



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 10 DECEMBER 2025

REPORT ON: ANNUAL REPORT ON TAYSIDE LEAD PARTNER ARRANGEMENTS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB84-2025

1.0 PURPOSE OF REPORT

1.1 To present to the Integration Joint Board an annual progress report in relation to Tayside-wide services delegated to the three Integration Joint Boards under Lead Partner arrangements.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report and the 3 Appendices providing an update on the current position and progress of delegated Tayside-wide Lead Partner services.
- 2.2 Agrees to an annual reporting cycle for Lead Partner services to improve visibility and reporting and strengthen IJB governance in relation to Lead Partner services across Tayside

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 The Integration Scheme documents (2022) for the 3 Tayside Integration Joint Boards identifies and defines Lead Partner arrangements for a number of Tayside-wide services. A summary of these services are noted below in Table 1

Table 1 (extract of Annex 1 part 3 of Dundee Health and Social Care Integration Scheme 2022)

Angus	Dundee	Perth and Kinross	NHS Tayside
<ul style="list-style-type: none"> • Primary Care services (excluding the NHS Board administrative, contracting, and professional advisory functions) • Locality Pharmacy • GP Out of Hours • Speech and Language Therapy • Forensic Medical services and Custody Nursing 	<ul style="list-style-type: none"> • Psychology • Sexual and Reproductive Health services • Homeopathy • Specialist Palliative Care • The Centre for Brain Injury Rehabilitation (CBIRU) • Eating Disorders • Dietetics • Medical Advisory 	<ul style="list-style-type: none"> • Public Dental Services / Community Dental Service • Prisoner Healthcare • Podiatry <p>Strategic Planning Coordination only in relation to:</p> <ul style="list-style-type: none"> • Inpatient mental health services 	<p>Operational Management only in relation to:</p> <ul style="list-style-type: none"> • Large Hospital services including Accident and Emergency and wards associated with unplanned admissions • Inpatient mental health services • Inpatient learning disability services

	<ul style="list-style-type: none"> • Tayside Health Arts Trust • Keep Well • Psychotherapy 	<ul style="list-style-type: none"> • Inpatient learning disability services • Inpatient drug and alcohol services 	<ul style="list-style-type: none"> • Inpatient drug and alcohol services
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4.2 The Integration Scheme notes the following duties and responsibilities for Lead Partner services

Section 6.6 – “Where the Chief Officer is the Lead Partner in relation to services set out in Annex 1 part 3 the Parties agree that the Lead Partner will:

- Have operational management responsibility for those services across Tayside
- Co-ordinate the strategic planning of those lead partner services
- Will seek approval from all Integration Joint Boards on proposed strategy for those services as required in Section 29 of the Act and having regard to all localities in the Tayside area
- Will provide reports on those services to other Integration Joint Board at least in every planning period, ensuring consultation where significant service change is planned at any point”

4.3 IJB Chief Officers have agreed to strengthen shared governance and reporting and commit to a collective approach going forward. It is proposed that annual reports providing updates on all Tayside-wide Lead Partner services are provided to all 3 Tayside IJBs.

4.4 Regular collaborative meetings are scheduled which involve Chief Officers, Chief Finance Officers and Heads of Service to discuss performance, finance and any cross-cutting issues.

4.5 3 Appendices are attached to this report – each one providing an update on the Lead Partner service from the relevant HSCP.

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

Risk 1 Description	Changes in demand, performance, activity and financial position of Tayside-wide services may have a detrimental impact on the population health outcomes for citizens of Dundee and continued financial pressures on the IJB’s budget
Risk Category	Quality of Care / Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 – High Risk Level
Mitigating Actions (including timescales and resources)	Collaborative working and joint oversight through regular meetings across all 3 HSCPs to support the development of any required actions to address emerging issues
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 – Moderate Risk Level
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 – Moderate Risk Level
Approval recommendation	On the basis of the impact of the mitigating actions, this risk should be accepted

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 21 November 2025

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ANGUS IJB LEAD PARTNER SERVICES UPDATE

UPDATE BY JILLIAN GALLOWAY, CHIEF OFFICER

1 ABSTRACT

The purpose of this report is to provide the three Integration Joint Board (AIJB) across the partnership areas with an update on the current position of the services for which Angus IJB holds Lead Partner responsibility. These services include GP Out of Hours Service, Speech and Language Therapy, Tayside Continence Advisory and Treatment Service, Forensic Medical and Custody Healthcare.

2 BACKGROUND

The services mentioned in this report have critical roles in delivering healthcare across Tayside.

Tayside GP Out of Hours (OOH) Service: provides urgent primary care to the population of Tayside, treating patients in the community, helping support the whole NHS Tayside system including prevention of attendances at Emergency Department (ED). The service is currently delivered by a combination of salaried and sessional GPs, ANPs/nurses, healthcare support workers, team leaders, drivers, dispatchers, receptionists, and administration team.

The service delivers care and treatment to the population of Tayside via our hubs in:

- Perth (PRI) – Monday – Thursday 6.00pm – 8.00am, and Friday 6.00pm until Monday 8.00am
- Dundee (Kings Cross Health and Community Care Centre) – Monday – Thursday 6.00pm – 8.00am, and Friday 6.00pm until Monday 8.00am
- Angus (Whitehills Health and Community Care Centre) – Saturday 1.00pm – 6.00pm

Speech and Language Therapy Service: works with people over the age of 16 who have a communication or swallow difficulty which has started in adulthood. Speech and language therapists work to make better lives for people affected by communication and swallowing difficulties.

The SLT service provides dedicated inpatient and outpatient assessment and treatment to patients in Ninewells, Royal Victoria Hospital in Dundee, Perth Royal Infirmary, Whitehills Health and Community Care Centre in Forfar and Arbroath Infirmary. Each partnership also has a community team which visits people in their own homes.

The challenge of delivering a Tayside wide service to distinct communities, geographical settings and across acute, secondary care and community is complex and multifaceted. The funding arrangements and relationships within and across three partnerships and NHS Tayside add to this complexity.

Tayside Continence Advisory and Treatment: this is a small nurse led service, working in partnership with colleagues from all disciplines, patients, and their carers in developing and delivering a quality patient focused services throughout Tayside. The service provides professional advice, support and treatment for patients suffering from urinary or faecal incontinence. Following a service redesign in May 2023, the service is only for Tayside patients over the age of 18 years, with under 18s patient group being managed by Women, Children and Families Division. The service is also responsible for overseeing all patient prescriptions, including inpatients requiring absorbent/pads.

Forensic & Custody Healthcare Service: provides healthcare and forensic medical services to people who find themselves in police custody. Forensic assessments include fitness to be detained, mental health assessment and driving under the influence offences, amongst others, as well as forensic medical services to both complainants and suspects of sexual offences. Following a review of The Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards, published in December 2017, the then Chief Medical Officer formed a taskforce to work with NHS Boards and drive the improvements to enable local services to meet the standards. Standard 2.10 stated that “People have the opportunity to request the gender of the forensic examiner who will be involved in their care.” This was then followed up in the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, which conferred on health boards, the legislative requirement to offer the choice of a female sexual offence's examiner. It should be noted that the examiner must be a doctor at this time. A test of change is underway in relation to the use of nurse sexual offence examiners, but the Lord Advocate must be satisfied that the nurses are as effective as doctors prior to this being passed.

Following completion of the implementation process, the CMO Taskforce was disbanded and the SARCS Policy Unit was formed within Scottish Government, along with the SARCS care network. The policy unit are responsible for ensuring that boards are compliant with legislation while the network provides support for boards, sharing good practice and developing shared guidance.

3 CURRENT POSITION

Out of Hours (OOH)

The GP OOH Service, one of several elements within a complex 24/7 care pathway, plays a critical role in maintaining safe and accessible care for people when GP practices are closed. It operates in close partnership with in-hours general practice, NHS 24, the Scottish Ambulance Service (SAS), District Nursing, Community Pharmacy, community health and social care teams, and acute hospital services.

Like many parts of the health system, the GP OOH Service is experiencing rising demand, increasing clinical complexity and acuity, and the impact of a growing population of older people living with frailty and multiple long-term conditions. These pressures, alongside ongoing workforce and financial challenges, mean that the current model, while safe and valued, must evolve to remain sustainable.

The OOH Service is currently going through reform (known as the OOH Reform), this was commissioned by the Chief Officer of Angus in March 2025. The aim of this work, which is aligned with the Scottish Government/COSLA Health and Social Care Service Renewal Framework 2025-2035, is to deliver a sustainable, high-quality, and equitable service that meets the needs of the population now and into the future, providing the right care, in the right place, from the right professional. It seeks to address long-standing challenges in workforce capacity, service performance, and financial sustainability, while ensuring that urgent primary care remains safe, accessible, and responsive to local needs, now and in the future.

Out of Hours Activity – January to September 2025

OOH activity levels across Tayside continue to mirror the sustained high demand seen within in-hours general practice. Rising General Practice consultation rates and constrained workforce capacity suggest that some urgent or unscheduled presentations are shifting toward OOH services. The pattern reflects both patient need and system interdependence: as in-hours access becomes more challenging in some areas, OOH provides essential continuity for urgent assessment and management, helping to prevent unnecessary emergency department attendances and hospital admissions.

Overall activity

Between 6 January and 15 September 2025, the Tayside OOH Service managed 56,910 contacts. This equates to an overall rate of 253 contacts per 1,000 population across Tayside.

□

HSCP area	Contacts	Population	Contacts per 1,000 population
Angus	13,930	116,120	120 per 1,000
Perth & Kinross	15,110	150,800	100 per 1,000
Dundee	24,910	153,000	163 per 1,000

Contact type and management

Of the total activity:

- 33,800 (59%) were advice calls,
- 17,400 (31%) were attend calls,
- 5,300 (9%) were home visits, and
- 400 (1%) were administrative calls.

The majority of OOH cases were managed entirely within the service, without onward referral or admission:

- 98% of advice calls,
- 86% of attend calls, and
- 84% of home visits were managed solely by OOH clinicians.

Professional calls

A substantial proportion of OOH activity supports inter-professional communication and coordination across the wider system:

- 3,463 care home calls,
- 1,290 District Nursing calls,
- 1,075 community pharmacy calls,
- 2,081 Scottish Ambulance Service calls,
- 310 laboratory calls,
- 116 supporting the CRISIS team,
- 44 Police Scotland calls, and
- 43 calls from the Scottish Prison Service.

This reflects the ongoing role of OOH in supporting both urgent clinical care and professional interface work across community and institutional settings.

Presenting reasons (coded cases)

While some diagnostic coding limitations remain, the most frequently recorded presenting problems include:

- Complex urinary tract infections,
- Skin and soft tissue conditions (including cellulitis),
- Abdominal pain,
- Respiratory tract infections,
- Medication-related issues,
- Documentation of death,
- Musculoskeletal pain (notably backache), and
- Vomiting and gastroenteritis.

These reflect the typical case mix of urgent but non-emergency presentations suitable for OOH management.

Interpretation and emerging trends

- Dundee shows the highest OOH consultation rate (163 per 1,000), likely reflecting population density and socio-economic factors. It may also reflect challenges in daytime GP access.
- Angus and Perth & Kinross show lower rates (120 and 100 per 1,000, respectively), consistent with rural geography and better-established town-based healthcare including accessible Pharmacy First and community optometry.
- The high proportion of contacts managed solely by OOH underlines both the service's clinical effectiveness and the level of demand being absorbed out with daytime general practice and emergency departments.
- Sustained activity at this scale continues to place pressure on workforce and sustainability, particularly as in-hours primary care capacity remains constrained.

A paper will be presented to the December Angus IJB outlining the strategic framework for OOH. This paper will outline the vision, priorities, and guiding principles that will shape future service delivery, and will provide clarity on the next steps required to progress the transformation agenda. It will also detail how the framework aligns with national policy, local needs, and the IJB's commissioning responsibilities.

Speech and Language Therapy

Recruitment into the SLT service has improved over the past year. We have attracted applicants from England to full time permanent posts. However, recruitment to part time and fixed term contracts has been challenging. These posts offer some opportunities for internal secondments but backfilling these posts has been achieved only by recruiting newly qualified staff who lack experience, require extra time and supervision from senior staff and this does not provide the required skill mix.

The service has been successful in securing additional short-term funding until March 2026 for acute additionality, (0.2wte of a Band 6), and to support Head and Neck Cancer (H&N Ca) waiting times (1.2wte Band 7 filled with 1.0 Band 6 and 0.6 Band 4). We have recruited to the (H&N Ca) posts internally and have backfilled with newly qualified practitioners (NQPs) which has significantly affected the skill mix and makes it challenging for staff to meet patient needs. The additional Scottish Government H&N Ca money has meant a 100% increase in qualified staff and the introduction of a support worker in this area, and we have been able to show improvements in several areas of patient care and wellbeing. A paper has been taken to the Cancer Care Board who recognise and support that recurring funding is required, however as they don't hold a budget a subsequent paper will be taken to the Tayside Integrated Joint Board.

The challenge of a small service is that any flux in staffing impacts service delivery, and we have little resilience beyond the current posts, if we move staff from one area this has consequences for elsewhere in the system. As many of the posts have originated from designated ring-fenced money such as major trauma, cancer and stroke, there are limitations on delivering an equitable Tayside wide service, across specialties, acute and partnerships. A number of senior post holders provide single person, specific specialist services with no succession planning as there is no funding for junior posts in these areas. The age profile of some of these posts means that within 3-5 years they are likely to retire. SBARs have been written to highlight this along with the increased demand in these specialist areas but we have not been successful in securing any additional funding.

There remain a number of inequities in service provision across Tayside. Perth and Kinross require further investment to strengthen out-patient/community services which are not resourced to the same level as Angus and Dundee, and as a result have a higher number of people waiting to be seen

Continence Advisory and Treatment

- **Spend on Containment Absorbent Products**
The average monthly spend on containment absorbent products within NHS Tayside in 2024 was 4.3% lower compared to the same reporting period in 2025.
- **Contract Status**
The 24-month fixed price period, effective from 1 September 2023 to 1 September 2025, has now concluded within the five-year Ontex contract. No further price increases have been confirmed by National Procurement following the end of this two-year price fix.
- **Patient Numbers**
Active patients using containment absorbent products during the same reporting period decreased from 7,527 in 2024 to 7,409 in 2025.
- **Waiting Times**
Due to a range of service improvements, waiting times for new referrals have reduced significantly—from 21 weeks in April 2024 to 10 weeks in November 2025. There are currently 114 people waiting.
- **Workforce Update**
There is one unfilled Band 5 post pending recruitment.
- **Service Opportunities**
The removal of all-in-one products from the formulary and the application of specialist criteria for 24-hour care settings is resulting in cost improvements and efficiencies.
- **Current Challenges**
Health promotion and education, including early intervention has to be balanced with increasing clinical demand and is not always a priority.
- **Service Assurance**
Assurance is provided through annual clinical governance reporting to the AHSCP CCPG. Monthly service dashboards detailing waiting times, referrals, appointments offered, and spend across community and care home settings at three sites are reviewed with finance.

Forensic Medical and Custody Healthcare

Tayside Sexual Assault Referral Coordination Service (SARCS)

The SARCS Service in Tayside received a total of 76 referrals between April 2024 and March 2025.

Over the past year the service has seen significant changes; Introduction of SARCS Nurse Coordinator Post - which has assisted in improved compliance in meeting HIS Standards of offering follow up care to patients and seeking feedback from them to aid service improvements, and the successful recruitment of a part time female Forensic Medical Examiner.

The service does however remain non-compliant (active risk) with the HIS standards in relation to offering sex of examiner, despite the recruitment of a part time female examiner. A SLWG is being lead by Angus HSCP Clinical Director to explore options on how this can be further improved.

The service is currently working with the NHS Tayside Public Protection Team to support awareness raising of the service to those most vulnerable within our communities. Work is ongoing with NHS Tayside Estates Department to explore alternative premises if the NHS Tayside lease of Kingsway Care Centre comes to an end.

Custody Healthcare

The team have provided care and treatment to 2303 individuals between April 2024 - March 2025, demand on the service is increasing as is the complexity of need of those in custody.

A Target Operating Model (TOM) has been developed for custody healthcare nationally, led by the National Police Care Network. The aim of the TOM is to ensure consistent service delivery

across all board areas, through sharing best practice and supporting local services to make improvements to their services. The service submitted its first self assessment in October 2025 and is in the process of drafting an improvement plan. The Service is additionally working with Adult Mental Health Services to improve pathways of care and is implementing Cocaine Brief Interventions, Blood Borne Virus Testing and Take Home Naloxone for those in custody.

4 FINANCIAL POSITION

The overall Lead Partner financial position for each of the three IJB's is set out below within this report and continues to be routinely reported to the IJB through the regular Finance Report.

LEAD PARTNER SERVICES IN ANGUS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE (Over)/Under	
	£k	£k	
Tayside Forensic Service	1,378	3	
Out of Hours	10,391	(2,175)	
Tayside Continence Service	1,627	(430)	
Locality Pharmacy	2,991	0	
Tayside Speech Therapy	1,817	79	
Apprenticeship Levy	64	(4)	
Baseline Uplift surplus / (gap)	(46)	(46)	
ANGUS LEAD PARTNER SERVICES	18,222	(2,573)	
Attributable to:			
Angus	4,939	(697)	
Dundee	7,179	(1,014)	
Perth & Kinross	6,104	(862)	

Note (1) Beyond the headline position noted above, in year overspends regarding Out of Hours Services will be offset by one-off ring-fenced reserves allocated to all 3 IJBs by NHS Tayside and intended to address system-wide demand pressures and support sustainability.

The Out of Hours (OOH) Service continues to experience increased demand, resulting in a projected overspend of c£2.175m. This pressure is primarily due to ongoing workforce challenges and the need to deploy additional staff to meet service demand. A comprehensive service review (OOH Reform), led by key stakeholders across NHS Tayside, is currently underway to identify improvements and develop a sustainable, patient-centred model. A separate report to the December IJB meeting provides a detailed update and seeks approval to progress to the next phase of work, which will involve developing detailed options for the future service model.

Tayside Continence Service is forecast an overspend of c£0.430m, primarily driven by a growth in patient numbers, reflecting the strategic aim of supporting people to live at home longer, as well as contractual price increases. Discussions will continue to be progressed through the Lead Partner Group to agree on a collective approach for addressing the overspend.

Lead Partner Services – Dundee IJB Appendix 2

1 Financial Summary

The overall financial position for Dundee Lead Partner services for each of the 3 IJB's is set out below and continues to be routinely reported to the IJB through the regular Finance Report.

Under the agreed financial risk sharing arrangements, any over or underspends are proportionately reallocated across the 3 Tayside IJB's at the end of the financial year.

The projected financial position for 2025/26 noted in the table below is based on the information available to end October 2025.

	Annual Budget £000s	Projected Year End Over / (Underspend) £000s
Lead Partner Service - Dundee		
Palliative Care - Dundee	3,892	270
Palliative Care - Medical	1,962	100
Palliative Care - Angus	493	(8)
Palliative Care - Perth	2,336	(10)
Brain Injury	2,245	(55)
Homeopathy	45	(15)
Psychological Therapies	7,960	250
Psychotherapy (Tayside)	1,390	(90)
Perinatal Infant Mental Health	515	0
Dietetics (Tayside)	4,860	180
Sexual & Reproductive Health	2,898	54
Medical Advisory Service	88	(8)
Tayside Health Arts Trust	88	0
Learning Disability (Tay Ahp)	987	(155)
Sub-total	29,758	514
Apprenticeship Levy & Balance of Savings Target	493	(374)
Total Lead Partner Services - Dundee	30,251	140
Attributable to Angus	8,198	38
Attributable to Dundee	11,919	55
Attributable to Perth&Kinross	10,134	47

2 Service Information

2.1 Tayside Specialist Palliative Care Services

Purpose of Service / Current position

Dundee Health & Social Care Partnership leads Specialist Palliative Care across Tayside, offering both inpatient and community-based support for people with life-limiting illnesses. Care is delivered through a multi-disciplinary team, including Community Macmillan Nurses, GPs, AHPs and Community Nurses, with many patients supported at home. Inpatient care is available at Roxburghe House (Dundee/Angus) and Cornhill (Perth & Kinross). The service also provides bereavement and spiritual support, education for staff, and consultation for other organizations, aiming to improve quality of life and reduce symptom burden for patients and families.

Successes / opportunities

- **Tayside Together corporate objective:** The recognition of palliative care as a key objective for NHS Tayside where Specialist Palliative Care is a key contributor.
- **Strategy development:** Tayside wide, whole system strategy in development aligned to the recently published National Strategy.
- **Workforce:** Currently being reviewed across the whole system to maximise the benefit to patients of resources considering skill mix, shifting the balance of care and education needs. 1WTE Project Manager recruited and part time seconded LIST Analyst being explored to support the work.
- **Innovation:** New care models are in development to improve outcomes and reduce inefficiencies in the day services which are underutilised and community teams.

Challenges and risks

- **Digital capabilities:** IT equipment is essential for agile working as we shift the balance of care, to ensure timely access to and sharing of information, reduce delays to treatment and improve outcomes.
- **Financial Implications:** Meeting the requirements of the Health and Care (Staffing) (Scotland) Act 2019 has consistently resulted in an overspend position. The whole system review aims to make service provision more efficient and effective reducing any overspend whilst minimising any impact to patients and the wider system.

Priorities for the next period

- Work with the Tayside Together group to develop a delivery plan for palliative care services improvement work and to deliver on the Tayside and National Strategies.
- Work with key stakeholders across Tayside to understand the population health and demographic needs and form a collaborative care model.
- Employ a seconded LIST Analyst through external funding stream to support data collection and understanding.
- Collect and review data in relation to Palliative care need across Tayside. Understand inpatient data modelling and how this care could be shifted to community-based delivery.
- Review all roles with Specialist Palliative care service to consider skill mix and opportunities to remodel.
- Review and redesign where improvements are identified, Specialist Palliative care services in line with the whole system review.

2.2 Stroke and Neuro Rehabilitation (previously known as Brain Injury Rehabilitation)

Purpose of Service / Current position

Dundee Health & Social Care Partnership leads Stroke and Neuro Rehabilitation across Tayside, providing both inpatient and community-based support for people affected by stroke, brain injury, or major trauma. The service uses a multi-disciplinary approach to support patients in any setting and helps them transition from acute care to community rehabilitation. Patients from Dundee and Angus use Royal Victoria Hospital, while those from Perth use PRI. Care is goal-based, involving patients, families, and the team, and includes access to art therapy, other therapeutic activities, and vocational rehabilitation to help working-age patients return to employment.

Successes / opportunities

- **Strategic development:** The team work with the Stroke MCN and as a collective across Tayside to ensure that audit data is collected and influences service development, improvement opportunities and how the service benchmarks against the nationally agreed standards for care. The implementation of the Neurological Framework and NICE guidance

for Neurological rehabilitation is planned to ensure **quality** person-centred care is being delivered.

- **Workforce:** The skill mix across the service is under review with a competency framework for Clinical Nurse Specialists supporting the education and development of the nursing workforce to ensure they are able and competent to work to the top of their licence. A recently recruited Advanced Clinical Nurse Specialist for Stroke and Neuro supports the delivery of care across all settings.
- **Innovation:** The AHP Consultant is currently working with Neurology colleagues and community based AHP's to support more complex patients in their own homes. Spasticity and outpatient review clinics are now in operation to maintain patients at home and reduce unplanned admissions to hospital.

Challenges and risks

- **Digital capabilities:** IT equipment is essential for agile working as we shift the balance of care, to ensure timely access to; and sharing of information, reduce delays to treatment and improve outcomes.
- **Financial Implications:** Meeting the requirements of the Health and Care (Staffing) (Scotland) Act 2019 has consistently resulted in an overspend position. A service review is underway to explore options to reduce this overspend whilst minimising the impact on patients and the wider system.

Priorities for the next period

- Improve staff absence and wellbeing as a priority
- Work with key stakeholders across Tayside to consider the needs of parts of the population and form a collaborative care model.
- Collect and review data in relation to Stroke Audit.
- Continuous work to consider improved capacity and flow whilst ensuring that patient needs and goals are met.
- Review and redesign stroke liaison nursing service

2.3 Homeopathy

Purpose of Service / Current position

Dundee Health & Social Care Partnership is the Lead Partner for the delivery Homeopathy. This outpatient service operates from Day care at Roxburghe House. The service provides support and advice for patients who have not had relief with symptoms that have arisen from conventional treatment and/or not receiving benefit from conventional treatment.

The service accepts referrals for all age ranges of patients from a wide range of specialities with the majority of patients being referred from Oncology.

Successes / opportunities

- **Strategic development:** The post has been realigned to sit within the wider Specialist Palliative Care service to enhance governance arrangements. There is currently a whole system review underway to explore options to meet the Corporate Objective set by NHS Tayside.
- **Workforce:** The service was up until recently provided by a speciality doctor working 2 days per week. This doctor has since retired, and the post remains vacant until the whole system review is complete.

Challenges and risks

- **Sustainability:** The service had been under review in relation to the review of current and contemporary evidence to support the efficacy of the homeopathic interventions. NHS Tayside is an outlier across Scotland with no other health board having an NHS funded service of this type. All homeopathy was ceased and has moved to supportive care models. Scottish government is looking to review the efficacy and value of any prescribed homeopathy medications.

Priorities for the next period

- Ongoing review of service provision

2.4 Psychological Therapies

Purpose of Service / Current position

Dundee Health & Social Care Partnership is the Lead Partner for the delivery of Psychological Therapies (PT) in Tayside. The service comprises 18 sub-specialities delivering psychological interventions across the lifespan. In addition to direct psychological assessment and treatment, psychologists provide consultation to other disciplines and organisations, provide teaching and supervision for others delivering psychological interventions, provide specialist advice and support to carers and support relevant research and service evaluation. The overarching aim is to reduce psychological distress and enhance both psychological and physical well-being for individuals, families and carers across Tayside.

Successes / opportunities

- **Access target:** Six sub-specialities consistently meet the national target of 90% of patients commencing treatment within 18 weeks of referral; three more achieve between 80–89%.
- **Workforce Expansion:** DHSCP have supported funding 2.6wte additional Master level posts within Adult Services, with staff in post since August 2025. A further 6.4wte Clinical Psychology posts across Adult, Clinical Health and Neuropsychology have been recruited to.
- **Integrated Working:** Increased psychologists embedded within multidisciplinary teams (e.g. pain service, cystic fibrosis, dental hospital) enabling wider delivery of low intensity psychological interventions.
- **Innovation:** New ways of working with Clinical Health Psychology and the creation of new patient pathways within Clinical Neuropsychology for young onset dementia cases aim to reduce demand in these specialities over time.
- **Digital and Group Therapies:** Maximising the use of group therapies and developing the use of digital therapy interventions to improve reach and efficiency.

Challenges and risks

- **Waiting Times Performance:** As of September 2025, Tayside Psychological Therapies' overall performance against the 18-week waiting time standard was 75.5%, compared to the Scottish average of 78% (June 2025). This figure is an aggregate across 18 sub-specialities. Failure to meet the 90% performance target resulted in the service being placed in Enhanced Support by the Scottish Government in August 2024.
- **Specialities with greatest challenges:** Four specialities furthest from meeting the performance standards are: Adult Psychological Therapies (locality-based service), Adult Psychological Therapies within Community Mental Health Teams (locality-based services), Clinical Health Psychology (area wide service) and Clinical Neuropsychology (area wide service).

Priorities for the next period

- Continue with targeted recruitment to specialities with greatest challenges where budget permits.

- Continued engagement with Scottish Government Psychological Therapies Enhanced Support Team (SGPTEST) and Public Health Scotland to implement demand and capacity tools across the service.
- Review the impact of recent recruitment on performance trajectories and explore further services changes to ensure a consistency of improved performance across Tayside.

2.5 Psychotherapy

2.5.1 Multidisciplinary Adult Psychotherapy Service

Purpose of Service / Current position

The Multidisciplinary Adult Psychotherapy Service (MAPS) is a tertiary level service within Dundee Health and Social Care Partnership and NHS Tayside developed in 2006 to meet identified needs of adults with complex and enduring mental health needs. The service provides a Tayside-wide specialist service offering consultation, assessment and evidence-based intensive psychotherapy approaches within the following clinical pathways: Anxiety; Depression; and Trauma. Psychotherapy offered by MAPS is subject to the 18-week Psychological Therapies Waiting Time Target (HEAT).

The multidisciplinary team is comprised of: consultant psychiatrists in medical psychotherapy; clinical and counselling psychologists and adult psychotherapists who possess core professional qualifications in another mental health discipline, such as mental health nursing, social work and occupational therapy.

Successes / opportunities

- Successful recruitment and retention of staff during last 12-24 months;
- Successfully completed a 'Test of Change' in the past 12 months to improve access to psychotherapy. This has resulted in a further 13 Psychological Therapy Specialist Services being able to refer to MAPS;
- Continuing improvement in waiting times - at points achieving the 18 week to treatment target,
- All clinical staff trained in Eye Movement Desensitisation and Reprocessing (EMDR), an evidenced based approach for trauma;
- Three clinical staff working towards accreditation in Cognitive Behavioural Analysis System Psychotherapy (CBASP), an evidence-based approach for recurrent depression;
- Service development work underway to ensure the service is compliant with the Scottish Government Psychological Therapies Specification Standards

Challenges and risks

- Not consistently achieving waiting time targets;
- Internal variations in the duration of episodes of care which requires continued service development work.

Priorities for the next period

- Reduction in waiting lists and continuous development of waiting list management strategies;
- Co-development of clinical pathway work for adults with complex dissociative presentations;
- Continued service development to ensure the service is fully compliant with the Psychological Therapies Specification;
- Further service planning to implement the additional reduction in the working week.

2.5.2 Veterans First Point Service

Purpose of Service / Current position

Veterans First Point (V1P) Tayside is a specialist service developed in 2015 to support former military personnel and their families across Angus, Dundee and Perth. It is one of five NHS/HSCP V1P Centres in Scotland (Ayrshire & Arran; Borders, Fife; and Lanarkshire). The model aims to provide support for veterans and their family members across a broad range of needs:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi-professional team on site.

A unique feature of V1P Centres is the staff team, comprised of veterans, employed as peer support workers to offer assistance with a range of welfare and wellbeing issues and mental health clinicians who offer comprehensive mental health assessments and evidence-based psychological treatment across a spectrum of mental health difficulties, including those attributable to military service.

Successes / opportunities

- Achieved Royal College of Psychiatry accreditation in 2024.
- Two clinical staff working towards accreditation in Cognitive Behavioural Analysis System Psychotherapy (CBASP), an evidence-based approach for recurrent depression;
- One clinical team member working to achieve doctorate level training in psychotherapy;
- Service development work underway to ensure the service is compliant with the Scottish Government Psychological Therapies Specification;
- Active participation in national work to develop the National Framework for Veterans Mental Health through membership on the Scottish Government Advisory Board and related sub-groups;
- Consistently achieving the 18 week to treatment waiting time target to access psychological therapy.

Challenges and risks

- Continued non-recurrent funding model – approx 30% of service budget allocated annually from Scottish Government making longer term service planning more difficult;
- The National Framework for Veterans Mental Health (yet to be formally endorsed by the Minister) proposes three regional hubs for veteran mental health in Scotland. It is unclear how this may alter to way V1P Tayside is expected to operate.

Priorities for the next period

- Continued service development to ensure the service is fully compliant with the Psychological Therapies Specification;
- Active participation in national service development work, with a commitment to ensure the needs of Tayside veterans and their families continues to be met;
- Further service planning to implement the additional reduction in the working week.

2.6 Perinatal / Infant Mental Health / Maternity & Neonatal

2.6.1 - Tayside Perinatal Mental Health Team Service

Purpose of Service / Current position

The Perinatal Mental Health Team launched in Tayside on 1st November 2021, following Scottish Government investment in Perinatal and Infant Mental Health. The agreed team to comprise of Psychiatrists, Psychologists and Community Mental Health Nurses.

The specialist perinatal mental health team provides comprehensive assessment and multidisciplinary treatment for women and birthing parents experiencing, or at risk of, severe mental illness during pregnancy and up to the first postnatal year. The team delivers person-centred, compassionate, and trauma-informed care, always considering infant well-being and the broader impact on families. Staff are knowledgeable and supportive, assisting women after discharge from mother and baby units or hospital. Collaboration with other health professionals and agencies ensures holistic care, and the team also offers training, awareness sessions, and case advice to staff.

Successes / Opportunities

- Access: All patients have received equitable access and timely treatment regardless of location in Tayside and offered choices of appointment modality.
- Receipt of positive patient feedback, including via Care Opinion (further two very recently received).
- Able to offer shadowing/visiting opportunities to trainees and relevant staff for learning opportunities and raise profile of perinatal mental health and management.
- Integrated Working: Close working with Specialist Midwife in Perinatal Mental Health and Perinatal CMHNS links with midwives and health visitors in joint care planning and with CMHTs across Tayside.
- Innovation: Joint working project for perinatal counselling with Alternatives Listening Rooms (Funded by Whole Family Wellbeing Fund) for those who require support in mild/moderate category who do not meet threshold for secondary mental health services
- In house CPD and perinatal team development days.
- Part of National perinatal network forum and training forum

Challenges and risks

- Workforce; Current deficit in Team Lead post. Staff retention/risk of burnout/loss of goodwill in staff providing deputising cover.
- Managing geographical area with resources
- Where specialist perinatal service sits within newly developing MH&LD service model

Priorities for the next period

- To be involved in Northeast of Scotland project/steering group to discuss commonalities and agreed management of identified issues/ risks.
- Continue to raise risks of not recruiting to Team Lead Post.
- Involvement with maternity and MNP re improving maternity pathways for women/birthing parents.

2.6.2 – Tayside Maternity and Neonatal Psychology Service

Purpose of Service / Current position

The Maternity & Neonatal Psychology (MNP) Service was launched in May 2022 following Scottish Government investment in Perinatal and Infant Mental Health. The team comprises Consultant Psychologist, Clinical Psychologists, and a Clinical Associate in Applied Psychology, co-located in the Neonatal Unit at Ninewells Hospital. Clinical service is provided at locations throughout Tayside.

The service offers specialist psychological assessment and intervention for women and birthing people facing complex pregnancies, traumatic pregnancy or baby loss, or psychological difficulties related to their maternity experience. It also provides psychological support for parents of infants admitted to the neonatal unit, both during and after admission, as well as training and reflective practice opportunities for maternity and neonatal staff.

Successes / opportunities

- **Access:** All patients have received timely treatment within RTT standards.
- **Workforce:** DHSCP has enhanced the team with 1.0 WTE funding, enabling rapid access and expansion to early pregnancy loss support.
- **Integrated Working:** Embedded collaboration with maternity and neonatal teams, including a Specialist Midwife in Perinatal Mental Health and the successful launch of a Birth Reflections Service.
- **Innovation:** Three team members trained in the Brazelton Newborn Observation Scale, offering strengths-based parent-infant sessions. A research bid is in development to expand this work post-neonatal discharge.

Challenges and risks

- **Trauma-Informed Maternity Care:** Progress is ongoing but slower than hoped due to strategic complexities. Collaboration with TP-TIC and leadership teams continues.

Priorities for the next period

- Advance trauma-informed care integration across maternity pathways.
- Develop further pathways for early pregnancy care in collaboration with Women's Services.
- Collaborate nationally to ensure psychological care pathways align with the new Neonatal Model of Care.

2.6.3 – Tayside Infant Mental Health Service

Purpose of Service / Current position

Established in 2022, Infant Mental Health (IMH) is a small multidisciplinary clinical team of clinical psychologists and an art therapist. Referred patients are infants aged between 0-3 years old at the time of referral, who live with their parents or carers in Tayside. Referrers are Named Persons or Lead Professionals who, along with parents/carers, have significant concerns about the infant's emotional and psychological well-being and development, and attachment relationships. Clinical work is direct with infants and carers, as individual dyads or in groups, and indirectly with other early years professionals through consultation, case discussion, reflective practice and IMH development sessions.

Successes / opportunities

- **Hello in there wee one.** A partnership with local authority, third sector and university, utilising CORRA Innovation funding and a public-professionals participative approach, this antenatal bonding resource is now available to all expectant mothers in Dundee as part of routine maternity care.
- **Creative and Innovative Practice and Overall Winner at Advancing Healthcare Awards 2025,** additional funding has been obtained from NHSTCF to extent this work across Tayside.
- **Partnership working** with Dundee Contemporary Arts to co-deliver innovative parent-infant Art Therapy group intervention, and with Health Visiting colleagues in Angus to deliver evidence-based 0-3 years parenting intervention.

Challenges and risks

- **IMH remains a very small clinical service.** Approximately 16% of the 10000 infants in Tayside would be expected to be encountering some level of psychological/emotional wellbeing issue that would benefit from additional support. While not all 1600 such infants would require the direct input of IMH clinicians, even indirectly reaching this population through consultation and development sessions with other staff (health visiting, FNP, social work) is challenging with the existing staff resource.
- Posts that are part of the original IMH service development plan have not been recruited to due to funding constraints.

- The recording and reporting of clinical activity that does not directly involve the infant – IMH work always involves parents/carers/other professionals - can be problematic with our existing systems that are predicated on work being with the referred index person.

Priorities for the next period

- Further develop *Hello in there wee one* to reach all expectant parents in Tayside
- Continue with regular consultation/reflective practice sessions with those partner agencies working directly with infants aged 0 to 3 years
- Continue successful partnership with DCA to deliver and evaluate innovative parent-infant group work.

2.7 Nutrition and Dietetics

Purpose of Service / Current position

Service Aim To operate an excellent Nutrition & Dietetic Service aligned to the quadruple aim (improved patient experience, population health, reduced costs, and care team well-being); that helps to maintain and/or improve the nutritional wellbeing of the populations we serve across Tayside.

Service Vision 'NHS Tayside Nutrition and Dietetic Service - working in partnership with you and others to provide an excellent service to improve the nutrition, health and wellbeing of the Tayside population.'

Service Profile

The NHS Tayside Nutrition and Dietetic Service is a lead agency service (Dundee HSCP) that exists to lead the provision of nutritional care to the people of Tayside. This includes promotion of wellbeing to the public, prevention, early intervention and therapeutic nutrition strategies and nutritional support interventions.

Successes / opportunities

- Built paediatric team from a position of requiring mutual aid from other Health Boards to being fully established and delivering all aspects of care to high clinical standard.
- Development of a blended diet service for children across Tayside, providing a more patient centred approach and leading to reduced time spent in Hospital.
- Implementation of irritable bowel service (IBS) and Coeliac Disease (CD) service through digital medium.
- Review of parenteral nutrition across in-patient areas leading to establishment of quality improvement group which is driving up safety and quality for patients.
- Additional funding secured, supporting delivery across a range of specialist areas including: Paediatric Frailty at Home, Diabetes and the provision of specialist pumps
- Fixed term Scottish Government funding between Oct 2024 and March 2026 to optimise head and neck cancer pathway has enabled specialist proactive dietetic support from diagnosis through recovery resulting in national QPI's being met and improvements in health care quality and patient experience
- Short term project in Oncology outpatient settings which has enabled nutritional screening to identify patients at risk of malnutrition and sarcopenia at an early stage
- Project Dietitian appointed to commence in January 2026 reviewing and delivering specialist baby milk (SBM) service. Potential cash releasing savings of £300k across Health Board area.

Challenges and risks

- Significant waiting list continues in adult weight management with approximately 3000 on the waiting list and the longest wait being over 2 years. Significant redesign within the service, development of roles and use of commissioned services have been implemented on a fixed term basis. Further funding or reduced access is required to comprehensively manage the waiting list; a paper has been developed to seek support.
- Population Health approach to care is increasingly challenging to implement leading to a more reactive than proactive approach to healthcare.
- Recruitment and retention remain a challenge across all grades, especially at specialist band 6 grade.
- Issues have been highlighted with safe and timely provision of Parenteral Nutrition whilst a quality improvement group has been established a critical barrier remains with lack of timely access to appropriate vascular access with work ongoing with acute colleagues to explore potential options
- Risk associated with not securing recurring funding for head and neck cancer pathway which is due to end in March 2026 which will result in decline in QPI performance and poorer clinical outcomes.
- Nutrition is currently a gap in frailty pathways of care and inability to meet aging and frailty standard 5.
- Ever increasing demands placed on both clinical and managerial staff with impacts noted on wellbeing.

Priorities for the next period

- Address weight management waiting list via local means and also link in with regional and national work linked to obesity and the use of weight loss medications.
- Ensure that demand and capacity remain aligned in the coming years with reductions or increases being effectively matched to ensure quality service provision and staff wellbeing.
- Seek funding to support the embedding of dietetics in frailty MDT teams and pathways of care.

2.8 Tayside Sexual & Reproductive Health

Purpose of Service / Current position

The service comprises of Adult and Young People's services. The Young people's sexual health care is predominantly delivered in the service known as "The Corner" and is based in Dundee. There is also some service provision in Drumhar in Perth. The Adult services are provided from Ninewells Hospital (Dundee), Drumhar Health Centre (Perth), and Abbey Health Centre (Arbroath). There is also a community team that is aimed at delivering Sexual Health supports for vulnerable adults to improve access for those who experience barriers to accessing mainstream services in the clinics provided.

The overarching aim is to ensure anyone who requires specialist sexual health supports across Tayside can have access that meets their needs.

Successes

- GC vaccination programme launched 01.08.25 with good uptake to date.
- Post Termination of Pregnancy (TOP) Contraception counselling clinic started June 2025.
- Long-Acting Reversible Contraception (LARC) waiting times remain with the Health Improvement Scotland standard recommended 28 days.

Opportunities

- TSRHS to roll out Doxycycline Post exposure prophylaxis to eligible GBMSM in 2026 which will reduce infection rates for both Syphilis and Chlamydia.

- Women's Health Plan TOP/LARC group established to further support LARC delivery and TOP services with key partners involved.

Challenges and risks

- Nash system currently operating but nationally there are ongoing concerns in the medium term viability.
- Staffing and review of extended hours test of change.

Priorities for the next period

- Finalising Medlink application and embed platform into menopause annual review care to reduce menopause waiting list.
- Rolling out Optima across TRSHS with Workload Tools for safe staffing (The Corner has this system embedded).
- Prepare for the Scottish Government visit to TRSHS in January to review progress on the Key Performance Indicators of the current Sexual Health and BBV Plan.

2.9 Medical Advisory Service –

The service assesses housing applications for medical prioritisation carried out by an Occupational Therapist with extensive experience and supported by 2 part time Admin staff. There are currently no plans to review this service but it has been identified the criteria for medical prioritisation has not been reviewed for a number of years and should be considered in the next financial year.

2.10 Tayside Health Arts Trust

Purpose of Service / Current position

Tayside Healthcare Arts Trust (THAT) is a key charitable partner improving health and wellbeing for people with long-term conditions across Dundee, Perth & Kinross and Angus. Since 2002, THAT has delivered person-centred creative programmes in hospital, care and community settings, managed arts-based environmental commissions, and promoted the role of creativity in health both locally and nationally.

Successes / Opportunities

THAT delivered 25 programmes, 211 sessions, and supported 139 individuals. Participants reported improved mood (73%), confidence (72%), communication (60%) and social contact (74%), strengthening self-management and reducing isolation. 92% continued creative activity after programmes, joining community groups or maintaining routines at home. Hospital and community projects—such as stroke rehabilitation (PRI, RVH), palliative care outpatients, and dementia-friendly redesign at Kingsway Care Centre—demonstrate THAT's contribution to recovery and wellbeing. Strong partnerships include RSNO, DCA, V&A Dundee, Perth Concert Hall, The McManus and ANGUSalive.

Challenges and risks

Increasing demand for arts and health referrals and environmental design support, maintaining consistent evaluation tools in clinical settings; and ensuring continuity across hospital-to-community creative pathways. Funding stability remains the main risk.

Priorities 2025/26

- Develop 2026/27 programme including collaboration with Health Inclusion Team.
- Implement new communications strategy and website.
- Expand recurring creative programmes to reduce inequalities.
- Enhance participant voice through co-production and participatory planning.

- Strengthen workforce development via a new Artists' Forum and improved training.
- Embed a unified funding model to secure long-term sustainability.

2.11 Learning Disability (Tayside AHPs)

2.11.1 Tayside Adult Learning Disabilities Dietetic Service

Purpose of Service/Current Position

The Tayside Adult Learning Disabilities Dietetic Service, hosted under Dundee Health & Social Care Partnership, provides specialist dietetic care for individuals aged 16 and over who have left school. We manage nutritional complications such as artificial nutrition, malnutrition and obesity, alongside an increasing range of health-related inequalities. We offer detailed nutrition assessments and therapeutic interventions as part of our clinical care. In addition, we provide education and training, supporting carers, families, and partner organisations through teaching and supervision. We are a small team of dietitians and a health improvement practitioner, aiming to deliver equitable service across Tayside.

Successes / opportunities

- **Waiting List Management:** High-risk referrals are met within the 18-week target.
- **Improved Transition:** Development of a transition referral form to help transfer dietetic care.
- **Workforce Development:** Supported staff to work with NES to improve Dysphagia care in Scotland. We also host Robert Gordon University dietetic students for clinical placements to commit to workforce growth sustainability within Tayside.
- **Innovation in Care Pathways:** Established safe admission pathway for complex young adults requiring jejunostomy replacement at Ninewells, improving person centre care and reduce hospital bed-blocking.
- **Resource Development:** Created web-based guidance and educational materials for healthy nutrition messages and to offer troubleshooting guidance for enteral feeding.
- **Digital Visibility and Digital Group Therapies:** Enhanced access to dietetic intervention plans via Clinical Portal for GP's and hospital teams across Scotland. Embedded group training via digital and face to face platforms to improve reach and efficiency. 67 participants for on Nutrition course from August to December 2024, 55% completed evaluation and 100% would recommend the course to others.

Challenges and risks

- **Increasing Complexity:** Rising numbers of artificial nutrition cases requiring lifelong support, often without pre-transition planning.
- **Waiting Times:** Weight management referrals have the longest waits (though shorter than the two year wait for Specialist Weight Management Service).
- **Specialist Needs:** Anticipated increase in Prader-Willi cases with no dedicated Tayside provision for delivering safe care to this complex group.
- **Workforce Instability:** High turnover among carers and service providers impacting training delivery and continuity of care.
- **Service Uncertainty:** Potential relocations of Learning Disability services within Dundee and Tayside continue to be supported for both staff and service users to manage any impacts.
- **Post-Pandemic Impact:** Increased population isolation and reliance on poor-quality food provision (e.g., takeaway deliveries).
- **Digital Transition:** Need to upskill all team members for new electronic record systems.

Priorities for Next Period

- **Transition of Care:** Continue dietetic improvements between young people's services and adult provision.

- **Performance Review:** Assess impact of recent digital improvements with record keeping and visibility with other health professionals to ensure consistent improvement across Tayside.
- **Safer Staffing:** Maintain compliance with Optima workforce planning.
- **Future Development:** Progress plans for an LD-specific Weight Management Service to address health inequalities.

2.11.2 Tayside Adult Learning Disabilities Speech and Language Therapy Service (under 65s)

Purpose of Service / Current position

The service takes referrals for assessment of communication (comprehension and expressive language) and dysphagia (swallowing safety) needs. We work with SLT colleagues across Tayside to provide augmentative and alternative communication (AAC) devices, training and support, where it is an assessed need.

Successes / opportunities

- **Delivery of In-House Training Modules:** Our in-house training programme has an incredible reach across the Learning Disability Workforce in Tayside, the Mental Health in-patient workforce and current students (the future workforce). We provide modules on Inclusive Communication support, formal training courses on Makaton Signing and the Talking Mats framework for conversations. These require a number of licensed trainers in the team. Last year (2024) we delivered training session places to over 700 staff from various groups, including the 3 Partnerships staff, care provider staff supporting adults with learning disabilities (e.g. Scottish Autism, Turning Point Scotland), volunteers, advocates, NHS staff and more. There are many other bespoke sessions delivered for client-specific communication and/or swallowing needs.
- **Ensuring good quality, appropriate referrals:** The reach we achieve through training courses increases the number of referrals received from this more knowledgeable and skilled workforce.
- **Growing our own Workforce:** We are fully committed to supporting the future workforce from QMU and Strathclyde. More than half our team had been on placements in our team and were very keen to return as professionals.
- **Positivity, adaptability and Wellbeing:** This team's strength is its positive culture, skill mix, structure and flexibility across the Tayside area. We are able to pool our resources and flex in our service delivery, managing to cope and adapt to the movement of clients between in-patient settings and community accommodation, being able to see the clients in the right place for them. Being a referral-based service across in-patient and community areas, means we go where the need is and are not limited to locations or wards. We have the career structure and specialist therapists in the team who promote robust and valued clinical and management supervision, the opportunities for second opinions, accessing support from experienced therapists and with the ability to nurture, grow, develop and retain staff for succession planning. The skill mix allows for careful planning and use of the right bandings of staff for the right tasks for the benefit of our client groups.
- **Quality Improvement:** We have a number of QI projects ongoing. Currently the projects are looking at 'Waiting Well' - how we can support those on the waiting list to access resources in the interim to support them and offer any signposting to other groups and services. Our NHST SLT webpage project requires ongoing work and design.

Challenges and risks

- The high turn-over of social care staff increases the demands on our training resources and clinical specialist SLT input.
- Work has been ongoing with in-patient settings for years to support clients to transition into community placements from hospital settings. Last minute financial decisions have undone an

immense amount of work for a particularly vulnerable population of clients for whom transition is one of the most unsettling things in life.

- Some adults continue to fall outside SLT services criteria, specifically those who may ultimately receive a diagnosis of Developmental Language Disorder (DLD), those in prison healthcare and forensic services where there needs to be an increased awareness of the communication support needs of these populations, and what SLT can offer.
- The growing demand for support for colleagues, to create Accessible Information in line with their legislative duty (and for all in healthcare and business) to provide information at a level suitable for those who are receiving it to understand.
- Some accommodation resources in P&K who support people from out of area, create inequities as social care packages continue to receive the out of area funding, while health teams locally receive no extra resources and are expected to manage the increase in referrals to our services. [e.g. Corbenic, ASC, Upper Springland]

Priorities for the next period

- **Recruitment:** To recruit to our B4 vacancy and increase our staffing complement with a proposal for expansion to provide a service to the *prison population* in Tayside, those in *forensic mental health wards* and to increase our *MH SLT workforce* beyond one 22-hour SLT post. Our plan with an almost full staff compliment will be to ensure we are offering the highest quality person-centred care through evidence-based SLT practice, equitably across Tayside.

2.11.3 Tayside Adult Learning Disabilities Arts Therapy Service

The Tayside Learning Disability Arts Therapy Service, is currently in the final stages of redesign (with all associated posts remaining vacant). A scoping exercise has consulted with LD clinicians, professional leads and managers across all 3 H&SCPs and In Patient LD Services, along with Third Sector colleagues across Tayside, patients and carers. This has produced a proposal for a new model of service to match current need and it is hoped that this can soon be endorsed by senior management and move to recruitment early in the new year.

2.12 Tayside Adult Autism Consultancy Team

Purpose of Service / Current position

Tayside Adult Autism Consultancy Team (TAACT) is a tertiary level service within Dundee Health and Social Care Partnership and NHS Tayside developed in 2015 to meet identified unmet needs of Autistic adults. The team provides consultancy to services working with adults (or from 16 if not in school) without an Intellectual Disability who have confirmed or suspected Autism Spectrum Condition (ASC), specialist diagnostic assessment and specialist MDT interventions. TAACT is a multi-disciplinary team with input from Psychiatry, Clinical Psychology, Speech & Language Therapy, Occupational Therapy, Nursing, Dietetics, Peer support workers and administrative support.

Successes / opportunities

- In the past 12-18 months the team has successfully recruited; Lead clinician/Consultant Clinical Psychologist, Clinical Psychologist, Occupational Therapist, Speech and Language Therapist, Specialist Nurse and two peer support workers.
- There is interest from other services in supporting the work in the form of; Dietetics, Psychology, ST5 Psychiatry.
- A collaboration with Scottish Autism provides support for patients on the waiting list, a previous unmet need
- Additional resource from DHSCP provided an additional 100 assessments while capacity was built in the team via commissioning of short-term external provider
- Development of resources for patients on the waiting list and post-diagnostically
- Waiting lists have reduced by approximately 18 months

- Development of relationships with similar Scotland-wide service

Challenges and risks

- Lengthy waits for patients, in excess of 3 years for patients often not open to other services
- TAACT receive between 450-500 referrals a year, an increase in 79% since 2018 and it is unlikely that the referral rate will decrease.
- Emergent issue of patients aging out of Children's services without completion of autism assessment
- National scrutiny regarding length of wait to receive an autism assessment

Priorities for the next period

- Reduction in waiting lists and continuous development of waiting list management strategies
- Co-development of post diagnostic offer with peer support workers
- Optimisation and efficiency management of processes within the team
- Collaboration with services reviewing Neurodevelopmental Pathways

2.13 Early Intervention in Psychosis (CONNECT)

Purpose of Service / Current Position

Connect EIP is a specialised mental health service that supports young adults aged 16-35, living in Dundee, who are experiencing a first episode of psychosis. The team work with individuals and their families for up to two years, providing intensive bio-psychosocial support during a critical period of recovery. Connect EIP is an integrated multidisciplinary team comprising Mental Health Nursing, Clinical Psychology, Occupational Therapy, Peer Support Worker and administrative support. Psychiatry input is currently provided via team meetings and urgent reviews, while ongoing oversight is delivered via the respective Community Mental Health Team Consultant Psychiatrists.

Initial and subsequent funding was provided by the Scottish Government until the end of December 2025. A successful bid to NHS Tayside Charitable Foundation secured funding to continue the service until the end of March 2026.

Successes / Opportunities

- **Collaborative Working:** Strong links with Community Mental Health Teams ensure continuity of care and shared responsibility for complex cases.
- **Positive Feedback:** Qualitative feedback from service users and families highlights the value of a dedicated EIP approach in improving outcomes and experience. Patient reported outcome measure Dialog+ indicate improved satisfaction in quality of life at 2 years/point of discharge.
- **High Engagement:** 96% of individuals remain engaged with the service during their care period.
- **Family/Carer involvement:** 82% of families collaborate with assessment and care planning and/or receive family support and education
- **Referral to Treatment Time (RTT):** The service consistently meets the 14 day RTT target, with 98% of individuals are seen within 14 days and 82% of individuals are seen within 7 days.
- **Duration of Untreated Psychosis (DUP):** Median DUP has reduced significantly from 11 weeks to 2 weeks.
- **Psychosocial Recovery:** At six months and beyond, 50% of individuals are engaged in work, training or education, reflecting meaningful progress in recovery and reintegration.

- **National Contribution:** Connect EIP has actively contributed to the development of the national EIP data and narrative for Scotland and supported the creation of an implementation guide to assist other health boards in designing and establish EIP services.

Challenges and Risks

- **Psychiatry Provision:** Dedicated psychiatric input remains inconsistent. Current provision is limited to an ST4 for team meetings and urgent reviews, with reliance on Community Mental Health Teams for Responsible Medical Officer cover. This impacts continuity for medical oversight within the EIP model.
- **Sustainability of Funding:** Core funding from the Scottish Government ends in December 2025, with charitable funding extending provision only until March 2026. Long term sustainability remains uncertain, posing a risk to service continuity and workforce retention.
- **Short term extensions to fixed term contracts:** Repeated short-term extensions to funding results in short term contract extensions which can negatively impact team morale and pose a risk to workforce retention. A recent resignation of the Healthcare Support Worker highlights the challenge of retaining staff without permanent roles.

Priorities for the next period

- Secure sustainable funding for the continuity of the Dundee hub service and support the sustainability of the current workforce.
- Continue engagement with Perth & Kinross and Angus to explore service expansion and ensure equitable access to EIP support across Tayside.
- Re-evaluate and develop the role of peer recovery within the service model.



PERTH AND KINROSS INTEGRATION JOINT BOARD

TAYSIDE LEAD PARTNER SERVICES ANNUAL REPORT

Report by Jane Menzies, Head of Integrated Health & Care (Adults)

PURPOSE OF REPORT

This report provides an annual progress report for Perth and Kinross Integration Joint Board (IJB) in relation to services delegated to the three Integration Joint Boards under Lead Partner arrangements as defined within the Integration Schemes (2022). It provides an overview of progress within services delivered under this arrangement whereby services which are best planned for and delivered across Tayside are delegated to one of the three IJBs and delivered by one of the three Health & Social Care Partnerships (HSCPs) across the geographical area of Tayside.

This is a composite report containing annual progress in relation to Lead Partner services for Perth & Kinross, Dundee and Angus Lead Partner Services and is prepared to ensure that Perth & Kinross IJB can fulfil its obligations in relation to all Lead Partner services ensuring that the needs of the local population and the priorities within IJB's Strategic Plan are met.

1. RECOMMENDATIONS

It is recommended the IJB:

- Notes the summary provided of each Lead Partner service.
- Agrees to an annual reporting cycle for Lead Partner services to improve visibility and reporting, and strengthen IJB governance in relation to Lead Partner Services across Tayside.

2. SITUATION/BACKGROUND / MAIN ISSUES

- 2.1 Lead services refers to those services managed and delivered by a single Integration Joint Board on behalf of the other integration authorities within the NHS Tayside Board area. Where the IJB is the 'host' in relation to a service, that IJB is responsible for the strategic planning, operational oversight, and budget management through its Chief Officer. It is the responsibility of the host IJB to ensure that sufficient governance arrangements are in place to provide assurance to Tayside partners regarding performance and any issues that may occur. The primary benefit of hosting services is that they are shared across multiple IJBs, potentially leading to efficiencies and economies of scale.

As outlined within the Integration Scheme, the "Lead Partner Service" means an integrated service, which the Parties consider requires to be planned for and managed on a Tayside -wide basis, as set out in Annex 1 Part 3 of the Scheme and noted below.

ANGUS	DUNDEE	PERTH AND KINROSS
Locality Pharmacy	Psychology	Public Dental Services
GP Out of Hours	Sexual and Reproductive Health Services	Prison Healthcare
Continence	Homeopathy	Podiatry
Speech and Language Therapy	Specialist Palliative Care	
Forensic Mental Medical Services and Custody Nursing	The Centre for Brain Injury Rehabilitation	
	Eating Disorders	
	Dietetics	
	Medical Advisory	
	Tayside Health Arts Trust	
	Keep Well	
	Psychotherapy	

- 2.3.1 There has been agreement by the IJB Chief Officers to strengthen shared governance and reporting and commit to a collective approach moving forward. To this end, future reports will provide updates for all hosted services across all three partnerships.
- 2.3.2 Regular monitoring meetings take place between Chief Officers to discuss lead services in relation to performance, finance and any cross-cutting issues.

2.3.3 Papers relating to lead services provided by both Angus and Dundee HSCPs are provided at **Appendix 1 and 2.**

2.3.4 The current financial position for all Lead services is provided at **Appendix 3.**

3. Overview of Hosted Services within Perth and Kinross

3.1 Prison Healthcare Service

3.2 Prison Healthcare provides Primary and some Secondary Health care services 365 days per year to the population of HMP Perth (680 males), HMP Castle Huntly (250 males) and HMP & YOI Bella Community Custody Unit (16 female). The service strives to deliver equitable healthcare to that delivered in the community across Tayside.

3.3 Prisoners within HMP Perth will primarily be from Tayside and Fife; however, prisoners from other areas of Scotland can be admitted directly from Court or transferred into HMP Perth. HMP Castle Huntly is a national establishment for people from all over Scotland coming to the end of their sentence and having community access as part of their progress towards liberation, including work placements and home leave. The Bella Unit is designed for women from Tayside and Fife, living in independent housing units, where they do their own cooking and cleaning, developing life skills before accessing the community.

3.4 Prison Health Care is responsible for the delivery of:

- Primary Care
- Pharmacy supply and distribution of in possession medication
- Medication administration of supervised medications
- Clinical Pharmacy Service
- Occupational Therapy
- Physiotherapy
- Psychology
- Optician
- Dentistry
- Podiatry
- Mental Health Care
- Substance Use and Addiction
- Sexual Health and Blood Borne Virus
- Emergency First Responder to patients who are acutely unwell or injured
- Review of patients following removal

All individuals admitted to HMP Perth receive an assessment by a nurse on admission within 4 hours and by a doctor within 14 days of admission. All individuals transferred to HMP Castle Huntly and HMP Bella receive an assessment by a nurse within 72 hours of arrival.

3.5 Current Position

3.6 The Healthcare Teams across all three establishments have proven to be extremely flexible to ensure continued care delivery during a period of increased demand. This has been specifically challenging at HMP Perth with the population capacity remaining consistently 50 prisoners above capacity level. For example, during August & September 2025 the Healthcare Team at HMP Perth offered 2553 planned appointments across the specialties. Continued delivery at such a level has placed significant pressure on all clinicians and support staff to meet the demands.

3.7 Within the prison environment individuals are presenting with longer substance use histories, more long-term conditions, and more mental health problems; it is also the view of the staff that they are seeing more patients with undiagnosed autism. The number of people in prisons is increasing and there are older people being admitted to prison for the first time for historical offences. Prison healthcare services have a continual responsibility to respond to these changes and adapt the model of delivery as required.

3.8 **Age of the population**

	HMP Perth		HMP Castle Huntly		HMP Bella	
Year	2024	2025	2024	2025	2024	2025
21-30 yrs	145	151	20	31	<5	<5
31-40 yrs	262	276	61	54	<5	5
41-50 yrs	155	175	41	32	<5	5
51-60 yrs	57	57	29	34	<5	<5
61 -70yrs	39	26	9	10	0	<5
Over 70	5	9	7	<5	<5	<5

3.9 Numbers of the prison population experiencing drug and alcohol issues remain high and as such the healthcare teams provide considerable support. The numbers of people on opiate substitution therapy currently are noted below.

3.10 Methadone, Espranor and Buvidal are all used to manage opioid dependence:

2025	Methadone	Espranor	Buvidal
HMP Perth	83 (12.2%)	79 (11.6%)	53 (7.7%)
HMP Castle Huntly	<5	<5	<5
HMP Bella	<5	<5	<5

3.11 The Prison healthcare team has a significant role in prescribing, administering, or assisting with the management of medication, which can be challenging in the prison environment. The highly regulated prison schedule can be at odds with the delivery of personalised medication management and delivery. These numbers indicate the level of health care need within the Prison with high percentages on daily or weekly medications.

3.12 The Healthcare Teams are currently working in collaboration with Scottish Prison Service to Risk Assess Prisoners as part of the Early Release Scheme supported this week by Scottish Government.

3.13 **Successes /Opportunities**

3.14 In the past year, December 2024, HMP Bella & May 2025 HMP Perth received announced inspections from the Mental Welfare Commission, feedback was welcomed and broadly positive with some improvement actions regarding care processes; the teams are progressing these in a systematic way. HMP Perth and HMP Bella both hosted unannounced Inspections from the European Commission Against Torture Committee, the National Report and recommendations are awaited. Several observations made by the Commission at the time noted their interest in particularly the number of older prisoners and the extent of Scotland's challenges around illicit drug use in prison.

3.15 Significant work is underway to both strengthen our relationships with the Scottish Prison Service to ensure the conditions to provide the best possible care, and links with HSCPs across Scotland; this is to ensure the prison community and the needs of its residents are embedded in local practice.

3.16 The service has recently introduced a Clinical Nurse Educator to promote staff wellbeing by enhancing staff induction and orientation, access to restorative supervision, and delivering learning and development opportunities with the view to reducing staff turnover. Recruitment and retention is an ongoing issue within the Prison healthcare environment so the team are constantly seeking to achieve a sustainable workforce to provide high standards of care and ensure we meet key recommendations from external Inspections.

3.17 **Challenges or Risks**

3.18 The service currently has 5 Active Amber Risks:

3.19 *Workforce Related:*

- GP Workforce Vacancies at HMP Perth - Mitigation includes use of Locum GPs yet this presents financial pressure
- Pharmacy Workforce Vacancies - Mitigation includes a reduction in Pharmacy Technician Clinics and deployment of Nursing Staff to support essential duties
- Nursing Workforce Vacancies across all nursing specialities. Mitigation includes reduction in available clinics & the use of supplementary staffing including at times agency use. In turn this again presents a financial pressure.

3.20 Positively, recruitment is progressing with the service seeing an increase in the number of clinicians applying for posts, in particular GP & Nursing.

3.21 *Care Related:*

- The demands of administering supervised medications to 300 + patient per day at HMP Perth - Mitigation is the use of supplementary staffing
- Limited availability for SPS to escort patients out to hospital during the out of hours period - Mitigation plan includes advocating for patients who require emergency care and working in collaboration with SPS & wider NHS services. This will aid on site response to multi casualty events where there is a risk of several prisoners requiring care at hospital.

3.22 **Priorities for the next period**

- The Fatal Accident Inquiry has recently been published in relation to Sarah Jane Riley, a transgender woman within Perth Prison who tragically took her own life in 2019. The report did not make any recommendations for NHS Tayside. Prison Healthcare services are however ensuring all learning is taken from the report and that best practice is supported in the future.
- Securing a Sustainable Medical, Nursing & Pharmacy Workforce
- A focus on implementing HIS & MWC Commission Inspection improvement actions
- Progressing Improvement Actions to meet the National Prison Healthcare Target Operating Model, including exploring a community model of prescribing.
- Ongoing implementation of the MAT Standards in Prisons regarding the management of drug and alcohol issues
- Improve Blood Borne Virus Testing in Prisons
- Prison Service - £0.570m underspend

3.23 **Finance**

3.24 The Prison Health care service is currently £0.570m underspent. The projected underspend for 2025/26 at October 2025 is driven mainly by slippage created by a number of staffing vacancies throughout the financial year. At October 2025, there are currently 16 WTE vacancies across the service, which equated to 20% of the total establishment.

4 **Podiatry Services**

4.1 **Current Position**

4.2 NHS Tayside Podiatry provides a comprehensive foot health service for conditions affecting the foot and lower limb. Podiatry plays a key role in the prevention of lower limb problems through a programme of triage, screening, assessment, diagnosis, treatment, and foot health education to patients with a lower limb condition or systemic condition that affects the lower limb. By undertaking early interventions, the service is able to identify and mitigate the impact of future foot health demands thereby reducing the burden on both primary and secondary care. The service is needs-led and person-centred to

support and enable self-care where possible to relieve pain, keep the public mobile, and sustain and promote active living.

- 4.3 There is an active caseload of approximately 7,000 people, generating 46,640 patient contacts annually, and around 7,500 new referrals are received per annum. In order to respond to the increasing numbers of people living with lower limb pathology and impairment, and to ensure that those at greatest risk receive timely assessment and treatment, all referrals are triaged in line with service access criteria and appointed according to clinical risk. In accordance with the locally agreed Differential Access Standards priority is given to urgent and soon referrals. Urgent referrals are seen within 5 working days, and soon within 12 weeks. Those referrals that are routine are seen within 18 weeks.
- 4.4 The most recent population projections from the National Records of Scotland (NRS) published on 30 September 2025 and based on the 2022 census, indicate a sharp rise in the number of people aged 67–85 and 86+ in Perth and Kinross. The scale and complexity of need is already higher than previously anticipated and is expected to remain elevated through to 2045. Notably Perth and Kinross are experiencing a faster rate of growth in its older population compared to the Scottish average. The number of residents over age 75 has already increased by 10% over the past three years, rising to a 12% increase in 2026. Whilst age alone does not necessitate podiatry intervention, evidence shows there is an increased prevalence of more serious foot pathologies and co morbidities within older people. There is also a correlating increase in long term conditions particularly within areas of deprivation, resulting in people with more complex needs and greater dependency on the service.
- 4.5 Staffing within Podiatry services is 47 WTE (including 2.4 WTE assistants), but vacancies continue to persist due to national recruitment challenges.
- 4.6 **Successes and Opportunities**
- **Podiatry Led Vascular Assessment Service** - Evidence shows that Podiatrists are clinically effective in reducing health and social care cost burdens by improving early diagnosis of peripheral arterial disease (PAD). NHS Tayside Podiatry has commenced a two-year project to support the early identification, diagnosis and management of people with symptoms of PAD; with a view to improve health and reduce the risk of associated heart attacks, strokes and lower limb amputations. It is anticipated that providing vascular trained podiatrists to assess, diagnose and triage people with suspected PAD, will see a reduction in the demand on other primary and secondary care services in relation, not only to the PAD management, but also to wider cardio-vascular health. Evidence shows that maximising on the skills of a community-based vascular podiatrist also has the potential to reduce the future burden on social care services.
 - **First Contact Nail Surgery Model Test of Change** – A quality improvement pilot has been launched within the Angus Service area to

enhance direct access for patients with acute nail conditions. This was in response to the results of a recent audit that highlighted that there were often delays in referring to Podiatry with many patients receiving multiple courses of antibiotics before a referral to podiatry was made. The pilot adopts a First Contact model of care, enabling effective care navigation and allowing patients to bypass GP or ANP referrals. The aim is to reduce delays, improve patient outcomes, and support antimicrobial stewardship.

4.7 **Impact:**

- Streamlined, timely access to care
- Reduced unnecessary antibiotic prescribing
- Alleviated pressure on General Practice
- Promotes equitable service delivery

4.8 Following evaluation of this test of change, the intention is to extend the model to the Dundee and Perth & Kinross service areas.

- **Recruitment and Workforce Development** - Last year, the service faced challenges in recruiting a Band 7 MSK (musculoskeletal) post. In response, we introduced "development posts" under Annex 21 of the Agenda for Change terms and conditions. This approach has enabled us to invest in our existing workforce by promoting internal talent and providing structured mentorship and time for staff to build the necessary knowledge and skills aligned with Level 7 of the Scottish Government's Career Framework. These are the first development posts of their kind within our service, and they represent a strategic step towards improving staff retention and supporting sustainable workforce growth.

Collaborative working with Nursing colleagues – A test of change aimed at delivering shared care in collaboration with the Community Treatment and Care Service in Dundee was successfully implemented. This initiative facilitated improved interdisciplinary working relationships, enhanced the appropriateness and timeliness of referrals, and contributed to a more positive patient experience. It is envisaged that this model of clinic delivery could be extended to additional sites across Tayside.

4.9 The service supports a continued rolling programme of delivering webinars to inform other health care staff on the role and scope of practice of NHS Podiatry and offering support and education in wound care and diabetes foot screening i.e. Community Nursing Teams, Practice Nurses and CCAT teams

- **Prevention & Health Promotion** – The service proactively engages in prevention and health promotion through our Self Management Programme (Footstep), personal footcare training webinars and development of supportive tools. The service has worked collaboratively with the Scottish Social Services Council (SSSC) and NHS Fife to produce two, foot care resources – Personal Care for Feet and CPR for

Feet. These are designed to support staff working in various care sectors to help them improve and maintain their knowledge and skills in footcare.

4.10 **Challenges and Risks**

4.11 **Recruitment and retention of qualified staff**

4.12 There is continued difficulty in recruitment to NHS Podiatry continues to be a national issue affecting all Health Boards in Scotland; locally this carries the risk of being unable to provide a safe level of service to the increasing number of higher risk patients and to positively accommodate the assessed needs of the existing patient caseload; which may lead to unintended consequences to patients; and the deterioration of staff wellbeing. In response the service has increased its capacity for student placements and improved the placement programme offered to them. As a result, we have been able to appoint new graduates over the past few years, including three full-time equivalent graduates this year.

4.13 **Reduction in clinical hours due to legislative changes** (the move to 36-hour week by 2026 in NHS services). The impending change to 36 hour working week will further impact on available capacity e.g. equates with 3 patient appointments per 90 minutes of clinical time.

4.14 **Demographics** Demographic change shows an increase in the elderly population across Tayside. Whilst age alone does not necessitate podiatry intervention, evidence shows there is an increased prevalence of more serious foot pathologies and co morbidities within older people. There is also a correlating increase in long term conditions, and the clinical presentation of both of these factors results in people with more complex needs and greater dependency on the service.

4.15 **Waiting Times:** Demand for Podiatry services continue to be high, with an average referral rate of 625 per month (a slight increase from the previous year's average of 600).

As of October 2025:

Community Podiatry Waiting List – 739 patients are currently waiting for assessment/treatment with 135 of these breaching the 18-week target

MSK (Musculoskeletal) Podiatry Waiting List – 381 patients on the MSK waiting list with 140 waiting over 12 weeks.

5. **Priorities for the Next Period**

Patient Initiated Returns (PIR)

The continual increase in demand for podiatry care and the increasing burden of wounds necessitates the transformation of parts of our service to help us tackle the challenges we face and maintain a service fit for the future demand. The service sees the introduction of PIR as a positive change. It empowers patients with the knowledge to take control of their own care based on their individual needs at any given time.

5.1 PIR gives patients control over their follow-up care allowing them to be seen quickly when required, while avoiding the inconvenience of appointments of low clinical value e.g. patient attending a routine appointment as part of their care plan for us to check or monitor despite nothing in their foot health having changed since their last visit. For patients this means more flexibility around when they access care. For clinicians, it means fewer appointments of low clinical value freeing up time to support the patients most in need, and decreases cost associated with these routine or low value follow-ups, thereby supporting the long-term sustainability of the podiatry outpatient service. It should however be recognised that this model will not be suitable for our entire patient cohort and further governance and guidance around application of PIR is in the process of being developed.

5.2 **Enhancing Communication between Secondary and Primary Care Services**

5.3 Tissue Viability Podiatrists within the service are actively collaborating with the Vascular Nursing Team at Ninewells Hospital to strengthen discharge communication processes. This initiative is focused on improving the transfer of clinical information at the point of discharge, thereby supporting continuity of care as patients move from secondary care settings into primary and community-based services.

5.4 **Supporting the 'Waiting Well' Agenda**

The service is committed to supporting the 'waiting well' agenda by exploring the development of a dedicated podiatry advice line and expanding access to self-management resources. These initiatives aim to empower people to manage their foot health effectively while awaiting clinical intervention, promoting better outcomes and reducing the risk of deterioration.

5.5 **Community Engagement** – To support individuals who do not require a Foot Protection Care Plan, the Podiatry service continues to provide tailored advice and signposting to resources that promote self-management and enablement. The service is actively working to strengthen community assets and develop care models that enhance health resilience by continuing collaborate with the voluntary sector to expand access to personal footcare provision across Tayside.

5.6 **Finance**

The Podiatry Service is £0.385m underspent. The projected underspend at October 2025 is caused by vacancies across the service of 6.6WTE, which equates to 11% of budgeted establishment. Recruitment to vacancies is in progress and management assumptions are reflected within this position.

6. **Public Dental Services**

6.1 **Current Position**

6.2 Public Dental Services (PDS) have a crucial role in the provision of oral healthcare across Tayside, often to the most vulnerable individuals within our population.

6.3 The role of the Public Dental Service PDS is to:

6.4 **Provide dental care for patients from priority groups**

6.5 This includes those with physical, cognitive, or medical additional needs and those who are socially disadvantaged through for example homelessness or problems associated with substance misuse

6.6 **Provide dental care for those unable to access care in a general practice setting**

6.7 The service provides routine and urgent care to a range of patients across Tayside. Care provided is as prescribed within the Statement of Dental Remuneration and subject to NHS patient fees. Emergency care is provided for patients who do not have a registered dentist, and appointments are available on the same day. Out of hours and weekend care is available and is triaged by NHS 24.

6.8 **Provide dental care for referred patients**

6.9 The Public Dental Service provide a referral service for General Dental Practitioners and other health care professionals. The service provides dental care for child and adult patients who require sedation or general anaesthetic or require specialist input. Referrals are also accepted for bariatric patients who cannot be treated in their own practice or patients with access problems. The service has wheelchair platforms in all areas to enable patients to remain in their own wheelchair during their dental care.

6.10 **The promotion of Oral Health**

6.11 The PDS' Oral Health Improvement Team promote oral health through participation in national programmes. These include:

- ***Caring for Smiles*** Scotland's national oral health promotion, training, and support programme, which aims to improve the oral health of older people, particularly those living in care homes.
- ***The Childsmile*** programme - supported and monitored toothbrushing in schools and nurseries and the application of Fluoride varnish twice a year to the most deprived schools in Tayside.
- ***Mouth Matters*** An evidence-informed oral health promotion resource for Prisons, designed to enable health professionals, prison staff and support workers to meet the specific oral health needs of offender populations. Its overall purpose is to raise awareness of the key factors that affect oral

health and provide core motivational interviewing skills that can be used to support an oral health brief intervention.

- **Open Wide** An oral health improvement programme for adults aged 16-64 who require support with daily oral care as a result of a physical, cognitive, or medical condition.
- **Smile4Life** Enabling health and social care staff to provide evidence-based tailored oral health messages to meet the specific needs of homeless individuals.
- **Monitor the oral health of the population of Tayside** The Public Dental Service participate in the National Dental Inspection Programme (NDIP). Children in Primary 1 and Primary 7 have their teeth inspected at school. The findings are shared with Public Health Scotland in order that the inspection information can be used to help with the delivery of NHS dental services across Scotland.

6.12 **Provide undergraduate teaching to dental and dental therapy students –** Undergraduate Outreach centres at Broxden Dental Centre, Kings Cross HCCC and Springfield Medical Centre provide student teaching and supervised treatment of patients for students from University of Dundee and University of the Highlands and Islands.

6.13 **Provide training posts for dentists in NES supervised training posts –** Dental Vocational Trainees, Dental Core Trainees 1 and 2, Specialist Registrar in Special Care Dentistry.

6.14 Public Dental Services are delivered in:

- Community clinics
- Hospital settings
- Patients own homes.
- Nursing/residential care homes
- Prisons and Juvenile detention facilities
- Schools
- Mobile Dental Unit

At present the service has approximately 11,200 registered patients across Tayside. The Public Dental Service also treat referred patients from the following categories: adult anxious, adult other, adult special care, domiciliary care, child anxious, child sedation / general anaesthetic, child special care.

	2019	2022	2023
Child anxious		469	581
Child other		1028	766
Child special care		223	254

Domiciliary care		205	177
Total	1532	1925	1778

6.15 The Public Dental Service (PDS) in Tayside continues to play a critical role in delivering dental care to vulnerable and priority populations. As of 2025, the service has experienced increasing demand driven by demographic shifts, rising clinical complexity, and widespread de-registration from NHS general dental services. The service is therefore subject to sustained pressure from unregistered patients requiring emergency and urgent care. There have been over 40,000 individuals de-registered since August 2023 across Tayside. This has led to an increased demand for weekday and weekend emergency appointments, impacting capacity for priority care and contributing to the length of waiting lists.

6.16 Despite these challenges, the PDS remains committed to delivering safe, equitable, and person-centred care. It continues to accept referrals for patients requiring specialist input, including sedation, general anaesthesia, bariatric care, and access support. The service is also actively engaged in quality improvement initiatives, strategic planning, and governance, with a clinically led leadership model that supports continuous improvement and alignment with national standards.

6.17 **Successes and Opportunities**

- Strong performance in paediatric exodontia, (extraction) with median waiting times of 42 days - well below the national average of 100 days.
- Continued success in oral health promotion through programmes such as Childsmile, Caring for Smiles, and Smile4Life.
- The Referral Quality Improvement (QI) initiative is underway, aiming to enhance user experience, efficiency, data quality, and equity. Early stakeholder engagement has already led to targeted improvements including Dental nurse led IV triage.
- IV nurse triage pilot in Angus has halved the IV waiting list, with positive feedback from patients, dental nurses, and administrative staff. The model is now being considered for wider rollout.
- The Paediatric GA Pathway QI is promoting a more holistic, prevention-focused approach, while the Adult GA Pathway Evaluation is aligning care with national standards and ensuring appropriate clinical settings.
- The PDS is embedding the *Making Every Contact Count (MECC)* approach into routine dental appointments, enabling teams to support healthier lifestyles through brief, supportive conversations.
- New systems have been introduced to improve care for patients with severe infections, including enhanced clinical templates, revised patient information leaflets, and antibiotic guidance.

6.18 **Risks and Challenges**

- The service is seeing rising demand for emergency care (EDS) due to mass de-registration from NHS dental practices, resulting in increased strain on staffing and clinic capacity.
- Ageing dental chairs and bariatric/wheelchair platforms present a growing risk to service continuity and patient safety, especially as the Public Dental Service (PDS) remains the sole service with bariatric and wheelchair platforms in Tayside. Timely investment is critical to ensure accessibility and avoid disruption for vulnerable patient groups. NHS Tayside has recently approved the funding for 25 new dental chairs which is a positive development.
- Loss of approximately 1,000 core PDS appointments annually due to prioritisation of emergency sessions.
- Stagnant waiting lists driven by diversion of resources to EDS, workforce gaps and increased referrals from lower-priority groups requiring access-related accommodations (e.g. ground floor access).
- Persistent oral health inequalities, particularly among children in deprived areas.
- The Oral Health Improvement Team (OHIT) is under pressure to deliver both the Childsmile programme and four adult oral health initiatives. This raises concerns around sustainability, workforce capacity, and alignment with current policy therefore a service evaluation will be completed.
- The growing complexity of service delivery, including the increasing need for tailored care in settings like prisons and accommodating the ageing population, continues to stretch resources and requires stronger cross-sector collaboration.

6.19 Finance

The Public Dental Service is current £0.619m underspent. Significant projected underspend on core Public Dental Services staffing budgets results from part year vacancies. Recruitment is however currently in progress. The recruitment and retention challenges reflect the national picture and present challenges in the service providing a full range of support and ensuring swift access to dental care.

7. Future Reporting

- 7.1 Lead service arrangements require the appointed IJB to govern hosted services on behalf of their Tayside partners. In turn assurance should be provided to Tayside partners in terms of overall performance and any issues that require their assistance.
- 7.2 It is therefore our intention to provide a more systematic approach across Tayside to satisfy these principles and to ensure a full annual reporting cycle to Perth and Kinross IJB is implemented on all lead services. Once approved,

the reports can then be circulated to all Tayside partners to progress through their own committee cycles.

8. FINANCIAL IMPLICATIONS

- 8.1 The in-year financial impact of Lead Partner Services is overseen locally and in Dundee and Perth & Kinross is routinely captured in and commented on in Finance reports presented to the IJB. This report provides further service detail. IJB Chief Finance Officers share information regarding Lead Partner Services as part of the development of Strategic Financial Plans.

9. DIRECTIONS

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

Direction Required to Perth & Kinross Council, NHS Tayside, or Both	Direction to:
No Direction Required	✓
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

10. GOVERNANCE

- 10.1 The services hosted within Perth and Kinross HSCP are subject to governance via Perth and Kinross IJB and should be considered in line with all non-hosted services.

11. CONCLUSION

- 11.1 It is suggested that the additional reporting and assurance recommendations will strengthen governance for all parties and better support services to deliver the best services to the population of Tayside.

Author

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

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