- The campervan has passed its MOT and is now available; Derek plans to sell it.

**Link Worker Reflections:** Derek has shown strong engagement with the support provided. He has been open about his needs and the impact of anxiety on his ability to manage daily tasks. With foundational supports now in place, Derek is attending private counselling, which he finds beneficial in building resilience.

**Patient Feedback:** Derek expressed gratitude for the support received, describing this as a fresh start and feeling optimistic about the future. He remains engaged with ongoing support services and acknowledges that his progress would not have been possible without the initial assistance that alleviated his immediate pressures.

## Patient Assessment and Liaison Mental Health Service (PALMS)

As a self-referral service available through GP practices, we provide a single, focused 30-minute appointment with a mental health specialist for individuals seeking mental health support or advice. During this session, we offer practical coping strategies, access to self-help resources, and guidance on local community supports. Where appropriate, we also facilitate referrals to specialist mental health services. We also provide consult to other practitioners (e.g. GPs, Nurses, Health Visitors etc) within the GP Practice regarding mental health care and services.

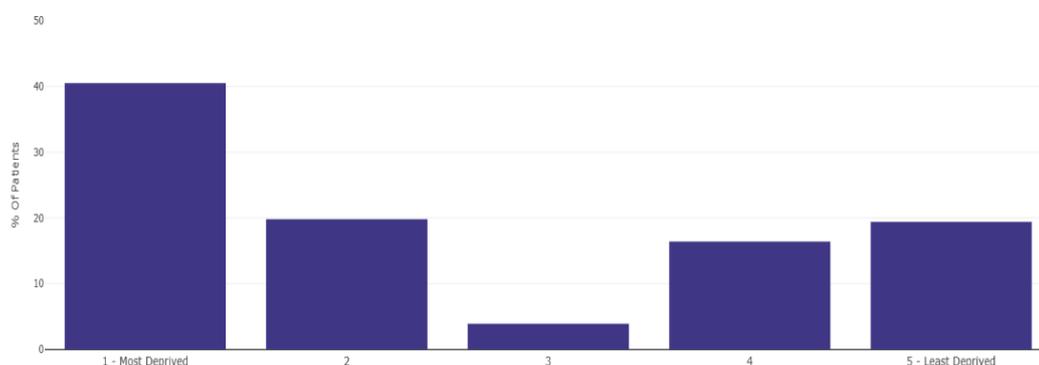
### Progress over the last 12 months

- We have continued to offer a service to GP Practices whilst experiencing reduced staffing levels. Staff absences due to sickness or staff leaving, and delays in recruitment have impacted on PALMS capacity and service delivery with several practices receiving limited or no service.
- Received underspend funding from Primary Care Improvement Fund for a full time Administrator until 31 March 2026, to develop and test the Hub and Spoke model, however, were unable to use this as accommodation has not been yet identified. This model would provide some cross-cover for planned and unplanned leave, as well as increase access overall to appointments without the need for additional funded posts. This should result in increased efficiency and better, more equitable use of limited resource, address underutilisation of appointments at times by practices, minimise the impact of staff absence, and improve staff morale, job satisfaction and retention though increased team contact in a shared base.
- Information leaflets and on-screen informatics were updated/developed, and we had been proactive with other community settings to promote PALMS, increase awareness and understanding of PALMS (*before* the patient contacts the practice). This is hampered by ongoing workforce issues.
- The development of a dashboard which reflects the work of the service and provides data which informs service improvements and development.

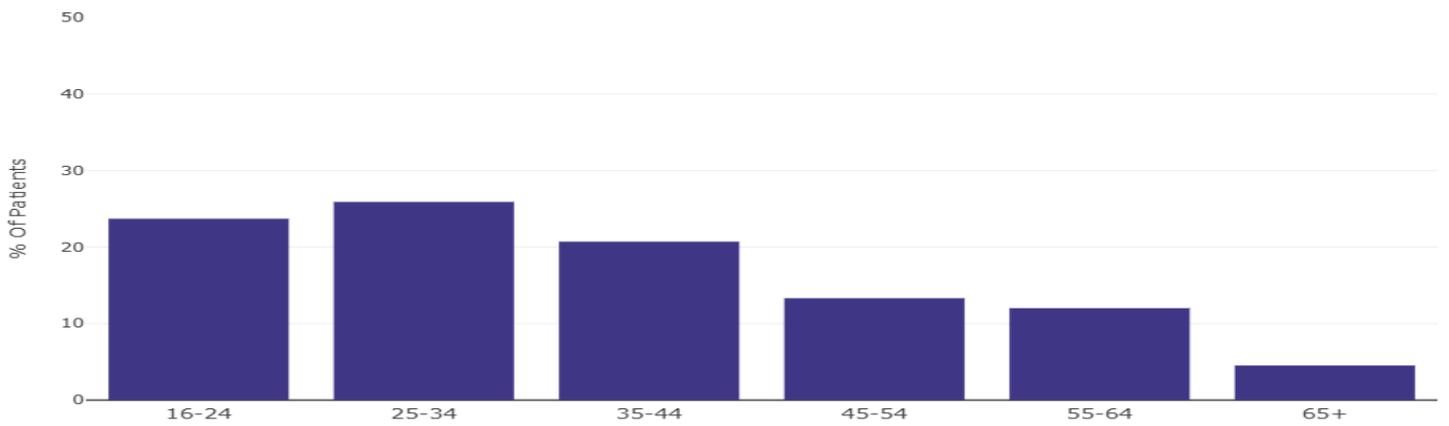
### Service figures and data

Between April 2024 and September 2025, a total of **9,037** appointments were booked across Primary Care practices in Dundee. The following graphs and accompanying information provide a detailed breakdown of these appointments by SIMD area, presenting difficulties, gender and referral to speciality services.

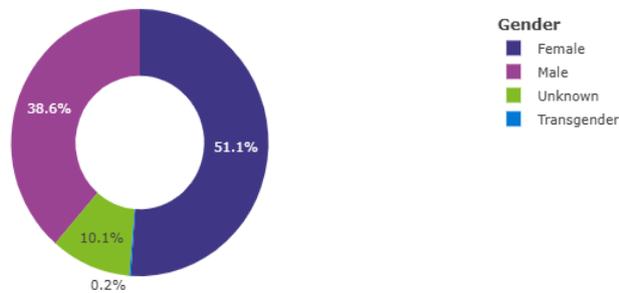
**SIMD area: 40% of patients lived in the most deprived areas of Dundee – data captured between May and September 2025.**



### Age range between April 2024 and September 2025

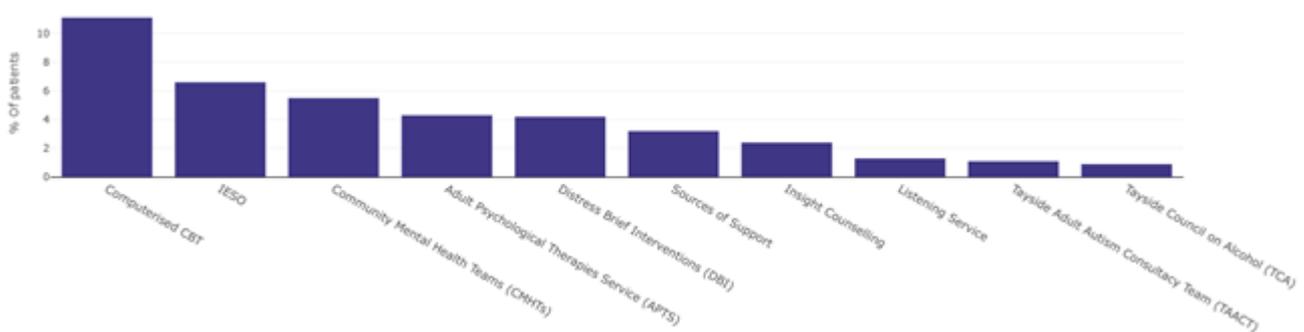


### Gender representation between April 2024 and September 2025



### Referrals to speciality services between April 2024 and September 2025

Where appropriate patients are referred to a range of speciality services. Most common are Computerised Cognitive Behaviour Therapy and IESO, a text based digital therapy service.



### Additional patient characteristics for this time

- 25.8% of patients did not attend their booked appointment, correlating with other practitioner groups.
- 15.6% identified disabled.
- 39% were in full time employment.
- 29% were receiving benefits.
- 4% self-identified as an unpaid carer, 30% were not known.
- Patients presented with a range of mental health issues. The most common complaints were depression (13.1%), mixed anxiety depression (11.1% of patients) and anxiety (9%).

### Planned Progress (next 12 months)

- **Workforce and Recruitment:** Maintain as much clinical provision as possible while prioritising workforce stability and recruitment efforts.
- **Consistent Access to PALMS:** The PALMS leadership team is reviewing service provision across Practices to ensure fair distribution of sessions and support demand citywide.
- **Practice Information Package:** Finalise and implement an information package for practice staff to assist reception and administrative teams in effective care navigation.
- **Hub and Spoke Model:** Implement and test the Hub and Spoke model once suitable accommodation and necessary staffing are secured.

### Key Workforce, or Other Risks/Challenges

- **Vacancy Impact**  
High vacancy rates and recruitment delays significantly affect PALMS provision. For clinicians, this results in increased workload, pressure, and reduced morale and job satisfaction. For patients and practices, limited or unavailable appointments increase GP workload and reduce awareness of PALMS, requiring additional efforts to promote and inform both patients and staff of the service.
- **Hub and Spoke Model**  
Progress on the Hub & Spoke model is stalled due to reduced staffing and lack of identified premises for the Hub. This issue is recorded on the risk register and reviewed quarterly.
- **Awareness and Understanding about PALMS**  
There is an ongoing misunderstanding that PALMS provides treatment. PALMS is an assessment, signposting, and liaison/referral management service, not a treatment provider. Updated information leaflets and on-screen materials have been developed, and we are implementing proactive community engagement to raise awareness before patients contact practices.

### Workforce Developments

- 3 WTE Band 6 Mental Health Nurses approved to go to job advert for PALMS.

### Patient experience:

*“The service is a much needed one and I felt the specialist highlighted, clarified things and reminded me I’m human and not to be so self-analysing! I was given lots of information/links to help me continue working through my difficulties”.*

*“The mental health specialist was friendly, polite and approachable. Honest with service parameters and tried to manage expectations”.*

*“Very good, nice and safe atmosphere. Non-judgemental, very understanding and knowledgeable in mental health field. Good advice & following plan. Very good service overall”.*

## Welfare Advice Health Partnerships

Welfare Rights Officers from Council Advice Services and Brooksbank Centre offer support to patients in Primary Care. They assist patients with socio-economic problems such as benefit claims, appeals and debt advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

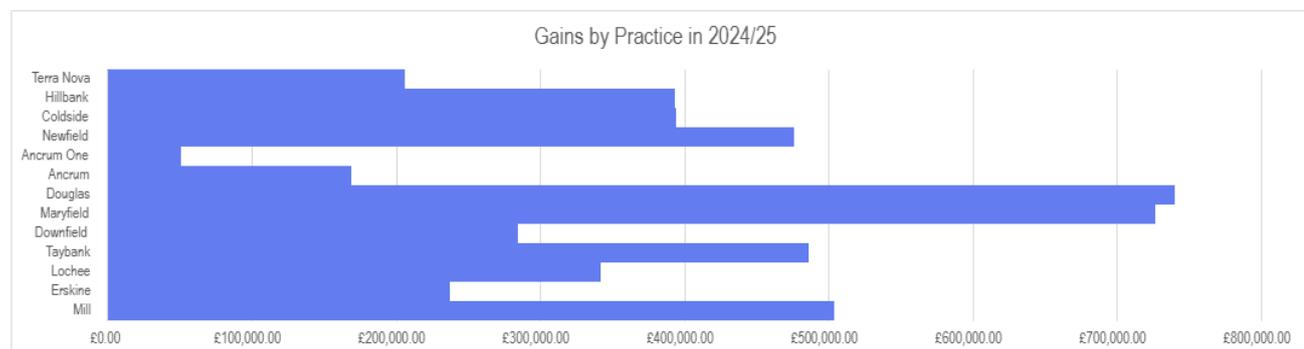
Welfare Rights officers are present in 13 out of 21 Dundee General Practices with the aim of achieving all practices. This figure is steadily rising, and the remaining Dundee practices have access to remote council advice services.

### Key Progress over the Last 12 Months

Welfare Rights Officers from Council Advice Services and Brooksbank Centre offer support to patients in Primary Care across 13 out of 21 Dundee General Practices. The aim is to roll out the service to all practices however at present the remaining Dundee practices have access to remote support for their patients through referral to council advice services. Welfare Rights Officers assist patients with socio-economic problems such as benefit claims, appeals and debt counselling and Money advice. This allows clinicians more time to concentrate on clinical care whilst referring financial concerns of patients to experienced advisers who can, with patient consent, access the patient's medical record and use information to inform applications for sickness and disability benefits.

### Service Figures / data over the last 12 Months

In 2024/25 officers in Council Advice Services and Brooksbank Centre and Services raised £5,013,051 for patients of the 13 practices, up by 45% on the previous year. The spread of gains across all practices was as follows with the highest being Family Medical Group (Douglas) raising £740,207 for its' patients overall in the financial year.



Council Advice Services also raised £2,113,601 through the work of their 2 staff in the Macmillan Cancer Support Welfare Rights Team who work in various wards and clinics in Ninewells Hospital. Additionally direct referrals from midwives and health visitors, referred for income maximisation led to gains of £595,673 in 2024/25. In total in 2024/2025 Council Advice Services successfully claimed £ 17,008,443 (provisional figure) in benefits and additional income for customers.

### Planned Progress over the next 12 months

- A move to a new Customer Relationship Management system is currently underway across Council Advice Services and should be in place by end of 2025. This will allow better reporting of outputs and more efficient follow ups on patient claims and outcomes.
- A new Social Return on Investment report is imminent and should be published by the Improvement Service in the next 3 months.
- Formalisation of the referral process in Downfield Surgery is ongoing.

- Attempts to expand the service to more practices will depend on the ability to manage future funding constraints.
- We hope to be able to progress future remote access to the remaining surgeries by agreement, but this is dependent on the agreement of NHS Tayside's digital board.

**Key Workforce/ Finance or other Risks / Challenges**

- A continuing risk of funding deficit in 2026/27. Scottish Government Funding for Brooksbank Centre is due to reduce to 50% of a FTE officer in 2026/27 leading to a funding deficit of approximately £20,000.
- Additionally budget pressures within Dundee City Council may lead to reduced capacity to meet demand for the service in the coming financial year.

**Examples of good practice and or achievements**

- Recent commendation from the Institute of Revenues, Rating and Evaluation at their annual UK Awards ceremony, Excellence in Partnership Working. Team members advance of the awards ceremony below.



**Workforce Development**

The workforce has recently been involved in undertaking suicide awareness training and Engage Process Mapping training. A recent digital sprint session undertaken with both front-line staff and managers looked at service improvements and how our IT colleagues could help us realise solutions to longstanding issues.

**Client feedback/ case study**

A referral came in for a claim for Attendance Allowance for Mr B. Mrs B already in receipt of Attendance Allowance. Pension age couple received a Retirement Pension each and 3 small occupational pensions. Client signed a mandate/subject access request allowing the advice worker access to medical records and Mr B's Occupational Therapy report. Using this extra evidence, we made the case for Attendance Allowance for Mr B.

After high-rate Attendance Allowance awarded for Mr. B the worker made 2 underlying Carers Allowance claims, and 2 x Severe Disability Premium claims which entitled them to Pension Credit Guaranteed Credit and full Housing Benefit and Council Tax Reduction.

Total weekly gain/savings to household - £283.99 p/w

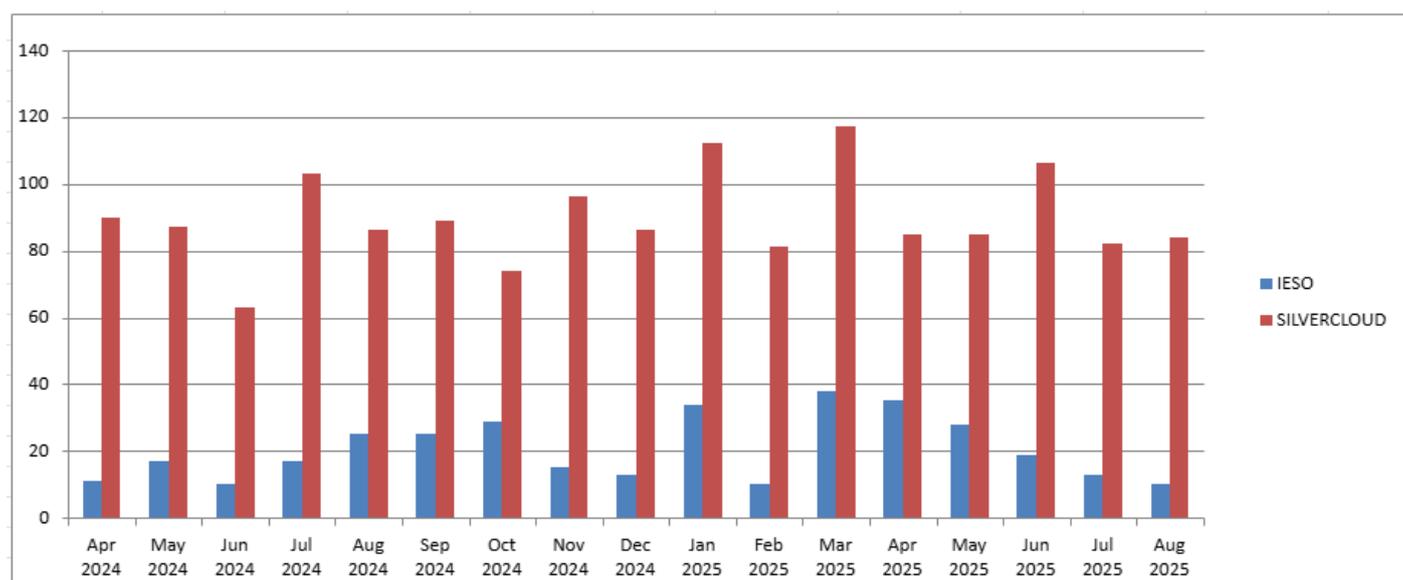
Experience Feedback: *I couldn't have been more impressed or happier with the assistance you, gave us, and the prompt and thorough way you took us through the application forms for Attendance Allowance and Pension Credit, helping me sort out a couple of follow-up points which were delaying the finalisation of our applications. Since then, we have gradually been putting things in place with additional paid support for each other at home and with the involvement of some of our family members, in our situation of age and infirmity.....*

## Digital Therapies

- The Digital Therapy Service (DTS) in Dundee offers a range of Digital Interventions to patients in Tayside. The DTS manage SilverCloud for patients in Tayside which is a Digital Platform designed by clinical experts and supported by the NHS and Scottish Government. The platform offers both self-referred general programmes and condition specific programmes for several long-term health conditions providing patients with information to understand their condition and tools to help deal with it.
- Primary care practitioners can sign post to the self-referral programmes and refer into the condition specific programmes increasing access to evidence based online psychological interventions which can be accessed at the patient's own convenience.
- DTS also acts as the link between NHS Tayside and IESO which has been commissioned by the Scottish Government and works in partnership with NHS Scotland to provide typed therapy for adults.
- The service treats a range of common mental health conditions with short term, one-to-one weekly sessions where the person will type (much like a text conversation), with their assigned clinician.
- The service is available 7 days a week from 6am - 11pm. Primary Care practitioners can assess and refer a person for digital therapies Silvercloud, and IESO.

### Key Progress over the last 12 months

- Over the last 12 months we have widened the services within the Primary Care Mental Health and Wellbeing Team who can refer to digital therapies.
- Information sessions to enable this have been delivered to these staff by DTS and additionally GPs working across Dundee.
- The chart below shows that via the Dundee Primary Care Mental Health and Wellbeing Team **1,526** people were referred to Silvercloud, and **349** to IESO, between the period of April 2024 and August 2025.



## 7. Overall Key Achievements

Over the past 12 months, Dundee's Primary Care Mental Health and Wellbeing (MHWB) services have made significant progress in delivering integrated, person-centred care through a multi-disciplinary approach. Guided by the Strategic Delivery Plan 2024–2027, the team has focused on three core priorities: *Awareness and Navigation*, *Service Delivery and Development*, and *Measuring Outcomes and Success*.

### ○ Strategic Level

- Launch of MHWB webpages and service directory on NHS Tayside site, plus promotional campaigns.
- Co-production approach with Dundee Volunteer and Voluntary Action and community groups.
- Governance and evaluation frameworks established: Performance Management, Quality Assurance, Risk Register, and KPIs.
- Digital dashboards developed for services to monitor access, performance, and outcomes.
- Expansion of digital therapies (SilverCloud and IESO) and trauma-informed practice training across teams.

### ○ Service-Level

- **Distress Brief Intervention (DBI):**
  - 909 referrals (779 from Primary Care), 55% reduction in distress scores.
  - Won *Policing Partner of the Year 2025* award.
- **Sources of Support (Link Workers):**
  - 1,009 referrals; recognised nationally as a pioneering model; staff received awards and royal recognition.
- **Patient Assessment and Liaison Mental health Service (PALMS):**
  - Provided 9,037 appointments despite staffing shortages; dashboard developed for data insights.
- **Welfare Advice Partnerships:**
  - Secured £5M for patients in 13 practices: national commendation for partnership working.
- **Community Listening Service**
  - Supported 294 people, improved booking systems and digital access (Vision 360 approved).

### ○ Collaborations & Workforce

- Multi-agency group for Children & Young People MHWB pathways established.
- Staff completed trauma-informed leadership training and Decider Skills courses.
- Recognition at national awards and King's Garden Party for service innovation.

## 8. Key Challenges

- Workforce shortages and recruitment delays across PALMS, Listening Service, and Sources of Support (Link Worker) teams.
- High demand vs. limited capacity, especially for Sources of Support and PALMS.
- Volunteer attrition in Listening Service (11 left, 4 recruited).
- Pressures on public funding may have implications for Welfare Advice (Brooksbank Centre) work going forward.
- Accommodation issues delaying PALMS Hub & Spoke model.
- Persistent health inequalities in Dundee (high deprivation, suicide rates, drug-related deaths).
- Unclear perception about PALMS role (seen as treatment rather than assessment/signposting).
- Digital access barriers for some services awaiting approval (Vision360 access incomplete).

## 9. Conclusion

The Primary Care Mental Health and Wellbeing Framework continues to grow as a vital part of integrated care in Dundee. Over the past year, progress has been driven by the commitment and collaboration of teams working together to improve mental health outcomes, tackle inequalities, and ensure people receive the right support when they need it most.

### Looking ahead, our priorities remain clear:

- Sustaining and growing service capacity to meet increasing demand.
- Embedding trauma-informed and inequality-sensitive approaches in everyday practice.
- Using data and patient feedback to guide decisions and shape services.
- Working with partners to strengthen pathways for children, young people, and communities who often face barriers to care.
- Supporting the wellbeing and development of our workforce, recognising their central role in delivering compassionate care.

Dundee's Primary Care Mental Health and Wellbeing services are well-placed to respond to the changing needs of our communities and make a lasting, meaningful difference through a shared vision, strong partnerships, and a commitment to learning and development.

## Appendix 1: Membership of Strategic and Operational Groups

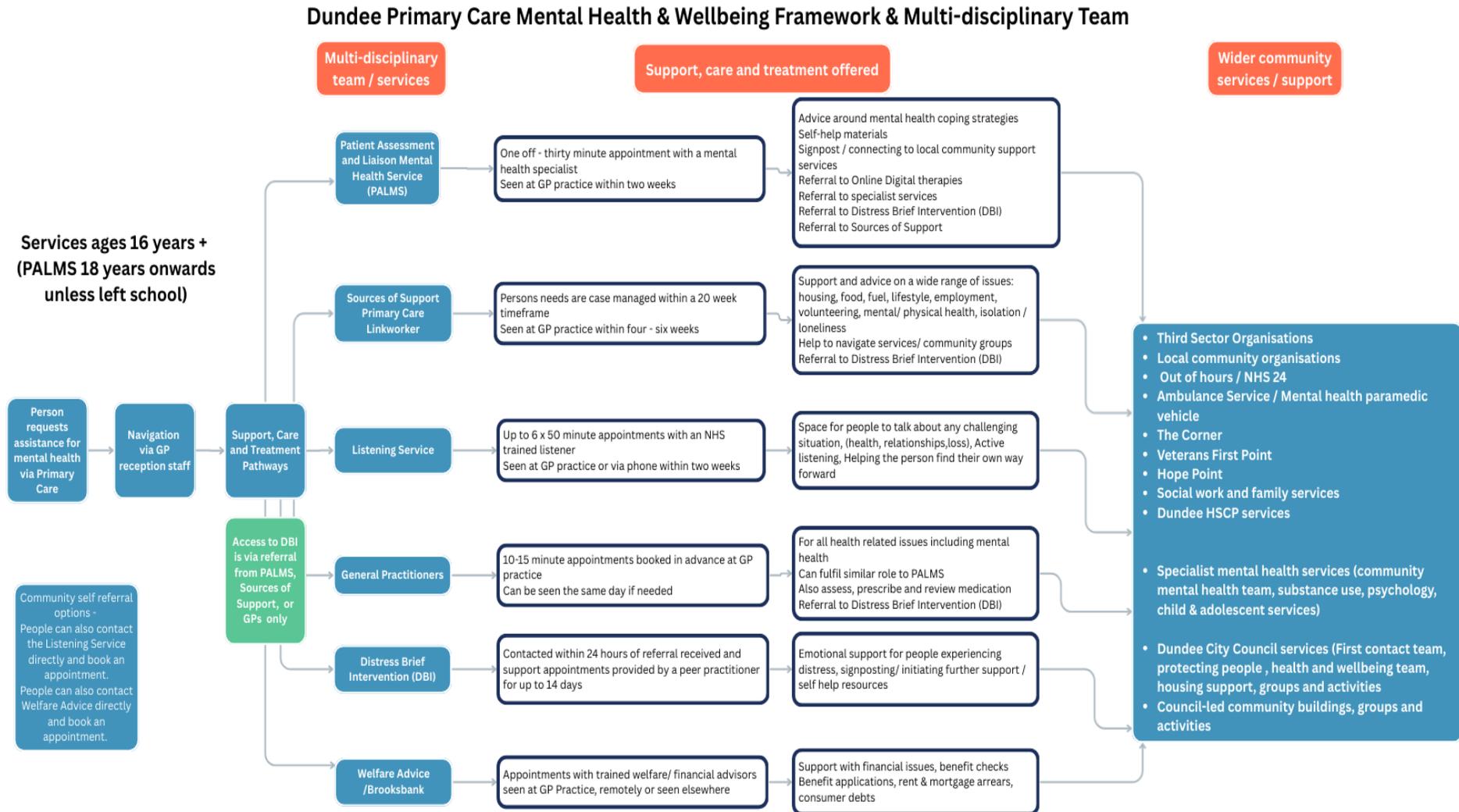
### Mental Health and Wellbeing in Primary Care Strategic Planning Group

Arlene Mitchell, Locality Manager, (Co chair) DHSCP  
Linda Graham, (Co chair) Clinical Lead, Mental Health & Learning Disability Services, DHSCP  
Dawn Fraser, Service Manager, Service Development and Primary Care, DHSCP  
Christine Jones, Partnership Finance Manager, DHSCP  
Aled Bartley-Jones, Manager, Mental Health and Substance Use Engagement and Involvement, Dundee Volunteer and Voluntary Action  
Dr Frank Weber, Lead GP, DHSCP  
Shonagh Anderson, Acting Principal Educational Psychologist Dundee Educational Service  
Allison Lee, Associate Locality Manager, DHSCP  
Dr Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care, DHSCP  
Carolyn Thomson, Primary Care Team Manager, DHSCP  
Dr Helen Nicholson-Langley, Consultant Clinical Psychologist/Lead Clinician, Dundee Adult Psychological Therapies Service, DHSCP  
Oonagh McPherson, Senior Nurse for Child and Adolescent Mental Health Services, NHS Tayside Outpatients  
Jill Young, Senior Nurse for Child and Adolescent Mental health  
Krista Reynolds, Lead Nurse, DHSCP  
Sheila Allan, Community Health Inequalities Manager, Neighbourhood Services, Dundee City Council  
Dr Nadine Cousins, GP Lead for Mental Health, DHSCP  
Matthew Kendall, Allied Health Professions Lead, DHSCP  
Lesley Cunningham, Integrated Manager, Community Mental health & learning Disability Services, DHSCP  
Pauline Crosbie, Business Support Officer, MH and LD Services, DHSCP  
Anne Matossian, Health Visiting Manager, NHS Tayside  
Alistair Bull, Head of Spiritual Care and Bereavement, and Listening Service, NHS Tayside  
Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra  
Lauren Kennedy, Lead Nurse, Mental Health and Learning Disabilities, NHS 24, Out of Hours  
Peter Allan, Community Planning Manager, Dundee City Council Denise  
Gibson, Senior Nurse Primary Care and Health Inclusion, DHSCP

### Mental Health and Wellbeing in Primary Care Operational Group Membership

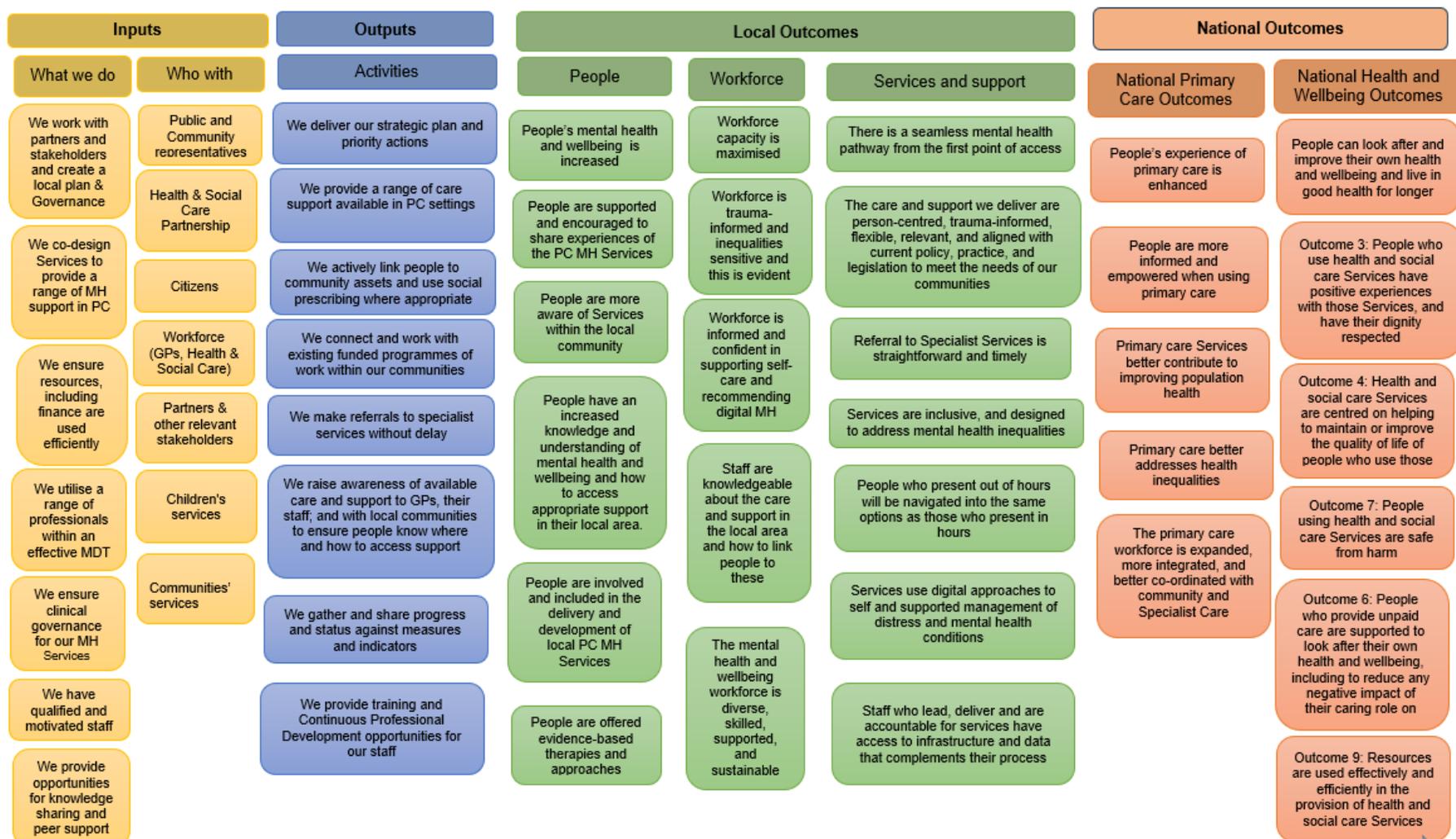
Arlene Mitchell, Locality Manager, Mental Health and Learning Disabilities DHSCP (Co Chair)  
Dr Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care  
Dr Frank Weber, Lead GP, DHSCP, and NHS Tayside  
Dr Helen Nicholson-Langley, Consultant Clinical Psychologist/Lead Clinician, Dundee Adult Psychological Therapies Service, DHSCP  
Katy Mitchell, Clinical Psychologist DHSCP  
Lucie Jackson, Counselling Psychologist/Service Deputy DHSCP  
Dr Nadine Cousins, GP, Mental Health and Learning Disabilities, NHS Tayside (Co chair)  
Theresa Henry, Sources of Support Team Leader DHSCP  
Charlotte Luse, Listening Service Co-ordinator, NHS Tayside  
Pauline Crosbie, Business Administrator, DHSCP  
Craig Mason, Welfare Rights, Dundee City Council  
Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra

# APPENDIX 2: Dundee Primary Care Mental Health and Wellbeing Framework & Multi-Disciplinary Team



## APPENDIX 3: Dundee Primary Care Mental Health and Wellbeing Outcomes Framework

Vision: To provide mental health and wellbeing services in Primary Care that enable people to access the right support, at the right time, in the right place, by staff who are able to deliver this.



Underlying principles: Dignity and respect, compassion, inclusion, responsive care and support, well-being (Health and Social Care Standards), early intervention and prevention, safe, person-centred, equitable, outcomes-focused, effective sustainable, affordability, and value for money, trauma-informed, co-produced and co-designed.

#### Appendix 4: Draft Key Performance / Outcomes Indicators

Outcomes	Priority Action	Key Performance Indicators	Data Question	Target	Source
<b>PEOPLE</b> 1. People's mental health and well-being are supported and improved	Service delivery & development	% of people who feel the service supported them to look after their mental health and wellbeing*	Were you supported to look after your mental health and wellbeing?	80%	Survey / Care Opinion
	2. People are more aware of Services within the local community and have an increased knowledge and understanding of mental health and wellbeing, and how to access appropriate support in their local area.	Awareness & navigation	% of people who are aware of services that support mental health and wellbeing within their community and how to access these*	Have you seen/been given information about the services within your community that support mental health and wellbeing? Was there information on how to access these?	80%
<b>SERVICES AND SUPPORT</b> 3. There is a seamless mental health pathway from the first point of access.	Service delivery and development	No. of GP practices that have access to each of the multi-disciplinary teams*	Which services have access to PALMS, SOS, Listener, Welfare Advice, DBI?	Trends (All practices have access to all services)	Service data via dashboards
	Service delivery and development	No. of people seen/supported by each mental health service*	No. of people seen/supported by services	Trends	Service data via dashboards

4. Referral to Specialist Services is straightforward and timely.	Service delivery and development	No. referrals onward to specialist services from PALMS and where to*	PALMS referrals onward to specialised services, and where to	Trends	Service data via dashboards
5. The care and support we deliver is person-centred, trauma-informed, flexible, relevant, and aligned with current policy, practice, and legislation to meet the needs of our communities.	Service delivery and development	% of people who feel they were listened to and heard*	Did you feel you were listened to and heard when seeking support?	80%	Survey / Care Opinion
	Service delivery and development	% of people who rated their care and support as good or excellent*	How would you rate the care you received to support your mental health and wellbeing?	80%	Survey / Care Opinion
6. Services are inclusive and designed to address mental health inequalities.	Service delivery and development	Demographic data indicates the characteristics of those accessing services and responds to inequality of access*	SIMD, age, gender, disability, carer, ethnicity, employment, welfare benefits, etc	Trends	Service data via dashboards
<b>WORKFORCE</b>					
7. The workforce is trauma-informed and inequality-sensitive, and this is evident.	Service delivery and development	% of staff who have attended trauma-informed / inequalities-sensitive training*	Have staff attended trauma-informed training? Have staff received equality-sensitive training?	90%	Service data via annual audit
8. The mental health and wellbeing workforce is diverse, skilled, supported, and sustainable.	Service delivery and development	25. % Staff giving feedback regarding working in the service*	Have staff given feedback regarding working in the service?	Trend upwards	Local Data/ IMatter

## APPENDIX 5: Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027 Progress Report

### Primary Care Mental Health and Wellbeing Strategic Delivery Plan 2024-2027 Progress Report: March 2024 - October 2025

The Dundee Mental Health and Wellbeing in Primary Care Strategic Delivery Plan commenced in March 2024. This is supported by an Action Plan with detailed activities to be undertaken towards achieving the priority actions over the initial 18-month period (March 2024-September 2025). Below is an update of progress against each action / activity.

<p><b>Priority Action 1</b></p> <p><b>Awareness and Navigation</b></p>	<p>Focusing on early intervention, prevention, and mental health promotion we will raise awareness and improve navigation of what is available for MHWB support in our local communities ensuring people know how to access this. We will ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.</p>	<ul style="list-style-type: none"> <li>• Awareness and navigation workstream are part of the Operational Group</li> <li>• Website Development Group established.</li> </ul>	<p><b>Status</b></p> <p>Achieved</p> <p>Active</p> <p>On hold</p> <p>not started</p>
<p><b>Actions</b></p>	<p><b>First 18 months activities (March 2024- September 25)</b></p>	<p><b>Progress notes</b></p>	<p><b>Status</b></p>
<p><b>1.1</b> Ensure we enable co-production, utilising the expertise of communities and lived experience to inform local planning, design, and evaluation.</p>	<p><b>1.1.1:</b> Work with DVVA and ensure there is an engagement plan for co-production at every stage of this work.</p> <p><b>1.1.2:</b> Work with partners to engage with established community groups and forums</p>	<ul style="list-style-type: none"> <li>• Co-production plan, utilising the expertise of communities and lived experience has been written, agreed and shared with key stakeholders. This is being incorporated into activities.</li> <li>• Established via the co-production plan above, some examples of involvement include focus groups with the</li> </ul>	<p><b>Achieved</b></p>

	and involve them in co-production work and priority actions.	Fairness Leadership Panel, Dundee Volunteer, Voluntary Action and NHS Public Partners in the development of the website and future strategic planning for primary care.	
1.2 Raise awareness and improve navigation and knowledge of what is available for the public, patients, staff, and services.	<b>1.2.1:</b> Scope out with partners what is currently available in terms of digital approaches for Dundee (websites / Support and Connect/ FORT / DVVA/ Recovery Roadmap/social media).	<ul style="list-style-type: none"> <li>Paper completed and shared with Website Development sub-group to inform next steps, links to 1.2.2 developments.</li> </ul>	<b>Achieved</b>
	<b>1.2.2:</b> Work collaboratively to increase awareness, knowledge, choice, and navigation of what is available and how to access these for the public, patients, staff, and wider community/specialist organisations. This will be through website developments and other related methods.	<ul style="list-style-type: none"> <li>NHS Tayside website developed and launched in November 2024. Information about Primary care MHWB services, directory of local and national services included.</li> <li>Information shared with public, patients, staff, and wider community/specialist organisations to raise awareness of what is available and how to access these. A wide-reaching leaflet / poster / social media campaign has been completed and roadshow type meetings and webinars held across local organisations.</li> <li>Further community-based website (digital hub) in development with high quality evidence-based information about MHWB, guided self-management/ self-help, and searchable directory of local/national supports. Led by Mental Health Strategic Planning &amp; Commissioning Group</li> </ul>	<b>Achieved</b>
	<b>1.2.3:</b> Explore opportunities to further promote healthy lifestyle activities, community groups and resources linked to	<ul style="list-style-type: none"> <li>Links to 1.2.2 work.</li> <li>Green Health agenda has been promoted to teams.</li> <li>Collaboration with Communities and Equalities Group - 20 staff have undertaken Decider Skills courses from</li> </ul>	<b>Achieved</b>

	primary care and mental health and wellbeing.	community health, third sector and Primary Care, evaluation and planning are underway to progress this further. <ul style="list-style-type: none"> <li>A mental health awareness / supports campaign took place January.</li> </ul>	
	<b>1.2.4:</b> Through consultation with Practice Reception Staff, revise and adapt the GP resource pack to better meet their needs for navigation.	<ul style="list-style-type: none"> <li>Quick reference guide developed in practices and website promoted to staff for use.</li> </ul>	<b>Achieved</b>
	<b>1.2.5:</b> Identify opportunities for improvement / training on how to navigate patients into the relevant services to ensure they access the right service/support from the right person, at the right time (e.g. PALMS, Sources of Support).	<ul style="list-style-type: none"> <li>Reception staff have received navigation training.</li> <li>GPs attended a learning event with the mental health and wellbeing multi-disciplinary team plus Hope Point and Digital Therapies</li> <li>PALMS flowchart being revised in collaboration with Practices and learning session for staff to be planned.</li> </ul>	<b>Active</b>
	<b>1.2.6:</b> Create or revise service leaflets, posters, and digital information for display in GP practices and community facilities (library, community gardens, food banks, etc).	<ul style="list-style-type: none"> <li>TV screens installed in GP practices with MHWB services promoted here. More services to be added when the server is expanded.</li> </ul>	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>Ongoing campaign of awareness raising in place with leaflets etc. An all-team information leaflet is in development.</li> </ul>	<b>Active</b>
	<b>1.2.7:</b> Create and implement for GP's a Staffnet Ref Guide page for Dundee Primary Care MHWB provision and a link to the Staffnet page for each service involved (PALMS, Sources of	<ul style="list-style-type: none"> <li>Multiple mental health and wellbeing services across Dundee now added to referral guidance intranet (REF Guide) for GPs inc. CMHT, Adult psychological therapy, School Nursing are prepared and awaiting approval. More to be added and an infographic for both children/ adults- whole system.</li> </ul>	<b>Active</b>

	Support, DBI, Listening, Welfare Rights).		
	<b>1.2.8:</b> Improvement project with the CMHTs to reduce the number of reject referrals from Primary Care and improve patient experience.	<ul style="list-style-type: none"> <li>Improvement project underway to monitor number of declined referrals over the 6 months once RefGuide goes live and this information promoted to GPs to improve navigation.</li> </ul>	<b>Active</b>
	<b>1.2.9:</b> Sources of Support: review patient information sheet, GP referrers information sheet, and update GPs with new information and forms.	<ul style="list-style-type: none"> <li>Completed and distributed as necessary.</li> </ul>	<b>Achieved</b>
	<b>1.2.10:</b> Welfare Rights Advice: Create debt advice material and a mental health debt pack and distribute widely.	<ul style="list-style-type: none"> <li>Now available on the Dundee City Council Welfare Advice page.</li> </ul>	<b>Achieved</b>
<b>1.3.</b> Provide opportunities for learning and networking for staff, and wider community/specialist services through planned events.	<b>1.3.1:</b> Gain an understanding of information and learning needs for staff within primary care, wider community, and specialist services.	<ul style="list-style-type: none"> <li>Learning needs assessment developed and completed by staff teams, development event to be planned for early 2026.</li> </ul>	<b>Active</b>
	<b>1.3.2:</b> Work with partners to plan and deliver mental health networking roadshows and education events with statutory and third-sector organisations.	<ul style="list-style-type: none"> <li>Awareness sessions have taken place with Abertay, University of Dundee, third sector networks, to enhance understanding of services available and how to access these.</li> </ul>	<b>Achieved</b>
	<b>1.3.3:</b> Plan and deliver staff development/training and sharing practice opportunities for the Primary Care MHWB	<ul style="list-style-type: none"> <li>Protected Learning events have taken place with Reception Staff, GPs and Practice nurses focusing on suicide prevention and mental health, more are planned for 2026.</li> </ul>	<b>Achieved</b>

	team (inc. reception staff and GPs).	<ul style="list-style-type: none"> <li>• Educational event took place regarding daytime resources to better navigate patients within General Practice who present in the OOH period.</li> <li>• GP Cluster visits to present MHWB work completed.</li> <li>• Children and Young People MHWB Pathway sessions underway with GP Clusters involving School Nursing</li> </ul>	
	<b>1.3.4:</b> Liaise with children and young people services to increase awareness and understanding.	<ul style="list-style-type: none"> <li>• See 2.3.1</li> </ul>	<b>Achieved</b>
<b>Priority Action 2</b> <b>Service Delivery and Development</b>	We will optimise what we have to ensure efficiency using the resources available and seek further funding and workforce development. We will recognise that maintaining what is currently offered will be a success. We will further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are prevention, early intervention, and inequalities focused.	<b>Operational Group will take forward these activities.</b>	
<b>Actions</b>	<b>First 18 months activities (March 2024-September 2025)</b>		
<b>2.1.</b> Further identify areas of need and develop the services offered across the MHWB multi-disciplinary team ensuring these are	<b>2.1.1:</b> Identify a potential role for Occupational Therapy utilising the best evidence from literature and learning from what is currently available (such	<ul style="list-style-type: none"> <li>• Proposal for Occupation Therapy test of change in discussion, some scoping meetings have taken place with stakeholders with more planned.</li> </ul>	<b>Active</b>

prevention, early intervention, and inequalities focused	as the Lanarkshire, Angus) in other areas. Where resources allow and evidence indicates a benefit, develop an Occupational Therapist role within team.		
	<b>2.1.2:</b> Explore and implement new models to optimise efficiency and improve access across the city.	<ul style="list-style-type: none"> <li>Associate Practitioner roles developed for Sources of Support Team.</li> </ul>	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>Hub and Spoke model in development for PALMS. Premises application has been accepted but no accommodation identified yet.</li> </ul>	<b>Active</b>
		<ul style="list-style-type: none"> <li>PALMS have created guidelines for managing staff sickness across practices (cancellation etc), and guidelines for DNA's and patient reminders – disseminated across practices.</li> </ul>	<b>Achieved</b>
	<b>2.1.3:</b> Digital therapies, (silvercloud / IESO)	<ul style="list-style-type: none"> <li>PALMS, Primary care Linkworkers, DBI staff, and GPs can now refer to Silvercloud/IESO – necessary training has been completed and access arrangements achieved.</li> <li>Hope Point are now in contact with IESO staff to progress this access.</li> </ul>	<b>Achieved</b>
	<b>2.1.4:</b> Psychiatry of Old Age	<ul style="list-style-type: none"> <li>Post Diagnostic Dementia Service monthly drop-in sessions commenced (trial) in East of Dundee at Forthill Community Club.</li> <li>CMHTOP East/West-. East nurses now allocated to attend specific cluster meetings at least once a month. West has discussed at their Operational Group meeting and to allocate workers to specific cluster meetings.</li> </ul>	<b>Achieved</b>
<b>2.1.5:</b> Explore and establish where appropriate Vision 360 bookings across the services providing support.	<ul style="list-style-type: none"> <li>Application for access to the Digital Directorate for Community Listening Service access to Vision approved. Data sharing agreement processes underway and awaiting approval before implementation.</li> </ul>	<b>Active</b>	

	<p><b>2.1.6:</b> Proactively target outpatient secondary physical healthcare services such as cancer care and offer early intervention of support from Listening Service and Welfare Rights support to people who may have mental health and well-being needs.</p>	<ul style="list-style-type: none"> <li>• This is established and embedded.</li> </ul>	<b>Achieved</b>
	<p><b>2.1.7:</b> Liaise locally with initiatives to address inequalities and collaborate to improve access to mental health care for these groups.</p>	<ul style="list-style-type: none"> <li>• Decider Skills training courses made available for Community health staff to aid them in supporting pathfinder initiatives for a MH perspective.</li> <li>• Primary Care staff now connecting into health &amp; wellbeing networks</li> <li>• Menopause Café Pilot underway in xxx</li> </ul>	<b>Achieved</b>
	<p><b>2.1.8:</b> Liaise locally with initiatives to prevent suicide and continuously improve the quality of clinical care and support for people who are suicidal, or at risk of suicide and self-harm.</p>	<ul style="list-style-type: none"> <li>• Primary Care Membership on the Tayside Multi-agency Suicide Review Group, Tayside Suicide Prevention Leadership Group, Dundee Suicide Prevention Steering Group and Delivery Plan actions.</li> <li>• PLT session with GPs with a suicide prevention focus.</li> <li>• Primary Care Postvention risk guidance group underway to scope and plan this work (Tayside wide).</li> </ul>	<b>Achieved</b>
	<p><b>2.1.9:</b> Implement approaches from the Scottish Government Trauma-informed toolkit to ensure trauma-informed practice is evident across the multi-disciplinary team.</p>	<ul style="list-style-type: none"> <li>• Staff teams have undertaken trauma informed practice training.</li> <li>• NHS Tayside Trauma Leads have been appointed, team leads/managers are undertaking NES TI Leaders course then a development session to be planned to scope future activity.</li> <li>• Representative identified and joined the Trauma Informed Steering Group.</li> </ul>	<b>Active</b>

<p><b>2.2.</b> Incrementally develop and increase the Primary Care Mental Health and Wellbeing Multi-disciplinary Team /services offered and implement accordingly.</p>	<p><b>2.2.1:</b> Design, plan and deliver low-intensity psychological therapy/groups to compliment the work of PALMS. Seek a funding source to staff and deliver these.</p>	<ul style="list-style-type: none"> <li>• Now developing in Psychological Therapies Services to achieve this. No additional funding is available via Primary Care; PALMS has worked closely with Dundee Adult Psychological Therapies Service and the Digital Therapies Team to develop and strengthen referral pathways for low intensity interventions such as groups (Change Up and Building Confidence Group) and computerised CBT /Silver Cloud/ IESO. Low intensity interventions are not available within practices and PALMS delivers no direct intervention work, the development is a compromise/interim measure to facilitate patient access to evidence-based interventions without the long waiting times for formal psychological therapy currently experienced in Primary Care Psychology. This may be revisited.</li> </ul>	<b>Achieved</b>
	<p><b>2.2.2:</b> Continue to phase in Distress Brief Interventions first-level referrer training to all GP practices and relevant primary care staff (practice nurses/ Sources of Support). Depending on capacity and funding.</p>	<ul style="list-style-type: none"> <li>• All PALMS and Primary Care Linkworker staff are now referrers to DBI.</li> <li>• All GP Practices have been offered referral training/buzz, one surgery has yet to take the offer. 154 Primary Care referrers. Drop-in sessions planned for staff who missed previous sessions.</li> <li>• Test of Change to increase access to DBI referral rights for GPs successfully completed and evaluated.</li> </ul>	<b>Active</b>
	<p><b>2.2.3:</b> Strengthen opportunities for people seeking help via the Scottish Ambulance Service, Out of Hours Services, Police and Community Pharmacies to be navigated towards the Primary Care MDT and wider community support.</p>	<ul style="list-style-type: none"> <li>• Navigation tool established with Scottish Ambulance Service to support navigation to PC MHWB services for patients who do not require hospital.</li> <li>• Police prevention, pharmacies have received posters about the teams and website. OOH service informed and posters sent for awareness.</li> </ul>	<b>Achieved</b>

	<p><b>2.2.4:</b> Support GPs to develop a psycho-social model to prevent people from developing chronic pain through strengthening pathways to the MHWB MDT and raising awareness of the MHWB links to chronic pain.</p>	<ul style="list-style-type: none"> <li>Chronic pain section included in the digital hub website.</li> </ul>	<p><b>Achieved</b></p>
	<p><b>2.2.5:</b> Welfare Rights: Explore new roles to support practices such as an in-house advisor working jointly with practices to access information to support people's welfare applications. Where resources allow Welfare Rights will expand into all GP practices and explore different models of support (i.e., co-location, remote access) where this cannot be achieved.</p>	<ul style="list-style-type: none"> <li>Approval was declined from Digital Directorate on necessary access to fully enable this. This is still being explored.</li> <li>Welfare Rights now available in 13 GP Practices and in discussion with others. Those who do not presently have an onsite service are offered this in other locations and this is an area that is looking to be developed further given the pressing need.</li> </ul>	<p><b>Active</b></p>
<p><b>2.3:</b> Children and Young People Specific service delivery and development</p>	<p><b>2.3.1:</b> Map what is currently available for children's MHWB, and gaps, establish opportunities to develop and implement stronger navigation, pathways, and routes to care.</p>	<ul style="list-style-type: none"> <li>Scoping paper of services and MHWB for children completed including for those at risk of suicide. Shared with key partners.</li> </ul>	<p><b>Achieved</b></p>
		<ul style="list-style-type: none"> <li>Multi-agency group established for CYP MHWB for sharing information, learning and to support the development of infographics showing clear Primary Care MH pathways underpinned by the principles of GIRFEC.</li> <li>Primary Governance for this group agreed to be the Primary Care MHWB SPG with links to other groups for information, clarity and advice if necessary</li> </ul>	<p><b>Achieved</b></p>
		<ul style="list-style-type: none"> <li>CYP RefGuides all completed.</li> </ul>	<p><b>Achieved</b></p>

		<ul style="list-style-type: none"> <li>• CYP MHWB Pathway Navigation Paper / tool now developed and share with stakeholders.</li> </ul>	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>• GP Cluster visits underway to update on CYP MHWB pathway.</li> </ul>	<b>Active</b>
		<ul style="list-style-type: none"> <li>• Primary Care representation at GIRFEC Delivery Group in place.</li> </ul>	<b>Achieved</b>
		<ul style="list-style-type: none"> <li>• CYP representation expanded at the strategy group – Educational psychologist now attends.</li> </ul>	<b>Achieved</b>
<b>Priority Action 3</b> <b>Measuring Outcomes and Success</b>	Further develop and implement mechanisms for governance, reporting, and evaluation of the MHWB framework, ensuring local plans are being delivered and progress towards outcomes is assessed. We will share with stakeholders regularly.	<b>Working group established to support these activities and now merged into the Operational Group.</b>	
<b>Actions</b>	<b>First 18 months activities (March 24- Sep 25)</b>		
<b>3.1</b> Ensure and implement comprehensive mechanisms for governance and reporting for all services.	<b>3.1.1:</b> Conduct an Inequalities Impact Assessment.	<ul style="list-style-type: none"> <li>• Completed and presented to the IJB with Primary care MHWB Framework. 27.5.25 to be reviewed October 25.</li> </ul>	<b>Achieved</b>

	<p><b>3.1.2:</b> Agree on formal reporting, and monitoring requirements across teams including reporting risk.</p>	<ul style="list-style-type: none"> <li>• A Performance Management and Assurance Framework is in draft – to be agreed by the Strategic Planning Group.</li> <li>• Risk register developed using NHS Tayside Datix Risk Register process.</li> <li>• Key Performance Indicators have been developed and are in draft. A mechanism to measure data is in progress also.</li> <li>• An Annual Performance Report is developed for Nov 2025.</li> </ul>	<p><b>Active</b></p>
<p><b>3.2</b> Evaluate the MHWB in Primary Care framework and model of care.</p>	<p><b>3.2.1:</b> Identify what we currently measure and report on.</p>	<ul style="list-style-type: none"> <li>• Achieved and features in a paper used to design the Quality Assurance Framework.</li> </ul>	<p><b>Achieved</b></p>
	<p><b>3.2.2:</b> Co-design a measures framework identifying a suite of key service indicators.</p>	<ul style="list-style-type: none"> <li>• A Quality Assurance Framework has been developed and agreed. Each service involved is currently developing a digital dashboard to support monitoring, reporting, improvement, and sharing information.</li> </ul>	<p><b>Achieved</b></p>
	<p><b>3.2.2a:</b> Embed Quality Assurance Framework across services (demographics, contact data, Patient experience, workforce, trauma-informed, Care Opinion).</p>	<ul style="list-style-type: none"> <li>• Dashboard development work is underway with Public Health Scotland’s Local Intelligence Support Team (LIST). Current progress: <ul style="list-style-type: none"> <li>• <b>Sources of Support</b> – Dashboard live with 9 months of data that is fairly accurate and consistent, Laura handing over responsibility to a colleague</li> <li>• <b>DBI</b> – Dashboard live and has 2-3 months of data. Minor changes underway to improve clarity of labels. Ongoing maintenance and observation for accuracy necessary.</li> <li>• <b>Listening Service</b> – data received by LIST dashboard in development and live.</li> </ul> </li> </ul>	<p><b>Active</b></p>

		<ul style="list-style-type: none"> <li>• <b>Welfare Advice</b> - Information Governance approval from Dundee City Council management team received, new CRM system (Advice Pro) being implemented to improve data collection and reporting. Early stages development.</li> <li>• <b>PALMS</b> – Dashboard is live in early maintenance phase. Still observing data for accuracy, several months are available but still have some errors as new and these are being worked on for consistency and ensuring full data being collected by staff (some learning needs underway). Dashboard being revised for sharing purposes with LIST for learning in other areas and across the partnership.</li> <li>• Care Opinion has been agreed by all teams involved. Managers are undertaking online training in this and then will plan how to promote it to service users in their service Care Opinion QR code promotion.</li> <li>• Development of a core patient experience survey in early discussion to support gaining service user experience feedback as Care Opinion is free text.</li> </ul>	
	<p><b>3.2.3:</b> Map a series of patient journeys to inform understanding and further improvement and development work.</p>	<ul style="list-style-type: none"> <li>• Completed and shared.</li> </ul>	<p><b>Achieved</b></p>
	<p><b>3.2.4:</b> Establish an engaging and informative method of regularly reporting.</p>	<ul style="list-style-type: none"> <li>• Performance Management and Assurance Framework is in draft with details of all reporting etc.</li> <li>• Dashboards and infographics developed.</li> </ul>	<p><b>Achieved</b></p>

<p><b>3.3</b> Use evidence to ensure we are meeting local needs and plans are being delivered as agreed with the expected outcomes.</p>	<p><b>3.3.1:</b> Ensure a continuous quality improvement approach using improvement methodology, rapid cycle change, PDSA, learning reviews, and related methods.</p>	<ul style="list-style-type: none"> <li>• Quality improvement and programme management approach is evident in improvements and developments underway and in planning for the programme.</li> </ul>	<p><b>Achieved</b></p>
	<p><b>3.3.2:</b> Review the initial 18 months' activities in the Action Plan and examine progress. Plan further activities using the information gleaned and the best evidence from the literature.</p>	<ul style="list-style-type: none"> <li>• This is underway and an Annual Performance Report inclusive of action tracker progress will be available November 25.</li> <li>• Planning future activities for the Action Plan will take place December/January with key stakeholders.</li> </ul>	<p><b>Active</b></p>

## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

There are 2 steps in this Integrated Impact Assessment process. **Step 1** is a pre-assessment screening tool which should be completed for every IJB report. **Step 2** is the Integrated Impact Assessment record to be completed when screening has indicated that IIA is required.

### Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

<b>Document Title</b>	Primary Care Mental Health and Wellbeing Framework and Delivery Plan – Annual Report					
<b>Type of document</b>	Policy	<input type="checkbox"/>	Plan	<input checked="" type="checkbox"/>	Other- describe	
<b>Date of this Pre-Integrated Impact Assessment Screening</b>	30.10.25					
<b>Date of last IIA (if this is an update)</b>	17.11.23					
<b>Description of Document Content &amp; Intended Outcomes, Planned Implementation &amp; End Dates</b>						
The report is to provide an update on the implementation of the Dundee Primary Care Mental Health and Wellbeing Framework and Strategic Delivery Plan 2024-2027. Intended outcomes of this Plan are to improve and maintain good mental health and wellbeing of Dundee citizens. Since the Framework was presented with an IIA in December 2023, we have developed the Action Plan with detailed activities since prompting the need to review the IIA. These can be viewed in the Annual Performance Report Appendix 5.						
<b>Lead Officer/Document Author (Name, Job Title/Role, Email)</b>						
Arlene Michell – Locality Manager, Mental Health and Learning Disabilities, Dundee HSCP.						
<b>Officer completing Pre-Integrated Impact Assessment Screening &amp; IIA (Name, Job Title/Role, Email)</b>						
Emma Lamont, Programme Manager, Mental Health and Wellbeing, Dundee HSCP						
<b>Job Title of colleagues or name of groups who contributed to pre-screening and IIA</b>						
<u>Note-</u> some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. <b>Common documents and reports that <u>may not</u> require this can include report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</b>						
<b>Can the IJB report and associated papers be described as any of the following?</b> Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					<b>Yes</b>	<b>No</b>
A document or proposal that requires the IJB to take a decision					<input type="checkbox"/>	<input type="checkbox"/>
A major Strategy/Plan, Policy or Action Plan					<input type="checkbox"/>	<input type="checkbox"/>
An area or partnership-wide Plan					<input type="checkbox"/>	<input type="checkbox"/>
A Plan/Programme/Strategy that sets the framework for future development consents					<input type="checkbox"/>	<input type="checkbox"/>

**NB** Dundee City Council Committee Papers require a different Council form from ‘Citrix Firm Step’.

## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

The setting up of a body such as a Commission or Working Group		
An update to an existing Plan (when additional actions are described and planned)	x	

<b>Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an IIA must be completed</b>	<b>Y</b>	<b>N</b>
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	x	
Human Rights. For more information visit: <a href="https://www.scottishhumanrights.com">https://www.scottishhumanrights.com</a> Children's Rights. Visit <a href="https://www.unicef.org/child-rights-convention#learn">https://www.unicef.org/child-rights-convention#learn</a>	x	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	x	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	x	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x	
Offenders and former offenders	x	
Effects of Climate Change or Resource Use		x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		x
Transport, Accessible transport provision; sustainable modes of transport.		x
Natural Environment		x
Air, land or water quality; biodiversity; open and green spaces.		x
Built Environment. Built heritage; housing.		x

**An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.**

<b><u>From information provided in Step 1 (Pre-screening) Is an IIA needed?</u></b>	Y	x	N	
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**In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)**

<b>Anticipated Date of IJB</b>	10 December 2025	<b>IJB Report Number</b>	
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## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

Date IIA completed	30.10.25
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Complete STEP 2 only if pre-screening indicates that IIA is needed.

### STEP 2 -Impact Assessment Record

#### Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

Overall, the Dundee Primary Care Mental Health and Wellbeing Framework and Strategic Delivery Plan 2024-2027 and multi-disciplinary team will have a positive impact, particularly for the mental health and wellbeing of people living in Dundee. The services are designed to be available within local communities and at GP practices and support equality, diversity and inclusion for many people who may be experiencing mental health, socio-economic and wellbeing needs. The Plan further highlights the need for awareness of and improved navigation to enable seamless access to services for children and young people under the age of 16, and 18 years old for those still in school via Primary Care. Fairness, socio-economic and poverty geography is positively impacted due to reduced likelihood of people needing to travel far to appointments and the costs incurred. However, some still may find it difficult if travel, if even short a distance is required in terms of access and cost such as travel from surrounding villages (Muirhead, Invergowrie). In terms of the household group, flexible appointment times at GP practices or city centre locations increase accessibility. Inequalities of outcome are highlighted in groups where literacy, digital literacy and access to digital devices is lower or limited. However, the services support this development in individuals and liaises / signposts to those that can support people in this instance. The services also support a reduction in climate change due to support being offered locally.

#### Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
Ongoing / various	Ongoing responsibility for planning and reviewing the Plan's progress as well as ensuring it meets the intended outcomes.	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members.	Programme Manager & Locality Manager
Ongoing / Various	A range of evaluation activities are undertaken as new elements of the Plan are developed to inform their impact. There has also been wider outcomes and measurement work undertaken for reporting and monitoring purposes	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members.	Programme Manager & Locality Manager
December 2023 and November 2025 - reviewed	The Strategic Delivery Plan was developed in 2023 collaboratively with a range of stakeholders. This took place on a one-one basis, in group formats, in meetings and by reading strategies, service documents and progress reports. Minutes from meetings where this was discussed and agreed are available. A development event was	Primary Care Mental Health and Wellbeing Strategic Planning Group and Operational Group members. This included representatives from Dundee Volunteer and Voluntary Action, connecting with the Community Health Advisory	Programme Manager

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## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

	held bringing this key group together to discuss aims, outcomes, priorities, and actions in terms of the framework and a delivery plan.	Forum and NHS Tayside Public Partners.
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### STEP 2- Impact Assessment Record (continued)

**Equality, Diversity & Human Rights** – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

**Not known** – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

**No impact** – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	x	Services offered within the Framework and via the Delivery Plan have no upper age limit and have interventions approaches both suitable for and tailored to adults and older adults. There is a positive impact in terms of children and young people as Delivery Plan aims to improve awareness and navigation of pathways for children and young people to relevant services.
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive	x	The range of supports provided to individuals will include health and social care support for individuals who are or have been pregnant, in the post-natal phase and beyond. Ongoing engagement activities may highlight pregnancy and maternity aspects for consideration within the workforce and those supported, and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive	x	

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No impact		The Plan is for all adults who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. It is recognised that men are at higher risk of suicide and seek help less often than women, ongoing engagement activities may highlight sex aspects for consideration within the workforce and those using services, and any negative impacts will be addresses with actions in the action plan and any service development.
Negative		
Not known		
<b>Religion &amp; Belief</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	x	The Plan is for individuals who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. Ongoing engagement activities may highlight religion and belief aspects for consideration within the workforce and those supported, and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
<b>Race &amp; Ethnicity</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	x	The Plan is for individuals who are or may experience and require support for their mental health and wellbeing with interventions that promote recovery. Ongoing engagement activities may highlight race & ethnicity aspects for consideration and any negative impacts will be addresses with actions in the action plan.
No Impact		
Negative		
Not Known		
<b>Sexual Orientation</b>		<b>Explanation, assessment and potential mitigations</b>
Positive	x	There is a growing understanding of the impact of sexual orientation and relationships for people experiencing mental health issues. This understanding encompasses factors such as gender-based violence, violence against women, and the increased prevalence of mental health issues within LGBTQ groups.
No Impact		
Negative		
Not Known		
<b>Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children’s Rights impacts not covered elsewhere in this record.</b>		
Reducing Health inequalities linked to socioeconomic deprivation is a key factor for the Planned and mental health and wellbeing service provision in Primary Care, recognising the current high level of need in these groups. Services will focus on addressing these and activity will be monitored to ensure fair access and services are targeted to those who need it most.		

### STEP 2- Impact Assessment Record (continued)

**Fairness & Poverty Geography** – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
<b>Strathmartine</b> (Ardler, St. Mary’s & Kirkton)	x		x	
<b>North East</b> (Whitfield, Fintry & Mill O’Mains)	x		x	
<b>Lochee</b> (Lochee Beechwood, Charleston & Menzieshill)	x		x	
<b>Coldside</b> (Hilltown, Fairmuir & Coldside)	x		x	
<b>East End</b> (Mid Craigie, Linlathen & Douglas)	x		x	
<b>Maryfield</b> (Stobswell & City Centre)	x		x	
<b>Other areas in Dundee</b> (not CRA but individual/households still might be impacted by Fairness issues)				

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West End	X		X	
The Ferry	X		X	
<b>Description of impacts on Fairness-</b> . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>Positive: The mental health and wellbeing multi-disciplinary team outlined in the Framework work within in all general practices across the city and will benefit all geographical areas named. This supports local access for people, with potentially less transport costs they also offer telephone appointments where this may suit some people and again cost less. The ability for services to be accessed nearer to home decreases travel, and therefore costs and time for people.</p> <p>Negative: People may find it difficult to access services if they require to travel and cannot afford this. For example, those travelling from surrounding villages to practices (GP premises in Birkhill and Invergowrie are included in Dundee Primary Care area). Not all services are in GP practices such as Welfare Rights are in some and services are offered centrally otherwise. Distress Brief Intervention is offered at a variety of community settings and has a city centre office space.</p>				

## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

### STEP 2- Impact Assessment Record (continued)

**Household circumstances have considerable long-term impacts on Fairness and Poverty.**

**Child Poverty (Scotland) Act 2017** addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

**Household and Family Group-** *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
<b>Care Experienced Children and Young People</b>		
Positive	<input checked="" type="checkbox"/>	Care experienced children in adulthood will benefit from this Plan and ensuring that supports and services are optimised in the city.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)</b>		
Positive	<input checked="" type="checkbox"/>	It is known that a caring role can have an impact on mental health and wellbeing and optimising services will positively impact carers. Carers of adults with mental health and wellbeing conditions / problems will benefit from having the person they care for having access to the right care at the right time. They often support the travel needs of those they provide the care to. With services being in local areas and this reduces barriers for carers. This means they can identify time to meet their own mental health and wellbeing needs. Carers will be supported in their own right via our services also.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Lone Parent Families/Single Female Parent Household with Children</b>		
Positive	<input checked="" type="checkbox"/>	Lone parent families will benefit from ensuring services and supports are optimised with a choice of in person or digital supports. Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Households including Young Children and/or more than 3 children</b>		
Positive	<input checked="" type="checkbox"/>	Households with young children and / or more than 3 children will benefit from ensuring services and supports are optimised with a choice of in person or digital supports. Flexible appointments offered by services may support being able to get childcare and being local may not need to be away from child for long.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Retirement Pensioner (s)</b>		
Positive	<input checked="" type="checkbox"/>	Services offered do not have an upper age limit therefore those retired, or pensioners will benefit. Services and supports are optimised with a choice of in person or digital supports, in their local community. There are potential benefits to carers of retirement age of those with mental health conditions who will benefit from the right care at the right time.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Serious &amp; Enduring Mental Health Conditions</b>		
Positive	<input checked="" type="checkbox"/>	The multi-disciplinary team support people experiencing mental health issues and serious mental health conditions, they will therefore benefit from this Plan and ensuring that supports and services as optimised in the City. Where necessary referral to specialist services will be made via the team for ensure seamless access to this care.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Homeless (risks of Homelessness)</b>		
Positive	<input type="checkbox"/>	Anyone who is homeless and registered with a GP can access the services offered. Those not registered with a GP can be supported by the health inclusion team and hostel staff to register with a GP who will support access also. The intention is to prevent homelessness and to resolve homelessness for this group by partnership working with specialist homeless services and organisations.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<b>Drug and/or Alcohol issues</b>		

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Positive	x	This Plan aims to provide support to adults experiencing mental health issues and to promote early intervention and prevention alongside recovery. The intention is to prevent issues arising from drug and alcohol use and to resolve issues and support adults affected by this by partnership working with specialist services and organisations.
No Impact		
Negative		
Not Known		
<b>Offenders and Former Offenders</b>		
Positive	x	Available to offenders or ex-offenders. The intention is to work in partnership with Criminal Justice Services where appropriate.
No Impact		
Negative		
Not Known		

### STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

**Socio-Economic Disadvantage and Inequalities of outcome** – *consider if the following circumstances may be impacted for individuals in the following conditions/areas.*

Explanation, assessment and any potential mitigations		
<b>Personal/Household Income.</b> (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	x	It is well known that socio-economic disadvantage is a determinant of poor mental health and wellbeing. The priorities and actions in the Plan include partnerships and initiatives to support income maximisation, benefit advice, debt reduction and ensuring services and supports are optimised with a choice of in person, telephone, or online supports, in their local community to avoid the impacts of the cost-of-living crisis. Link Workers are based with all practices in Dundee and able to provide advice and support around financials. Welfare Rights are also available in several practices with a view to expanding who will also support the population in benefit claims, appeals etc.
No Impact		
Negative		
Not Known		
<b>Fuel Poverty-</b> household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	x	Included as part of personal income maximisation above.
No Impact		
Negative		
Not Known		
<b>Earnings &amp; employment-</b> including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	x	Link workers will consider if an employment, educational or skill development pathway is helpful for someone and refer and support accordingly.
No Impact		
Negative		
Not Known		
<b>Connectivity / Internet Access/ Digital Skills</b>		
Positive	x	Positive: Research indicates that 95% of people over 16 own a smart phone. 99% in the 25-54 own a smartphone. This decreases with age, 88% of 55+ and 72% of 75+. Digital therapies, information and web / app-based support are indicated in this plan and service developments Negative: Not everyone has access to telephones, or the internet creating inequality in access to support such as Computerised CBT and online counselling services, making appointments and accessing telephone or online appointments. This can be mitigated by third sector organisations who offer connection and internet support to people as do Sources of Support.
No Impact		
Negative	x	
Not Known		
<b>Health (including Mental Health)</b> Specifically consider any impacts to <b>Child Health</b>		
Positive	x	

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## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

No Impact		Mental health and wellbeing of our target group will be enhanced through the actions of the Plan. The practitioners working within these services provide assessment and advice as first point of contact, have expertise in how people can be best supported and clear links to other parts of the wider mental health team if required.
Negative		
Not Known		
<b>Life expectancy</b>		
Positive	<input checked="" type="checkbox"/>	By improving access for patients due to the range of multi-disciplinary services supporting practices it is envisaged this will have a positive effect on health by being able to proactively aid patients in taking responsibility for their own health and wellbeing and this would be measured qualitatively.
No Impact		
Negative		
Not Known		
<b>Healthy Weight/Weight Management/Overweight / Obesity</b>		
Positive	<input checked="" type="checkbox"/>	The effective efficient care provided will benefit those with long term conditions including obesity.
No Impact		
Negative		
Not Known		
<b>Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing</b>		
Positive	<input checked="" type="checkbox"/>	Access to services more locally will have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
No Impact		
Negative		
Not Known		
<b>Transport (including accessible transport provision and sustainable modes of transport)</b>		
Positive	<input checked="" type="checkbox"/>	Reduction in the use of various forms of transport due to local access to services will have a positive impact on environmental factors.
No Impact		
Negative		
Not Known		
<b>NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2</b>		

### Step 2- Impact Assessment Record(continued)

<b>Environment- Climate Change</b>		
<b>Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change</b>		
Positive		
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
<b>Resource Use</b>		
<b>Energy Efficiency and Consumption</b>		
Positive		
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
<b>Prevention, Reduction, Re-use, Recovery, or Recycling of Waste</b>		
Positive		
No Impact	<input checked="" type="checkbox"/>	
Negative		

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Not Known		
<b>Sustainable Procurement</b>		
Positive		
No Impact	x	
Negative		
Not Known		
<b>Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces</b>		
Positive		
No Impact	x	
Negative		
Not Known		
<b>Built Environment - Housing and Built Heritage</b>		
Positive		
No Impact	x	
Negative		
Not Known		

### STEP 2- Impact Assessment Record (continued)

*There is a requirement to assess plans that are likely to have significant environmental effects.*

**Strategic Environmental Assessment** provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

<b>Strategic Environmental Assessment</b>				
<b>Statement 1</b>				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
<b>Yes</b>	x	<b>No</b>		
<b>Statement 2</b>				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
<b>Yes</b>		<b>No</b>	x	Use the <a href="#">SEA flowchart</a> to determine whether this plan or proposal requires SEA.
<b>If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</b>				
<b>Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)</b>				
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

**As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)**

**End of Impact Assessment Record.**

## Appendix 2: Dundee Integration Joint Board Integrated Impact Assessment

The completed 'Step 1-Essential Information and Pre- Impact Assessment Screening Tool' part of this document **must be sent to IJB** pre-agenda meetings with draft IJB reports.

When Step 1 indicates that Step 2 (IIA) is required both Step 1 and Step 2 completed pages must be must accompany draft IJB Reports to IJB Pre-Agenda stage and at should be included with IJB papers. IIA records should accompany IJB papers will be published with relevant IJB Report. Any changes or additions agreed at IJB should be made before final publication.

Additional Information and advice about impact assessment can be found at

<https://www.gov.scot/publications/local-development-planning-regulations-guidance-consultation-part-d-interim-impact-assessments/pages/3/>

The IJB IIA record has been developed from the DCC IIA, guidance which contains more detailed information about each of the sections in the DCC IIA can be accessed here:

[https://www.dundee.gov.uk/sites/default/files/publications/20220131\\_ia\\_guidance\\_2022\\_v1.1.pdf](https://www.dundee.gov.uk/sites/default/files/publications/20220131_ia_guidance_2022_v1.1.pdf)

This form was last updated in February 2024.

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